

AFRICAN HIV POLICY NETWORK

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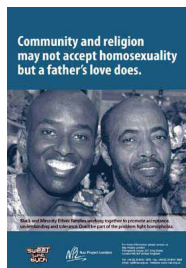
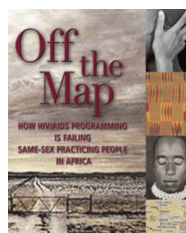
Debunking Myths: A focus on African Men who have Sex with Men

This special edition of the AHPN newsletter addresses HIV, African Men who have sex with Men (MSM), sexual health and related issues in the UK's African community.

Since the groundbreaking seminar on African MSM organised by the HIV team at Camden Primary Care Trust in 2003, a dedicated number of individuals and organisations have been working hard to address the growing need and to increase the evidence base which was seriously lacking. Many of whom appear as contributors to this edition.

Firstly, you will note that the drive to address the needs of African MSM in the UK stems largely from a desire to mitigate the threat of HIV/AIDS.

The article from Audrey Prost draws on the UK's sexually transmitted infections (STIs) and HIV surveillance data highlighting the fact that homosexually active men from Black and African communities are disproportionately vulnerable to STIs compared to their white counterparts. These facts will seriously



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African
HIV Policy Network

empowering African communities affected by HIV

challenge many assumptions, which underpin sexual health promotion interventions with African communities across the UK.

Secondly, our readers will note that the debate about terminologies is still unresolved. How do we name these men? Are they gay, bisexual, same-gender loving? Are they 'men who have sex with men', heterosexual, homosexual? More importantly how do they refer to themselves? Do these terminologies conflict with ancestral African norms around gender, relationships and sexuality?

Thirdly, it is quite clear that human rights and equality principles are closely intertwined within the ethos of the interventions described in this issue. This raises other questions: How does one understand homophobia (especially when linked to race, culture, religious belief and immigration issues)? Can we reduce the impact of homophobia in our day-to-day service provision, policy development or health promotion work?

HIV being a serious and continuously growing concern in our communities, and having debunked the myth that its transmission is strictly either heterosexual or from mother to child, how do we motivate more opinion formers, community leaders and health promotion workers to be more inclusive and work differently? A small number of pioneering agencies are demonstrating that it is possible to work with African gay and bisexual men by putting in place adequate systems, and more importantly by challenging deep-seated prejudices. As someone who has worked in this area for many

years, I am aware that the question of meaningful action causes real problems for many agencies. How does one accept that homosexuality, or bisexuality - just like heterosexuality - are perfectly normal and healthy variants of human sexuality? The World Health Organisation has agreed this basic fact several decades ago. Society, unfortunately, has major problems in accepting this fact. HIV, in the meantime, continues to spread regardless of our moral, religious, philosophical and cultural dilemmas.

'A small number of pioneering agencies are demonstrating that it is possible to work with African gay and bisexual men by putting in place adequate systems, and more importantly by challenging deep-seated prejudices'

Despite adversity, and very difficult circumstances experienced by African gay and bisexual men many of them are forming social support networks, friendships and organising resistance thanks to a new favourable legislative environment. Cities like London and the internet offer unique opportunities for thousands of black gay and bisexual men from all nationalities and backgrounds to meet, organise and form loving relationships.

This solidarity of black gay and bisexual men and their lesbian counterparts was brilliantly demonstrated at the recent Black LGBT Community Awards supported by AHPN in April 2007.

Dr Robert Berkeley's article demonstrates that the value of community development is crucial for those who want to make headways on several fronts such as sexual health, mental health and equality.

Dr Cheikh Traoré
AHPN Trustee



What do we know about sexual health?

Men who have sex with men are a small but significant group within UK African communities: in Mayisha II, the largest community survey of sexual attitudes and lifestyles among African communities to date, 8% of respondents (men and women) reported having same sex partners.

There is growing evidence to show that African MSM living in the UK are deeply affected by HIV. In 2001, Hickson and colleagues conducted a questionnaire study with over 10,000 UK MSM. They found that a higher proportion of black African MSM in the study (18%) were living with HIV compared with white MSM (10%). In the 2003 Padare Project, a survey of 214 HIV positive Africans, 20% of men who responded had had sex with another man. Finally, in 2005, Dougan and colleagues conducted a study on black & ethnic minority MSM using national HIV prevalence data. They estimated that approximately 7% of black and ethnic minority MSM living in the UK were diagnosed with HIV, compared with 3% of white MSM in 2002. These studies confirm that African MSM are

particularly affected by HIV and should urgently be involved in HIV prevention interventions.

Some UK interventions have sought to involve African MSM as peer educators in raising HIV awareness. In addition, dedicated support groups for Caribbean and African MSM affected by HIV have been created. However many reports indicate that homophobia, both at large and within the black African community may be preventing African men from engaging with HIV prevention initiatives or even discussing their sexual identity. In fact, while some qualitative data has been collected among black Caribbean MSM about their experiences of coming out and negotiating gay social lives in the UK, no equivalent study has been done with African men. More research is therefore urgently needed to understand the sexual lifestyles of African MSM, their needs in relation to sexual health, and the best ways to reach them with HIV prevention interventions.

*Audrey Prost, AProst@gum.ucl.ac.uk
MRC Social & Public Health Unit / Centre for Sexual Health & HIV Research*

What's in the pipeline?

New research funded by the Medical Research Council will focus on ethnic minority men who have sex with men (MSM) living in Britain, including men from the African community.

Recent reports suggest that, in Britain, MSM from some ethnic minority groups are more likely to be diagnosed with HIV or other sexually transmitted infections than other MSM. They are also more likely to face prejudice and be marginalised - both by their own ethnic minority community and by the wider gay community. These issues raise questions about whether sexual health services are meeting the needs of ethnic minority MSM in Britain.

To answer these questions, researchers from City University London will investigate use of sexual health services among ethnic minority MSM in Britain, including African MSM. The research will also look at sexual behaviour, the stigma associated with homosexuality in African and other ethnic minority communities and how this affects men's decisions about disclosing their sexuality to friends, family, and health

professionals. The research is being conducted with community groups, including the AHPN and the Black Gay Men's Advisory Group along with the Terrence Higgins Trust, Homerton University Hospital and the University of Bristol.

MSM who want to take part in this national study will be asked to complete a questionnaire online, accessed through the project's website, which will go "live" in July 2007. We will use a variety of methods for advertising the project and recruiting men for the study - through community venues, social networks, mass media and the Internet.

The researchers hope that this study will allow them to identify factors that will improve the delivery of sexual health services to African and other ethnic minority MSM in Britain. If you would like to take part in the study, or find out more about it, please contact us at City University London.

*Professor Jonathan Elford
City University London, j.elford@city.ac.uk*

A 'catch 22' situation

African gay and bisexual men living with HIV in the UK



Since the beginning of 2006, I have worked as a researcher with Dr Jane Anderson and Professor Lesley Doyal on a study exploring the lives of black African gay and bisexual men in the UK. The terms 'gay' and 'bisexual' have been used as these were the terms used by the men themselves. The first part

of the study was dedicated to learning more about the key issues shared by African gay/bisexual men in general, and the second part was devoted to understanding more about the experiences of African gay/bisexual men living with HIV in London. At the beginning of the study I searched at length for literature on the subject that could guide me through the many complex issues. But I was confronted by a huge gap in the information available, not only with regard to HIV and sexual health, but also the experiences of African sexual minorities as a whole. Recently there has been an increase in information and things are slowly starting to change as more academic and other articles are appearing on the horizon. This newsletter is surely part of that change.

African gay/bisexual men, regardless of their HIV status, are considered "hard to reach" and reluctant to talk. Our efforts to recruit participants to the study reinforced this view. However, thanks to the efforts of many colleagues and friends, we successfully conducted interviews with 17 men and also held a focus group with 15 participants.

The men I interviewed came from diverse backgrounds, were of different ages, and had different education and employment experiences. Importantly they described a variety of sexual practices, and of ways in which they understood, described, and identified their sexualities. Nevertheless the majority of men had one thing in common which was managing several aspects of their lives that were in conflict with one another.

Being both gay/bisexual and HIV positive often placed them at the margins of their communities, and of society as a whole. This meant that they were keeping secrets and were not able to talk freely about many of their feelings or even ask for help if they needed it.

'For men living with HIV as gay/bisexual men and as Africans, very little specific support appears to exist'

Many of the men I spoke to had been rejected by their families, whether in the UK or in Africa, when their sexuality has been disclosed or, at times, discovered. Many more had not told their family about their

HIV status, for fear of worrying them, but also for fear of being blamed for their infection because they have sex with men. Many believed in God, but were not attending a church, or mosque, because of the prejudice that they have experienced in these settings and also because of the possible stigma associated with HIV. For men living with HIV as gay/bisexual men and as Africans, very little specific support appears to exist. Some of the men told me of their immigration problems, and the fear they have of being forced to return to their countries of origin. They were worried about being unable to access HIV health care and medication, as well as the fact that being gay/bisexual could

place them at risk of blackmail, discrimination and violence. Many had experienced depression as a result and some still do.

Being in London provides different networks and possibilities to socialise, interact and live freely as gay/bisexual men. Yet it is often a 'catch 22' situation. Whilst African men are worried about discussing their same-sex relationships, service providers, policy makers and researchers alike, may not understand the complexities of life for men in this situation. This in turn compromises the establishment of appropriate

prevention and support initiatives.

I would like to take this opportunity to thank all the men who agreed to help us with this research project, giving up their time to discuss very complex and frequently difficult issues, and The Derek Butler Charitable Trust who provided the funding for the work.

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What's the problem?

The problem with African men... who have sex with men that is.

"Bigotry's birthplace is the sinister back room of the mind where plots and schemes are hatched for the persecution and oppression of other human beings". Bayard Rustin - architect of the Civil Rights Movement.

I'm often asked how 'difficult' it must be to be black and gay, mostly from white heterosexuals. However now and again straight black and white gay people pose the same question, as though both camps aren't subjected to discrimination on a daily basis. Institutional racism and homophobia stand hand in hand. Black boys excluded, harassed, imprisoned and killed often solely because they are black. Gay men are harassed, beaten and killed because they are gay. That's how 'difficult' it can be being black and gay.

By definition African men who have sex with men are African & gay, the question is whether they value themselves, and their so-called communities. Importantly do African & gay communities value these men for who they are?

Faced with these issues is it any wonder African MSM find it difficult to 'fit in' when society clearly has a problem fitting them in? If we are truly interested in empowering these men, then we all have a duty to challenge the bigotry we are all capable of exercising.

No - African men who have sex with men are not the problem - society is.

It's time to accept and ensure that our work educates our communities on the different yet similar issues we face. After all HIV doesn't discriminate and neither must we.

The recent launch of the Commission for Equality and Human Rights (CEHR) presents a real opportunity to address the multiple forms of discrimination that we face as Black/African gay men, including racism, homophobia, sexism etc. Trevor Phillips who launched the Black Gay men's Equality Campaign in 2002, will also chair the CEHR. We hope that he will be able to manage the inevitable competition that will occur between equality groups. However it will be upto Black/African Gay men to demand support and to hold this new entity to account.

For more information about the Commission for Equality and Human Rights visit <http://www.cehr.org.uk/>

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Stigma & Discrimination

African MSM experience double stigma in society as migrants and MSM

Naz Project London (NPL) has found that African MSM generally experience double stigma in society, as migrants and as MSM. Within their families and their communities, the issue of homosexuality is regarded as a taboo.

Over the last two years, there have been several incidences of African MSM that have tragically lost their lives, highlighting a breach in their right to liberty and security of the person, as enshrined in the European Convention on Human Rights (ECHR)

. In one case, a mother killed her son because he was gay, and then escaped from the UK. In a second case, one of NPL's clients was killed by his brother for being gay. The brother, who used a knife at the tube station in Hounslow, is currently in jail. A third person was killed near Miles End; on his stomach, the perpetrators of the crime used blood to write 'he is going to hell'.

Furthermore, some Young African MSM sometimes experience difficulties at school. Some clients around the ages of 17 and 18 years have been teased, beaten and had stones thrown at them for appearing effeminate. Some end up leaving college without completing their education because of the negative experiences they have had. Others choose to continue and bear the torment, but do not complain because they feel it would make the situation worse, rather than better, to raise the issue.

African MSM are not exercising their right to be free from discrimination. These young people are vulnerable

CASE EXAMPLE

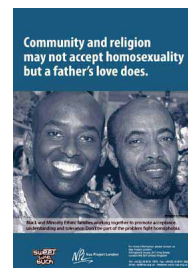
Isaac is originally from Ghana and he is living with HIV. Isaac was working in a hospital as a cleaner. His manager was a religious person who used to comment on the way in which Isaac walked. She would ask him about his sexuality and state that if he were gay, God would punish him. Isaac was recently sacked from his post for no apparent reason. NPL are supporting Isaac to challenge his unfair dismissal.

to HIV and other STIs because they often feel depressed about their situation (in many cases believing that their sexuality is a 'punishment from God') and they try to hide their sexuality, rather than being open about discussing it

and learning how they can protect themselves. There is also need for greater education about respect for others within the educational setting.

African MSM clients do not often report discrimination within the hospital setting.

Instead, they mention discrimination from HIV agencies, which exist to support people living with HIV. The African HIV and sexual health forums do not address MSM. Other community-based organisations (CBOs) that have been approached refuse to openly discuss issues related to MSM. One West African CBO once responded that there were no West African MSM in London. Many continue to be in denial about MSM because it is a taboo subject. African MSM have the right to the highest attainable standard of physical and mental health. Access to appropriate information and support is key to ensuring that African MSM can claim this right.



This article is an excerpt of a submission to the APPGA Audit on Human Rights. In response to these findings,

NPL is initiating work with young and new migrant African and Afro-Caribbean MSM.

*Bryan Teixeira, Chief Executive
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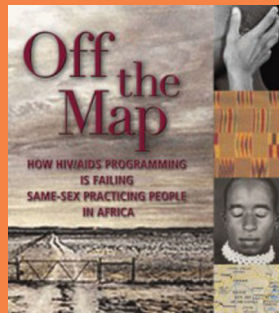
Off the Map

HIV/AIDS programming is failing same sex practicing people in Africa

A recent report by the International Gay and Lesbian Human Rights Commission (IGLHRC) entitled *Off the Map* highlights how HIV/AIDS programming is failing same sex practicing people in Africa.

The report exposes and analyzes the unacceptable climate of silence that confronts men who have sex with men and women who have sex with women in the epidemic. By focusing on the effects of discrimination, the report demonstrates that access to prevention, care and treatment must be equal for all. The ravages of AIDS fall hardest on those most marginalized in our societies: women, the poor, lesbian, gay, and bisexual, and Transgendered (LGBTs) people. We must insist that access to HIV prevention, treatment, and care do not follow discrimination's path.

Nearly a quarter of a century into the epidemic, there remains a wall of silence that surrounds HIV/AIDS and same-sex practices in Africa. While far too little research has been conducted on the role of same-sex HIV transmission in Africa, studies in Senegal, Ghana, and Kenya indicate HIV seroprevalence rates significantly higher among men who have sex with men than in the general population. Though African lesbians have lower HIV seroprevalence rates than heterosexual women, same-sex practicing South African women selfreport HIV seroprevalence between nine and fifteen percent, substantially higher than one might expect. The vulnerability of same-sex practicing men and women is not due to any biological predisposition, but is the result of an interlocking set of human rights violations and social inequalities that heighten HIV risk. Anti-gay discrimination is fueling the African HIV/AIDS epidemic.



Despite increasing evidence of the need for HIV-related interventions for same-sex practicing people, there are scarcely more than a handful of formal HIV prevention, testing, treatment, or care programs targeting men who have sex with men in Africa and even fewer for same-sex practicing women.

Without immediate attention to this human rights and public health crisis, efforts to effectively combat the HIV epidemic in Africa may be seriously challenged. According to Dr. Dela Attipoe of the Ghana National AIDS/HIV/STI Control Programme, lack of attention to same-sex practicing men in Ghana could “reverse any gain made in the fight against HIV/AIDS.”

Globally, fewer than one in 20 men who have sex with men have access to the HIV prevention and care services they need. UNAIDS estimates Africa will need US\$353 million for HIV prevention activities for men who have sex with men for 2006-2008. Based on the research conducted for this report, however, the total amount of funding currently committed will be less than US\$2 million.

Unless there is a dramatic increase in resources, less than one percent of the needs of African same-sex practicing men will be met. Virtually no funding is available for HIV prevention programs for same-sex practicing women. In contrast, HIV prevention interventions for men who have sex with men are being implemented in countries throughout Latin America, Asia, and Eastern and Central Europe, with resources from national budgets and external donors including the U.S. However, specialists argue however that additional resources are still needed. The report concludes with recommendations for actions for African governments and Non Governmental Organisations. *More information can be found on <http://www.iglhrc.org>*

Faith & African MSM - Q&A

Time for reconciliation between faith and sexuality



How do you reconcile faith and sexuality?

There is a long historical basis to the understanding of faith where as it is up to the individual to know their sexuality. In order to reconcile the two, people should be aware of both their faith and sexuality. Gay people should proactively join ministries that welcome gay people and celebrate both their faith and sexuality.

How does homophobia within faith communities make African MSM vulnerable to HIV?

The messages that are relayed within homophobic faith communities increases African MSM vulnerability to HIV. The message that is often relayed is that God does not love same sex loving people. This message can cause same sex loving people to feel guilty about their sexuality, a feeling that is constantly reinforced by homophobic faith leaders and churches. This results in MSM hiding their sexuality and increasing their likelihood of risky behaviour that in turn increases their vulnerability to HIV.

As a gay faith leader how do you deal with stigma and discrimination?

Taking a proactive role in the community by promoting a positive message of self-love against self-hatred helps to deal with stigma and discrimination. God carefully and beautifully makes African MSM. Stigma and discrimination needs to be dealt with by replacing negative messages with a true representation of African MSM.

What is the role of faith leaders in addressing HIV prevention needs in African MSM?

Faith leaders need to be honest, true and more positive in the messages they promote. Faith leaders should also learn more about issues that they are not familiar with. This would help them to promote issues such as loving, sensible and caring relationships. In relation to HIV this would help to alleviate risky behaviour and promote HIV prevention methods. Faith leaders need to help MSM understand their sexuality and relay the right messages to the community.

How do you find your strength to live openly as an African gay man in Africa?

My strength is found in the work I do with African MSM. By promoting reconciliation and acceptance of individuals for who they are has helped change peoples negative perceptions. In the UK people turn to me as a gay faith leader and openly address the issues I raise. I believe that this is a positive step in people accepting who I am, raise awareness of issues facing African MSM and inspires others to do the same. This has also resulted in more positive outcomes in media coverage.

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OUT OF THE SHADOWS

Self-Organising and Black/African Gay men

The gay Irishman Oscar Wilde once stated,

**‘ THERE IS ONLY ONE
THING WORSE THAN BE-
ING TALKED ABOUT - NOT
BEING TALKED ABOUT’**

He was only partly right. Worse than not being talked about is not being talked to or given the opportunity to talk about yourself. Gay men of African heritage have some experience in these matters. For too long they have operated in a shadowy world, where they are a subject of much debate, where myths fly around about them. Their attitudes, beliefs and behaviours are not their own but those ascribed to them by others. From Oprah to Bujuba Banton, from Akinola to Mugabe, African gay men are talked about but rarely given a platform on which to talk. A one-sided ‘conversation’ with a shadow is easy. Easy to oppress, easy to misinform, easy to incite others to hate and fear. Some deny their existence; after all homosexuality is a Western thing, it doesn’t happen here. Some reject their identity, preferring to name them the more palatable ‘MSM’s. Others try to reform them, doesn’t the Bible say so; ‘hate the sin, love the sinner.’ Yet in the shadows something stirs.

Gay men of African heritage have started an organisation to give themselves a voice, to challenge prejudice, and to build their sense of community. The Black Gay Men’s Advisory Group (BGMAG) was formally established earlier this year and held its first major event, the Black LGBT Community Awards, over the Easter weekend.

Through working together, the group hopes to amplify the voice of Black gay men and ensure that instead of being talked about, they can begin to talk for themselves as equals - not as shadows.

This summer we will commemorate 40 years since the decriminalisation of homosexual acts in England and Wales. In one generation we have made great strides forward as a society in our understanding of the range of human sexualities. Yet this understanding has not been shared uniformly across all communities. Black gay men report high levels of homophobic abuse from other Black people, as well as racism from white gay people. They are more likely than average to suffer from mental ill-health, and, importantly are among the highest risk groups for contracting HIV. This is true of African-born and British-born men of African heritage. The shadows are simply not safe.

BGMAG will work over the coming year to listen to the voices of gay men of African heritage. We will work with them to celebrate the contribution we make to our communities and provide opportunities to build a visible, proud Black gay community. We will then work with other organisations to help them reach out to Black gay men and include them in their work to prevent the spread of HIV. If HIV prevention is to start to work for Black gay men, it must include them, empower them, and remove them from the shadows.

Rob Berkeley
Chair, BGMAG
For further information visit
www.bgmag.org.uk



Black Gay Men and Mental Health

Social, emotional and psychological impacts of homophobia



I have worked at PACE, the UK's leading LGBT mental health charity, for the last six years developing and facilitating culturally appropriate, personal development workshops aimed at Black gay and bisexual men living in London.

The workshops are designed and facilitated by experienced and qualified group workers who work to create a safe space where participants can explore personal experiences about relationships, identify, self-esteem, sexuality, assertiveness, sex and sexual health.

Through my work I have found that Black gay and bisexual men are particularly vulnerable to the social, emotional and psychological impacts of homophobia and racial discrimination in the UK, which continues to adversely affect the lives of Black and Gay people.

In one of the too few pieces of research concerning Black lesbians and gay men in the UK, the 'Low Down' report (Gallop 2001) identified that "more than half the sample, 57% said that they had experienced racism from White lesbian, gay and bi-sexual (LGB) communities. A number of respondents said that the LGB community was no different to mainstream communities when it came to racism."

Over the years I have witnessed many men share their personal experiences about how racial discrimination, coupled with homophobia, can often lead to feelings of low self worth, self esteem, depression, and drug and alcohol misuse, limiting access to good sexual health information and resources.

Whilst the UK is not free from homophobia; attitudes here in Western Europe are far more relaxed than in many countries throughout Africa. This along with devout religious beliefs can play significant roles in supporting homophobia within Black communities here in the UK.

Jamaica particularly stands out for its appalling treatment of lesbians and gay men. The Human Rights Watch report

- Hated to Death (2005) states that "Violent acts against men who have sex with men are commonplace in Jamaica. Verbal and physical violence, ranging from beatings to brutal armed attacks to murder, are widespread. Men who have sex with men and women who have sex with women report being driven from their homes and towns by neighbours who threatened to kill them if they remain, forcing them to abandon their possessions and leaving many homeless."

However, it is important to note that violence is not limited to one country. Given the above it comes as no surprise to me, though still no less shocking, to note that "Black lesbians and gay men are more likely to become victims of homophobic hate crime than their white lesbian and gay counterparts" (The Low Down report - Gallop 2001).

It is against this backdrop that men coming along to PACE workshops will often talk about their experiences of homophobia and racism and the powerful negative impacts this can have on maintaining good mental health and well being.

Many men attending The Black Connection, a free monthly workshop at PACE, have feedback that they have felt less isolated, and more confident about 'coming out' to families, friends or at work, since attending the workshop.

Co-Facilitator Anthony Johnson recently said "For many men, The Black Connection is an important and valuable regular meeting place where mutual support is offered with access to opportunities for personal development and growth".

The key aims of this popular workshop are to help reduce stigma and isolation and to increase friendship networks and social capital within the wider Black gay community.

Dennis L Carney
Black Gay Men's Groupworker, PACE www.pacehealth.org.uk

Targeted health promotion messages for MSM



For the first time in its history, the National African HIV Prevention Programme (NAHIP) and its partners decided to directly address sexual health issues of African men that have sex with other men (MSM). This was ground breaking because it acknowledges and addresses the health promotion needs of MSM. This was a response to requests from community based organisations who need resources to work with this group.

The ten NAHIP Implementing partners and six associate partners were involved in distributing leaflets and posters across the UK. Some agencies were not sure how and where to go to reach these men. This highlights the challenges that we still have around targeting these men.

NAHIP has been working with the Black Gay Men's Advisory Group (BGMAG) to mobilise Black Gay Men including African men. This culminated in a Community Award's ceremony held on a cruise on the Thames River. We were pleased that the participants recognised the contribution that NAHIP has made over the past twelve months and voted AHPN to win the health promotion award. This has greatly encouraged us to continue to work with African MSM.

If we are to win the battle around reducing health inequalities we believe that it is important for us to reach all at risk groups with health promotion messages in the next twelve months. NAHIP shall continue to strengthen the work that we have begun.

Walter Gillgower
Project Manager NAHIP
For further information:
www.ahpn.org
www.nahip.org.uk



Only gay in the village ...an African village

Bisi Alimi is a 27-year-old gay Nigerian.

In 2003 Bisi's sexuality was revealed 'outed' by his university newspaper in Nigeria. Amidst pursuing a normal university life and during his bid in the university elections, as a result Bisi was asked to step down from elections. As propaganda increased against him a university panel was set up to evaluate the situation, which resulted in his expulsion from university.

In 2004 a leading national television presenter approached Bisi to become the Nigerian face of homosexuality at the National AIDS Conference in Abuja. As a result, later the same year Bisi appeared live on a popular talk show broadcast on national TV to announce his sexuality as an African gay man. Bisi described his relief as he felt weight lift from his shoulders after announcing his sexuality on TV.

Prior to his announcement on national TV Bisi had turned to his sister for support. Bisi's parents were not and are still not able to cope with his sexuality. They found it hard to deal with his appearance and social life.

Bisi describes how he felt angry and frustrated that he had to repeatedly explain his sexuality to his family. Bisi believes his parent's views are embedded in them through traditional culture and religion. However, he is relieved that some of his older siblings are starting to accept his sexuality.

Bisi's advice to other African gay men or MSM about 'coming out' is that it should be a personal choice. A man needs to ask himself why he feels the need

to come out; they need to assess what they stand to lose and what they stand to gain. The reality is that they will initially have more to lose. Drawing from his own experience, Bisi explained how he lost his university place, his job, his friends, property and family life. One needs to be comfortable with one's sexual identity before one can come out to the rest of the world.

Bisi stated that rather than fleeing he has remained in Nigeria to be an activist. Whilst it is very risky and not wanting to be perceived as a martyr he wants to challenge people's perceptions '*must we all runaway, if so what is left, what will change*'.

In order to reduce negative perceptions within African communities, information, facts and figures and most importantly activism is needed to reduce homophobia.

It is only when facts are provided people can question or sympathise with the issues we face.

Last year Bisi Alimi was involved in a campaign to stop the progression of a Nigerian legislation proposing to further criminalise gay and lesbian people.

Bisi Alimi, Executive Director of Nigerian LGBT Youth Group, The Independent Project.

Bisi is also the youth programmes coordinator of Alliance Rights Nigeria, a Nigeria-based sexual minorities equality rights advocacy organisation phone: +23428102772



1st PAN AFRICAN LGBTI CONFERENCE

Activists meet to elect a regional body to further advance equal rights in Africa.

In May, 2007 more than 60 Lesbian, gay, bisexual, transgender and intersex (LGBTI) activists from 15 African countries gathered in Johannesburg, South Africa to discuss ways they could consolidate their movement and further progress in self organizing on a regional level. ILGA, a 29-year old world federation of 560 groups, co-organised its first-ever Pan African LGBTI conference, together with a series of African groups including Alternatives Cameroon, Behind the Mask, the Coalition of African Lesbians, Sexual Minorities of Uganda and The Lesbian and Gay Equality Project. The Swedish Lesbian and Gay Federation, RFSL facilitated funding from the Swedish Foreign Office.

A major focus of the conference was on enabling African LGBTI activists to self-organise on a Pan-African level. Organizing on a continental scale for African LGBTI activists has seen various unsuccessful attempts in the past. One major obstacle to LGBTI organizing in Africa is the prevalence of state-sponsored homophobia. As of April 2007, 38 African countries have laws criminalizing homosexuality.

“In Africa, homophobic laws were either imported by colonial empires or the result of legislations culturally shaped by a conservative interpretation of religious texts” said Rosanna Flamer Caldera and Philipp Braun, Co-secretaries generals of the International Lesbian and Gay Association, in the introduction of a report on State-sponsored Homophobia in Africa launched at the conference. “Although many of the countries listed in the report do not systematically implement those laws, their mere existence reinforces a culture where hatred and violence are somehow justified by the State and force a significant portion of the citizens to hide from the rest of the population out of fear.”

An activist, who asked to remain anonymous, from the

Senegalese LGBTI group And Ligeey, a support group for gay men, said gay men faced discrimination in many spheres of society though he applauded the recent inclusion of this group in a government HIV/Aids prevention plan. “Our struggle is about being visible and claiming our rights,” he said on the sidelines of the meeting. “Many gays in Senegal are arrested and given unfair trials because what is judged is not their crime but their sexuality.”

Despite some challenges, activists at the conference made significant progress in establishing an African regional LGBTI federation. African activists at the conference created an 11-member, interim board to govern the newly formed Pan-African LGBTI federation. The activists set up five regions in Africa - North, South, East, West, and Central - and elected two representatives from each region. Special attention was paid to the issue of gender parity and it was decided that each region should be represented by one male and one female representative if possible. The final seat on the board was reserved for a Transgender activist.

ILGA, The International Lesbian and Gay Association, is a world-wide network of national and local groups dedicated to achieving equal rights for lesbian, gay, bisexual and transgendered (LGBT) people everywhere. Founded in 1978, it now has more than 560 member organisations. Every continent and around 90 countries are represented. ILGA is to this day the only international non-governmental community-based federation focused on fighting discrimination on grounds of sexual orientation as a global issue.

For more information www.ilga.org

Additionally, ‘Behind The Mask’ publishes a news website intended for gay and lesbian issues in Africa www.mask.org.za

African MSM Services

Black and Ethnic Minority Services for Gay Men

BIG UP at GMFA

Information, workshops, social events

0207 738 6872

www.metromate.org.uk/amm/gmfa/bigup.phtml

NAZ Project London

Information, social support groups for gay and bisexual men from ethnic backgrounds

0208 741 1879

www.naz.org.uk

PACE

Counselling and workshops specially aimed at black and ethnic minority men, including monthly Black Connection workshop for African and African-Caribbean men.

0207 700 1323

IMAAN UK

Gay and Muslims social and support group

PO Box 5369

07849 170 793

email: info@imaan.org.uk

www.imaan.org.uk

BLACK GAY MEN'S ADVISORY GROUP

7 Plough Road, London

EC2A 3PL

www.bgmag.org.uk

UK LESBIAN AND GAY IMMIGRATION GROUP

PO Box 51524, London SE1 7ZW

0207 922 7811

email: admin@uklgig.org.uk

www.uklgig.org.uk

BLACK MSM/LOVING BROTHERS

Peer support for Black African and Caribbean men who have sex with men living with or affected by HIV. Second and fourth Friday of the month in Brixton, 5-8pm.

Email anthony.maxom@thepositive-place.org.uk or call 0208 694 9988 (ext 32)/07949 586 863

POSITIVE PLACE AFRICAN-CARIBBEAN GROUP

Peer support for African-Caribbean people living with HIV.

Meets in Brixton Wednesday evening, 5-8pm, and Thursday morning, 9.30am-12pm (with crèche).

Email valarie.vassell@thepositive-place.org.uk or call 0208 694 9988 (ext 20)/07951 727 864

Sexual Health, HIV and AIDS General advice and information

AFRICAN AIDS HELPLINE

0800 0967 500

LONDON LESBIAN AND GAY

0207 837 7324 (24 hours)

www.llgs.org.uk

THT DIRECT

0845 1221 200

Mon - Fri 10am - 10pm

Sat - Sun Noon - 6pm

SEXUAL HEALTH LINE (nationwide services)

0800 567 123

THE INFORMATION EXCHANGE

At Chelsea and Westminster Hospital
0208 746 5929

Mon -Weds 1-5pm

Tues - Thurs 10am - 5pm

Email: infoex@chelwest.nhs.uk

www.hivgum.demon.co.uk/mw2/infoex/page1.html

POSITIVELINE

0800 169 6806

Mon -Fri 11am - 10pm

Sat - Sun 4-10pm

Email: eddiesurmantrust@hotmail.com

www.eddiesurmantrust.org.uk

Websites:

www.aidsmap.com

www.ukcoalition.org

www.positivenation.co.uk

Support for HIV Positive Men

UK COALITION OF PEOPLE LIVING WITH HIV AND AIDS

250 Kennington Lane SE11
0207 564 2180
email: reception@ukcoalition.org
www.ukcoalition.org

OASIS NORTH LONDON

Unit 2000, Regis Road
Kentish Town NW5
0207 485 2466
email: info@onl.org.uk
www.oasisnl.plus.com
www.onl.org.uk

POSITIVE EAST

159 Mile End Road E1
0207 791 2855
email: info@theglobecentre.co.uk

THE WEST LONDON GAY MEN'S PROJECT

Sexual health advice and support telephone line
Tel 0800 587 8302 or 07947 734201
Mon - Fri: 9am - 5pm
email: info@westlondongmp.org.uk
www.westlondongmp.org.uk

Counselling

HGL COUNSELLING

Unit 34, The Hop Exchange
24 Southwark Street
London Bridge
SE1
0207 407 3550
New Clients 0207 816 8511

PACE

34 Hartham Road N7
0207 700 1323
Sexual Health Counsellor
0207 0014
www.pacehealth.org.uk

NAZ PROJECT LONDON

Information, social support groups for gay and bisexual men from South Asian, Middle Eastern, North African, Horn of Africa, Central and South American backgrounds
0208 741 1879
www.naz.org.uk

RELATIONSHIP COUNSELLING FOR LONDON

0208 938 2431
www.counselling4london.com

RELATE

0845 130 4020 (helpline)
01788 573 241
www.relate.org.uk

Violence and Abuse

GALOP

London's lesbian, gay, bisexual and transgender community safety charity
0207 704 2040 Helpline
Mon 5-8pm Weds 2-5pm Fri 12-2pm, plus 24 hour answer phone
Email: info@galop.org.uk
www.galop.org.uk

LGBT ADVISORY GROUP

27 Old Gloucester Street WC1
07952 970 813
email: info@lgbtag.org
The LGBT Advisory Group is an advisory group to the Metropolitan Police. The Advisory Group's web site lists LGBT Forums in London Boroughs which liaise with the police and facilitate reporting on homophobic crime.
www.lgbtag.org

BROKEN RAINBOW

Pan-London LGBT Domestic Violence Forum
Helpline 08452 60 44 60
Mon Fri 9am-1pm, 2-5pm

THE HAVENS

Specialist centres attached to London hospitals, which offer specialist medical, practical and emotional support for anyone who has been raped or sexually assaulted.

The International Mental Health and Sexuality Research Project - London

Exploring the Intersection of Racism, Homophobia and Mental Health

The International Mental Health and Sexuality Research Project (ISMHRP) examines the experiences of Black lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) people in Africa, the Caribbean, the United Kingdom, and the United States.

The mission of the project is to advance knowledge, improve health and human service practice, and positively contribute to the lives and communities under examination by providing a space for participants to speak to issues that concern them and advance social justice. The project is currently funded by and based at Howard University in Washington, DC in the United States.

Through participant surveys and focus groups, the Project hopes to develop:

- an international database about LGBTQ people and resources in order to advance international connections
- an understanding of the needs and issues of LGBTQ people with regard to racism and oppression based on sexual orientation
- an understanding of the strengths and resources available in communities regarding mental health

While in London during 17-25 March, 2007 the Project partnered with several organizations including the African Policy HIV Network (AHPN), Black Gay Men's Advisory Group (BGMAG), Black Lesbians UK (BLUK), Kairos in Soho, PACE, and The Chocolate Lounge to host informational sessions, administer surveys, and hold focus group discussions.



The Project Director and Principal Investigator Kamilah Majied, PhD is currently an Assistant Professor of Social Work at Howard University.

To learn more about the project and/or to participate, feel free to contact Dr. Majied directly at kamilahmajied@yahoo.com or Tamarah Moss-Knight, Project Coordinator at tamarahmk@hotmail.com

Pictured from left to right:

Cheikh Traore (AHPN Trustee), Rhon Reynolds, (APHN Senior Policy Officer and Deputy CEO), and Kamilah Majied (ISMHRP Project Director and Principal Investigator).

