

Abstract

Introduction: Same-sex relationships are currently illegal and taken as immoral in Uganda as in many other sub-Saharan African countries (Uganda's Anti-Homosexuality Bill, 2009 & Leviticus 18:22 & 20:13). Same-sex practices are taken as taboos and stigmatized in Uganda to the extent of many men who are practicing this habit, failing and fearing to seek medical care and treatment. (Wolfgang Hladik, CDC, 2012.). About 500,000 homosexuals live in Uganda out of a total population of 35 million (Human Rights Organizations, 2008). Their wives or girlfriends are at risk of contracting HIV infection and other sexually transmitted diseases (Wolfgang Hladik et al, CDC, 2012). Despite the fact that men who have sex with men face an atmosphere of physical abuse, blackmail & death threats, they continue to engage in this behavior putting their spouses at greater health risks (Heather F et al, 2010, Gentleman, J 2010 & Rice, Xan, 2009), yet the factors influencing their engagement in the practice in Uganda are not known or well understood.

Objective: The objective of the study was to establish the factors influencing men to engage in homosexuality in Uganda against all social and legal odds and well known health risks.

Method: This was a cross-sectional study. One hundred and sixty six Respondents aged between 18–65 years were recruited via respondent-driven sampling (RDS) and snow ball sampling, a peer-referral sampling methodology designed for data collection among hard-to-reach populations. Initially, seven MSMs were identified from the different MSM organizations and requested to recruit potential participants who are known to them as men having sex with men.

Results: MSMs were introduced this practice by friends (30%), born that way (22.3% and pastors (9.7%). Most of the MSMs were insertives —husband|| (59.6%), received or gave gifts for anal sex and met their sexual partners at Bars\Clubs, beaches, house parties and through the internet. MSMs men practiced homosexuality for financial benefits (56.0%) and sexual satisfaction (18.1%) and had no hope of stopping the practice despite it being immoral and exposing them to health risks. Condom use among the MSMs was reported to be high (65.2%) apart from the few who were not using them because their partners refused or did not have one at the time of anal sex. MSMs had more than one sexual partner (94%) and majority of these were casual sexual partners. MSMs had never used drugs (67.5%) and of those that have ever used drugs (67.5%), they used them before anal sexual intercourse. Most of the MSMs have ever had an HIV test (97.6%), however, the self reported HIV prevalence among the MSMs was 36.4% and the insertives had a higher HIV prevalence of 43.3 %.

Most of the HIV positive MSMs (78%) reported receiving basic HIV care and treatment. The following factors were found to be associated with HIV status among MSMs: Condom use (P-value 0.039; 0.34 - 1.94), number of sexual partners (P-value 0.000; 1.01 - 4.67) and use of drug (P-value 0.002; 0.05 - 0.69)

Conclusion: MSMs are introduced to this practice by their friends, being born that way and pastors. Most of the MSMs are insertives and met their sexual partners at Bars\Clubs, beaches, house parties and through the internet. MSMs practiced homosexuality for financial benefits (and sexual satisfaction and had no hope of stopping the practice. Condom use among MSMs is high. Most MSMs had more than one sexual partner and these were casual. MSMs had never used drugs and of those that have ever used drugs, they used them before anal sexual intercourse. Most of the MSMs have ever had an HIV test, however, the self reported HIV prevalence among the MSMs was 36.4% and the insertives had a higher HIV prevalence of 43.3 %. Most of the HIV positive MSMs reported receiving basic HIV care and treatment. Condom use, number of sexual partners and use of drugs were associated with HIV status among the homosexuals.

Recommendation: Community should be aware that many men around them do engage in homosexuality. Parents and guardians in particular should be keen about the friends of their children since it has been reported that most of them learnt the practice from their friends. The Ministry of Health should increase the health services provided to the MARPs in different health centers especially ARVs, protective gears and treatment and care services to cater for the increasing number of health cases among the MSMs since this population is associated with the current high HIV seroprevalence in the country.