

- ### The Way Forward
- 1. What are the most salient points to be derived from this presentation?**
  - 2. What should be done?**
  - 3. Who should do what?**
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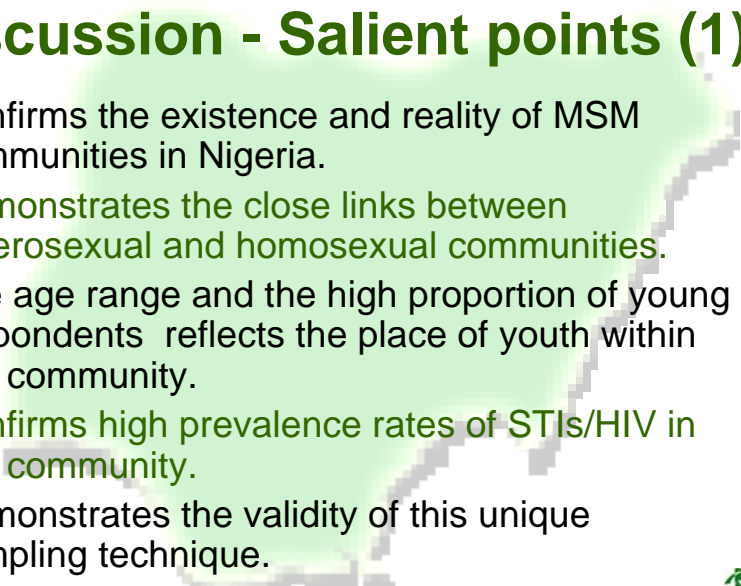


## Feedback from Dialogue

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## Discussion - Salient points (1)

- Confirms the existence and reality of MSM communities in Nigeria.
- Demonstrates the close links between heterosexual and homosexual communities.
- The age range and the high proportion of young respondents reflects the place of youth within this community.
- Confirms high prevalence rates of STIs/HIV in this community.
- Demonstrates the validity of this unique sampling technique.

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## Discussion - Salient points (2)

- Highlights how little is known about the practice of anal sex within Nigeria.
- Highlights the differences between FHI and Canadian seroprevalence findings.
- Definitions of sexuality not stationary and can be flexible based on situation as well as stage of life course (not unique to Nigeria, but experienced by all of mankind).
- Transvestites/transgenders exist.
- Countries in Africa are in denial.

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## Discussion - Salient points (3)

- People's health is affected.
- Dialogue should be taken to higher levels of decision makers.
- Revelation / reality is shocking to some.
- Reality of the results bring to mind the importance of being objective in the assessment of these results.
- Qualitative studies are needed to flesh out more.

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## Discussion - Salient points (4)

- There is a name for MSM in every society in Nigeria; If we claim that MSM do not exist, why do cultures have names for it?
- Misconception that anal sex is safer due to its role as an alternate to vaginal sex in the prevention of unwanted pregnancy.
- We speak not only of the risks of body fluids but of the fluidity of sexuality.

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## Discussion – Ways forward (1)

- Speak more about MSM to correct misconceptions, raise public awareness and individually and collectively accept the reality of the situation.
- Advocacy to and by the government.
- Programming interventions for MSM required and to involve youth.
- Heterosexuals themselves should realize that they themselves are at risk given the fluid nature of sexuality, and that they will continue to be so until better prevention and education exist.

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## Discussion – Ways forward (2)

- Policies are required for treating MSM in health care settings as currently there is nothing providing best practice.
- Health care workers need to be more open and more approachable and less homophobic/stigmatizing.
- To review teaching contents of manuals and syllabi for doctors, medical students, nurses, etc.
- Health care providers should have a higher index of suspicion; to ask more probing questions.

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## Discussion – Ways forward (3)

- There is a need for MSM and indeed male friendly (or male only) health services.
- Engage the media in sensitizing the government and other people who helm the affairs of the nation.
- We need a better understanding of sexuality issues in Nigeria.
- The low return rates for HIV test results experienced within the study sample is disturbing.

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## Discussion – Ways forward (4)

- What are the social factors influencing MSM issues, i.e., role of families.
- Religious organizations should be involved and training developed as required.
- There is a paradigm shift and therefore we cannot respond to the epidemic in the generalized way as we have done in the past; each community may have its unique prevention, treatment and care needs.

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## Acknowledgements

- ❖ Participants, volunteers, community organizations and staff
- ❖ Department of Community Health, University of Lagos
- ❖ HIV Clinic, Department of Haematology, University of Lagos
- ❖ The APIN Laboratory, College of Medicine, University of Lagos
- ❖ College of Medicine, University of Lagos
- ❖ Canadian Institutes of Health Research (CIHR) and private donors
- ❖ Unit funding from AIDS Bureau, Ontario Ministry of Health and Long-Term Care
- ❖ African Regional Sexuality Resource Centre (ARSRC)
- ❖ Co-investigators

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