

Mini Review

Sexual orientation and the Nigerian society

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The Alma-Ata declaration of the World Health Organization, written over three decades ago, clearly charted a new course for the health system of many countries. The historic meeting was the official launching of primary health care, whose principles are explicit equity, appropriate technology, integrated services, community participation and intersectoral collaboration. Nigerian had had her health system evolve through various phases, finally adopting primary health care (PHC), as the basis for healthcare delivery in all parts of the country. In spite of concerted public health efforts aimed at “health for all” a wide disparity persists in the health status of people across regions in the country. A much overlooked concept, when discussing equity, is sexual orientation. The legal status of various forms of sexual orientation has hindered healthcare programmes and initiatives for individuals with minority orientations. This is in addition to widespread discrimination and stigmatization. Policy makers, health providers and other stakeholders need to ensure formulation of equity based policies, which protect the health of all citizens. This is the only way that sustainable development can be achieved in developing countries like Nigeria.

Key words: Primary healthcare, health systems, principles, equity, sexual orientation, stigmatization, policy.

INTRODUCTION

In 1978, in the month of September, the world gathered at Alma-Ata, for a meeting that was to change the system of health care delivery, for many years to come. It was an international conference on Primary Healthcare, an attempt to proffer solutions to the obvious inequity in health, observed among countries of the world. It chartered the course for countries to attain “health for all” irrespective of colour, race, sex or socio-economic background (Lucas and Gilles, 2003).

The declaration by WHO and UNICEF (1978), clearly stipulates five universal principles on which primary healthcare (PHC) is to be based, namely: appropriate technology, equity, community participation, intersectoral collaboration and integrated services.

Although the concept of PHC has been institutionalized and pursued tenaciously, a lot of challenges have been faced trying to implement its strategies. A few groups have remained underserved, disadvantaged and sometimes discriminated against. Health professionals have been counseled several times, to include host and recipient communities in the conceptualization, planning, implementation, monitoring and evaluation phases of all

health programmes. Various mechanisms to ensure community ownership and sustainability of health initiatives have been put in place, over the years (Abosedo, 2003).

Health care resources today are scarce, the burden of disease is enormous and painful choices have to be made, to provide basic health services to the community. The country has experienced a triple burden of disease. The traditional parasitic and endemic infections persist, in addition to the HIV/AIDS epidemic and the increasing prevalence of socio-cultural factors are well known to affect health and health-seeking behavior. PHC a cornerstone to effective health care delivery, will not be completely productive until issues, particularly, that of sexual orientation is addressed.

SEXUAL ORIENTATION AND THE NIGERIAN SOCIETY

In almost all societies around the world, a few groups of people are considered disadvantaged due to multiplicity

of factors, including gender, ethnicity, social class, employment status and sexual orientation. Some have been so inbuilt in the social fabric, that they are regarded as the standard.

In Nigeria, the concept of sexual orientation has been avoided tactfully, by policy makers, educationists and health providers, until recently. Many scholars avoided sex-related research, because it made them morally-suspect, except it was around seemingly respectable themes, such as marriage and childbearing (Ekpe, 2004). In pre-colonial times, same-sex sexuality was highly tabooed. In fact, there is a general belief, that it never took place, though research shows it was practiced among a minority in some parts of the country (Ekpe, 2004). Men who practiced it were supposedly married to sometimes multiple women. So, in modern parlance they are called bisexuals. Some people involved in same-sex relationship, were believed to engage in it, because it enhanced their powers of success, helping to triumph over all challenges. It also gave them long life.

Sexual orientation has been said to refer to a person's erotic and emotional orientation toward members of his or her own sex or member of the other sex (Herek, 1994). It is thought to be an expression of physical sexual attraction or identity. Sexual orientation falls along a continuum (Crooks and Baur, 1987). Various forms of orientation are known to exist all over the world.

Cultural values, to a large extent, determine what is considered to be normal or otherwise in a given society. These have influenced the way sexuality has been viewed in Nigeria.

However, recent developments have woken a number of stakeholders to the reality of the situation in the country. The HIV sero-prevalence in the country, with young persons and your working class adults mostly, has raised many questions about people's sexual behaviours. The incidence of sexually transmitted infections has also made health workers, reconsider preventive strategies.

The country's constitution does not exactly mention the concept of sexual orientation as our legal framework has its bearing from the British System, hand over during the colonial era. It does not mention the word 'lesbian' but has statements on homosexuality. Homosexuality is described as "an offence against the order of nature" and is liable to punishment with a jail term. It goes further to talk about "unlawful carnal knowledge" of a man (anal sex) and is also punishable by law (Atsenuwa, 2003). Same-sex sexuality is clearly prohibited in Nigeria.

Even though Nigeria is a signatory to many United Nations documents on Human Rights, population and development, the practice of law enforcement agents, do not portray any form of commitment towards the implementation of the agreements.

The International Conference on Population and Development (ICPD, Cairo, 1994), programme of action clearly outlines the sexual and reproductive rights of all humans. It emphasizes equity and respect for the rights

of individuals. This is obviously different from the observed widespread homophobia in the country, which could be due to more factors than just the illegality of sexual orientations, other than heterosexuality (Herek, C.M. 1984).

Civil society groups, non-governmental organizations, educators and health workers have partnered with governments at various levels, to produce training materials on comprehensive sexuality education for secondary school students and out of school youths. Some programmes discuss sexual orientation, while other completely ignore it's youth. Some programmes discuss sexual orientation, while others completely ignore its.

EQUITY ISSUES

In its simplest form, equity implies fairness and justice. It is recognized as an essential such as principle for nay meaningful co-existence among human. Equity is a universal PHC principle. It addresses the availability and accessibility to health care services. The millennium development goals (MDGs) recognized the importance of equity.

Healthcare delivery system must have equity issues addressed from planning through implementation and evaluation phases. Policy statements, well-defined implementation guideline, adequate community involvement and risk sharing, are essential features of an equitable health system. WHO, UNICEF and other development partners, have often times, spoken of the importance of credible representation of communities at all levels of government and non-government health initiatives.

When a particular group of people are discriminated against and excluded overtly or covertly, the system cannot be said to be fair. Policies do not address issues bordering on sexual orientation because heterosexuality is the only recognize orientation in the in the country. Healthcare programmes are not designed for individuals with same-sex sexuality, who may have diverse sexual and reproductive health needs.

HEALTH CONCERNS

Health and development are inseparables. It is an accepted index of development. For an effective health delivery system, an enabling environment, in terms of an official bidding framework, with associated administrative structures, is essential.

The economic and social burden of HIV/AIDS and STIs, along with associated cases of Tuberculosis and other opportunistic infections are a great strain on the country's limited resources.

Information, behaviour change communication and

access to treatment, are fundamental to the control of infections, especially sexually transmitted infections. In situations where discriminatory practices exist, health-seeking behaviour is hindered. Individuals with same-sex sexuality are not likely to seek information and counseling services, sexual and reproductive health services and other preventive services, when they are at risk of stigmatization.

Sexual coercion has been reported by gay individuals, even at places previously thought to be safe. Several gay activists have been physically and sexually assaulted in different parts of the world (Herek, 1990). Sexual violence worsen the poor health status of individuals who already find it difficult to access health services and many of the anti-gay crimes are often unreported (Herek 1989).

Repeated negative comments, assaults and discriminatory practices, affect the mental health and wellbeing of those concerned. In many setting, homosexual and bisexual youth face a lot of harassment of school and relaxation spots (American Psychological Association, 2005). The effect of discrimination practices on the health of adolescents and youths could be profound (Resnick et al., 1997). Far-reaching consequences, as severe as suicide, have been reported in certain Nigeria has had a great challenge with integration of mental health services in the PHC delivery system (Omigbodun, 2007).

It is also noteworthy, that a number of the concerned youths, also abuse intravenous drugs, like their heterosexual counterparts, thereby increasing the risk for HIV transmission. Some others are bisexual having multiple partners of both sexes, which could encourage heterosexual transmission of STIs when protective measures are not taken.

In order to protect the health and wellbeing of people in an equitable manner a lot needs to be done. Everyone has something positive to offer.

RECOMMENDATION

Healthcare providers, educators, civil society groups, community-based organizations and the media, need to lobby policy makers, in order to ensure formulation of equitable and favourable policies that recognize the right of all individuals. Public enlightenment needs to be carried out by stakeholders to reduce the stigmatization and harmful practices against people of minority orientation. Adequate provision should be made for effective teaching of sexuality-related concepts in school, up to the tertiary level. This is of utmost importance in health-training institutions.

Continuing Professional Education programmes for all categories of health workers need to be instituted, during which training sessions on sexuality & sexual orientation, will be carried out. PHC workers need to be reminded of the principles and components of PHC, among which is equity and accessibility.

The general public and policy makers need to be reminded about the importance of the health-related MDGs' and that suitable development can only take place with a healthy population.

CONCLUSION

Healthcare is a fundamental human right, a basic index of development in a society. The needs of everyone are important irrespective of class, value systems, culture, custom and practices. Denial or suppression of facts does not translate into non-existence. Sexual orientation is a reality today. Equity is essential for healthcare delivery. Therefore, all health systems must provide for entire populations, irrespective of orientations. Only then can there be meaningful, sustainable health systems development.

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