

The Prevalence of Sexual and Gender-based Violence among MSM and Transwomen in Nigeria

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Abstract

Sexual and gender-based violence (SGBV) against minority populations is a global public health problem with consequential effects on human health and development. It has been reported among men who have sex with men (MSM) and transwomen in forms of verbal abuse and physical and sexual violence. This study was carried out to determine the prevalence of SGBV among MSM and transwomen in Nigeria. It was cross-sectional in design utilizing a snowballing method to recruit participants. A total of 382 responses were received through an online questionnaire. Descriptive statistics and logistic regression were used to analyze the data at the significance level of 5%. The mean (SD) age of respondents was 27(0.3) years. About 35 % (95%CI: 30.2-39.8) of all respondents had ever experienced sexual violence, and 42.1 % (95%CI: 37.3-47.2) had ever experienced physical violence. The prevalence of sexual violence within one year preceding the study was 13.8% (95%CI: 10.8-17.5), while physical violence was 16.3% (95%CI: 13.0-20.2). Transwomen were about thrice (odds ratio: 2.92, $p < 0.01$) and 5.6 times ($p < 0.001$) more likely to experience sexual and physical violence respectively than MSM self-identified as males. Transwomen were also about 3 times more likely to experience IPV than MSM self-identified as males (odds ratio: 2.92, $p < 0.01$). One-fifth (18.1%) of all respondents had ever experienced IPV, and for transwomen, it was 1 in 3. This study showed a high prevalence of both sexual and physical violence among MSM and transwomen in Nigeria, and this necessitate the creation of a legal framework that will protect their rights.

Keywords: Gaymen, Gender-based violence, Men who have sex with men, Prevalence, Sexual violence, Transwomen.

Introduction

Violence against women and other minority populations is a global public health problem with its concomitant effects on human health and development. It is generally termed gender-based violence (GBV), and it includes intimate partner violence (IPV) and non-intimate partner violence (non-IPV).

IPV has been described by scholars as any behaviour that causes physical, sexual, and psychological aggression by an intimate partner. An intimate partner on the other hand, is a person with whom one has a close relationship, and

these persons include previous or current spouses, boyfriends, or girlfriends, dating partners, or sexual partners [1]. GBV is an infringement on human rights, and it occurs globally regardless of culture, religion socio-economic class.

Women and girls are the most recognized victims of GBV, but its perpetuation towards MSM, male sex workers (MSW), and transgender (TG) persons have received little or no attention in the literature. It has been reported among MSM and transgender females in forms

of verbal abuse, and physical and sexual violence.

Gender-based Violence

Gender-Based Violence (GBV) in general terms is referred to harmful actions directed against a person based on their Gender. GBV is an infringement on human rights, and it occurs globally regardless of culture, religion socio-economic class. Though it occurs in both developing and developed countries, it is more prevalent in developing countries [2, 3]. Developing nations in Africa are faced with many developmental issues, including GBV, which is significantly aggravated by several factors such as age, education, residence, marital status, wealth index, religion, and occupation, with countries like Zimbabwe and Cote d'Ivoire at already crisis stages [4, 5]. In Nigeria, several recent studies on GBV, with most of the focus on women, have revealed that GBV is still widespread in the country, with high prevalence in some of the papers reviewed [4-8]. Through an internet-based literature search, very scanty evidence abounds on GBV among MSM and Transgender Female (TGF) in West Africa. Recent research in this part of the world has failed to examine IPV and non-IPV among MSM and TGF who are perceived as non-conformist to the values and cultures of the people. Literature from other parts of the world has shown that the intensity of intimate partner violence (IPV) faced by MSM and TG people is about the same as intimate partner violence faced by women [9].

GBV among LGBTQI Community

Gender-Based Violence is one of the major barriers to achieving gender equality and equity globally. It is important to remember that GBV does not discriminate. It could affect anyone irrespective of social status, economic class, age, Gender, and sexual orientation as anybody can be a perpetrator, victim, or survivor. Though mainly perceived to affect women and girls, GBV also disproportionately affects the lesbian,

gay,bi-sexual, transgender, queer and intersex (LGBTQI) persons [10, 11]. The violence meted on the MSM, and TG is often anchored on the perception of fear of homosexuality, homophobia tendencies, and tags on gender identity not adhering to traditional gender norms. The perpetrators of this violence against MSM and TG may be their intimate partners or others who feel a sense of entailment that everyone should conform to the perceived gender norms of their given society. Because the perpetrator uses violence to maintain control over their victim while the victim often takes on the more effeminate role in the relationships, it is considered a form of gender-based violence (GBV) [9].

Sexual Assaults among LGBTQI

Sexual violence affects every population irrespective of Gender, race, and beliefs – including LGBTQ persons. Studies have shown that lesbian, gay, and bisexual people may experience sexual violence at similar or higher rates than straight people, which begins early in life, often during childhood. The acts of sexual violence against men and boys include forced anal and oral sex, which also include gang rape, enforced sterilization, mutilation, blunt trauma to genitals, forced nudity, forced masturbation, and forced witness to sexual violence against family members or peers [12, 13]. The prevailing gender norms that are exhibited in sexual violence against women and girls are also seen in sexual violence against men and boys [14]. A systematic review of 75 studies reported by [15] showed the prevalence of sexual assault victimization among gay or bisexual (GB) men and lesbian or bisexual (LB) women in the United States. The reviewed studies reported the prevalence of lifetime sexual assault victimization (LSA), childhood sexual assault (CSA), adult sexual assault (ASA), intimate partner sexual assault (IPSA), and hate crime-related sexual assault (HC). The reported prevalence estimates of LSA ranged from 15.6-85.0% for LB women and 11.8-54.0% for GB

men. Another study that examined the relationship between childhood gender nonconformity and sexual victimization in adulthood among LGBTQI and experiences with childhood trauma experiences [16] showed that childhood trauma significantly mediated the relationship between childhood gender nonconformity and experiences of sexual victimization for men. A Syrian study among 40 gay and bisexual men and transgender women revealed that men and boys, irrespective of their sexual orientation or gender identity, are susceptible to sexual violence in the context of the Syrian conflict, while the gay, bisexual men, and transgender women are subject to increased and intensified violence based on actual or perceived sexual orientation or gender identity. The sexual violence described by respondents included rape, sexual harassment, the threat of rape, forced nudity, and genital violence such as beating, electric shock and burning of genitals [17]. The National Coalition of Anti-Violence Projects (NCAVP) in the USA has estimated that nearly one in ten LGBTQI survivors of intimate partner violence (IPV) has experienced sexual assault from those partners, and around half of the transgender people and bisexual women will ever experience sexual violence in their lifetimes [18].

Furthermore, it was documented that CDC's estimates showed that more (46%) of bisexual women had been raped, compared to 17% of straight women and even lower (13%) in lesbians. Likewise, 40% of gay men and 47% of bisexual men have ever experienced sexual violence compared to 21% of straight men. Within the LGBTQ community, transgender people and bisexual women face the most alarming rates of sexual violence. The 2015 U.S. Transgender Survey found that 47% of transgender people have ever been sexually assaulted in their lifetime and nearly half (48 percent) of bisexual women that are rape survivors experienced their first rape between ages 11 and 17 [18]. Few publications on MSM and GBV in West Africa do exist. Some of the

publications like the cross-sectional respondent-driven sampling survey with 601 MSM in Abidjan, Cote d'Ivoire revealed that in addition to HIV risk behaviors such as a low condom and water-based lubricant use, multiple male and female sex partners, and sex work; verbal, physical and sexual abuse were frequently reported by MSM [19].

Physical Violence among LGBTQI

Physical violence against the LGBTQI people could be perpetrated by anyone including family members. Some studies have shown the reactions of a family member upon disclosure of sexual orientation of the LGBTQI people could influence the quality of life thereby increasing higher incidence of health problems such as anxiety, depression, suicidal ideation, and excessive alcohol consumption [20]. A Jamaican study in 2013 among LGBT people revealed that more than half of respondents have been victims of some form of violence based on their sexual orientation or gender identity and only 27% reported those crimes to the police and only 11% had police formal statements taken, also 7% of the victims were aware of the arrest of the perpetrator by the police. Thirty-seven percent of those who had experienced violence did not report crimes due to fear of retaliation from the perpetrators or fear been exposed to the broader society [21].

IPV among MSM, Transwomen and their Sexual Partners

Intimate partner violence (IPV) is known as any acts of physical, sexual, psychological, and economic violence perpetrated by intimate partners who can be former or current spouses and may not share the same residence [22]. IPV may be experienced as a victim of the act or the perpetrator, and sometimes both victim and perpetrator, as it is often reciprocated [23]. Though there is not enough evidence for GBV among MSM and TGF in West Africa, literature from other parts of the world have shown that the intensity of IPV faced by MSM and TG people

is about the same as intimate partner violence faced by women [9]. Studies have shown that 26% to 33% of gay men experience some form of IPV in their lifetime [24]. Gay men are documented to experience IPV at much higher rates than heterosexual men and women. A systematic review among gay men showed higher rates of IPV among those of color, lower levels of education, living with HIV, and young gay men [25]. A prospective cohort study in England showed 44.9% of men reported ever being a victim of IPV, and 15.6% experienced it in the last year, while 19.5% reported ever perpetrating IPV and 7.8% in the last year. At month 24, the corresponding prevalence of IPV was 40.2 [26]. Another study has estimated a much lower rate of lifetime prevalence of IPV among sexual minority men at 3.1% for gay men, bisexual men, and MSM [27]. A review by Brown & Herman in 2015 revealed that lifetime IPV among transgender people to range from 31.1% to 50.0%, and 20.4% of cisgender people and 31.1% of transgender people had ever experienced IPV in their lifetime. Also, three studies of the reviewed studies gave a lifetime IPV prevalence among transgender people, to be between 25.0% to 47.0% [28].

While SGBV among women and girls has been studied extensively and reported in the literature, the prevalence and predictors of SGBV among gay men and transwomen sub-population-group has not received proportionate attention. This high-risk sub-population may face higher violence than women due to the way they are perceived in society, and also outright criminalization of their activities in Nigeria may expose them to SGBV.

Failure to provide evidence-based information on the burden and factors associated with SGBV among this population may further predispose them to more harm, including contraction of HIV and its ripple effect on the public health of the entire populace as well as the effects on the economy. Therefore, this study is designed to determine the prevalence of sexual and physical violence including intimate

partners violence among gay men and transwomen in Nigeria.

Materials and Methods

This study was cross-sectional in design utilizing snowballing method as the sampling technique to recruit the respondents for the study. The initial seeds were gotten through interactive sessions involving members of the study community in Nigeria. A participatory approach that aimed to involve those that represent the study populations in key national decision-making processes was adopted. The snowballing method was the best method to reach this study respondents as their activities are currently banned and they are largely described as the hidden population in Nigeria. The method of data collection was through an online questionnaire. The study made use of structured questions to collect data from participants. The questionnaire used for the data collection was encoded on the google form and the link was electronically sent to respondents who filled the questionnaire without any personal identifiers. There was an option for respondents to indicate their consent or opt-out at the starting part of the questionnaire.

Study Population

The target population for the study included MSM and transwomen in Nigeria. The definition of MSM adopted for the study described MSM as a male of any age group who engages in any form of romantic relations, including sexual intercourse with other males, while transgender in the general term, is described as people whose self-identity crosses Gender [29]. In line with the definition above, transgender females (TGF) or transwomen in the study were described as people who were originally born as male but self-identify as female. Respondents were from any part of Nigeria. Once they were residing in any state in Nigeria. The minimum age for participation in the study was 15 years as of the last birthday.

Data Analysis

The data were analyzed using Stata/SE 17.0 software. The analysis was descriptive summarizing important features of numerical data. This was done through exploring the data and then confirming findings, guided by statistical analytical principles, including adjusting for extraneous variables. The outcome of the study was binary (yes or no) for each type of violence. Chi-square was used as the statistical test of significance to establish the association between the violence outcomes and HIV risk perceptions of the respondents. It was also used in comparing the two groups studied. The significance level was set to 5%.

Ethical Approval

The protocol, consent forms, and questionnaires were approved by the National Health Research and Ethics Committee (NHREC). Participation was completely voluntary, and participants could choose to stop participating at any time for any reason they so decided. All information provided by participants was confidential and no form of personal identifiers (e.g, name, house address, phone number, e-mail) was collected. Also, no other form of identifier associated with the electronic device used in data collection was collected as data sync on the server. Participation in the study involved no more than minimal risk.

Results

Background Characteristics of Respondents

A total of 383 MSM and transwomen

participated in the study. The overall mean age of all respondents was 27.1 years (SD±0.3 years, 95%CI: 26.6-27.6 years). Further disaggregation by current Gender revealed that MSM who identified as males had a higher mean age of 27.2 years (SD±0.3 years, 95%CI: 26.6 -27.8 years) than those identifying as females (TGF) with a mean age of 26.3 years (SD±0.8 years, 95%CI: 24.8 – 27.8 years). About 3.9% of all the respondents were less than 20 years of age, and 3.6% were 40+ years old. The youngest respondents (2.4%) were 18 years of age, and the oldest was 49 years old. The marital status of all the respondents is as shown in Table 1. About 89.5% were single, 5.5% were married, 3.9% were not married but cohabiting with sexual partners and 1.1% were divorced/separated. Further analysis revealed that a high proportion (83.3%) of transwomen were single, while the remaining 16.7% were not married but living with sexual partners. Almost all respondents had a minimum of secondary education (99.7%). Only 1 (0.3%) respondent had Qur’anic education as the highest level of education attained. Most of the respondents attained tertiary education (61.0%) without proceeding to postgraduate education. Respondents with postgraduate education were 15.7% while 23.0% attained secondary education as the highest educational level attained. The pattern of educational attainment was similar in both male and transwomen MSM (see Table 1). Among all respondents, 82.7% lived in urban settings, while 17.3% lived in rural settlements. Higher proportions of transwomen lived in rural settings (22.2%) when compared with MSM self-identified as male (16.8%).

Table 1. Percentage Distribution of all Respondents by Demographic Characteristics

Demographic Characteristics	All n=382	Current Gender	
		Male n=346	Transwomen n=36
<20	15 (3.9)	14 (4.1)	1 (2.8)
20-29	255 (66.8)	228 (65.9)	27 (75)
30-39	104 (27.2)	97 (28)	7 (19.4)
40-49	8 (2.1)	7 (2)	1 (2.8)

Mean Age in years \pm SD	27.1 \pm 0.3	27.2 \pm 0.3	26.2 \pm .8
Respondent BMI			
Underweight	36(9.4)	30 (8.8)	5 (15.2)
Normal weight	162 (42.3)	156 (45.1)	5 (15.2)
Overweight	93 (24.4)	89 (25.8)	8 (21.2)
Obese	91 (23.9)	74 (21.3)	17 (48.5)
Mean Weight (SD) in kilogram	71.9 \pm 51	72.5 \pm 53.9	66.8 \pm 14
Mean Height (SD) in meter	1.65 \pm 0.21	1.66 \pm 0.20	1.52 \pm 0.231
Marital status			
Single	342 (89.5)	312 (90.2)	30 (83.3)
Married/Co-habiting	36 (9.4)	30 (8.7)	6 (16.7)
Divorced/Separated	4 (1.1)	4 (1.2)	0 (0)
Highest level of Education			
Qur'anic	1 (0.3)	1 (0.3)	-
Primary education	-	-	-
Secondary education	88 (23)	78 (22.5)	10 (27.8)
Tertiary education	230 (60.1)	209 (60.4)	24 (66.7)
Post-graduate education	60 (15.7)	58 (16.8)	2 (5.6)
Settlement			
Urban	316 (82.7)	288 (83.2)	28 (77.8)
Rural	66 (17.3)	58 (16.8)	8 (22.2)
Total Respondents	382	346	36

Prevalence of IPV, Sexual and Physical Violence

Table 2 presents the prevalence of SGBV among MSM and transwomen. Analysis of sexual and physical violence among the respondents revealed that 34.8% (95%CI: 30.2-39.8) of all respondents had ever experienced sexual violence, and 42.1 % (95%CI: 37.3-47.2) had ever experienced physical violence. The prevalence of sexual violence within one year preceding the study was 13.8% (95%CI: 10.8-17.5) while physical violence was 16.3% (95%CI: 13.0-20.2). Additionally, 33.3% (95%CI: 19.6-50.6) and 36.1.6% (95%CI: 21.8-53.3) of transwomen experienced sexual violence and physical violence, respectively, with one year preceding the survey. There was a statistically significant association between

sexual violence and physical violence (χ^2 :45.3 p <0.001). About twenty-three percent (22.7%) of all respondents had ever experienced both sexual violence and physical violence due to their sexual orientation.

Furthermore, about 1 in 5 (18.1%) of all respondents had ever experienced IPV. Of the 18.1% who had ever experienced IPV, 5.8% had ever experienced physical violence only from a sexual partner, 9.7% had ever experienced sexual violence only from a sexual partner, and 2.6% had experienced both. Further disaggregation by current Gender showed that 1 in 3 transwomen had experienced intimate partner violence compared to MSM self-identified as male, which was 1 in 6. These differences across the current Gender of the respondents were statistically significant (unadjusted odds ratio: 2.92, p <0.01).

Table 2. Bi-variable Analysis on the Prevalence of IPV, Physical and Sexual Violence by Selected Demographic Characteristics

Demographic Characteristics	Sexual Violence	Physical Violence	IPV
	(n=382)	(n=382)	(n=382)
	(%)	(%)	(%)
Age group (years)			
<20 years	33.3 (5) #	60.0 (9) #	6.7 (1) #
20 – 29 years	39.2(100)	44.3 (113)	17.65 (45)
30-39 years	425 (26)	35.6 (37)	20.2 (21)
40-49 years	25 (2) ^b	25 (2) ^b	25.0 (2)
Current Gender			
Male	32.4 (112) #	38.4 (133) #	16.2 (56) #
Transwomen	58.3 (21) **	77.8 (28) ***	36.1 (13) **
Education			
Secondary	42.1(37) #	50.0(44) #	20.5 (18) #
Tertiary	33.1(77)	40.3(94)	18.5 (43)
Post-graduate	31.7 (19)	38.3 (23)	13.3 (8)
Marital Status			
Single	36.0 (123) #	44.6 (151) #	18.4 (63) #
Married/Co-habiting	22.2 (8)	25.0 (9) *	11.1 (4)
Separated/Divorced	50.0 (2) ^b	25.0 (1) ^b	50.0 (2) ^b
<i>BMI</i>	n=352	n=352	-
Underweight	39.3 (13) #	39.4(13) #	18.2 (6) #
Normal	32.2(48)	39.6(59)	14.8 (22)
Overweight	30.2(26)	32.6(28)	16.3 (14)
Obese	36.9(31)	59.5(50)	22.6 (19)
Residence type			
Urban	33.9 (107) #	40.8 (129) #	16.1 (51) #
Rural	39.4 (26)	48.5 (32)	27.3 (18) *
Total (prop±SE)	34.8±2.4%	42.1±2.5%	18.1±2.0%
	(CI: 30.2-39.8)	(CI: 37.3-47.2)	(95%CI: 14.5 – 22.2)

The statistical test of significance was Chi-square; 5% confidence interval was used for the related analysis; # Reference; ***P<0.001, **P<0.01, *P<0.05; b data is too little

Discussion

This study was designed to assess the prevalence and predictors of SGBV among MSM and TG in Nigeria, who are at higher risks of acquiring HIV due to their behavioural patterns and other social antecedents. About a third (34.8) of MSM and transwomen in the study had ever experienced sexual violence, and about half (42%) had ever experienced physical violence. Likewise, 18.1% of the MSM and

transwomen in the study experienced intimate partner violence.

The sexual violence prevalence observed in this study is comparable to that of other studies across the world, including the USA, LIMC, South Africa, and Nigeria, which ranges from 9.6% to 54% [30,31]. Also, the high prevalence observed among transwomen (58%) in the study sub-population is comparable to other previous studies. For example, a study in Mexico Mexican showed approximately 50% of MSM

and 60% of transwomen had ever experienced sexual violence in their lifetime [32]. In addition, the prevalence of recent sexual violence has also been reported within the range of 6.5% - 40.5% in India and Salvador [33,34]. Specifically, some of the findings that are comparable to the finding from the current study of 34.8% prevalence of lifetime sexual violence among gay men (MSM) included [18,29], an African study in Tanzania [35] (30%), [36] (30.4%); and [37] (32.3%). In addition, the prevalence of recent sexual violence within the range of 6.5% - 40.5% reported in India and Salvador [33,34] agrees with the findings of the current study of sexual violence with one year before the survey among MSM (13.8%, 95%CI: 10.8-17.5).

Some studies not comparable to the current studies on sexual violence prevalence among MSM included [38] 2011 (18.4%), [39] (15.9%, 95% CI: 14.7-17.1), and a Nigerian study [31] (16.8%). Similarly, a Nigerian study [40] also showed varying findings with the current study of 42.1% ever experiencing physical violence due to their sexual orientation among gay men (MSM). They further reported that the commonest acts of human rights violation and or violence reported were aggression 35.7%, alienation 29.9%, verbal abuse 19.2%, physical abuse 17.9%, rape by a man 16.8%, and psychological abuse 20.3%. Another study also estimated much lower rates of lifetime prevalence of IPV among sexual minority men at 3.1% for gay men, bisexual men, and MSM [27]. A review by Brown & Herman in 2015 revealed that lifetime IPV among transgender people to range from 31.1% to 50.0% that had ever experienced IPV in their lifetime [28].

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The wide range in the prevalence of SGBV among MSM and transwomen across the globe could be attributable to differences in cultural characteristics of the study populations, the extent of drug and substance abuses, overly internet exposures to sexual activities, sex work practices, societal policies like anti-gay laws and other related factors. More studies are required to further decipher the predictors of GBV among gay men and transwomen in Nigeria.

Conclusion

The finding from this study indicated a high prevalence of GBV among gay men and transwomen. GBV among these groups of the population has not been focused on previously and its continued abandonment will continue to encourage brutality among them. Laws banning activities of these group in Nigeria has further encourage violence among them unabated. This study has shown that there is high prevalence of both sexual and physical violence among them and this call for action for the creation of conducive legal framework that will protect their rights and help minimize violence against them.

Competing Interests

There is no conflict of interest for any of the authors.

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