

LGBTQI Health, Social Conditions, and Community Support Systems in Lagos and Ogun States: A Field-Based Reflection

Oluwapelumi Agoke

Happiest Ones Health Support and Rights Initiative (HOHSRI), Lagos, Nigeria

*Corresponding author: Oluwapelumi Agoke, Happiest Ones Health Support and Rights Initiative (HOHSRI), Lagos, Nigeria.

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Abstract

LGBTQI individuals in Nigeria navigate a restrictive legal and social environment that shapes their access to healthcare, economic stability, and psychosocial wellbeing. This manuscript offers an extended field-based reflection informed by community engagement, outreach documentation, and programmatic work in Lagos and Ogun States. It examines the intersection of structural stigma, institutional barriers, and daily lived realities, highlighting how these elements collectively influence health-seeking behaviour, mental health outcomes, and community resilience. The manuscript also evaluates the role of community organizations and informal peer networks in bridging service gaps through education, referrals, safe spaces, and crisis response mechanisms. Drawing on observations from grassroots programming, the paper discusses patterns relevant to public health, human rights, and community development. The reflection is supported by literature on stigma, minority stress, and community health frameworks. Recommendations are presented for strengthening service pathways, improving healthcare worker sensitization, expanding mental health support, and enhancing economic empowerment. The aim is to contribute practitioner-centered knowledge to ongoing scholarly and policy discussions focused on LGBTQI health and rights in Nigeria.

Keywords: LGBTQI, Stigma, Healthcare Access, Nigeria, Community Support, Minority Stress, Mental Health.

Introduction

LGBTQI persons in Nigeria encounter a complex social and legal landscape shaped by the Same-Sex Marriage Prohibition Act (2014), prevailing cultural norms, and deeply rooted social expectations. These conditions produce layers of institutional and interpersonal stigma that influence access to public services, including healthcare, education, employment, and housing. Urban settings such as Lagos and Ogun States often offer greater anonymity, yet they also reproduce many of the same structural inequalities seen across the country. This manuscript extends previous field reflections by offering a detailed account of the lived realities observed through community engagement. The analysis integrates public health perspectives, minority stress theory, and practical experiences from advocacy and support services. The goal is to situate community-level observations within broader academic discussions while documenting actionable insights relevant to practitioners and policymakers.

Social Conditions and Daily Realities

Daily life for LGBTQI individuals in Lagos and Ogun States is often characterized by strategies aimed at avoiding detection or conflict. These strategies include modifying speech patterns, controlling mannerisms, limiting social affiliations, and concealing personal relationships. Field observations indicate that individuals routinely evaluate their surroundings to assess risks before engaging in routine activities. Housing insecurity is also widespread. Several community members report evictions triggered by assumptions about their sexuality, tensions with neighbours, or family rejection. These incidents often lead to abrupt relocations, loss of employment, and disruptions in healthcare continuity.

Economic instability intersects with social stigma in ways that limit access to formal employment. Many individuals rely on informal economic activities such as hairdressing, tailoring, make-

up artistry, content creation, and small-scale trading. Though these pathways offer autonomy, they also expose individuals to financial precarity. From a minority stress perspective (Meyer, 2003), the cumulative impact of routine concealment, discrimination, and environmental vigilance contributes to elevated stress levels, which in turn affects mental and physical health. These conditions shape how individuals interact with systems and inform the development of community coping mechanisms.

Healthcare Access and Mental Health Considerations

Healthcare access remains one of the most significant challenges for LGBTQI persons in Nigeria. Reports gathered during community outreach consistently describe experiences of judgement, unsolicited moral lectures, breaches of confidentiality, and invasive questioning in health facilities. These experiences contribute to healthcare avoidance and delays in treatment, particularly for sexual and reproductive health concerns. In some cases, individuals travel across state lines to seek services at facilities known to be more tolerant or properly sensitized.

Mental health outcomes are closely linked to experiences of stigma and discrimination. Community-based assessments reveal frequent expressions of anxiety, chronic stress, social withdrawal, and symptoms consistent with depression. Limited access to formal mental health services—combined with cost, stigma, and fear of disclosure—results in heavy reliance on peer-based coping systems. This aligns with findings from global stigma research, which indicate that marginalized groups often build informal psychosocial support structures when excluded from formal care pathways.

Role of Community Organizations

Community organizations such as HOHSRI operate as essential intermediaries between LGBTQI individuals and the broader health and social systems. Through structured outreach, health education, referrals, and crisis intervention, organizations provide foundational support that would otherwise be inaccessible. Outreach programs routinely deliver HIV and STI testing, linkage to care, mental health education, and emergency assistance. Field evidence suggests that trust and confidentiality are critical determinants of engagement. Once trust is established, individuals often rely on community organizations as primary points of contact for health and rights information.

Organizations also contribute to policy advocacy by documenting community needs and presenting evidence to stakeholders. Partnerships with other CSOs help amplify collective action and strengthen referral networks. These collaborations are vital for sustaining supportive environments, particularly in contexts where legal restrictions limit public advocacy.

Community Empowerment and Economic Stability

Economic empowerment is central to improving long-term wellbeing. Skill acquisition programs, vocational training, and entrepreneurship initiatives reduce vulnerability to exploitation and increase financial independence. In Lagos and Ogun, participants frequently engage in fashion design, hairstyling, graphic design, and other creative sectors. These pathways offer autonomy and reduce reliance on unsupportive family structures or discriminatory workplaces.

Mutual aid networks—such as pooled emergency funds, temporary housing assistance, and group-based resource sharing—also contribute to resilience. These networks operate informally but serve as practical mechanisms for addressing urgent needs. Their significance aligns with research highlighting the role of community solidarity in mitigating minority stress and improving mental health outcomes.

Operational Challenges

Community organizations operate under numerous constraints. Funding limitations restrict the scale and sustainability of programming. Legal restrictions limit the visibility of advocacy efforts and necessitate discretion in outreach activities. Security concerns remain constant, particularly during public engagements. High demand for services places pressure on staff and volunteers, who must navigate burnout while maintaining confidentiality and professionalism.

Despite these challenges, organizations persist through adaptive strategies, partnerships, and capacity development. These efforts reflect an ongoing commitment to addressing community needs amid structural limitations.

Recommendations

Several evidence-based strategies may strengthen support systems:

- Expand healthcare worker sensitization to reduce discrimination and improve confidentiality.
- Integrate structured mental health support into community programs, including referrals and peer counselling.
- Enhance economic empowerment programs to provide sustainable income pathways.
- Strengthen referral networks between community groups and supportive health facilities.
- Increase funding opportunities for community-based organizations to sustain outreach and crisis services.

Conclusion

LGBTQI individuals in Lagos and Ogun States face structural and interpersonal barriers that influence their access to healthcare, housing, and economic stability. Community organizations and peer networks play essential roles in bridging service gaps and fostering resilience. Strengthening these systems through policy reform, resource investment, and capacity-building remains crucial to improving wellbeing and promoting inclusive public health outcomes.

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