

Incidence of and Experiences in Homosexuality among University Students: Implications for HIV/AIDS Prevention

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ABSTRACT The objective of the study was to examine and determine the extent of homosexuality amongst university students and the Human Immunodeficiency Virus (HIV)/Human Immune Deficiency Syndrome (AIDS) implications thereof. The survey research design, which employed a questionnaire with open-ended and closed items and follow-up interviews were used in this study. The study thus used mixed methods to generate both quantitative and qualitative data. Quantitative data was analyzed using frequencies and were reported in percentages while qualitative data was mainly used to buttress observations made through quantitative data. The sample, identified mainly through snowball sampling, comprised 40 homosexuals who self-confessed. Results reveal a fairly high incidence of homosexuality among university students and that homosexuality is not a preference or choice but is innate. Though at times subjected to harassment, isolation and stigmatization by others, these students are generally comfortable with their sexual orientation. The results also show that many homosexual students do not take adequate precautions to protect themselves against HIV/AIDS, mainly because of lack of knowledge. The study recommends that the maltreatment of homosexuals should discontinue and that homosexuals should be given adequate knowledge on HIV/AIDS prevention.

INTRODUCTION

This study examined the incidence of and experiences in homosexuality among students in one university in South Africa with the ultimate aim of possibly influencing people to appreciate and tolerate homosexuality and to give homosexuals knowledge on HIV/AIDS prevention. It was also felt important to explore the incidence of and experiences in homosexuality given that literature (for example, Padmanabhanunni and Edwards 2013) generally shows that sexual violence and harassment in South Africa is on the increase. The hope is that the findings of this study may enhance understanding of homosexuality and possibly lead to more appreciation and tolerance of these people. It is also necessary to conduct such a study given that this area has not been adequately addressed in research. Researchers face a challenge because this is a sensitive area (Jacobson 2014). While homosexuality has been publicly acknowledged in some Western societies, it has been treated with a lot of secrecy and negativity among many non-Western societies (Pew Research Centre 2015). Knowing how much of the population is made up of homosexual individuals can assist one to know how to view and treat these people in terms of legislation. People have often been treated unfairly on the basis of their sexual orientation, been refused employment, dismissed

from employment, ridiculed, harassed, segregated or even killed. A study by the University of Maryland (1995) cited by APA (2009) showed that due to discrimination on the basis of sexual orientation, lesbians earned up to fourteen percent less than their heterosexual female peers with similar jobs, education, age and residence.

The current study also takes lofty significance given that it has implications for HIV/AIDS prevention for the university students, many of them being in the age group (15-30) where sexual feelings peak. It is also the time when many people become aware of their sexual orientation (Levy and Valentine 2006). University students were also chosen because a study by Smith et al. (2003) found that homosexuality was more common among people with tertiary education.

Due to the sensitive nature of the topic, there is a paucity of literature in the area. The present study is therefore also critical in reducing this lacuna in literature in this area. The study is also unique in that literature generally shows that most studies in the area have been done with largely White middle-class samples.

Literature Review

While sexual orientations (the direction of one's sexual interest) are many (for example, heterosexuality or sexual interest towards members

of the opposite sex, homosexuality or sexual interest towards members of the same sex, bisexuality, that is, sexual interest towards members of both sexes, and asexuality or no sexual interest towards anyone), the present study focused on homosexuality given that many view it as queer sexual behavior. Many communities see heterosexual relations as the only normal and acceptable sexual orientation. "Heterosexual attraction between males and females is the only natural and normal sexual orientation" (Jacobsen 2014: 1). To the present writer, if sexual orientation is natural (innate), it implies that it is not a preference, that is, homosexuals for example, do not choose to be so, and it is something inborn. To this effect, they do not deserve the negative treatment they often receive. Sexual orientation does not imply sexual preference, and sexual orientation is not a choice (Frankowski and the American Academy of Pediatrics Committee on Adolescence 2004). Sexual orientation tends to be innate and fixed (Ross et al. 2003; Rosario et al. 2006; Sinclair 2013). If sexual orientation is fixed, it may mean that no matter what is done or said, homosexuals will not be able to change from this orientation. According to the American Psychological Association (APA)(2014), there is no sound research evidence showing that sexual orientation can be changed (the risky surgical hormonal re-assignment attempts indicate lack of success (APA 2009). If this is the case, why then harass or kill homosexuals?

According to Freud (1975), generally and anatomically all humans are born bisexual, that is, incorporating masculine and feminine hormones. For Freud, in the course of normal development, the masculine hormones should normally dominate in men while the feminine should dominate in women. In the present writer's view, this Freudian analysis suggests that in some cases, it is possible to find men with feminine hormones dominating and likewise, women with masculine hormones dominating. Such people are likely to be gays and lesbians respectively (Freud 1975). If this is accepted, then as already argued, homosexuals surely do not deserve the negative treatment they often receive given that they do not choose to be so. Being homosexual is not something that a person can choose or choose to change, just as one cannot choose their height or color of eyes (Lyness 2013).

Homosexuality is a controversial and hotly debated issue among many people including politicians and church leaders. As already said,

many people see heterosexuality as the only normal, natural and moral mode of sexually, and hence, everybody is expected to abide. Variance from this norm is viewed as sin or physical and mental pathology. Most Judeo-Christian religions as well as Islam, for example, see homosexuality as a sin. (Buddhism for example, does not see it as a sin). On the other hand, medical experts' reports (for example, APA 2014) have shown that homosexuality is not a mental disorder or abnormality.

Some researchers (for example, Frankowski and the American Academy of Pediatrics Committee on Adolescence 2004; Langstrom et al. 2008) have looked into determinants of sexual orientation, specifically homosexuality. Generally the research has not successfully and conclusively found a singular determinant of sexual orientation. It would appear that at the moment, no one knows exactly what determines sexual orientation. Though many studies point to conflicting results, some think that a combination of genetic and hormonal factors determine sexual orientation. There is also no evidence to suggest that parenting or early childhood experiences play a part (APA 2014). What is important to note here is that there is nothing in research that indicates that homosexuals should be blamed regarding their sexual behavior, as they do not seem to contribute anything that they could be blamed for.

The battle against homosexuality has a long history, with Hitler launching a vigorous campaign against homosexuals and sending them to concentration camps (Smith et al. 2003). In later years, greater efforts were made to normalize and legalize homosexuality, with Homosexual Organizations fighting for their recognition. Despite these efforts, some countries such as Zimbabwe and South Africa still criminalize homosexuality. They see it as threatening society's social structures such as the family, as homosexuality abrogates the reproductive function of sex. It is seen as violating society's norms and therefore undermining the stability of society.

The fact that many governments and societies still view homosexuality as taboo makes it very difficult for homosexuals to come out in the open and perhaps receive the help they deserve when it comes to such things as the HIV/AIDS pandemic. This secrecy in homosexuality makes it difficult to know the demographics of the homosexual population, affecting how willing organizations could plan for their wellbeing. In a

large study in Australia by Smith et al. (2001-2003), it was observed that of the 19,307 participants involved, 8.6 percent of men were gays while 15.1 percent of the women were lesbians. These figures may suggest that the incidence of homosexuality is often higher than reported. Take for example, men or women in the military, in prisons and in gender-segregated schools and universities, who do not consider themselves as gays or lesbians but they often engage sexually with members of their own sex to satisfy their sexual desires.

It is against this backdrop that this study set out to investigate the incidence of and experiences in homosexuality among university students and the HIV/AIDS prevention implications therefore.

Research Questions

- To what extent are university students involved in homosexuality?
- How are university homosexuals viewed and treated by others?
- Do university students involved in homosexuality protect themselves against HIV/AIDS?

Objectives of the Study

The objectives of the study were to:

- Determine the extent of homosexuality among university students.
- Establish how university homosexuals are viewed by others.
- Suggest ways of protecting homosexuals against HIV/AIDS.

METHODOLOGY

Research Design

The survey research design, which made use of both qualitative and quantitative approaches to maximize the quality of the data, was used. For Trockim (2006), the best hope of achieving objectivity in research is through triangulating multiple fallible perspectives and methods. Thus, the qualitative and quantitative methods, which were complementary, allowed a more complete analysis of the research situation and data, thereby resulting in more data credibility and trustworthiness.

The design was also seen as appropriate given the relatively large sample ($n=40$). Surveys also allow the description of data, which may be used to assess current practices (in this case, homosexuality) in order to see whether the practices require changing or not. The present study intended to establish the incidence of and experiences in homosexuality among university students in order to possibly increase the understanding and possibly appreciation and tolerance of these people, and also see how they could be assisted in the face of the HIV/AIDS pandemic. In the present writer's view, most efforts aimed at curbing the spread of HIV/AIDS at the moment tend to focus on heterosexuals.

Sample

Participants were 40 homosexuals (mean age=24.6; $SD=0.8$; lesbians =40 percent=16) who, after being pooled through snowball sampling, self-confessed and agreed to take part in the study.

While initially the identification of homosexuals was a challenge, it became easy after a female student, in a casual talk with the writer, confessed to being a lesbian. The present writer got fascinated, and the self-confessed lesbian was then asked by the researcher if she could help identify other homosexuals, to which she quickly agreed, indicating that there were so many in the university. In all, she identified 56 homosexuals but the other 16 declined to participate for various reasons ranging from fear of publicity to fear of homophobic harassment. This is perhaps why Levy and Valentine (2006) say that the incidence of homosexuality is very difficult to determine because some respondents may not agree to stigmatized behavior.

Instruments

A semi-structured questionnaire and follow-up interviews were the instruments used to source data from the participants. The questionnaire used three response formats (Yes-No; Likert-type items; open-ended items) not only for controlling response bias, but also for ensuring the items tapped the real information wanted. The questionnaire was considered ideal given the sensitive nature of the research topic, and participants were free to give their real views in the anonymous questionnaire. The open-ended items in the questionnaire allowed the partici-

pants to express their views as much as they wanted but of course within the confines of the research design. Follow-up interviews done with 16 participants (females=8) were meant to probe on subtle issues raised in the questionnaire and also to follow-up on unexpected responses from the participants.

Validity and Reliability of the Questionnaire

The questionnaire, developed by the researcher, was validated by six raters considered experts in the field. Modifications and adjustments were made by the experts, particularly with regard to items that were felt too personal and intrusive. The experts were also asked to rate the questionnaire (out of 10). The ratings were correlated and an inter-rater reliability coefficient of 0.6 was yielded, indicating that to a large extent, the experts agreed that the questionnaire was reliable. No test running of instrument was done due to the difficulty of identifying other homosexuals, a limitation that should be considered when interpreting the results of this study. The validity of the results is also somehow compromised by the fact that the study relied on self-reports and self-identification. Such results largely depend on how accurate the participants are about themselves.

RESULTS AND DISCUSSION

Participants (n=40) responded to closed and open-ended questions to allow for the collection of quantitative and qualitative data as required by the research design. Some of the items were meant to verify whether it was true that they were homosexuals given the challenges of self-reports and self-identification as ways of collecting data. It is also important to note that in some cases, the responses were collated and collapsed to avoid unnecessary repetition in the manipulation and treatment of the data.

The first item required the participants to indicate whether they were gay, lesbian or bisexual. This resulted in the identification of 16 lesbians and 24 gays. Although there were three options (lesbian, gay, bisexual) no one indicated that they were bisexual by orientation. The second item required the participants to indicate how they knew that they were homosexuals. All the participants (100%) generally said that they realized that they were sexually different from

others after discovering that their sexual feelings, thoughts and desires were directed towards people of the same sex. The following are some of their responses:

Lesbian 1: I realized that I had sexual feelings for one of my friends. There were times I attempted to fondly kiss her but she refused. You see, the major problem we face is to identify those who are like us.

Gay 1: I discovered that my sexual desires and activities focused on other boys. These feelings embarrassed me when I heard other boys talking about their girlfriends. To hide the truth, I was forced to propose love to a girl though I was never devoted to her.

Lesbian 2: I knew that I was different from the straight (heterosexuals) because of my exclusive attraction to my own type.

The views and sentiments above confirm what is in literature. These people do not choose to fall in love with people of their sex, but find themselves naturally attracted. This is why, as already seen, Frankowski and the American Academy of Pediatrics Committee on Adolescence (2004) say that sexual orientation does not imply sexual preference, as it is rather innate.

Items 3 and 4 focused on whether they had gone public regarding their sexual orientation and how people were generally reacting to their orientation. Participants gave varied and varying answers. The following are some of the responses:

Lesbian 3: If heterosexuals don't blow a trumpet about their sexual relationships, why should we? Personally I no longer care about what other people think. You have to accept what you are and pursue a way of life that suits you instead of pretending to be what you are not.

Gay 2: I develop fear and stress at times. I am forced to hide my sexual attractions for fear of harm, harassment or mere negative judgment by others. Many people think that we are sexually abnormal because of what they see as sexual deviations. They give us labels or even derogatory names. Sometimes it causes depression, which can interfere with one's studies.

The above responses show that while some homosexuals have picked the courage to face what seems a hostile environment, others live in fear. Such homophobia inhibits disclosure and where it is extreme, it can interfere with a person's wellbeing and learning. Studies done in

some countries such as the USA show that some students identified as homosexuals either miss school frequently because of feeling unsafe while others eventually drop out of school.

Item 5 required the participants to indicate how old they were when they discovered that they wanted to have same-gender sexual relationships. The majority of them (95%, n=38) indicated that they first knew about their sexual orientation the time they started experiencing sexual arousal. The remaining five percent (n=2) comprised two gays who indicated that they first knew about their sexual orientation the time they started experiencing wet dreams. Research (for example, Moller and Stattin 2001) has shown that this period coincides with puberty and early adolescence when children begin romantic sexual relationships. The following are some of the responses:

Gay 3: *I was about 14 years of age when I started to experience sexual desires. However, I was surprised to realize that my sexual desires were directed towards other boys. This made me feel guilty and depressed to engage in sexual behavior which I knew was not socially acceptable.*

Lesbian 4: *I had just started my monthly periods when I discovered that sexually I was more interested in other girls than in boys. I put a lot of effort to try to change my thoughts and feelings but each time I found myself having no feelings for boys. It just doesn't work that way.*

In terms of responses to item 6, which asked them whether they chose to be homosexuals or not, all participants (100%) indicated that it was not a choice. In an interview, one lesbian said, *"You don't choose, your sexual feelings will tell you what you must do. Do women who grow a beard choose to do that? These are natural things."* Interview data also showed that gays share the same views as shown by this comment from one of them, *"People condemn us out of ignorance. They don't know how we feel. You have to accept what you are and pursue a way of life that suits what you are but in most cases, we are forced to pretend to be what we are not."*

The above concerns and fears are real. In most cases, homosexuals are forced by society to marry opposite sex partners against their natural orientations. Research (for example, Sroufi 1989) has shown that people choose partners that go with their self-concept. If not, such mar-

riages often collapse. This is supported by the views of some of the participants in item 7 where they were asked whether they had boyfriends or girlfriends of the opposite sex. Some (67.5%, n=27; lesbians=8) felt that being in love with, let alone marrying a person of the opposite sex when you are homosexual often results in dissatisfaction with the relationship, leading to separation or divorce. Research in partner relationships (for example, Moller and Statlin 2001) has shown, again and again, that in partner relationships, people bring prior experiences to the new relationship and these prior experiences heavily impact the new relationships. The extent to which the partners are satisfied with the new relationship will determine whether the new relationship will last or not.

The other participants (32.5%, n=13) said that they had boyfriends or girlfriends just nominally. One lesbian said, *"Yes, I have a male boyfriend just to hide the truth. We do not get along well. He does not satisfy my sexual needs. I enjoy fingering."*

An offshoot finding of this study was that devout gays and lesbians do not seem to worry about having children. Some of them expressed the view that the goal of marriage is to legalize sexual relationships, not necessarily to have children.

Participants were asked to rank, (item 7) from a given list, challenges that they face in their sexual lives as homosexuals. Below are the challenges and the responses:

- Harassment/stigmatization/isolation by others: Eighty-eight percent (n=35)
- Difficulty in getting/identifying a partner: 67.5 percent (n=27)
- Lack of enough support from advocacy groups: Fifty-three percent (n=21)
- Lack of suitable condoms: 45.8 percent (n=18)

The above shows that harassment/stigmatization/isolation was ranked as the greatest challenge faced by homosexuals (88%), followed by difficulty in getting/identifying partners (67.5%), then lack of enough support from advocacy groups (53%) and finally, lack of suitable condoms (45.8%). Interview data revealed that indeed homosexuals experience a lot of negative treatment. In this study, some participants pointed out that even in their learning, they were sometimes avoided in group discussions. One gay commented, *"It is like they think that homosex-*

uality is contagious, and yet it's not. All they fear is that people will think that birds of a feather flock together. So it would appear that some people fear to associate with homosexuals for fear of being labeled homosexuals also." It is perhaps for this reason that Ryan et al. (2000) say that the stigma and shame associated with homosexuality result in some people shunning the company of people believed to be homosexuals.

Difficulty in getting/identifying partners was ranked the second greatest challenge (67.5%). For the reason that relationships are critical in one's functioning (Duck 1994), homosexuals should also have both ordinary and sexual relationships but they seem to encounter difficulties in trying to establish these relationships. The following are comments from one lesbian in an interview:

Lesbian 5: *Our most difficult task is to find others who are also like us. Sometimes it is spontaneous but at other times you have to look at a person's eye tracking, looks or behavior that may be inviting or dressing. Even when you find one, starting a relationship is not easy, as people fear being trapped.*

Furthermore, some of these lesbians are married people who must play it safe.

Gay 4: *Both identification and establishing a relationship are difficult. People often make insinuations basing on such things as appearance, inviting looks, dressing, tone of voice, company preferred and same sex kissing. However, these insinuations are not always correct.*

Though the researchers cannot draw firm conclusions from the above responses, generally it would appear that identifying and establishing a relationship in homosexuality are problem areas. One interviewee intimated that at times one has to proceed through trial and error and that normally people score quick successes at parties.

Lack of enough support from advocacy groups was ranked third (53%). Asked during follow-up interviews about what they expected these groups to do, one lesbian said, Some participants felt that many "Advocacy groups have tended to remain in the background. They could be more visible by visiting communities and institutions like universities educating people about sexual orientations." opponents of homosexuality simply lack knowledge about sexual orientations. They think that it is a preference or choice yet it is innate. One gay angrily

said, "A woman who grows beard does not choose to have beard, it happens naturally. If you are heterosexual, perhaps you were just lucky."

Lack of suitable protection devices such as condoms was ranked fourth (45.8%). Although many participants played down the importance of this challenge as shown by the ranking, to the present writer, the issue of lack of proper protection is indeed critical in the face of the HIV/AIDS pandemic. Asked during interviews why this challenge received such a low ranking, one gay said, "*We practice anal sex and not vaginal sex, and hence our chances of contracting HIV/AIDS are therefore slim.*" Clearly this respondent does not seem to know that anal sex has the highest risk because of abrasions or friction resulting in cuts and subsequent bleeding. Many gays interviewed seemed to share similar views, that anal sex is somehow safe. When asked a probe question on whether he uses condoms, the gay quoted above said, "*Even if I put on a condom, it easily breaks, so in most cases, I don't even attempt it.*"

Lesbians equally felt somehow less exposed to HIV/AIDS than homosexuals. One of them remarked in an interview, "*Given the HIV/AIDS pandemic, we no longer suck and lick each other. We now mostly use fingering and therefore we are safe. In that, we sometimes use the male condom or thin gloves if you don't trust your partner.*" Indications were that in most cases, they do not use any protection, making it a risky practice. The following comments by one lesbian are worth noting:

Lesbian 6: *Vaginal fluids are safer than semen, which carries almost twice the viral load. So we stand a better chance.*

The thinking here is also that heterosexuals are more at risk than homosexuals- a contention that might merit further investigation. In fact, one lesbian blamed men for exposing many women to HIV/AIDS infection because of women's limited capacity to self-protect themselves because of unequal power in the home.

The last question in the questionnaire (item 8) was an attempt to see, given a choice, whether these homosexual students would want to be heterosexuals and to give reasons for their answers. All except one lesbian indicated that they would choose to remain homosexuals, arguing that there was nothing wrong with the orientation, which is an orientation of equals and per-

haps more sexually satisfying than heterosexuality. The one lesbian who said she would prefer a change argued that she was not comfortable with the other people's reaction to her sexual orientation. She would therefore want to end this harassment, stigmatization and discrimination.

CONCLUSION

In conclusion, it should be noted that sexuality is an important part of who being humans. Apart from its reproductive function, it is an important definer of how one sees oneself (self-concept) and how others see one. Sexual expression and orientation, as seen in this study, seems outside the control of individuals given that it is innate and fixed. By extrapolation, the present study suggests that perhaps in any given population, there are homosexuals and that at the moment, these people still face many challenges. Is there no justice and does it not make sense to respect and tolerate those who differ from one's self through no fault of theirs? These people need assistance, yet little attention, if any, has been given to how they protect themselves in the face of HIV/AIDS. Concentrating on one group (heterosexuals) may not get one very far in the efforts to combat the pandemic.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made.

- Given that homosexuality is not a social construction, homosexuals should not be harassed, discriminated and stigmatized. The real issue is that of social justice irrespective of what individuals and/or religions think about it.
- Perhaps governments and societies should seriously consider granting homosexuals the civil right to be so given that it causes no harm to anyone. Those involved are consenting adults.
- As already argued, studies that tend to rely on self-reporting and self-labeling or identification largely depend on how accurate the subjects are about themselves. Perhaps a study elsewhere might shed more light on this issue.

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