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A commentary on COVID-19 and the LGBT community in Nigeria: Risks and resilience

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Abstract

Since the onset of the Coronavirus disease 2019 (COVID-19) pandemic, there has been substantial research and information in media about the mechanisms, and health and economic impacts of COVID-19. There is, however, less information about the possible consequences of this stressful period in developing countries, such as in sub-Saharan Africa; and even less so among lesbian, gay, bisexual and transgender (LGBT) individuals in these regions. In this commentary, we briefly describe the consequences of the COVID-19 pandemic in Nigeria and explore added sources of stress unique to LGBT Nigerians during this period - including exacerbation of pre-existing minority stress, financial difficulty and worries pertaining HIV treatment and COVID-19 infection risk. We also highlight some positive outcomes including a stronger sense of community and conclude by recognising the support from Nigerian LGBT organisations and the need for clinical support and research.

Keywords: Nigeria, LGBT, COVID-19, Mental health

Public Health Significance: In this commentary, we draw attention to possible negative impacts of the COVID-91 pandemic on the mental health of lesbian, gay, bisexual and transgender (LGBT) Nigerians; and positive aspects of the pandemic such as increased online communication which can make the LGBT community more visible in Nigeria. We conclude by recommending more support from clinicians and research into the well-being of LGBT Nigerians.

The COVID-19 Pandemic in Nigeria

Since the onset the Coronavirus disease 2019 (COVID-19) pandemic in Nigeria there have been 62,224 confirmed cases and 1,135 deaths from February 28, 2020 till date (October 28 2020, Nigeria Centre for Disease Control, 2020a) and the major cities being disproportionately affected include Lagos (20,935 cases, 208 deaths) and the Federal Capital Territory (6,008 cases, 81 deaths). The low number of confirmed cases in Nigeria may be attributable to the low rates of COVID-19 testing. At the time of writing, only 617,750 human samples had been tested for COVID-19, despite a population of over 200 million inhabitants (Nigeria Centre for Disease Control, 2020a; Worldometer, 2020).

On March 13, 2020, the Nigerian government issued a lockdown order for the most severely affected states but it was short-lived due to harsh economic realities which include a fragile economy, high unemployment rates and a limited capacity to support citizens who were adversely affected financially (Oginni et al., 2020). However, there remain government-imposed restrictions on physical movement and social gatherings (Nigeria Centre for Disease Control, 2020b) and educational institutions remain closed.

Globally, and in Nigeria, the risk for psychological distress and mental health morbidity may be increased by concerns about risk for acquiring COVID-19 infection and the adverse economic implications of the pandemic. Such implications include increasing unemployment due to businesses shutting down, ensuing financial hardship, the burden of caring for infected family members, and COVID-19-related mortalities (Zhai & Du, 2020; Torales et al., 2020). Social distancing may further exacerbate social isolation and disconnection, especially for Nigerians who are unable to afford mobile phones and internet services. Access to the already-stretched healthcare system may be limited by the restriction in physical movement (Oginni et al., 2020); and, as healthcare financing is largely out of

pocket (Uzochukwu et al., 2015), increasing financial hardships may serve as a further barrier to healthcare access.

While the needs of vulnerable Nigerians remain under-recognized and under-studied, the stigma associated with sexual and gender minority status in Nigeria (Mapayi et al., 2016; Okanlawon, 2018; 2020) suggests that lesbian, gay, bisexual and transgender (LGBT) Nigerians represent a distinct group that may be even more adversely affected by the COVD-19 pandemic in Nigeria.

COVID-19 and LGBT Nigerians

Risk

Prior to the outbreak of the COVID-19 pandemic, higher rates of mental health problems including depressive symptoms and suicidality had been reported among Nigerian gay and bisexual compared to heterosexual men (Oginni et al., 2018; Ogunbajo et al., 2020a) with this disparity being partly attributable to stress due to sexual minority status including discriminatory experiences, expectation of discrimination, concealment of sexual orientation and internalized stigma (Oginni et al., 2018; Ogunbajo et al., 2020b, Ogunbajo et al., 2020c, Meyer, 2013). The restriction on physical movement and closure of educational institutions may increase exposure of LGBT individuals to minority stress. For example, being at home due to school closure may increase inadvertent exposure to homophobia and violence in the home environment (Nelson, 2020) and result in many LGBT individuals having to conceal their sexual orientation and gender identity from their family. Furthermore, the closure of schools may mean that the protective support from other LGBT peers at educational institutions cannot be accessed (Green, Price-Feeney, & Dorison, 2020).

The reduced in-person social interaction may also exacerbate pre-existing feelings of isolation and loneliness (Dayo, 2020) which may further increase the risk for adverse mental health outcomes. Although the Nigerian LGBT community had a significant online presence

prior to the COVID-19 pandemic, the lockdown may have facilitated a further shift of interactions online. Furthermore, suboptimal access to good internet connection and electricity may significantly limit this potential benefit as has been reported among Nigerian transwomen (Daemon, 2020), and men who have sex with men (MSM) who are socioeconomically disadvantaged (Okanlawon, Adebowale & Titilayo, 2013). Moreover, communication with LGBT peers may be more difficult due to the increased time spent with family who are not aware or supportive of an individual's sexual orientation or gender identity.

As Nigerian MSM are at higher risk for HIV infection relative to heterosexual men (Federal Ministry of Health, 2015), the COVID-19 pandemic may disrupt access to HIV treatment and prevention services; while concerns about increased vulnerability to COVID-19 infection may represent another layer of worry (Dayo, 2020). Relatedly, a reduction in the uptake of HIV screening services during this period may result in under-detection of new HIV infections among Nigerian gay, bisexual men and other men who have sex with men, thus further propagating health disparities.

Resilience

Evidence indicates that the use of adaptive coping strategies such as self-acceptance and positive reframing among Nigerian gay and bisexual men may minimize adverse psychological impacts of minority stress (Oginni et al., 2020). It is therefore possible that many Nigerian LGBT individuals are able to utilize helpful strategies to overcome difficulties imposed by the COVD-19 pandemic. As a group, the shift from physical social interactions to online communication may be potentially safer as online meetings are less amenable to physical policing and potentially dangerous situations. However, increasing online communication highlights the need for adequate data protection and privacy policies on online interaction interfaces to prevent accidental disclosure of sensitive information.

Another potential benefit is that the COVID-19 pandemic may help foster a greater sense of community. For example, the increased utilization of the internet for interactions and communication has facilitated the celebration of an online African Pride event for the first time (https://www.prideafrique.org/). While many Nigerian LGBT individuals may not participate visibly due to concerns about exposure, such activities may increase political visibility which may in turn facilitate more positive policies and legislation in the future (Haynes, 2020). Similarly, several Nigerian LGBT rights organisations have innovatively provided support for the Nigerian LGBT community during this period. These include facilitating continued access to HIV treatment for gay and bisexual men living with HIV (e.g. The Initiative for Equal Rights, Dayo, 2020) and providing online resources on how to cope with the stress of the COVID-19 pandemic for the Nigerian LGBT community (Bisi Alimi Foundation, 2020) including Nigerian sexual minority women (e.g. the Women's Health and Equal Rights Initiative, Jessop, 2020).

Conclusion and Recommendations

We have highlighted the sources of stress faced by LGBT Nigerians due to the COVID-19 pandemic and potential positive aspects of a stressful situation. We recognized the important contributions of Nigerian LGBT organisations in promoting the mental and physical wellbeing of LGBT persons in Nigeria during the COVID-19 pandemic and recommend that these organisations continue to provide support for LGBT Nigerians in these times, especially using mobile and internet technology. Mental health professionals should recognize the increased risk for mental health morbidity that LGBT Nigerians may experience during this period and explore ways of providing affirming and non-discriminatory support. Such support may be provided in partnership with existing Nigerian LGBT rights organizations via online platforms. Research is needed to document the increased risk and protective mechanisms utilized by LGBT Nigerians to minimize the

likelihood of adversity during this period. In contrast to pre-existing research which has focused disproportionately on Nigerian sexual minority men, such research should endeavour to capture the diversity of the experiences of Nigerian sexual and gender minority community. Findings from such studies should be appropriately disseminated to other researchers, mental health professionals, activists, policy makers and LGBT rights organizations so that they can be translated into policy and intervention design which can ultimately promote the mental wellbeing of LGBT individuals in Nigeria and similar highstigma environments.

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