2019

HIV Testing Among Nigerian Men Who Have Sex with Men After Criminalization of Homosexuality

Gerald Onyeka Ileka
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral dissertation by

Gerald Ileka

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Paige Wermuth, Committee Chairperson, Public Health Faculty
Dr. Raymond Panas, Committee Member, Public Health Faculty
Dr. Frederick Schulze, University Reviewer, Public Health Faculty

The Office of the Provost

Walden University
2019

Abstract

HIV Testing Among Nigerian Men Who Have Sex with Men After Criminalization of Homosexuality

by

Gerald Ileka

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

November 2019

Abstract

Men who have sex with men (MSM) are at high risk of HIV in Nigeria. However, African countries like Nigeria, Botswana, Mali, and Mozambique have laws that prohibit homosexuality, making it a punishable crime in these countries. For example, the Nigerian government signed the anti-gay law in 2014. Laws like these affect the health status and outcomes among Nigerian MSM. The purpose of this qualitative study was to examine the influence criminalization of homosexuality has on the willingness to test for HIV among MSM in Abuja, Nigeria. Guided by the socio-political theory (SP) as the theoretical framework, a qualitative approach was designed to understand HIV testing perception among MSM since after the criminalization of homosexuality in Nigeria. Interviews were conducted among 15 MSM to understand how the law created factors that influence their decision to test for HIV and their quality of life. Data gathered from the face to face interview was coded based on the research questions. Further analysis was done using thematic to develop themes that addressed the research questions. Findings revealed that anti-gay law influenced MSM to avoid HIV testing and disclosure. Additional themes revealed respondents' perceptions on homosexual criminalization's impact on healthcare access, fear of imprisonment, relationships, and psychological and physical fears. The research findings will help address the discrimination, social injustice, violence and human right violation MSM face in Nigeria. Through dissemination of these findings, positive social change will be achieved through increased HIV testing among MSM and improve HIV prevention programs aimed at MSM.

HIV Testing Among Nigerian Men Who Have Sex with Men After Criminalization of Homosexuality

by

Gerald Ileka

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

November 2019

Dedication

I dedicate this work to my late parents, Sir Fidelis & Lady Josephine Ileka. I hope you both are smiling down from heaven. I also dedicate this work to my dear late brothers Mr. Ifeanyi Ileka and Mr. Okwudilidi Ileka and to all men and women who suffer hate, violence, discrimination and with limited or no access to health care due to their sexuality all over the world.

Acknowledgments

My deepest appreciation goes to my chair, Dr. Page P. Wermuth, who throughout this journey showed me full support and motivation. Thank you for pushing me and bringing out the best in me. Your impression will be remembered forever.

I would also like to thank my committee member Dr. Raymond M. Panas. Your support and advice were tremendous. I am ever grateful for your inspirations throughout my dissertation journey. My appreciation also goes to Dr. Frederick W. Schulze, your dedication, support and positive feedback during all my URR process was of a great value to me. Thank you Angie T. Drennen for your diligence and understanding during my form and style process. I learned a lot from you. My sincere gratitude also goes to all faculty, staff and my fellow students of Walden University.

To my family, thank you for your tolerance and patience. Most especially to my wife, my empress and the director of our household. Thank you for covering and taking up on all the parenting roles while I faced school work. To my children, thank you for bearing with me when I cancelled a lot of our family engagements. Your love and support keep me going. To all my friends and colleagues at Houston Health Department, thank you for all your support and encouragement throughout this journey. God bless you all.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

HIV is one of the main causes of death in Africa and has contributed to the decline of life expectancy in Nigeria from 54 to 48 in 2010 (Centers for Disease Control and Prevention [CDC], 2016; U.S. Embassy in Nigeria, 2017). According to the U.S. Embassy in Nigeria (2017), HIV is a public health problem affecting 3.8 million people in Nigeria. In 2014, there was an estimate of 3.2% prevalence of HIV in adults between the ages of 15-49 (CDC, 2016). AIDS related deaths were estimated to be 170,000, and the number of orphans due to HIV/AIDS related deaths was estimated at 1,600,000 (CDC, 2016). Additionally, 32% of new HIV infection cases are attributed to sex workers, 13% are men who have sex with men (MSM), and only 18% of those infected have access to HIV medical care (Avert, 2017). Abuja accounts for 8% of HIV prevalence in Nigeria (U.S. Embassy in Nigeria, 2017), which was the focus of this study.

Despite these statistics showing the risk of HIV, no study has established a relationship between the criminalization of homosexuality and the unwillingness of MSM to test for HIV in Nigeria. But the criminalization of homosexuality, which can lead to 14 years imprisonment, has increased fear, violence, and homophobic behaviors against MSM in Nigeria (Avert, 2017; The Law Library of Congress, 2014). There is a significant relationship between government policies and the health status, outcome, and general well-being of people living with HIV in Nigeria (Avert, 2017). The 13% rise in HIV infection among MSM who have no access to HIV care in African countries such as

Nigeria has been attributed to the punitive laws against vulnerable population such as MSM who are at more risk of HIV infection (CDC, 2016).

This chapter 1 will discuss overview of the research topic. The background of the study will be discussed to understand the basis of the research questions. The problem statement will also be established in this chapter, illuminating some problems related to this study that have been previously discussed in other literatures. The purpose and nature of the study, theoretical framework limitations and scope of the study will also be discussed in this chapter.

Background

There is a difference in attitudes toward homosexuality in Africa compared to European and American nations (Alozie, Thomas, & Akpan-Obong, 2017). Factors such as high religiosity, adherence to rigid morality, dogma, and high poverty rates are attributable to Africa's uncompromising views in homosexuality (Alozie et al., 2017; Pew, 2015). The present legislation in Nigeria, Uganda, and other parts of Africa, which restricts freedom of assembly, speech, and association among lesbian, gay, bisexual, and transgender (LGBT) communities, influences how and what kind of health care MSM can access (Beyer, 2014). Discrimination, lack of social support, and stigmatization lead to negative health outcomes among MSM living with HIV (CDC, 2016). Violence and killings by hanging and burning of MSM in Nigeria and other African countries have increased HIV prevalence among MSM in Africa, particularly in the countries where homosexuality is criminalized (Avert, 2017).

The Same Sex Marriage Prohibition Act (SSMPA) 2013 states that any form of sexual knowledge of same sex persons is punishable with 14 years in prison (The Law Library of Congress, 2014). Culture, religious beliefs, and societal norms can influence the decisions Nigerian government officials make about homosexuality (Rueda, Mitra, Chen, Gogolishvili, & Globerman, 2016). Though it is unclear whether homosexuality is a result of biological, spiritual, or psychological factors (Monteiro, Canavarro, & Pereira, 2016), in Nigeria, there is an ontological belief that most men who are HIV positive are gay (Overstreet, Earnshaw, Kalichman, & Quinn, 2013). Adding to the negative view of MSM, religious entities view HIV infection as a punishment from God for homosexuals (Smit, Brady, Carter, Fernandez, & Lamore, 2012). However, the decline of condom use, among other health risk behaviors by MSM, has increased HIV infection and increased HIV-related death among MSM (Klosinski, 2013). Additionally, many perceive a positive HIV status as being an automatic death sentence in most developing countries due to lack of education (Neuman & Obermeyer, 2013), which is also related to a lack of HIV cure, poverty, stigma, and discrimination (Klosinski, 2013).

In addition to legislation against homosexuality, HIV testing comes with obstacles and challenges such as cost and testing options (Frye et al., 2018). Based on a study of Black MSM in the New York metropolitan area, these obstacles can increase the number of MSM who do not know their HIV status and potentially increases the HIV prevalence among MSM in the community (Frye et al., 2018). There is also an inconsistent frequency in HIV testing among gay and bisexual men (Pham et al., 2017). Further,

although the LGBT community still struggles to protect their human rights, LGBT people living in countries where homosexuality is criminalized face greater challenges compared to the rest of the world (Beyer, 2014). Stigma, discrimination, and homophobic behaviors toward MSM living with HIV creates health disparities, especially in countries where homosexuality is a crime (Carabini, 2017). There is also a relationship between self-identification as gay and depression, which occurs because of social rejection, discrimination, homophobic hostility, and stigma (Ahaneku et al., 2016). Thus, government laws and policies influence the health outcomes of communities (CDC, 2016).

Despite the criminalization of homosexuality, research has shown that some areas of Africa experience fewer negative effects. For example, Zahn et al. (2016) explored the influence of criminalization of homosexual behavior on the human rights of gay and bisexual men in some cities in southern Africa—Cape Town, Gaborone, Botsana, Blantye, and Lilongwe—and involved 700 participants, revealing that Cape Town men were more likely than members of the other groups to share details about their sexual orientation with family members, health care workers, and friends. Gay and bisexual men living in Cape Town were able to be open about their sexuality because they were less likely to experience human rights abuse or criminal charges (Zahn et al., 2016).

Though MSM have been shown to be more open in other parts of Africa, international stakeholders and organizations have condemned the SSMPA in Nigeria (HRW, 2016). The U.S. government under the administration of President Obama

condemned the SSMPA and said that it is a violation of fundamental human rights and exposes MSM to violence and cruelty in the community (HRW, 2016). After many decades of HIV interventions, promotions, and campaigns, HIV-related stigma and discrimination remains in Nigeria (National Gay and Lesbian Task Force [NGLTF], 2010). Members of the NGLTF (2016) have argued that although there are some pro-gay human right activists, the 2013 SSMPA has made it impossible for these individuals to carry out any activity in Nigeria. Despite efforts of international and local NGOs to secure a safe environment for vulnerable population such as MSM in Nigeria and other African countries, the MSM and activists who advocates for MSM welfare remain vulnerable (HRW, 2016).

The lack of studies about the attitudes of MSM toward HIV testing since the passage of the SSMPA in Nigeria is problematic to the development of effective intervention programs. Although there are studies on how HIV prevalence, mortality rate, and risk behaviors relate to MSM who live in Nigeria, there are no studies on how the punitive SSMPA might have increased fear among MSM and affected their willingness to go to the clinic to test for HIV. Despite much HIV research in Nigeria, there is a gap in the literature that addresses cultural influences and health outcomes of MSM due to the government policy on homosexuality. Therefore, I conducted this study on MSM perceptions of HIV testing and the criminalization of homosexuality.

Problem Statement

The criminalization of homosexuality is associated with denial about sexual orientation among MSM for fear of experiencing human rights abuses or police brutally and arrest as justice in the hands of the community (Zahn et al., 2016). In Nigeria, MSM and other members of the LGBT community constantly face homophobic harassment, which has increased since the prohibition of homosexuality in Nigeria (Human Rights Watch [HRW], 2016). Given the rise in the killings and maltreatment of MSM in Nigeria, MSM hide their sexuality from society by not talking about it, or in some cases, MSM will marry women to conform to social norms (HRW, 2016). Further, according to HRW (2016), health care workers find it difficult to identify and reach out to MSM in Nigeria despite there being many MSM who are in desperate need of help. The Nigerian government has made it difficult for public health care workers to reach these vulnerable groups because most nongovernmental organization (NGO) workers who advocate for MSM get arrested while carrying out their advocacy and interventions which included free HIV testing and medical care (Avert, 2017).

The government policy to criminalize homosexuality may have created fear of violence among Nigerian MSM. Street violence, referred to as jungle justice, against MSM has been on the rise after passing the law on homosexuality. In Nigeria, jungle justice occurs when nonpolice officials violently attack, injure, or kill people they perceive to be guilty without proper trial and due process (HRW, 2016). According to a

HRW (2016) report, MSM fear the consequences of exposing their sexuality, which affects their willingness to socialize or seek health care when they need it.

Discrimination and stigma have negative impacts on the health of people living with HIV (CDC, 2016). Criminalization of homosexuality exacerbates stigma, discrimination, and ethical challenges of HIV/AIDS, especially among MSM in Nigeria (Leslie, 2001). For example, even health care providers discriminate against MSM when they come to the clinic for HIV care (Leslie, 2001). Given this hostility and violence, MSM fear going to clinics to get tested for HIV because an HIV diagnosis is equated with being gay in Nigeria. Thus, the decision by the federal government of Nigeria to criminalize homosexuality has created hostility toward MSM that forced them into hiding and avoiding beneficial outreach services (Beyrer, 2014). However, this may increase the transmission of HIV, as a recent study by the CDC (2016) revealed that people diagnosed with HIV who adhere to their medication that helps to keep the viral load undetectable reduces their chances of infecting others with the virus by 100%. Without access to care, MSM in Nigeria do not get the help they need, which affects the health of others.

Purpose of the Study

In countries such as Nigeria where there are punitive laws against homosexuality, MSM living with HIV face stigmatization and discrimination (Dahlui et al., 2015). The criminalization of homosexuality with a prison sentence is also a form of institutionalized and legalized discrimination against MSM (Hagonian, Rao, Katz, Sanford, & Barnhart,

2017). Because a fear of violence causes MSM to hide their sexuality, some leave Nigeria to seek solace in other countries like United Kingdom and United States and become antisocial and have no social support (Avert, 2017).

In this study, I sought to understand how the criminalization of homosexuality in Nigeria has increased fear among MSM in Abuja and influenced their willingness to get tested for HIV. I wanted to understand how the SSMPA affects fundamental human rights such as equal protection of human life, access to health care, equity, freedom of association and expression, and privacy among MSM in Nigeria. I used a qualitative, phenomenological approach to understand the feelings of MSM about the criminalization of homosexuality. The finding of this study contribute new information to the literature and may promote discussion and additional research on HIV-related stigma and discrimination suffered by MSM in Nigeria and other parts of Africa where homosexuality is a crime. Based on the findings of this study, there may be recommendations on how to further resolve the conflicts between government policies and health practices as it affects health outcomes of the population such as MSM. According to HRW (2016), the abolishment of the SSMPA would remove cruelty, violence, and degrading homophobic and inhuman treatment of MSM in Nigeria and increase the general well-being of MSM living with HIV while reducing the HIV-related mortality rate among MSM.

Research Questions

The research questions (RQ) for the study are as follows:

RQ1: How does the criminalization of homosexuality in Nigeria affect HIV testing behaviors for MSM?

RQ2: How do MSM in Nigeria perceive HIV and HIV testing?

RQ3: How does the criminalization of homosexuality increase fear among MSM?

RQ4: How does criminalization of homosexuality increase violence toward MSM?

Theoretical Foundation for the Study

The inequality between MSM and heterosexual men concerning access to HIV testing and care is a global public health problem (Arcaya, Arcaya, & Subramanians, 2015). This inequality has been deepened after the Nigerian government criminalized homosexuality (Hagonian et al., 2017). The SP theory provides way to understand the how social, political, and economic factors impact health (Goddard & Smith 2001). It is important to have a balance in social support, government policies and laws that do not hinder the health process, and equal economic opportunity (Goddard & Smith, 2001). According to Coreil (2010), the SP theory is concentrated on the social status, cultural norms, economic inequality, and government policies. From a SP theory perspective, criminalization of homosexuality gives insight to how government health policies affect the health status of the community (Coreil, 2010). The health status of a community is dependent on not only the social determinants of health but also the kind of government policies imposed on people living in a community (Coreil, 2010).

SP theory was adopted in this study to illustrate the importance of social acceptance and equal social rights on health status and show why stigma and discrimination hinders good health status among MSM. SP theory was also used to illustrate the influence that government laws and policies have on the health of MSM—raising fears such as violence, blackmail, and getting arrested over the consequences of HIV testing (Leatherman, 2005). Norms in Nigeria were explored and used to develop an understanding about how Nigerian culture and religion influenced the government policy on homosexuality, which has increased discrimination and stigma against MSM. Finally, SP theory was used to highlight how the SSMPA has increased homophobic hostility by clinic staff, which has led to unwillingness to come to clinics for HIV testing by MSM.

Nature of the Study

I used a qualitative, phenomenological approach in this study. A phenomenological approach in qualitative research fosters a collaborative relationship between the researcher and participants while encouraging participants to tell their stories (Baxter & Jack, 2008). I used interviews to gather data, which yielded direct quotations from participants about their experiences, perceptions, feelings, opinions, knowledge, and the experiences of their friends. While interviewing participants, I was open-minded to participants' perspectives that provided evidence from which I drew conclusions. Given the sensitivity of this topic of study, the interviewees were anonymous. Questions about personal lives were not asked, and confidentiality of the interviewees' identities was protected. To address ethical concerns, informed consent from was read to every

participant, which included details about the purpose of the study and the role the participants played in the research. I worked with a local NGO in Abuja, Nigeria. The NGO is committed to improving human rights and reducing the impact of STDs among vulnerable persons and most at-risk population. I recruited the participants in the NGO and used their office space for the interviews.

Definitions

Criminalization: This is a term used to describe an act or behavior forbidden by federal and/or state law. In Nigeria, being a gay is a crime which is punishable with 14 years prison sentence (The Law Library of Congress, 2014).

Depression: An emotional imbalance that occurs because of some social factors, stress, and life crises. For this study, depression is the emotional distress that MSM suffer because of their social exclusion and rejection (CDC, 2018).

Health disparity: The difference in health assessment, prevention, care, status, and outcomes among a given group when compared to another group in a population (Healthy People 2020, 2016).

HIV testing: The CDC (2016) defines HIV testing as a scientific test to determine if there is either HIV virus or HIV antibodies present in somebody's blood.

Jungle justice: A jungle represents animal habitat where the strong take advantage of the weak. For the sake of this study, jungle justice in Nigeria describes the unlawful indictment and persecution of MSM by nonpolice individuals (NGLTF, 2010).

Men who have sex with men (MSM): For this study, MSM are the category of men who are sexually attracted to other men. Some of these men could also be attracted to women. The focus of this study is on men that have sex with men but might not identify as gay (CDC, 2016).

Stigma/discrimination: A phenomenon used to describe an act of exclusion, rejection, derision, and repulsion directed at a group of individuals. In this study, stigma and discrimination describe the negative attitudes toward MSM in Nigeria who face social exclusion because of their sexual orientation and preferences (CDC, 2016).

Social determinants of health: All the factors that are present when people are born, live, work, and die that affect their health status and outcome (CDC, 2016)

Violence: For this study, violence is the hostile experiences of MSM. Violence toward MSM can be physical and/or verbal including emotional and psychological abuse (NGLTF, 2010).

Assumptions

After many decades of HIV interventions, promotions, and campaigns, HIV-related stigma and discrimination persists in Nigeria (NGLTF, 2010). Although there are some pro-gay human right activists, the 2013 SSMPA has made it impossible for these individuals to carry out any outward activity in Nigeria. The combination of stigma and organized discrimination that federal government policies exacerbate creates negative health impacts for MSM who might not be aware of their HIV status due to fears about HIV testing. Given the violence and life-threatening situations MSM experience in

Nigeria because homosexuality is a crime, it is assumed that MSM live in fear. Thus, the main assumption for this study is that the fear among MSM discourages them from seeking HIV related medical care, including testing, adherence to HIV medication, and keeping medical appointments.

Scope and Delimitations

The scope of this study addresses the research questions and only covers MSM in Abuja who meet the eligibility criteria for study participation. Abuja is the federal capital territory of Nigeria. It is an urban city that is culturally diverse, and there is broad representation of Nigeria's tribes. Abuja may not be the safest place to live for MSM, but the study was conducted in this location to understand the holistic experience of MSM who live under a high police presence and in an over-populated urban city. The study findings will be used to provide recommendations that support MSM health and well-being, which may also influence government policies and religious norms around acceptance and tolerance.

The SP theory was used to understand how criminalization of homosexuality affect MSM in different socioeconomic levels of the society. MSM as part of the society are seen in different levels: an individual, interpersonal, community, organization, and government. Given the sensitivity of the research topic, it is expected that some participants would not talk freely about their experiences. However, conducting the interview inside the NGO helped to keep the participants at ease to share their experiences.

Limitations

The main limitation of this study was limited sources of recruitment due to the sensitivity of the topic. Participants were only recruited form the NGO. The invitation to participate in the study was not extended to the local clinics because of the risk of getting arrested. Given that Abuja is the federal capital territory with heavy police presence, participants were still skeptical about the study. The research had a small sample size, which might make it difficult to generalize the results. However, this qualitative study provides rich data that contains the MSM experiences in Abuja, Nigeria. The data are also reliable and valid because they are primary data collected for the research directly from people who are involved in the research problem.

Significance

The main goal of this study was to understand HIV testing behavior among MSM within the context of the SSMPA. The insights gained from MSM attitudes to HIV testing indicate the impact of the criminalization of homosexuality and whether it raises fear and increases homophobic violent behaviors against MSM. Based on the findings, activists and professionals can design health education and interventions to minimize the impact of the SSMPA in Nigeria. Understanding whether MSM are skeptical about HIV testing because of the hostility toward them may inform the specific education and resources that would be effective for MSM amid the punitive laws in Nigeria.

The findings of this study can also support a recommendation to abolish the SSMPA. Intelligent and culturally aware public health professionals are an asset (Coreil,

2010). Understanding the role Nigerian religion plays on government policy on homosexuality will inform public health officials about Nigerian norms and beliefs that influence the behaviors and health-related choices of MSM. MSM are more likely to be killed because of their sexual orientation (Avert, 2017), and MSM have been the victims of social and jungle justice in the streets of Nigeria. Since the SSMPA was established, violence against MSM has increased significantly (HRW, 2016).

The United Nations declared freedom of assembly and association as one of the universal rights in Paris, December 10, 1948 (Beyrer, 2014). However, the SSMPA violates rights of assembly and association among MSM in Nigeria. The findings from this study will add to the literature that form bases for international bodies to come together and call for an end to the punitive laws that violate this fundamental human right. For example, the United Nations can sanction Nigeria as a country for violation of human rights. Study findings showing a relationship between the punitive law and the reluctance of MSM to test for HIV in Nigeria provide a basis for law and policy makers to talk about the abolishment of the law in Nigeria and other African countries. It is important to have a community free of social injustice and inequality, which will allow people of all group to flourish and be healthy. Findings from this study can encourage further research on the relationship between social injustice and health.

Summary

The problem of HIV is global and well studied. However, some vulnerable and marginalized persons are still at high risk of HIV infection and HIV-related death even

though many countries have evolved to the point where HIV is a manageable disease. Some countries, like Nigeria, have introduced laws that marginalize and discriminate against MSM, making it difficult to live a normal life and receive HIV care. Chapter 1 established the problem of punitive laws against homosexuality and MSM, which suggests how the SSMPA influences health choices among MSM. Chapter 2 will provide the literature on HIV among MSM and identify the gap in the literature that has informed this research topic.

Chapter 2: Literature Review

Introduction

The purpose of this study was to understand how the criminalization of homosexuality might have increased fear among MSM and reduced their willingness to test for HIV in Abuja, Nigeria. This chapter is a review of relevant literature that addresses the prevalence of HIV among MSM in Africa and how government policies on homosexuality influence the rise of HIV cases among MSM in Nigeria and other countries where homosexuality is criminalized. The combination of government policies with other social determinants of health influence health status and outcome of a given population (CDC, 2016). MSM are more at risk to HIV infection (CDC, 2016), and punitive laws on homosexuality creates hostility and discrimination toward an already vulnerable group such as MSM.

Given the law prohibits homosexuality in Nigeria, there has been some research that provides a general overview on the impact of the punitive law on the prevalence of HIV among MSM. Many scholars have conducted studies on HIV in Nigeria; however, there is a gap in the literature on the influence the law has on the willingness of Nigerian MSM to test for HIV. In this chapter, I will review literature relevant to this study. I will also examine SP theory, which I used as a conceptual framework to understand how government policy on homosexuality might influence the attitudes of MSM regarding HIV testing.

Literature Search Strategy

I used the following resources to gather my literature for this study: Medline, ProQuest, PubMed, African Journal Online, BioMed Central, Science Direct, and Open Access Journal Search Engine. I used search terms such as *HIV in Nigeria, criminalization of homosexuality, MSM and HIV, HIV stigma and discrimination, homophobic violence toward MSM, HIV testing among MSM, homosexuality laws, MSM killings*, and *violence to MSM*. I gathered 170 resources during this research, and I identified 120 articles as relevant to the study. I measured relevance by considering the relationship with my research questions, theoretical framework, and gap in the literature. I also selected literature published within the last 5 years.

Theoretical Foundation

SP theory illuminates the relationship between government policies, social norms, and health status of a given population (Goddard & Smith, 2001). SP theory best explains how social and political structures influence inequality and disparity among vulnerable groups (Wong, Holroyd, Chan, Griffiths, & Bingham, 2008). For example, it was used by Deng Xiaoping in China in the 1980s under the concept of "one country, two systems" (Wong et al., 2008). SP theory also helps to explore how political policies influence social attitude of a given people, which eventually introduces "structural violence" (Farmer, 2001). For this study, I used SP theory to illuminate how government policies affect the health status of a given population in different socioeconomic levels.

In this study, predictors such as homophobic attitudes, violence, and threat of violence were used to understand how SMMPA has created fear among MSM and the influence it has on their choice about HIV testing in Nigeria. I explored the criminalization of homosexuality and the influence this has on the willingness of MSM to test for HIV. SP theory provides a way to explore how culture and ontological views about homosexuality influence the positions government officials take when they make policies, laws, and decisions (Wong et al., 2008).

Framework of Sociopolitical Theory Levels

The following section describes the SP theory levels within the framework of my research questions. I will illuminate how SP theory applies to different levels: the individual level, interpersonal level, organization level, community level, and government policy level. Each of these levels of SP theory will be used to demonstrate how criminalization of homosexuality affects MSM as a community and individuals and how criminalization of homosexuality as a government policy influence HIV health status and outcome among MSM. Figure 1 outlines the structure of the SP theory as it relates to the various levels.

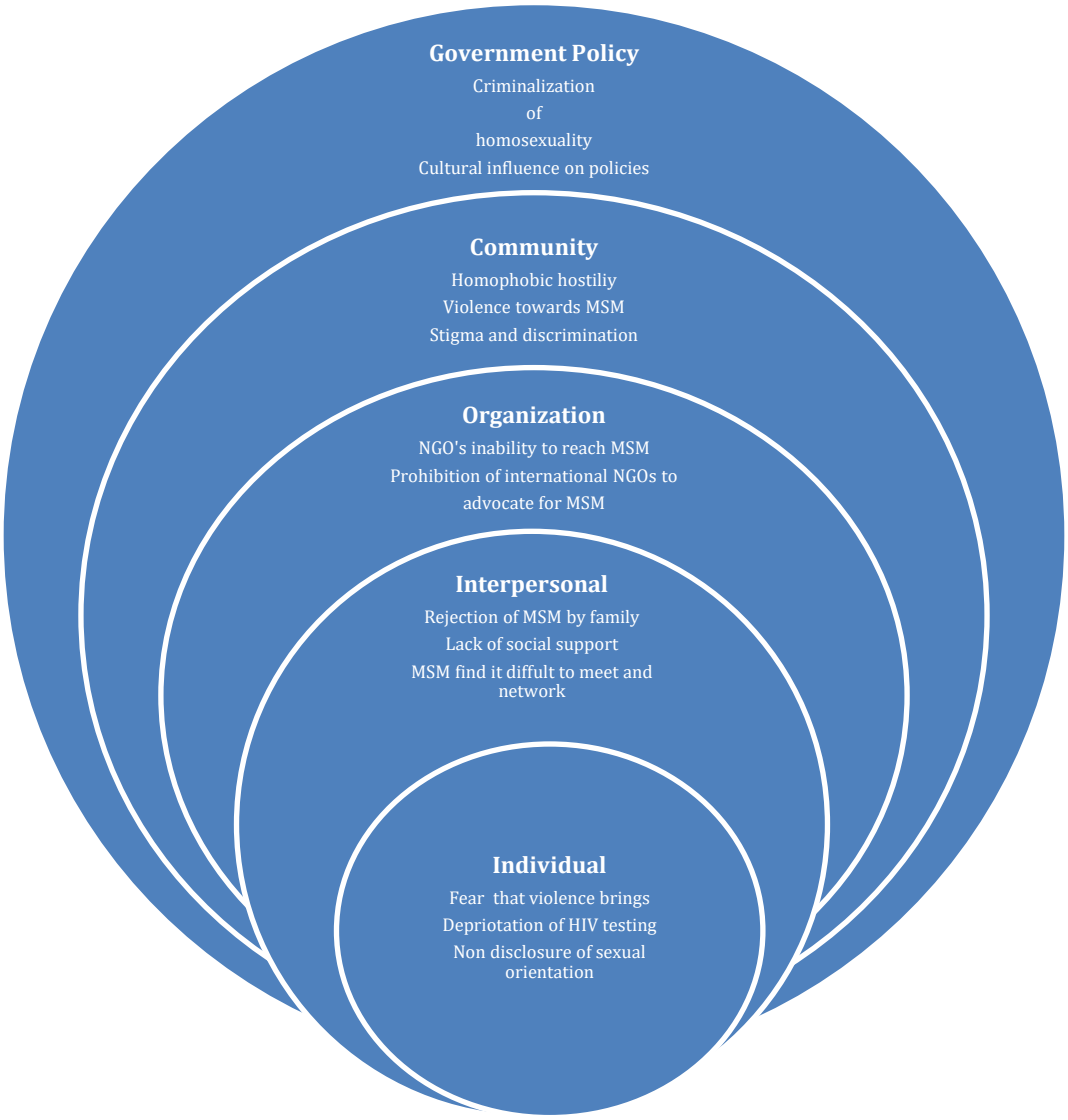

Figure 1. Illustration of sociopolitical theory. This diagram is a schematic that illustrates sociopolitical theory. Adapted from *Social and Behavioral Foundations of Public Health* (p. 67), by J. Coreil (Ed.), 2010, Thousand Oaks, CA: Sage.

Individual level. On an individual level, fear of violence affects an individual's decision about health (Beyer, 2014). MSM have been afraid to go to the clinics for HIV testing because of the violence they and other MSM have encountered. Fear of violence and getting arrested has resulted in individual decisions not to access HIV care or participate in the HIV outreaches for MSM community.

Interpersonal level. On an interpersonal level, criminalization of homosexuality fosters hostile behaviors and homophobic attitudes toward MSM in Nigeria (Schwartz et al., 2015). With the prohibition of gay association or assembly in Nigeria, networking, socializing, and cooperation is difficult (Schwartz et al., 2015). According to HRW (2016), families disown and reject their sons when they discover they are open about their sexuality, which makes family support impossible for MSM in Nigeria. A lack of social network and support means that MSM have no one to share their problems with, which could lead to self-pity and self-rejection (White, 2013). According to Baral, Holland, and Shannon (2014), depression and suicides have been recorded due to a lack of family support. This suggests there might be a relationship between suicide and lack of social support among MSM in Nigeria.

Organization level. On an organizational level, the criminalization of homosexuality can make advocacy and intervention for MSM in Nigeria difficult for activists at NGOs. Nigerian government has arrested, and persecuted NGO staff perceived to be associating with any form of MSM advocacy, even health-oriented interventions and advocacy (HRW, 2016). According to Schwartz et al. (2015), local and

international organizations that are willing to help MSM are skeptical about the impact of their work because of the hostile treatment by the Nigerian government.

Community level. On the community level, there is a record of homophobic hostility in communities (Arreola, 2015). Some MSM are stoned to death and some are sentenced to prison (Faul, 2014). Nigerian religious organizations, which includes churches and mosques, do not welcome MSM (BBC news, 2014). Some churches conduct deliverance and exorcism on MSM with the intention of casting out the demons responsible for their sexual orientation (Alozie et al., 2015). Community members have also resorted to acts of violence toward MSM in the community to express their disgust and disapproval of their sexual orientation (Risher et al., 2013). MSM are killed on the streets with car tires on their neck and burnt alive, and verbal abuse, stigma, and discrimination has increased in the community since the anti-gay law was passed in Nigeria (Schwartz et al., 2015).

Government level. On a governmental level, there is a relationship between government policies and health outcomes of a given community (Arreola, Santos, & Beck, 2015). The Nigerian government passed the SSMPA, which criminalizes any same-sex sexual relationship (National Assembly of the Federal Republic of Nigeria, 2014). The law forms the bases for police harassment and brutality toward MSM in Nigeria (Alozie et al., 2015). Religious inclinations have an influence on government policies, including the law on homosexuality in Nigeria, because all religious entities in Nigeria preach against homosexuality, whose views were influenced from Western

culture during colonization (Schwartz et al., 2015). Government officials are from the same community as the church leaders who uphold the homophobic stance on homosexuality.

When punitive laws target phenomena that does not correspond to the prevailing culture, groups such as MSM are marginalized and the wider community may see that group as a threat (Schwartz, et al. 2015), which leads to violence, killings, homophobic hate, and brutality. Given the punitive law, NGOs and international stakeholders face obstacles in advocating for vulnerable and marginalized groups (Alozie, et al., 2017). The punitive laws also make it difficult for effective health interventions to occur. Marginalization also extends to the family and friends of MSM who do reject and disassociate themselves from them (Alozie et al., 2017). Given the hostile law which prohibits assembly and association among MSM, individuals from this group might go into hiding and mask their sexuality, which makes it difficult for them to network and support themselves. These behaviors among MSM also makes it difficult for public health professionals to get them the health care they need.

Literature Review

Nigeria Demography

Nigeria is in West Africa, and it is the most populous country in Africa. It is called the giant of Africa because of the large number and diverse cultures in Nigeria. According to data gathered from a 2013 World Bank survey, Nigeria is made up of 36 states with the Federal Capital Territory located in Abuja, Nigeria. Nigeria has 24 cities

populations of more than 100,000, and only 25% of Nigerians are urban dwellers. Across Nigeria there are diverse customs, languages, and traditions. There 389 recognized ethnic groups in Nigeria. Approximately 44% of the population is between the ages of 0 to 14 years, and approximately 53% of the population is between 15 to 64 years. Only 3% of the population is 65 years and above. The population growth rate is 2.6%, with a birth rate of 40.16 births/1000 people. The death rate is 13.72 deaths/1000 people. Life expectancy at birth is 51.56 years, which accounts for the small proportion of the population above 65 years. Nigeria is a mixed religious country with 52% Christians, 41% Muslim, 6% indigenous beliefs, and 0.4% nonreligious. Abuja as the capital of Nigeria, having replaced Lagos as the capital in 1991. The population of Abuja is estimated at 2.4 million.

The Global Impact of HIV/AIDS

HIV is a global pandemic that affects 34 million people (Eisinger & Fauci, 2018). According to Sliwa and Rockstroh (2013), Africa includes 70% of HIV-infected individuals worldwide. Aside from Africa, other areas in the world with a heavy burden of HIV include Southeast Asia and countries of the former Soviet Republic (Eisinger & Fauci, 2018). Poor and developing countries have limited health care systems in place to combat the HIV pandemic that is prevalent in these regions (Chima & Homedes, 2015). MSM, among other subgroups, are at a higher risk of HIV infection worldwide (Miller, 2016). Government policies in Africa on homosexuality have increased the prevalence of HIV among this group (Slim and Rochstroh, as cited in Chima & Homedes, 2015).

When countries criminalize homosexuality, it makes it difficult for international organizations to help reduce the HIV burden, which is more prevalent among MSM (Chima & Homedes, 2015). In the United States, Europe, and Canada there are laws that protect MSM and promote HIV care access (Moreau, 2017). For instance, in the United States, MSM have quick access to HIV testing and counseling (White & Stephenson, 2016). In contrast, sub-Saharan Africa continues to face the highest burden of HIV infected individuals with South Africa ranked number one, followed by Nigeria (Avert, 2017). Poor knowledge about HIV, poverty, unprotected sex, and government policies that prohibit public health interventions places at-risk minorities at even greater risk of HIV infection.

Sub-Saharan Africa's Experience of HIV/AIDS

South Africa continues to face a heavy HIV burden and homophobic-based stigma and discrimination is high (Moreau, 2017). Anti-gay laws in sub-Sahara Africa have increased the struggles members of the LGBT community living with HIV face as these laws adversely affect their attitudes toward seeking HIV care (Beyer, 2014). For the past 15 years in Africa several agencies and councils such as the War Against AIDS, National AIDS Councils, Decentralized District and Community AIDS Council, and World Bank Multi-Country AIDS Programs have focused on HIV/AIDS intervention. Although there has been some progress with HIV interventions in Africa, African government policies that discriminate against homosexuality hinder this progress in Africa (Haeman, 2015).

Criminalization of homosexuality reduces access to HIV care in the world (Arreola et al., 2015). According to Witz, Kamba, and Jumbe (2014) where homosexuality is a crime, MSM avoid preventive HIV care for fear of being persecuted, extorted, or blackmailed. Under these circumstances, MSM do not prioritize HIV testing and treatment (Schwartz et al., 2015). Portreat et al. (2011) argued that health care providers also disassociate themselves from interventions with MSM to avoid arrest and persecution by government law enforcement. These findings are global and there is no specific study on Nigeria to show how the criminalization of homosexuality may have increased fear among Nigerian MSM and affect their willingness to test for HIV.

The Impact of HIV in Nigeria

Despite some HIV intervention programs by the federal government of Nigeria, NGOs and international stakeholders, Nigeria ranks second among African countries with individuals infected with HIV (Avert, 2017). This is because the anti-gay law has made it difficult for MSM, who are at higher risk of HIV infection, to benefit from the programs. There are no statistics on the numbers of MSM or MSM living with HIV in Nigeria. The punitive law on homosexuality in Nigeria might explain why such data is missing. According to the International Perspective on Sexual and Reproductive Health (IPSRH) (2015), the criminalization of is homosexuality has increased stigma and discrimination, homophobic hate, and violence against MSM in Nigeria. It has also increased the likelihood for MSM in Nigeria to engage in high risk behaviors (Schwartz, et. al 2015). According to the results of the Vu et al. (2013) study, 43.4% of the

participants reported engaging in unprotected anal intercourse (UAI), 45.1% have never been tested for HIV, and 53.9% engaged in UAI in exchange for resources such as money, cars, job offers, vacations, and a house. There are also MSM who cohabit with women and identify as bisexuals but have never been tested for HIV and could be HIV positive (HRW, 2016).

The Impact of HIV in Federal Capital of Nigeria Abuja

Recent research has shown that there is a rise in HIV infection among MSM living in low- and middle-income countries such as Nigeria (White, 2013). Abuja, as the federal capital of Nigeria, is a diverse city with many social and economic activities. According to Chima and Homedes (2015), MSM in Abuja engage in transactional sex. Vu et al. discovered that most of the MSM reported selling sex to more than two different partners. Transactional sex in Abuja accounts for 62% of HIV positive MSM and is significantly related to HIV transmission.

Access to HIV Care Among Men who Have Sex With Men in Nigeria

Schwartz et. al. (2015) argued that since after the SMMP Act, assess to HIV care among MSM in Nigeria reduced. Many scholars have shown that criminalization of HIV affects the level of care that MSM living with HIV receive. Nigeria as one of the countries in Africa that criminalizes homosexuality receives HIV intervention aids from the US (HRW, 2016). It will be assumed that with such aids, that HIV care will be accessible to all. However, it is proposed that criminalization of homosexuality might

hinder access to HIV care among MSM living with HIV and MSM who are at risk of HIV infection.

Government Policy on Homosexuality

In 2013, the Nigerian government introduced the SSMPA (National Assembly of the Federal Republic of Nigeria, 2013). This law criminalizes the act of engaging in any sexual activity with members of the same sex in Nigeria. According to BBC News (2015), Islamic law in Nigeria also criminalizes homosexuality and several arrests were made after the law was passed. The law imposes 14 years imprisonment to anyone found guilty of same sex marriage or sexual intercourse (Faul, 2014). Before the SSMPA, MSM in Nigeria faced stigma, discrimination, and homophobic violence (White, 2013). But according to HRW (2014), the violence toward MSM in Nigeria increased following the passing of the SSMPA and stigma and discrimination became directed to MSM without impunity. MSM who were open about their sexual orientation were blackmailed, violently attacked in the open, sexually abused, and killed. Health providers working with healthcare and health intervention programs for MSM also suffered attacks (White, 2013). NGOs and agencies that had any connections with MSM were burnt down and staff were killed. These incidents instilled fear among MSM in Nigeria (Avert, 2017). SP theory explored how the government policies on homosexuality influences the willingness of MSM to test for HIV and provided a framework to understand how fear could influence the willingness of MSM to test for HIV and seek HIV medical care in Nigeria. The findings from this study about MSM in Abuja may provide important

information about the relationship between fear and HIV risk in other areas where homosexuality is criminalized.

Account of Homophobic Experiences in Nigeria

MSM in Nigeria have experienced more stigma, discrimination, rejection, killings, verbal and sexual abuse, and blackmail since the introduction of the SSMPA. HRW (2014) argued that the criminalization of homosexuality is a violation of human rights. Several studies involved interviews with MSM to gain an understanding of their experiences on violence, discrimination, and sexual abuse. Avert (2017), Beyer (2014), and Alozie et al. (2017), highlighted that increased killings & burning contribute to MSM avoiding health care outreach. The authors agreed that the violence suffered by MSM increased the likelihood of risk-taking behavior which in turn leads to increased prevalence of HIV among MSM. These authors agreed that government policies on homosexuality have a direct influence on the health status and outcome of MSM in Nigeria, and as such violate human rights.

HIV Infection and Homosexual Criminalization

The SSMPA introduced in 2014 states that any form of carnal knowledge of same sex persons is punishable with 14 years in prison (The Law Library of Congress, 2014). Overstreet, Earnshaw, Kalichman, and Quinn (2013) argued that there is an ontological belief in Nigeria that most men who are HIV positive are gay. However, Klosinski (2013) pointed out that some health risk behaviors, such as the decline of condom use by MSM, increase HIV infection and HIV related deaths among MSM. Neuman and

Obermeyer (2013) revealed that due to lack of education, most people in developing countries perceive a positive HIV diagnosis as an automatic death sentence. Klosinski (2013) highlighted the simplicity of this perception and suggested that there is a significant relationship between a lack of a cure for HIV, poverty, stigma, and discrimination and HIV-related deaths. Smit, Brady, Carter, Fernandez, and Lamore (2012) attributed the negative view of MSM to members and leaders of religious entities, who view HIV infection as a punishment from God for homosexuals

There is a relationship between self-identification as gay and depression Ahanek et al. (2016). The authors maintained that depression occurred because of social rejection, discrimination, homophobic hostility, and stigma. According to Alozie et al. (2017), there is a difference in attitudes toward homosexuality in Africa compared to European and American nations. Based on data from Pew's 2015 Spring Global Attitude Survey, Alozie et al. (2017), attributed factors such as high religiosity, adherence to rigid morality, dogma, and extreme poverty rates to Africa's uncompromising views in homosexuality. Beyer (2014), further argued that the present legislation in Nigeria, Uganda, and other parts of Africa, which restricts freedom of assembly, speech, and association among LGBT communities, has influenced how and what health care MSM can access. These authors all agreed that government policies on homosexuality have a direct influence on the health status and outcome of MSM in Nigeria.

Frye et al. (2018) agreed that HIV testing poses obstacles and challenges, such as cost and testing options. Alozie et al. (2017) further argued that MSM in Africa face

more obstacles to HIV testing compared to MSM in America and European countries face. Beyer (2014) emphasized that globally, the LGBT community still struggles for their human rights. However, Alozie et al. (2017) emphasized that LGBT people living in countries where homosexuality is criminalized have more challenges and human rights violations compared to the rest of the world. Carabini (2017) illuminated that stigma, discrimination, and homophobic behaviors toward MSM living with HIV creates health disparity primarily in countries where homosexuality is a crime. The CDC (2016) identified that the influence of government laws and policies on homosexuality in Nigeria and other parts of the world where homosexuality is criminalized undermines the health outcomes of MSM. Zahn et al. (2016) agreed that MSM who live in a country or town where homosexuality is not criminalized are more likely to share details about their sexual orientation with family members, healthcare workers, and friends compared to MSM who live in countries where homosexuality is criminalized. Gruskin, Ferguson, Alfven, Rugg, and Peerman (2013) stated that criminalizing homosexuality is a structural barrier to an effective HIV response and intervention. These authors supported the view that in countries where homosexuality is not criminalized, MSM could be open about their sexuality because they were less likely to experience human rights abuse or criminal charges. The CDC (2016) further argued that criminalization of homosexuality reduces family and social support for MSM, and this adversely affects health outcomes.

Summary

SP theory illuminates the relationship between government policies and the health status of the population. According to Coreil (2010), poor government policy does not support good health outcomes. The strategic health intervention in any given health issue in a community depends on the government health policies that are in place. With the criminalization of homosexuality in Nigeria, the punitive laws undermine health interventions related to HIV treatment among MSM. In this chapter 2 literature and research that focused on the impact of the criminalization of homosexuality on the prevalence of HIV among MSM was discussed. The goal of this study is to understand how the factors like fear, violence, killings, threats of violence, verbal abuse, emotional and psychological abuse, blackmails, and criminal persecution revealed in the literature review instills fear among MSM and discourages them from testing for HIV. The research methodology will be discussed in chapter 3. Data collection method will also be discussed.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to understand whether criminalization of homosexuality influences HIV testing among MSM. Stigma, discrimination, homophobic and violent experiences, and fear of violence were explored through interviews to understand the relationship these have with the criminalization of HIV. Due to the sensitivity of the topic, risk of getting arrested, and the confidentiality of the participants, I used face-to-face interviews. A phone interview was proposed to the participants during recruitment, but they all opted for a face-to-face interview following the recruitment, which reduced the risk to the participants because they did not have to travel to the NGO another day just for the interview. In this chapter, the methodology for the study, which includes the research design, population, data collection method, data collection collaboration, instruments to be used, plan for data analysis, and ethical considerations, will be discussed.

Research Design and Rationale

For this qualitative study, primary data were collected in face-to-face interviews to understand the influence of criminalization of homosexuality on HIV testing among MSM. Interviewing participants is an effective qualitative method to gain an understanding about their personal experiences (Englander, 2018). A qualitative approach was chosen because qualitative methodologies are useful for understanding the feelings, experiences, and behaviors of participants and help explain how and why

situations affect people (Saldana 2011). Qualitative methodologies are also reliable because they deal with human beings directly. However, they increas bias because of relying on participants telling the truth and being objective, which cannot be verified (Englander, 2018). A phenomenological approach was used in this research to cultivate a deep understanding of how MSM experience criminalization of homosexuality and how it affects their willingness to test for HIV. The phenomenological approach involves the researcher with reflecting on the data to capture their essence (Saldana, 2011).

Participants were recruited in Abuja, Nigeria. Eligibility of participants were assessed based on self-identifying as MSM, living in Abuja, being a man or male at birth, and being at least 25 years old. Participants were recruited inside the office of the NGO and are registered clients with the NGO and frequently visit for services. The NGO has worked since 1999 toward promoting the interests of the LGBT community in Nigeria. With a written script (see Appendix), participants were pre-screened inside the NGO to determine eligibility during recruitment. While listening to the participants during the interviews, I used intuition to know when to ask a follow-up question and when to show empathy and support. I also evaluated whether to continue in the same line of questioning. The interviews were audio recorded, and notes were taken when necessary during the interview process.

A total of 26 MSM were approached and agreed to participate. However, 11 of the 26 were not eligible. Thus, there were 15 participants for the interviews. The participants were asked 12 open-ended questions and some follow-up questions (see

Appendix). Data were transcribed, coded, and analyzed for patterns and themes that relate to the effect of criminalization of homosexuality on HIV testing views among MSM. The qualitative research design was used to highlight factors that reduce the willingness of MSM in Nigeria to test for HIV, provide empirical evidence on the impact of criminalization of homosexuality, and inform how important it is to increase HIV testing habits among MSM.

Role of the Researcher

Some research biases such as emotional attachment, empathy, resentment of promiscuity, and judgment were expected to be present during the interview sessions. As the researcher, I remained aware of potential bias and remained objective. I tried to develop rapport with participants to engage them and develop a deep understanding of their experiences. During each interview, reflective notes were taken about my feelings, which were used during the data analysis.

Ethical issues such as protecting the identity of the participants were important, so questions that might reveal the identity of the participants were avoided. I did not ask names and date of birth during data collection. While transcribing the audio recording, participants' identifying information that was said accidentally during the interview was edited out. I handled the information gathered during the interviews confidentially, keeping the data password protected. While in Nigeria, all data materials were stored inside a locked cabinet in my room. When I got to the United States, data were stored inside a locked cabinet in my home library. Because of the risks associated with this

study, I offered participants the option of a phone interview or face-to-face interview. However, all participants agreed to do face-to-face interview following the recruitment immediately. Gifts or money were not given to the participants as an incentive. However, every participant was thanked at the end of the interview.

Methodology

Qualitative research using a phenomenological approach helped identify factors that hinder MSM from testing for HIV since the criminalization of homosexuality. A phone or face-to-face interview was offered, but all 15 participants agreed to grant a face-to-face interview immediately after recruitment. The semistructured interviews lasted for approximately 40 minutes. All 15 participants were asked the same pattern of questions. The audio recorded interviews were transcribed with Sonix software before the data were coded and themes were developed.

Recruitment, Participation, and Data Collection Procedures

I recruited participants at the NGO office space as the MSM came in to receive their services. The MSM were approached while still inside the office. I introduced myself as a doctoral student of Walden carrying out a research on men's health and how the law affects it. Participants who agreed to participate were screened for eligibility by asking them their age, whether they self-declared as MSM, and whether they lived in Abuja.

Participants were told about the nature of the questions, the expected length of the interview, and the risks and benefits of the study. I asked the participants for their

permission to audio record during the interview. I emphasized the anonymity of the study. Participants were given a serial number from P1 to P15. Any identifying data accidentally mentioned during the interview were edited out in the transcript. Before the interviews, the consent form was read to each participant. To reduce the risk of being identified, participants were not given any paperwork with the research information.

For this study, the data collection instruments were a zoom audio recorder, a laptop computer for data entry, a writing pad, pen and pencils, the Sonix app to transcribe data, and a phone. The interviews consisted of 12 or more questions (see Appendix) and lasted between 30-40 minutes. With permission, I audio recorded the interviews. If any participant declined the use of an audio recorder, I took handwritten notes during the interview. The interview venue was in a comfortable and private office space of the NGO. The NGO counselor was available to assist any participant who needed help because of the interview. Participants were informed that the results of the study will be posted on a public website and posted on the NGO notice board for easy access when they come to the NGO to receive services.

Data Analysis Plan

The data collection process consisted of two parts: recruitment while determining eligibility and a semistructured face-to-face interview. The sample size for this research is 15 participants, who were each asked 12 questions. This sample size is appropriate for a qualitative study. To avoid being overwhelmed while gathering data, I focused on collecting data that would help answer the research questions (Baxter & Jack, 2008).

Data saturation was attained when the answers to the interview questions started to look similar and appeared frequently.

Data collected from the interviews included transcripts of the audio recording and notes taken during the interview, which were arranged chronologically from the first to the last interview conducted. Field interview notes were attached to each transcript accordingly. I used the template organizing strategy as depicted by Crabtree and Miller (1999) for data analysis. Coded content was extricated, sorted by each straight-out code, and read multiple times to distinguish significant topics with answers to the research questions.

Issues of Trustworthiness

Working with a local NGO for recruitment and using their office space for the interview created trust. Participants seemed to feel at ease and shared their experiences without any reservations. Credibility of participants was ensured by screening them for eligibility and by their presence at the NGO. Only participants who met the criteria participated in the research. Participants verbally consented to participate in the study after the consent was read to them. To ensure participants' anonymity, the consent forms were not given to them. The consent form stated that participation in the study is voluntary and they were free to withdraw from the research at any time for any reason without any form of obligation.

During data collection, I was flexible about changes during interviews such as a participant not wanting me to record during the interview. In this situation, I handwrote

notes during the interviews. However, all the participants agreed to audio recording of the interview. To ensure the research is credible, I included every step of the research plan approved by the Institutional Review Board (IRB). Participants were respected, and data were handled with confidentiality. To maintain participants' confidentiality, the participants' identities remain anonymous.

Ethical Procedures

Ethical endorsement for this research was received from the Walden University IRB. To expand the security of participants, no composed materials depicting the research will have any information that could identify a participant including the verbal consent script. Preceding enlistment as a participant in the study, all enrolled people were informed that they could leave the study at any time.

A few procedures were set up to maintain the anonymity of the participants for this study, including the task of assigning a code (P1–P15) to every participant and providing a spreadsheet for the verbal consent script that contained the participants' codes and fundamental data. To additionally secure privacy, this spreadsheet was kept separate from the transcript information.

Summary

In this chapter, I discussed the methodology and some of the ethical issues and biases that were encountered during the research. I also described how the identity of the participants were protected. Due to the sensitive nature of the research topic, I addressed the precautions to collect objective data. This chapter also illuminated details about the

collaboration with a local NGO to recruit participants and provide a safe environment to conduct interviews. In Chapter 4, I will discuss the demography, evidence of trustworthiness, data analysis, and results. Chapter 4 will demonstrate that someone else conducting the same research with the same methods would find similar results and conclusions.

Chapter 4: Results

Introduction

The main purpose of this study was to understand how the criminalization of homosexuality influenced HIV testing among MSM. I explored the lived experiences of MSM in Abuja, Nigeria. The following research questions will be discussed in this chapter:

RQ1: How does the criminalization of homosexuality in Nigeria affect HIV testing behaviors for MSM?

RQ2: How do MSM in Nigeria perceive HIV and HIV testing?

RQ3: How does the criminalization of homosexuality increase fear among MSM?

RQ4: How does criminalization of homosexuality increase violence toward MSM?

The findings can start a discussion about the laws made by the government and how it affects the health outcomes and status of MSM.

Study Setting and Demographics

Participant recruitment was done inside an NGO that provides HIV care services. MSM who already visit this NGO were approached inside the NGO to invite them to participate in the study. During recruitment, participants were offered the option of either a phone interview for a chosen date and time or a face-to-face interview immediately. Twenty-six men were approached during recruitment, and 15 of the men who agreed to participate and were eligible. These participants all identified as MSM, lived in Abuja,

and their ages ranged from 26-40. Eight men were not eligible because they were below 25 years, and three could not participate because they attended school out of town and were returning to school immediately. All 15 eligible participants chose to do the interview the same day they were recruited because they were concerned about the poor network service in the areas where they live, which would make phone interviews difficult. Data were collected over a 2-day period. I recruited and interviewed eight participants on the first day, and seven participants were recruited and interviewed on the second day. A total of 15 face-to-face interviews were conducted for this research. To protect the privacy and safety of participants, I did not collect any identifying demographic information. Participants received a study number 1 through 15 to identify them for the study.

Data Collection

The data were collected June 17-18, 2019. I conducted face-to-face interviews with all 15 participants inside the office of the program director of the NGO. The office is at the back of the building, with only one door and two windows, which were locked during the interview. The interview lasted for approximately 40 minutes each and was audio recorded with a zoom audio recorder. All the participants were residents of Abuja, Nigeria. Before the interview began, I read through the consent form with each participant. We discussed that participation was voluntary and the risks and benefits of participation. I asked each participant if he had any questions about the consent form or interview process and if I could audio-record the interview. After we completed the

informed consent process, we began our interview discussion. After all the participants were interviewed, Sonix software was used to transcribe the recordings into Word documents. Sonix soft wear was used because it made the transcription of the audio recordings of the interview to Word documents efficient and time effective.

Data Analysis

Data analysis began with listening to each interview recording several times. While listening I added reflective notes to my original interview notes. After multiple listening sessions, I used Sonix software to transcribe the recordings into Word. I listened to each recording while reviewing the created Word document to edit and correct verbiage that the software could not capture due to unrecognized accent of participants. I also edited out information that could identify the participants from the Word documents. I ensured that the transcript was verbatim before I started coding.

I used three stages of coding. Initially, I used open coding, going through all the data and labeling it as focused and nonfocused. As I read my respondents' stories that were narrated during the interviews, I identified data that answered the questions that were asked. On the second level of coding, I categorized the data I developed from level one using my research question. The four research questions formed the bases of my initial categories. My third level of coding was thematic. I looked at the frequencies of the data in the research questions' categories, identified patterns, and formed themes. These themes were refined and summarized the complete data to describe participants'

experiences. Finally, the themes were synchronized to the SP theoretical concept of the study.

The analysis identified multiple patterns among the 15 participants. Theme development was guided by recognizing these patterns in relation to my overall research question. Tables 1-12 illustrate some direct quotes from participants in response to specific interview questions.

Table 1

Interview Question 1: What is Your Opinion About the Criminalization of Homosexuality in Nigeria?

Participant	Direct quote
P1	"No one should be told how to live their lives."
P7	"The law is a violation of human right."
P9	"The law has increased fear coupled with lack of confidentiality in the clinics."
P14	"It is a wrong law. And it traumatizes all MSM living in Nigeria. It hinders HIV outreaches designed for MSM community."
P15	"The law hinders access to HIV health services and increased homophobic attacks in Nigeria"

Table 2

Interview Question 2: How Would you Describe your Experience of Being Gay in Nigeria Since the Criminalization of Homosexuality?

Participant	Direct quote
P1	"You must maintain masculine image not to get in trouble with the law."
P4	"My experience is very bad. I have been hurt both physically and emotionally, even by my own parents. My mum loves me, but my stepfather had thrown me out of the house in the middle of the night."
P5	"I was disowned by my own family for being gay."
P11	"I have been harassed by a police officer one time I was walking with a friend on the street, went through our phones and got us arrested because of the pornography and gay app he saw on our phones."
P14	"I have received threats via text messages. A friend of mine was burned to death while he was asleep in his house."

Table 3

Interview Question 3: How Do (Did) These Fears Influence Your Decisions to go for HIV Testing?

Participant	Direct quote
P1	"I am afraid of getting arrested and humiliated in the clinics."
P2	"I am always worried of being jailed if identified as gay."
P3	"I fear being arrested in the clinics, so I test myself at home."
P10	"But, after the law I was treated as a demon even in the clinics by health care workers."
P11	"I fear that I am rejected. I am no more accepted in my community. My family may disown me if they know that I am gay."

Table 4

Interview Question 4: What are Your Fears About Telling Friends and Families about Your Sexuality?

Participant	Direct quote
P1	"My family is a religious family and homosexuality is seen as a sin."
P9	"It is a taboo in Nigeria to be gay. I will not tell my friends because they will possibly tag me and out me and I might be killed. And I don't want to be disowned by my parents."
P12	"My parents are pastors. I don't want to lose the love and support from my family."
P15	"This is a very huge concern. There are many factors to consider, faith, culture and my family. I am Muslim and the sharia law, prohibits gay. So, I cannot come out."

Table 5

Interview Question 5: Have you Ever Been Arrested, Jailed, or Bullied for Being Gay?

Participant	Direct quote
P1	"I have been blackmailed. I was set up by someone I met on a gay social media for a job. I got there and was beaten up."
P2	"I was bullied in school a lot because I am effeminate."
P3	"Yes, I have been bullied. My neighbored had threated to beat me up because I am gay."
P9	"I have not. But a friend of mine who is effeminate was arrested because his neighbors called the police and told them that he is gay."
P10	"Yes! I have been arrested, bullied and blackmailed. I was arrested in a party. Bullied severally in school and was blackmailed by someone I met on the gay website."
P15	"No, I was not arrested. I was caught with lots of lubricants and condom on my way to an outreach. The police officers were curious to know what the lubricants were meant for. I had to lie to them that they were for women."

Table 6

Interview Question 6: What are Some of the Violent or Humiliating Experiences You Have Had for Being Gay?

Participant	Direct quote
P1	"I was suspended from school for being in a relationship with another guy."
P2	"I was paraded in school for being gay and I was said to have been possessed by a demon. After that humiliating episode, I contemplated suicide."
P8	"No, I have not had any humiliating nor violent experience. But a friend of mine was attacked in the middle of the night and his house was set on fire, while he was asleep."
P10	"When I was arrested, I voiced out my concerns and I was moved to the cell where dangerous criminals are. I was raped."
P14	"I was accused of being gay in my church choir by a girl. I was stopped from singing in the choir. People spat at me in church when I pass. I very depressed at this time and contemplated killing myself."

Table 7

Interview Question 7: How Would you Explain your Willingness to go for HIV Testing Before and After the Law of Homosexuality was Passed?

Participant	Direct quote
P1	"The woman in the clinic after the law treat you less than a human and keep postponing your test."
P7	"I have never gone to the clinic for HIV testing because of the terrible stories I hear about."
P8	"I will never go to the clinic to test for HIV. I don't want to be arrested."
P10	"It was easy before the law. But since 2014, I fear being arrested again."
P11	"Since after the law, I fear being arrested by the police and serve jail time."

Table 8

Interview Question 8: How Would you Explain how Health Care Workers Treat MSM When They Come to the Hospitals for Services?

Participant	Direct quote
P1	"Before the law, the clinic staff silently talk about the gay guys that come to the clinic behind their back. But now, they do that to you face without apologies."
P2	"It is very judgmental, biased and they will preach to you about God and to repent."
P8	"One time a health care provider asked me my sexual orientation. I said gay and he she wanted to deliver me with his bible and prayers."
P11	"Horrible things happen in the clinic. My friend tested positive to HIV and was asked to bring his sex partner, he brought a male. They were both denied services."
P13	"My friend told me that nurses in the clinic would stand in the long hallway and call out people for HIV drugs to follow her. It is so unprofessional."
P15	"When I go to the clinics, I see health care workers leave the main problem to focus on which is the health problem and they start to address the sexuality of the patients."

Table 9

Interview Question 9: What will you say Changed About how Society Treats Gay Men in Nigeria Since the Law on Homosexuality was Passed?

Participant	Direct quote
P4	"I was attacked with a friend on the street, and people were watching. Nobody did anything. I ran."
P7	"Since 2014, it's been worse. Early this year 2019, a ranking police office make a statement on Twitter that all gays should leave the country because they are coming after them."
P11	"Since after the law, the violence, blackmails and bully were validated. After all you violent the law of the country. The police exploit gay men."
P15	"The society started taking laws into their hands since after the law was passed. They kill and harass gay men and nothings happens."

Table 10

Interview Question 10: If the Law is Banished, How Will it Change Your Decision to go for HIV tests and Other Health Care Services?

Participant	Direct quote
P2	"Yes, it will be a gradual process, but will help people to go to the clinics and get tested without any reservations. It will help to solve the HIV Epidemic."
P5	"I think that it will help solve not only HIV problem but other STIs like anal wax."
P6	"Yes. People will come out. Many people will go and test for HIV without any fear of discrimination or jail time."
P15	"The police will stop harassing MSM."

Table 11

Interview Question 11: How Have you Been Managing Being Discriminated Against as a Gay Man?

Participant	Direct quote
P1	"I talk to someone for help and support."
P2	"I stay away from anything that will make me vulnerable."
P8	"I remain in my shell."
P9	"I have gotten used to it. But I am constantly careful. I don't want to be killed or go to jail."

Table 12

Interview Question 12: Is There Anything Else You Want to Share with Me?

Participant	Direct quote
P1	"Discrimination had made me to try to take my life two times. Till date my parents do not know about it. But I have realized that it doesn't worth it."
P6	"I channel my energy and talent to something positive."
P11	"I plan on leaving Nigeria to a country where I can kiss a guy in a park and be happy without putting my life in danger."
P12	"MSM in Nigeria are not accepted and it shouldn't be so. It is becoming dangerous by the day. The law that is supposed to protect us are against us."

Themes

Study themes were formed based on the identification of patterns and the ties with the research questions. Five main themes illustrate participants' experiences gathered from MSM living in Nigeria while homosexuality is criminalized.

- Criminalization and access to health care
- Criminalization and clinic staff
- Criminalization and fear of arrest and going to jail
- Criminalization and relationships with family, friends and religion
- Physical and psychological impact of MSM criminalization

Criminalization and Access to Health Care

All participants in this study reported that the criminalization of homosexuality in Nigeria since 2014 had hindered their access to health service for HIV. Participant 2 stated,

> my friend went to the clinic and tested positive. He was asked to bring his partner, he came with his male partner. The doctors stated preaching to them to

> repent from homosexual practice. When they told the doctor that they don't believe in God, so cannot accept their preaching, they were both denied service.

Five participants who work with an NGO that organizes HIV outreach for MSM reported that since the law was enacted, they have not had a successful outreach program. People fear arrest and do not come out to participate. Only very few MSM attend HIV outreach events compared to their level of participation before the SSMPA. They also reported that some arrests occurred during past outreach projects, and that these experiences formed the basis of the identified fear among the MSM community. For example, participant 6 shared, "it has gotten so bad that even the condoms and lubricates that we share among the MSM community is done Nicodemusly." This refers to going to visit people secretly at night, which is from the story of Nicodemus in the Bible.

Criminalization and Clinic Staff

Half of the participants reported humiliating and discriminatory experiences when attending a clinic. Some respondents also reported the negative experiences of their friends at a clinic. All participants agreed that health care professionals in the general clinic are not professional and do not treat MSM patients with respect. Participant 15 said,

> well, some women in the clinic assume that you are gay when you come to test for HIV because of your mannerism. They talk to you less than a human, they keep postponing your test. I stopped going back because I couldn't deal with the insults and discriminations.

Participants also reported that health care professionals in the clinics do not keep the information they give to them during their clinic encounter confidential. Participant 10 stated, “My friend told me that nurses in the clinic would stand in the long hallway and call out people for HIV drugs to follow her. It is so unprofessional.”

Criminalization and Fear of Arrest and Going to Jail

Twelve of the fifteen participants reported that fear of being handed over to the police at the clinics is the main reason why they are not willing to go to the clinic for HIV testing. Participants reported that the sexual risk behavior and sexual partner questions that the health care providers ask in the clinics during HIV testing expose their sexuality. The effeminate participants reported that their appearance make the health care providers conclude that they are gay. If a clinic client is assumed gay, healthcare staff will call the police, they are arrested and taken to jail. Participant 11 expressed that “The main fear is not discrimination but the fear of being handed over to the police and going to jail when they know that I am gay.” Participant 7 also reported fear of the dangers of being in jail as an MSM: “When I was I voiced out my concerns and I was moved to the cell where dangerous criminals are. I was raped.”

Criminalization and Relationships with Family, Friends and Religion

All study participants reported that religion is a factor in discrimination. Specifically, when attending a clinic, participants reported being preached to by clinic staff to repent or being prayed for to cast out the demon of homosexuality. They also reported that Nigerian society is influenced religious beliefs that condemn homosexuality

as a sin, thus reject homosexuals on that basis. For example, participant 5 stated, "My parents are pastors. I don't want to lose the love and support from my family."

All 15 participants, those who have told their friends and families about their sexuality and those who have not, reported fear of rejection and being disowned by family for being gay. Two participants stated they were disowned by their families. Over half of participants reported friends who were disowned by their families over their sexuality. participant 4 shared,

> I was disowned by my family when they discovered my sexuality. I had not seen nor spoken to any of them for year. Now, I got the news that my father is dead. I fear going home for the funeral because, I don't know how I will be welcomed.

Some participants reported being blackmailed by an individual they met on a gay website. Participant 3 stated,

> A friend of mine saw gay porn videos on my phone and threatened to let everyone know that I am gay if I don't pay him money, he collected the money and still told people that I was gay and I was attacked in my neighborhood because of that.

Participant 8 said, "some dude I met online recorded our sex without my knowledge and after started threatening to expose me if I don't give me money. My friends helped me to track him down."

The participant explained that someone he met online recorded their sex, and later used the sex tape to blackmail him. He did not want the sex tape to expose him as gay.

He paid his blackmailer but could not keep up with his constant demands. He gathered his MSM friends who helped him to track the extorter and stopped the exploitation.

Psychological and Physical Impact of Criminalization

Participants discussed psychological and physical impacts such as depression, suicide, and sexual abuse. All participants reported being depressed at some point because of hostility and discrimination due to their sexuality. Two participants reported attempting suicide and two participants reported having friends who committed suicide. Participant 1 shared, "I tried to kill myself two times by drinking an insecticide called snipper, but my friends got to me and rushed me to the hospital." Participant 5 also said that "A friend of mine was found dead inside his apartment after taking poison, because his family disowned him."

Two participants reported being molested sexually when they were in a boarding school and one participant reported being raped while in police custody. Some participants discussed situations of violence where they were attacked for being gay, while 6 of 15 participants reported friends being attacked, burned or killed for being gay since the law was enacted. Participant 14 stated, "Since after the law, the violence, blackmails and bully were validated. After all you violent the law of the country. The police exploit gay men." Participant 8 reported "a friend of mine was attacked in the middle of the night and his house was set on fire, while he was asleep." Further, Participant 9 reported,

> I was accused of being gay in my church choir by a girl. I was stopped from singing in the choir. People spat at me in church when I pass. I was very depressed at that time and contemplated killing myself.

Evidence of Trustworthiness

One of the limitations of a qualitative research is the presence of human bias (Baxter & Jack, 2008). Pathak, Jena, and Sanjay (2013), argued that because qualitative research focuses on understanding research question with a human and idealistic approach, there will be some elements of bias. It was very important that any form of bias was eliminated in this research. There was no conflict of interest of any kind. This study was approved by Walden University IRB and the approval number is (06-14-19-0509680). The study followed the approved steps by the IRB. Recruitment of the participants was voluntary and data collection followed the stipulation of the IRB. Data was transcribed from the audio recording to word with directly.

Results Related to the Research Questions

Research Question 1

How does the criminalization of homosexuality in Nigeria affect HIV testing behaviors for MSM?

Based on these study findings, since the criminalization of homosexuality, clinic staff report MSM to the police when they come to the clinic and indicate that they are homosexuals. Being gay is a crime, so the clinic staff report MSM as criminals. Over 80% of the participants reported that they fear being arrested in the clinics so, they would

rather not go to the clinic for HIV testing. The participants shared the same fear that they sexual risk behavior question they ask in the clinic while conducting HIV testing expose their sexuality and increase their risks of going to jail.

Research Question 2

How do MSM in Nigeria perceive HIV and HIV testing?

All the participants understand HIV and the importance of HIV testing and their health. However, majority of the participants reported that they do not care about going for HIV testing since after the law because they fear being persecuted by the law for being gay. Five of the participants reported that MSM community have stopped coming out for HIV outreaches since after the law compared to before the law. This means that MSM community member do not come out to participate in the outreach because the participants reported that there were cases of mass arrest in the past during such outreaches. Because of fear of arrest, MSM prefer that the condoms and lubricants be brought to them at night anonymously.

Research Question 3

How does the criminalization of homosexuality increase fear among MSM?

Fourteen of the fifteen participants reported fear of being arrested by the law enforcement officers, fear of being attacked on the streets, fear of being blackmailed, and fear of being killed. Overall, all participants had experienced at some point harassment, bully arrest, threat, discrimination and blackmail because they are gay since after the law.

These experiences perpetuate fear among MSM since the criminalization of homosexuality in Nigeria.

Research Question 4

How does criminalization of homosexuality increase violence toward MSM?

All participants reported that before the criminalization of homosexuality in Nigeria, they only had to deal with discrimination and stigma. Participant 7 stated that "Homosexuality in Nigeria before the law was like a public secret" The society saw the law as a validation of homophobia. Overall, all the participants agreed that the law increased violence, killings and attacks on MSM because they see them as criminals. Before the law, participants reported that they society discriminated against them based on religious justification. But since after the law, the society attack MSM because they are committing a crime.

Summary

The findings of this study demonstrate how government policies directly hinder health care access to a minority group. The SSMPA creates serious barriers for Nigerian MSM to access HIV testing and services. Fear of arrest and detainment if attending a clinic when identified as gay is one of the major influences of SSMPA on willingness to seek HIV testing and care. Although all the participants have access to HIV testing and services through an NGO, there are MSM who do not have access to HIV testing and treatment or NGO services because of distance. In chapter 5, the interpretations from this

research will be fully discussed. Also, the implications for social change and future recommendations for research will be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this qualitative study, I interviewed 15 participants. Accounts of their experiences were used to understand how the criminalization of homosexuality affects HIV testing among MSM. In Chapter 5, the results from the interviews will be discussed. I also draw conclusions and offer recommendations for future studies.

Interpretation of Findings

This qualitative research on MSM was conducted in Abuja, Nigeria with face-to-face interviews form 15 participants. The results showed that MSM are not willing to go to the clinic for HIV testing or participant in HIV outreaches because of fear of getting arrested and going to jail because of the SSMPA that was enacted in 2014. Another factor that creates fear among MSM is being attacked and killed.

The findings of this study support Witz et al.'s (2014) claim that criminalization of homosexuality increases the vulnerability and risk factors of MSM such as homophobic violence and discrimination. My participants shared how their feelings of fear and anxiety supersede health concerns. Participants also shared experiences of blackmail like in Schwartz et al.'s (2015) study. These negative experiences described by participants illustrate that Nigerian MSM are at risk for HIV as well as violence, extortion, and criminal arrest. Further, Portreat et al. (2011) argued that healthcare providers fear participating in health interventions because of arrest. In the current study, the findings of this study showed that health care professionals discriminate against MSM

and report them to the police when they come to the clinic to access care. The findings of this study also support the SP theory by indicating that the government policy on homosexuality affects the health of MSM. These findings confirm that government policies affect the health of the population as seen in participants' experiences.

Limitations

Study limitations included recruitment and a short time period for data collection. I traveled to Abuja, Nigeria and spent 1 week for recruitment and data collection. Due to the sensitivity of the topic with regard to the law, it was imperative that the participants were protected, so participants were only recruited inside an NGO that renders HIV services to MSM. For this reason, participants were not recruited from the general clinic in the area to avoid identifying potential participants as MSM, though recruitment from other locations may have provided additional perspectives on my research topic. Recruitment and interviews were conducted the same day, which was done to prevent participants from making another trip to the NGO and because phone interviews were not an option due to the inconsistency of participants' phone network providers.

Recommendations for Future Research

This study was focused on HIV testing. The results showed that fear of being exposed as gay and reported to the police when asked sexual risk behavior questions in the clinic is the major reason why the MSM do not go to the clinics. Further research may be conducted to find out to what extent the fear of being expose as gay when asked sexual behavior questions has informed MSM from going to the clinics for other STIs

that are peculiar to MSM such as anal wax. Additionally, research should be done on the practice of confidentiality in the Nigerian general clinics.

Implications for Social Change

MSM participants in this study perceive going to the clinic for HIV testing as a potential trap to getting arrested by the police. Because of this perception, they may avoid clinics and HIV testing and services. According to the result of this research, SSMPA hinders access to HIV care among MSM. Government policies that negatively affect health and restrict the rights of the population should be rejected at the highest level of legislation. Discussions on how to protect MSM is an important step toward innovative changes to improve the health of MSM and the community at large. Therefore, this study has implications for encouraging these discussions and improvements in the health care system.

Conclusion

Before SSMPA in Nigeria, there was evidence of discrimination and stigmatization again MSM. However, the SSMPA provided a legal framework for violent homophobic attacks on MSM. According to my participants who are also staff of the NGO and organize outreaches, many of their outreach programs failed because police invaded the communities and arrested those who came out to participate in the outreach. Communities also became hostile toward MSM and expressed their disapproval of their lifestyle by evicting MSM from the neighborhood, sometimes violently. Further, clinic staff have justified their unprofessionalism toward MSM with SSMPA, and police invade

the clinics to arrest individuals when clinic staff give them the information about patients who are gay in the clinics. MSM are also rejected and disowned by their own families because SSMPA condemns family members who accept and keep their sons who are gay and obligates them to report their sons.

These factors of hostility, hate, violence, arrest, and unprofessionalism in the clinics influence the willingness for HIV testing by MSM in Abuja, Nigeria. The experience of MSM in Abuja illustrates the negative effects of SSMPA on MSM. Therefore, it is imperative that discussions should start about the SSMPA in Nigeria. The government should acknowledge the damaging effects of the law on the health of MSM and the HIV epidemic.

References

Ahaneku, A., Ross, M. W., Nyoni, J. E., Selwyn, B., Troisi, C., Mbwambo, J., & McCurdy, S. (2016). Depression and HIV risk among men who have sex with men in Tanzania, *AIDS Care, 28*(S1), 140-147. doi:10.1080/09540121.2016.1146207

Alozie, N. O., Thomas, K., & Akpan-Obong, P. (2017). Global liberalization on homosexuality: Explaining the African Gap. *The Social Science Journal, 54*, 120-131. doi:10.1016/j.soscij.2016.09.001

Arcaya, M., Arcaya, L., & Subramanians, S. (2015). Inequalities in health: Definitions, concepts and theories. *Global Health Action.* doi:10.3402/gha.v8.27106

Arreola, S., Santos, G. M., & Beck, J. (2015). Sexual stigma, criminalization, investment, and access to HIV services among men who have sex with men worldwide. *AIDS and Behavior, 19*(2), 227-234. doi:10.1007/s10461-014-0869-x

Avert. (2017). HIV and AIDS in Nigeria. Retrieved form http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/Nigeria

Baral, S., Holland, C. E., & Shannon, K. (2014). Enhancing benefits or increasing harms: Community responses for HIV among men who have sex with men, transgender women, female sex workers, and people who inject drugs. *Journal of Acquired Immune Deficiency Syndromes, 66(3),* 319-328. doi:10.1097/qai.0000000000000233

BBC News. (2015). Nigeria Islamic court tries gay suspects in Bauchi. Retrieved from

http://www.bbc.co.uk/news/world-africa-25749308

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544-559. Retrieved from http://nsuworks.nova.edu/tqr/vol13/iss4/2

Beyrer, C. (2014). Pushback: The current wave of anti-homosexuality laws and impacts on health. *PLOS Medicine, 11*(6), 1-3. doi:10.1371/journal.pmed.1001658

Carabini, K. (2017). Stigma and HIV: The current situation. *HIV Nursing, 17*, 57-62.

Centers for Disease Control and Prevention. (2016). *Global HIV and tuberculosis*. Retrieved from http://www.cdc.gov/globalhivtb/where-we-work/nigeria/nigeria.html

Centers for Disease Control and Prevention. (2018a). *Dealing with stigma and discrimination*. Retrieved from https://www.cdc.gov/hiv/basics/livingwithhiv/stigma-discrimination.html

Centers for Disease Control and Prevention. (2018b). *Mental Health Conditions: Depression and Anxiety*. Retrieved from https://www.cdc.gov/tobacco/campaign/tips/diseases/depression-anxiety.html

Centers for Disease Control and Prevention. (2018c). *Social determinants of health: Know what affects health*. Retrieved from https://www.cdc.gov/socialdeterminants/

Centers for Disease Control and Prevention. (2018d). *The importance of HIV testing for prevention of HIV infection*. Retrieved from

https://www.cdc.gov/hiv/testing/index.html\

Chima, C. C., & Homedes, N. (2015). Impact of global health governance on country health systems: The case of HIV initiatives in Nigeria. *Journal of Global Health, 5*(1), 010407. doi:10.7189/jogh.05.010407

Coreil, J. (Ed.). (2010). *Social and behavioral foundations of public health* (2nd ed.). Thousand Oaks, CA: Sage.

Crabtree, B., & Miller W. (Eds.). (1999). *Doing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

Dahlui, M., Azahar, N., Bulgiba, A., Zaki, R., Oche, O. M., Adekunjo, O. F., & Chinna, K. (2015). HIV/AIDS related stigma and discrimination against PLWHA in Nigerian population. Retrieved form http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0143749

Eisinger, R., & Fauci, A. S. (2018). Ending the HIV/AIDS pandemic. *Emerging Infectious Diseases, 24*(3), 413-416. doi:10.3201/eid2403.171797

Faul, M. (2014, January 14). Nigerian gay men arrested in dozens after new law passes. *Huffington Post*. Retrieved from http://www.huffingtonpost.com

Frye, V., Wilton, L., Hirshfield, S., Chiasson, M. A., Lucy, D., Usher, D., & Koblin, B. (2018). Preferences for HIV test characteristics among young, black men who have sex with men (MSM) and transgender women: Implications for consistent HIV testing. *PLOS ONE, 13*(2), 1-18. doi:10.1371/journal.pone.0192936

Goddard, M., & Smith, P. (2001). Equity of access to health care services: Theory and

evidence from UK. *Social Science & Medicine*. doi:10.1016/S0277-9536(00)00415-9

Gruskin, S., Ferguson, L., Alfven, T., Rugg, D., & Peerman, G. (2013). Identifying structural barriers to an effective HIV response: Using the National Composite Policy Index data to evaluate the human rights, legal and policy environment. *Journal of International AIDS Society, 16*, 18000. doi:10.7448/ias.16.1.18000

Hagonian, A., Rao, D., Katz, A., Sanford, S., & Barnhart, S. (2017). Anti-homosexual legislation and HIV-related stigma in African nations: What has been the role of PEPFAR? *Global Health Action, 10*(1), 1306391. doi:10.1080/16549716.2017.1306391

Healthy People 2020. (2014). *Disparity*. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/disparities

Human Rights Watch. (2016, October 20). *Tell me where I can be safe: The impact of Nigeria's same sex marriage (prohibition) act*. Retrieved from https://www.hrw.org/report

Klosinski, L. E. (2013). *Gay communities and HIV: 32 years of AIDS*. Retrieved from http://www.ph.ucla.edu/epi/faculty/detels/Epi227/lectures/Klosinski_GayComm.pdf

Leatherman, T. (2005). A space of vulnerability in poverty and health: Political-ecology and biocultural analysis. *Ethos, 33*, 46-70. doi:10.1525/eth.2005.33.1.046

Leslie, E. W. (2001). *Ethical dimension of HIV/AIDS in Nigeria*. Retrieved from http://hivinsite.ucsf.edu/InSite?page=kb-08-01-05

Marshall, C. & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Los Angeles, CA: Sage.

Monteiro, F., Canavarro, M. C., & Pereira, M. (2016). Factors associated with quality of life in middle-aged and older patients living with HIV. *AIDS Care, 28*(Suppl 1), 92-98. doi:10.1080/09540121.2016.1146209

National Assembly of the Federal Republic of Nigeria. Same Sex Marriage (prohibition) Act. (2013). Retrieved from http://www.nassnig.org/nass/acts.php

National Gay and Lesbian Taskforce. (2010). *Ending the criminalization of people with HIV: New Department of Justice Guideline.* Retrieved from http://www.thetaskforce.org/ending-the-criminalization-of-people-with-hiv-new-department-of-justice-guidelines/

Neuman, M., & Obermeyer, C. M. (2013). Experiences of stigma, discrimination, care and support among people living with HIV: A four country study. *AIDS and Behavior, 17*(5), 1796-1808. doi:10.1007/s10461-013-0432-1

Overstreet, N. M., Earnshaw, V. A., Kalichman, S. C., & Quinn, D. M. (2013). Internalized stigma and HIV status disclosure among HIV-positive black men who have sex with men. *AIDS Care, 25*(4), 466-471. doi:10.1080/09540121.2012.720362

Pathak, V., Jena, B., & Kalra, S. (2013). Qualitative research. *Perspectives un Clinical*

Research, 4(3), 192. doi:10.4103/2229-3485.115389

Pham, D. M., Aung, P., Paing, A. K., Pasricha, N., Agius, A. P., Tun, W., . . . Luchters, S. (2017). Factors associated with HIV testing among young men who have sex with men in Myanmar: A cross-sectional study. *Journal of the International AIDS Society 20*(3), e25026. doi:10.1002/jia2.25026

Portreat, T., Diouf, D., Drame, F. M., Ndaw, M., Traore, C., Dhaliwal, M., . . . Baral, S. (2011). HIV risk among MSM in Senegal: A qualitative rapid assessment of the impact of enforcing laws that criminalize same sex practices. *PLoS ONE, 6*(12). doi:10.1371/journal.pone.0028760

Risher, K., Adams, D., Sithole, B., Ketende, S., Kennedy, C., Mnisi, Z., . . . Baral, S. D. (2013). Sexual stigma and discrimination as barriers to seeking appropriate healthcare among men who have sex with men in Swaziland. *Journal of the International AIDS Society, 16*(3 Suppl), 18715. doi:10.7448/IAS.16.3.18715

Rueda, S., Mitra, S., Chen, S., Gogolishvili, D., & Globerman, J. (2016). Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: A series of meta-analyses. *BMJ Open, 6*(7), e011453. doi:10.1136/bmjopen-2016-011453

Schwartz, S. Nowak, R. Orazulike, I. Keshinro, B. Ake, J. Kennedy, S., . . . Barel, S. (2015). The immediate effect of the Same-Sex Marriage Prohibition Act on stigma, discrimination, and engagement on HIV prevention and treatment services in men who have sex with men in Nigeria: analysis of prospective data from the

TRUST cohort. *The Lancet, 2*(7), e299-e306. doi:10.1016/s2352-3018(15)00078-8

Smit, P. J., Brady, M., Carter, M., Fernandes, R., & Lamore, L. (2012). HIV-related stigma within communities of gay men: A literature review. *AIDS Care; Abingdon, 24*(4), 405-412. doi:10.1080/09540121.2011.613910

The Law Library of Congress. (2014). *Laws on homosexuality in African nations*. Retrieved from http://www.loc.gov/law/help/criminal-laws-on-homosexuality/homosexuality-laws-in-african-nations.pdf

U.S. Embassy in Nigeria. (2017). *Nigeria HIV fact sheet*. Retrieved from http://www.photos.states.gov/libraries.nigeria/487468/publications/septermberHIVfactsheet.pdf

White, C. M. (2013). Human rights and the impact of criminalization: Legalizing homophobia in Jamaica, Nigeria and Uganda. *Law School Student Scholarship,* 325. Retrieved from https://scholarship.shu.edu/student_scholarship/325

Wirtz, A. L., Kammba, D., & Jumbe, V. (2014). A qualitative assessment of health seeking practices among and provision practices for men who have sex with men in Malawi. *BMC International Health Human Rights, 14*. doi:10.1186/1472-698X-14-20

Wong, W. C., Holroyd, E., Chan, E., Griffiths, S., & Bingham, A. (2008). One country, two systems: Sociopolitical implications for female migrant sex workers in Hong Kong. *BMC International Health and Human Rights, 8*(13). doi:10.1186/1472-

698X-8-13

World Bank. (2013). *Environmental, social, and economic sustainability 2030. Annual Report*. Retrieved from http://siteresources.worldbank.org/EXTANNREP2013/Resources/9304887-1377201212378/9305896-1377544753431/1_AnnualReport2013_EN.pdf

Zahn, R., Grosso, A., Scheibe, A., Bekker, L. G., Ketendes, S., Dausab, F., & Baral, S. (2016). Human rights violations among men who have sex with men in southern Africa: Comparisons between legal contexts. *PLOS ONE, 1*(1), 1-12. doi:10.1371/journal.pone.0147156

Appendix: Interview Questions

1. What is your opinion about the criminalization of homosexuality in Nigeria?

2. How would you describe your experience of being gay in Nigeria since the criminalization of homosexuality?

Follow up: what is your greatest fear as a gay man who live in Nigeria before and after the law of homosexuality was passed?

3. What are some of the fears that influence(d) your decisions to go for HIV testing?

Follow up: How do you describe your feelings about getting HIV test since after the law was passed?

4. What are your fears about talking openly or telling friends and families about your sexuality?

Follow up: What where their reactions when you told them? Has anything changed about the way they treat you?

5. Have you ever being arrested, jailed, blackmailed, or bullied for being gay?

Follow up: Please share your experiences you have had?

6. What are some of the violent or humiliating experiences you have had for being gay?

7. How would you explain your willingness to go for HIV testing before the law compared to after the law of homosexuality was passed?

Follow up: Tell me more about your concerns about going for HIV testing?

Please share your experiences about discrimination in the healthcare for being gay?

8. How would you explain how health care workers treat MSM when they come to the hospital for healthcare service?

Follow up: What would you say about the relationship between how health care workers treat gay men and their willingness to go for HIV testing?

9. What will you say changed about how the society treat gay men in Nigeria since after the law on homosexuality was passed?

10. If the law is banished, how will it change your decisions to go for HIV test and other health care services.

11. How have you being managing being discriminated?

12. Is there anything else you would like to share with me?