

**FOREIGN INFLUENCE ON HOMOSEXUALITY AND CULTURAL CONFLICTS
IN UGANDA: A CASE STUDY OF KAMPALA CITY**

BY

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES
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DECLARATION

I, **Ssekidde Stanley** do hereby declare that all the work presented in this report is my own original work unless otherwise acknowledged and has never been presented either in part or in full for award of a degree of Bachelor of human resource management of Kampala International University.

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APPROVAL

I certify that the work contained in this report by the student having been undertaken under my supervision therefore, present it for the award of Bachelor of social works and social administration of Kampala international university.

Sign  Date 10th / 10 / 2014

Mr. Ssekate Johnmary

University Supervisor

DEDICATION

I would like to dedicate this research work to my parents who did contribute too much and my brothers for their unifying support both financially and morally. Lastly to my friends for advice they injected in me while pursuing this course. Thank you, may the Almighty God bless you.

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TABLE OF CONTENTS

DECLARATION.....	ii
APPROVAL.....	iii
DEDICATION.....	iv
ACKNOWLEDGEMENT.....	v
TABLE OF CONTENTS.....	vi
LIST OF TABLES.....	ix
LIST OF FIGURES.....	x
LIST OF ABBREVIATIONS AND ACRONYMS.....	xi
ABSTRACT.....	xii
CHAPTER ONE.....	1
INTRODUCTION.....	1
1.0 Introduction.....	1
1.1 Background of the study.....	1
1.2 Statement of the problem.....	2
1.3 Objectives of the study.....	3
1.3.1 General objective.....	3
1.3.2 Specific Objectives.....	4
1.4 Research Questions.....	4
1.5 Scope of the study.....	4
1.5.1 Contextual scope.....	4
1.5.2 Geographical scope.....	4
1.6 Significance of the Study.....	5
CHAPTER TWO.....	6
LITERATURE REVIEW.....	6
2.0 Introduction.....	6
2.1 Homosexuality and African culture.....	6
2.2 Effects of homosexuality on Homosexuals.....	9

2.2.1 Anal cancer	10
2.2.2 Levels of Promiscuity	11
2.2.3 Physical Health	12
2.2.4 Mental Health.....	13
2.2.5 Monogamy.....	14
2.2.6 Easy spread of HIV/AIDS	14
2.2.7 Reduced Life Span.....	15

CHAPTER THREE 17

METHODOLOGY 17

3.0 Introduction	17
3.2 Area and population of study.....	17
3.3 Sample size	17
3.4 Sample size and framework	18
3.4.1 Sample technique.....	18
3.4.2 Sample procedure.....	18
3.5 Data collection instruments.....	19
3.6 Source of data collection.....	20
3.7 Data processing and analysis	21
3.7.1 Editing	21
3.7.2 Coding.....	22
3.7.3 Tabulation.....	22
3.8 Ethical procedure.....	22
3.9 Anticipated limitations of the Study.....	23

CHAPTER FOUR 24

**DATA PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS
..... 24**

4.0 Introduction	24
4.1 Social demographic characteristics.....	24

4.1.1	Age of the respondents.....	24
4.1.2	Marital status	25
4.1.3	Sex of the respondents.....	27
4.1.4	Educational status	28
4.2	The perception of the public on homosexuality in Kampala city	30
4.3	The effects of homosexuality on homosexuals in Kampala city	33
4.4	The possible ways of addressing homosexuality behaviors in Kampala city.....	35
CHAPTER FIVE.....		38
SUMMARY OF FINDINGS AND CONCLUSIONS		38
5.0	Introduction	38
5.1	Summary	38
5.2	Conclusions	39
5.3	Recommendations	41
REFERENCES.....		43
APPENDICES		48
APPENDIX I: QUESTIONNAIRE TO TEACHERS		48
APPENDIX II: RESEARCH BUDGET.....		51

LIST OF TABLES

Table 1: Age distribution of respondent	24
Table 2 Marital status	26
Table 3: Sex of the respondents	27
Table 4: Educational level of the respondents	29
Table 5: The perception of the public on homosexuality in Kampala city ..	30
Table 6: The effects of homosexuality on homosexuals in Kampala city....	33
Table 7: the possible ways of addressing homosexuality behaviors in Kampala city	35

LIST OF FIGURES

Figure 1: Age distribution of respondent.....	25
Figure 2: Marital status of the respondents	26
Figure 3: Gender of the respondents.....	28
Figure 4: Educational level of the respondents.....	29

LIST OF ABBREVIATIONS AND ACRONYMS

CFPU	Child and Family Protection Unit
CI	Crime Intelligence
CIID	Crime Intelligence and Investigation Department
CLO	Community Liaison Office(r)
DPC	Division Workers Commander
F/A	Female of Age
ICCPR	International Covenant on Civil and Political Rights
ICSECR	International Covenant on Social, Economic and Cultural Rights
JICA	Japan International Corporation Agency
KCCA	Kampala Capital City Authority
MCB	Minor Crime Book
O/C	Officer in Charge
OHCHR	Office of High Commissioner for Human Rights
PGN	Practical Gender Needs
P&E	Political and Electoral
R/O	Residence of
SGN	Strategic Gender Needs
UPF	Uganda Workers Force
VIP	Very Important Persons

ABSTRACT

This study was on the effect of homosexuals in communities. The findings are more methodologically robust, they suggest that exposure to gays and lesbians has tolerating effects even if all of the numerous conditions thought to be necessary for contact to have ameliorative impact are not operative.

We may infer from this that the contact hypothesis, which was after all developed primarily to help explain racial prejudice, may need to be amended in the case of homosexuality. Indeed, our findings indicate that contact with homosexuals may elicit quite different public responses than contact with racial minorities. More research needed to determine if homophobia has fundamentally different roots than racism or whether attitudes toward homosexuals are simply more responsive to casual contact, while racist attitudes are resistant to all but the most intimate, cooperative, and positive interaction.

The findings also point the way toward further research on public attitudes toward gays, *per se*. Among other things, it would be useful to replicate this study (1) using a multiple-item measure of public attitudes toward homosexuals such as that recommended to ensure that our results are not driven by our choice of dependent variable; and (2) including a measure of interpersonal contact to allow us to determine how the contact and context variables relate to each other. Finally the findings also appear to have significant political and strategic implications. While our research does not directly address particular gay rights, previous research has demonstrated that people's affective attitudes toward gay men and lesbians is the strongest and most consistent predictor of their support for the equal treatment of homosexuals in such areas as employment, military service, and adoption rights.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter deals with the background of the study, statement of the problem, objectives of the study, research questions, scope of the study, and the significance of the study.

1.1 Background of the study

Intolerance towards homosexuality in Africa is subject to critical international scrutiny. More than 50% of the African countries have taken active steps to formally criminalize same-sex union and 36 out of 54 countries hold laws criminalizing homosexuality (ILGA 2011 Report). The debate peaked in 2009 when the “Anti-Homosexuality Bill”, a law proposal suggesting conviction to death for people committing the offence of aggravated homosexuality, was introduced to the Ugandan parliament (Bill no.18). Western countries reacted strongly and threatened to cut aid arguing that “gay rights are human rights”(BBC News 1; BBC News 2; BBC News 3), while supporters of the bill argued that human rights are inapplicable to homosexuals and that homosexuality is an affront to African culture(Sander 2010). In 2012 the debate progressed when Liberian president and Noble Peace Prize laureate Ellen Johnson Sirleaf officially supported her country’s criminalizing laws against homosexuality by announcing: “we have traditional values in our society that we would like to preserve” (Ford & Allen 2012).

Homosexuality has been widely viewed by society as abnormal, deviant and/or an abomination. Thus the development of a healthy homosexual identity is often challenged because of these existing negative attitudes towards homosexuality (Berliner, 1987; Cabaj, 1989; Cass, 1979; Loiacan 1989).

However, intolerance towards homosexuality exists elsewhere than in Africa. In fact there are 76 countries in the world prosecuting people on the ground of their sexual orientation; seven of these with the penalty of death. While intolerance seems to increase in countries like Uganda, the contrary can be observed in other parts of the world. Since 2000 twelve different countries repealed criminalizing laws against homosexuality -one of them being India counting for a sixth of the world's population (ILGA 2011 Report). Thus, can we conclude that attitudes towards homosexuality move in two opposite directions; some societies are becoming more intolerant while others are becoming less.

1.2 Statement of the problem

Modernity as it has been termed is causing cultural conflicts in Uganda today. The embracement of homosexuality in African countries like Uganda is facing resistances, as is seen as a borrowed culture/lifestyle from the western world. The paramount issue on the table is therefore to put forward an African-centered argument so we can better dialogue about how to reconcile the social and political issues surrounding homosexuality. The current third rail issue is an assault on democracy, freedom of peaceful disagreement and is a form of intellectual terrorism and increasingly "reverse violence"

African culture is generally at odds with homosexuality. Principled moral disagreement with a life style which is taboo. African values cannot be measured against European standards; which relies on humanistic and relativistic morals upon which it builds its ethical structure. The homosexual discussion in Africa is driven by Western interests, not African interests. Given all the other pressing socio-economic considerations that Africans are facing, homosexuality is not a top priority for the peoples of Africa. The exportation of Western mass media products all over the world is producing the one-way flow of messages or media products as a form of cultural dominance over African people. Media promotes the messages of Euro-American imperialism and ideological propaganda. One of the concerns is that it causes real damage through disruption of basic social and cultural institutions such as African sex and family norms which is having a deleterious effect on African communities. Ultimately, the value conflicts between the pro-homosexual lobby and those that oppose the rampant homo-sexualisation of society under the misguided notion of 'tolerance' is a battle to shape the minds of society, and ultimately the moral climate of our future. It is thus against this background the researcher intends to find out the relationship between foreign influence on homosexuality and cultural conflicts in Uganda.

1.3 Objectives of the study

1.3.1 General objective

The study sought to establish the relationship between foreign influence on homosexuality and cultural conflicts in Kampala city, Uganda.

1.3.2 Specific Objectives

- 1) To examine how the west has become the movers of homosexuality to African countries.
 - (i) To find out the public perception on homosexuality in Kampala city
 - (ii) To establish the effects of homosexuality on homosexuals in Kampala city
 - (iii) To find out the possible ways of addressing homosexuality behaviors in Kampala city.

1.4 Research Questions

- (1) How has foreigners influenced homosexuality in Uganda
 - (i) What is the perception of the public on homosexuality in Kampala city?
 - (ii) What are the effects of homosexuality on homosexuals in Kampala city?
 - (iii) What are the possible ways of addressing homosexuality behaviors in Kampala city?

1.5 Scope of the study

1.5.1 Contextual scope

The study was done on influence of foreigners on homosexuality and cultural conflicts in Kampala city, Uganda.

1.5.2 Geographical scope

The research was conducted in one area that is in Kampala city. Kampala is the largest city and capital of Uganda. The city is divided into five boroughs that oversee local planning: Kampala Central Division, Kawempe

Division, Makindye Division, Nakawa Division and Lubaga Division. The city is coterminous with Kampala District. Kampala has a diverse ethnic population, although the Baganda, the local ethnic group, make up over 60% of the greater Kampala region. The Uganda Bureau of Statistics (UBOS) estimated the population of Kampala at 1,420,200 in 2008. In 2011, UBOS estimated the mid-year population of the city at 1,659,600.

1.6 Significance of the Study

The findings will be of great importance to;

(i) To the public in Uganda and policy makers to realize the difficulty of incorporating homosexuality in Ugandan cultural setting.

(ii) It will help to set grounds for the counselors, government officials, homosexuals and other stakeholders to see the necessity of initiating policies/laws aimed at addressing the problems of homosexuality and gay marriage in Uganda.;

(ii) The study will be of great significance in making the public aware of the existence, spread and perhaps the general concept of homosexuality in Uganda.

(iii) The study will be an eye opener to other researchers in making more analyses and critic the problem in the future.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter included looking through the earlier research documents; literature with an aim of identifying a problem of concern eventual number of duplication of early research work is done. Apart from going through other related work. It also involved critically going through other services of materials that are related with the research topic.

2.1 Homosexuality and African culture

Homosexuality and same sex marriages have become hot subjects in Africa. It has also become an emotional issue to such an extent that some gays have been arrested and beaten up while some Heads of State have come out in the open declaring gays as persona non grata. In 2008, Gambia's President, Yahya Jammeh threatened to behead homosexuals in that country (Owoleke 2011). In Malawi, the first gay couple to publicly declare their status were arrested and sentenced to 14 years in jail after "tying the knot" in 2009. However, they were later released following the intervention of President Bingu wa Mutharika through a presidential pardon. Others believe that the Malawian leader came under donor pressure to help the couple, though ultimately this did not really help because donors have pulled out of the country nonetheless.

President Robert Mugabe has been particularly scathing in his assessment of homosexuality and those who practice it. He has been quoted saying of the subject. "(It) degrades human dignity. It's unnatural, and there is no question ever of allowing these people to behave worse than dogs and pigs.

If dogs and pigs do not do it, why must human beings? “We have our own culture, and we must rededicate ourselves to our traditional values that make us human beings...What we are being persuaded to accept is sub-animal behaviour and we will never allow it here. If you see people parading themselves as lesbians and gays, arrest them and hand them over to the police.”

Western sponsored Non Governmental Organisations have been at the forefront of getting Africa and its governments to accept homosexuality as something of a personal choice and thus a human right (Walter 2011). South Africa recognises gay rights, but this has not resulted in a corresponding acceptance of the practice as homosexuals are the frequent subjects of attacks within their communities.

African culture and philosophy dictates that life and reproduction of life sit at the core of human society. This means that men and women should have children, thereby creating a community and continuity. As such, these beliefs do not accommodate homosexuality because the practice has no room for reproduction and continuity of the human race (Owoleke 2011).

In Uganda in 2007, the legislators were unanimous in crafting an Anti-Homosexuality Bill that would criminalise the same sex marriages. They wanted to impose the death sentence on those who break the law, while for ‘touching another person with homosexual intent,’ a perpetrator could expect a length jail term. So is homosexuality ‘African’? Should the rest of the African nations follow an example set by the South African government that legalised same sex marriages on November 30, 2006? What role do churches play in this whole debate? Some critics have said it

is naive for Africans to accept same sex marriages as constitutional when the demand is made by Westerners and yet those same Westerners abhor polygamy and call Africans backward for recognising it. If they cannot accept our culture, why should we accept theirs?

Homosexuality remains an aberration in many African communities and as such, enacting laws recognising gay rights would be an academic exercise as these would not be respected by the generality of the population. More so, any politician who publically declares support for gay rights in conservative Africa risks throwing away his or her career (Owoleke 2011).

Africa's revulsion of homosexuality is not just based on traditional cultural practices but on Biblical and Islamic cultural practices and teachings as well since a large proportion of the continent follows one form of religion (Christianity or Islam) or another. Long (2003) notes: "Unable to protect their populations against the public health disaster generated by HIV/AIDS, as well as political and economic crisis, southern African governments have fallen back on the language of protecting 'cultural authenticity'. And nowhere in Africa is this attempt to maintain control more apparent, and successful, than in Zimbabwe. For more than a decade, President Robert Mugabe has been constantly and loudly denouncing homosexuality as a "Western perversion" and an aspect of "neocolonialism" (Palmbert 1999).

In Botswana, attitudes towards homosexuals are similar. A recent study has shown that gays, lesbians, and bisexuals experience heightened levels of distress due to "social isolation, criminalization of same-sex behaviors, and unmet health care needs" (Ehlers et al. 2001: 10). In Botswana,

common law against homosexuality remains on the books, but unlike in South Africa, where the law was 'sleeping,' in Botswana it is certainly active. Before a debate on homosexual law reform the vice-president said, "The law is abundantly clear that homosexuality, performed either by males or females, in public or private is an offence punishable by law" (Long 2003: 48).

2.2 Effects of homosexuality on Homosexuals

A 2005 study of young people in New Zealand, published by 365Gay.com (not exactly part of the vast, right-wing conspiracy), showed that homosexuality is "associated with increasing rates of depression, anxiety, illicit drug dependence, suicidal thoughts and attempts. Gay males...have mental health problems five times higher than young heterosexual males." One of the nation's leading AIDS researchers, Ron Stall, reported in the June 2003 edition of the *American Journal of Public Health* that homosexual conduct is associated with "higher rates of multiple drug use, depression [and] domestic violence" than in the heterosexual population.

BMCPsychiatry in August of 2008 published the findings of a review of 13,000. Papers on the subject of homosexuality and mental health, with a focus on the 28 most rigorous studies, and concluded that lesbian, gay and bisexual people "are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm than heterosexual people. Homosexual activists want you to believe that all these mental disturbances are the result of homophobia and discrimination. But alas for this theory, a study in the Netherlands, probably the most homosexual-friendly place on planet earth, showed "a higher prevalence...of mood and anxiety disorders in homosexual men." Once

again, this study was not published by a pro-family organization but appeared in the January 2001 edition of the *Archives of General Psychiatry*.

Worse for the homosexual lobby, even their own medical specialists admit these problems. The Gay & Lesbian Medical Association states flatly that gay men "use substances at a higher rate than the general population," are affected by "depression and anxiety...at a higher rate than in the general population, " and "have higher rates of alcohol dependence and abuse."

2.2.1 Anal cancer

Gay or bisexual sex among men is on the rise, which may account for the increase in anal cancer. "The sharpest increase was among African American men, whose incidence of anal cancer has more than doubled in the past three decades. Human Papillomavirus (HPV). HPV is a collection of more than seventy types of viruses that can cause warts, or papillomas, on various parts of the body. More than twenty types of HPV are incurable STDs that can infect the genital tract of both men and women. Most HPV infections are subclinical or asymptomatic, with only one in a hundred people experiencing genital warts.

HPV is "almost universal" among homosexuals. According to the homosexual newspaper *The Washington Blade*: "A San Francisco study of Gay and bisexual men revealed that HPV infection was almost universal among HIV-positive men, and that 60 percent of HIV-negative men carried HPV (Bill 2000).

HPV can lead to anal cancer. At the recent Fourth International AIDS Malignancy Conference at the National Institutes of Health, Dr. Andrew Grulich announced that "most instances of anal cancer are caused by a cancer-causing strain of HPV through receptive anal intercourse. HPV infects over 90 percent of HIV-positive gay men and 65 percent of HIV-negative gay men, according to a number of recent studies (Zmuda 2000). Black men also had a lower survival rate from the disease." The study reported that the five-year survival rate for African/Black men with early stage disease was 62 percent as compared to 79 percent for white men with localized cancer.

2.2.2 Levels of Promiscuity

In their study of the sexual profiles of 2,583 older homosexuals published in *Journal of Sex Research*, Paul Van de Ven et al., found that only 2.7 percent claimed to have had sex with one partner only. The most common response, given by 21.6 percent of the respondents, was of having a hundred-one to five hundred lifetime sex partners. Prior to the AIDS epidemic, a 1978 study found that 75 percent of white, gay males claimed to have had more than 100 lifetime male sex partners: 15 percent claimed 100-249 sex partners; 17 percent claimed 250-499; 15 percent claimed 500- 999; and 28 percent claimed more than 1,000 lifetime male sex partners. Levels of promiscuity subsequently declined, but some observers are concerned that promiscuity is again approaching the levels of the 1970s. The medical consequence of this promiscuity is that gays have a greatly increased likelihood of contracting HIV/AIDS, syphilis and other STDs.

Similar extremes of promiscuity have not been documented among

lesbians. However, an Australian study found that 93 percent of lesbians reported having had sex with men, and lesbians were 4.5 times more likely than heterosexual women to have had more than 50 lifetime male sex partners. Any degree of sexual promiscuity carries the risk of contracting STDs.

2.2.3 Physical Health

Common sexual practices among gay men lead to numerous STDs and physical injuries, some of which are virtually unknown in the heterosexual population. Lesbians are also at higher risk for STDs. In addition to diseases that may be transmitted during lesbian sex, a study at an Australian STD clinic found that lesbians were three to four times more likely than heterosexual women to have sex with men who were high-risk for other diseases. Reports at a national conference about sexually transmitted diseases indicate that gay men are in the highest risk group for several of the most serious diseases. Scientists believe that the increased number of sexually transmitted diseases (STD) cases is the result of an increase in risky sexual practices by a growing number of gay men who believe HIV is no longer a life-threatening illness (Bill 2000).

According to the Centers for Disease Control and Prevention (CDC), from 1994 to 1997 the proportion of homosexuals reporting having had anal sex increased from 57.6 percent to 61.2 percent, while the percentage of those reporting "always" using condoms declined from 69.6 percent to 60 percent (CDC, 1999). The CDC reported that during the same period the proportion of men reporting having multiple sex partners and unprotected anal sex increased from 23.6 percent to 33.3 percent. The largest increase in this category (from 22 percent to 33.3 percent) was reported by homosexuals twenty-five years old or younger.

A study presented July 13, 2000 at the XIII International AIDS Conference in Durban, South Africa disclosed that a significant number of homosexual and bisexual men with HIV "continue to engage in unprotected sex with people who have no idea they could be contracting HIV (Ulysses 2000). Researchers from the University of California, San Francisco found that thirty-six percent of homosexuals engaging in unprotected oral, anal, or vaginal sex failed to disclose that they were HIV positive to casual sex partners (Jon 2000).

2.2.4 Mental Health

Homophobia, double and triple minority status, and fear of disclosure have led many researchers to explore the impact of homosexuality on mental health outcomes. It is well established that there are high rates of psychiatric illnesses, including depression, drug abuse, and suicide attempts, among gays and lesbians. This is true even in the Netherlands, where gay, lesbian and bisexual (GLB) relationships are far more socially acceptable than in the U.S. Depression and drug abuse are strongly associated with risky sexual practices that lead to serious medical problems. Not surprisingly, the preponderance of evidence found African American homosexuals had higher levels of negative mental health outcomes than their Caucasian counter-parts (Siegel and Epstein 1996).

A major source of anxiety for non-heterosexual African Americans is fear of disclosure. In a small sample of African American and White gay men, Ostrow, et al. (1991) found that their African American respondents were less likely to be open about their sexuality and that they had less affirmative social support than their white counterparts. Stokes, et al. (1996) used a much larger sample of behaviorally bisexual men and found

that African Americans were much less likely to disclose their sexual orientation to their female partners than were whites.

2.2.5 Monogamy

Monogamy, meaning long-term sexual fidelity, is rare in GLB relationships, particularly among gay men. One study reported that 66 percent of gay couples reported sex outside the relationship within the first year, and nearly 90 percent if the relationship lasted five years. Encouraging people to engage in risky sexual behavior undermines good health and can result in a shortened life span. Yet that is exactly what employers and governmental entities are doing when they grant GLB couples benefits or status that make GLB relationships appear more socially acceptable. The journal *AIDS* reported that men involved in relationships engaged in anal intercourse and oral-anal intercourse with greater frequency than those without a steady partner (Coxon, 19993). Anal intercourse has been linked to a host of bacterial and parasitical sexually transmitted diseases, including AIDS. The exclusivity of the relationship did not diminish the incidence of unhealthy sexual acts, which are commonplace among homosexuals. An English study published in the same issue of the journal *AIDS* concurred, finding that most "unsafe" sex acts among homosexuals occur in steady relationships (Hart *et al.*, 1994).

2.2.6 Easy spread of HIV/AIDS

Homosexual men are the largest risk category. The CDC reports that homosexuals comprise the single largest exposure category of the more than 600,000 males with AIDS in the United States. As of December 1999, "men who have sex with men" and "men who have sex with men and inject

drugs" together accounted for 64 percent of the cumulative total of male AIDS cases (CDC, 1999).

Women risk contracting HIV/AIDS through sexual relations with infected MSM. According to the CDC, "HIV infection among U.S. women has increased significantly over the last decade, especially in communities of color. CDC estimates that, in the United States, between 120,000 and 160,000 adult and adolescent females are living with HIV infection, including those with AIDS." In 1999, for example, most of the women (40 percent) reported with AIDS were infected through heterosexual exposure to HIV (CDC, 2000). That number is actually higher, as "historically, more than two-thirds of AIDS cases among women initially reported without identified risk were later reclassified as heterosexual transmission.

Homosexuals with HIV are at increased risk for developing other life-threatening diseases. A paper delivered at the Fourth International AIDS Malignancy Conference at the National Institutes of Health reported that homosexual men with HIV have "a 37-fold increase in anal cancer, a 4-fold increase in Hodgkin's disease (cancer of the lymph nodes), a 2.7-fold increase in cancer of the testicles, and a 2.5 fold increase in lip cancer.

2.2.7 Reduced Life Span

A study published in the *International Journal of Epidemiology* on the mortality rates of homosexuals concluded that they have a significantly reduced life expectancy: In a major Canadian centre, life expectancy at age twenty for gay and bisexual men is eight to twenty years less than for all men. If the same pattern of mortality were to continue, we estimate that nearly half of gay and bisexual men currently aged twenty years will not

reach their sixty-fifth birthday. Under even the most liberal assumptions, gay and bisexual men in this urban centre are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871 (Robert *et al.* 1997).

In 1995, long after the deadly effects of AIDS and other STDs became widely known, homosexual author Urvashi Vaid expressed one of the goals of her fellow activists: "We have an agenda to create a society in which homosexuality is regarded as healthy, natural, and normal. To me that is the most important agenda item (Rotello, 1997). Debilitating illness, chronic disease, psychological problems, and early death suffered by homosexuals is the legacy of this tragically misguided activism, which puts the furthering of an "agenda" above saving the lives of those whose interests they purport to represent.

Those who advocate full acceptance of homosexual behavior choose to downplay the growing and incontrovertible evidence regarding the serious, life-threatening health effects associated with the homosexual lifestyle. Homosexual advocacy groups have a moral duty to disseminate medical information that might dissuade individuals from entering or continuing in an inherently unhealthy and dangerous lifestyle. Education officials in particular have a duty to provide information regarding the negative health effects of homosexuality to students in their charge, whose very lives are put at risk by engaging in such behavior. Above all, civil society itself has an obligation to institute policies that promote the health and well-being of its citizens.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter includes the methodology of the study. It entails research design, geographical location/area and population, sampling design, data collection methods and instruments, data analysis and processing and the limitations of the study.

3.1 Research Design

The design was of a case study of Kampala city, Uganda. The research intends to use descriptive and analytical research design. These are selected because they are effective ways of research presentation. It will be survey-based on quantitative and qualitative data analysis.

3.2 Area and population of study

The research was conducted in one area that is in Kampala city, Uganda. The Uganda Bureau of Statistics (UBOS) estimated the population of Kampala at 1,420,200 in 2008. In 2011, UBOS estimated the mid-year population of the city at 1,659,600. The area has been basically chosen because the researcher is familiar with the area and is able to speak the most common languages in the area of the study.

3.3 Sample size

The sample size of 100 respondents were chosen and this will include; 50 community members, 30 homosexuals/lesbians, 10 government officials,

and 10 Human Rights activists. The responses got from these respondents were generalized to the whole population of the district.

3.4 Sample size and framework

The researcher intends to use purposive sampling technique since it ensures that the only predetermined and chosen respondents were approached, hence getting relevant, correct and adequate information.

Researchers also regard a sample of 60 as adequate irrespective of population (Bailey, 1994). Also according to Roscoe 1975), sample sizes of between 30 and 500 are appropriate for most studies. However, through this sampling technique is chosen, it has a weakness that inadequate information can sometimes be given because the selected respondents may be less informed on the topic of research.

3.4.1 Sample technique

Random sampling technique in which the size of the respondents is predetermined before the research is conducted without bias. A sample size of 100 was arrived at and was randomly selected from the sheets of paper spread. This is when using stratified random sampling. After that systematic random sampling is used this later gives the actual sample size. Quantitative data collection was then be used which involved editing, encoding, and later tabulation of the collected material.

3.4.2 Sample procedure

Stratified random sampling was employed to determine four respondents from the company and the different categories of respondents were got. This sampling data collection instrument was pre-tested in which the

researcher has to first pre-test and find out whether the sampling technique is efficient or not. The determined respondents were consulted and prior information was given to them seeking their consent before they are fully involved in the research.

3.5 Data collection instruments

The following data collection instruments were used:

(i) Questionnaire

This was designed in line with the topic, objectives and hypothesis. They included both open and closed-ended questions. This instrument has been selected because it is efficient and convenient in a way that the respondent is given time to consult the documents before answering the questions. It is also because the respondent can give unbiased answers since she/he is given to write whatever she/he would like to write which would otherwise be hard for the respondent to write if the researcher is present.

(ii) Focus Group Discussions

The instrument is being chosen because the respondents give instant answers and the data collected can easily be edited since the researcher heard when the respondent is communicating (answering) the question. The researcher here is saved from misinterpretation of questions since she can rephrase the question if not fully heard or answered so that he can get the relevant information wanted.

(iii) Documentary Review

This included detailed review of already existing literature. The tool was selected because it gives accurate, correct and historical data, which may

be used for future aspects. The sources of the information here were the libraries, data banks, news papers and any other published information that can readily be available for use as regards the topic of research.

(iv) Interviews

This involved face to face interaction between the researcher and the participant through discussion. Babbie (2003) argues that interviews can be in two ways, namely:

Structured interview in which the responses by the participants was a brief and specific. Unstructured interviews, where the responses were long, elaborated and not specific, the interviews was conducted in group, individual. The researcher will carry out interviews with the selected respondents using the interview guide because it is the most appropriate method which can be used to study the attitudes, values, beliefs and motives of people. It also has an element of flexibility. These persons were interviewed individually so as to get independent answers.

3.6 Source of data collection

The researcher collected data from both primary and secondary sources.

i. Primary Data

This may be sourced by physical and visiting of the files and collecting data through variable tools. The respondents got by first determining the number of the respondents and then taking a physical visit to seek for the consent of the respondents to have them answer the set questions in the questionnaire and this will be through following stratified random sampling techniques in the respondents are first selected and then approached.

ii. Secondary data

This was sourced by reviewing of documented resources as newspapers, journals, reports, presentations, magazines and online publications. This is done in order to first identify the existing information on the topic of research and to understand how much the respondent knows about the research topic in order to avoid lies.

3.7 Data processing and analysis

Audrey J. Roth argues that “data processing is concerned with classifying response into meaningful categories called codes.” Data processing starts by editing the schedules and coding the responses. Editing, Coding and Tabulation techniques are used in data processing exercise. Data processing is the link between data collection and analysis.

Nachmas and Nichimas pointed out that it involves the transformation of data gathered from the field into systematic categories and the transformation of these categories into codes to enable quantitative analysis and tabulation; the data collected is classified into a meaningful manner for easy interpretation and understanding. This will involve preparing data collected into some useful, clear and understandable data. The whole exercise will involve editing, tabulation and analyzing the data statistically to enable the researcher draw conclusions in relation to the research variables.

3.7.1 Editing

Editing is the process whereby the completed questionnaires and interview schedules are analyzed in the hope of amending recording errors or at least deleting data that are obviously erroneous. This is aimed at

improving the quality of information from respondents. The researcher fills out few unanswered questions. However, answers filed are deducted from the proceeding answers or questions.

3.7.2 Coding

“The purpose of coding in research is to classify the answers to questionnaires into meaningful categories so as to bring out their essential patterns.” Coding will be used in this research in order to summarize data by classifying different response given into categories for easy interpretation. For each question, list of probable answers was prepared.

3.7.3 Tabulation

According to Moser and Kalton, “data once edited and coded are put together in some kind of tables and may undergo some other forms of statistical analysis.” Data is put into some kind of statistical table showing the number of occurrences of responses to particular questions with percentage to express data in ratio form.

3.8 Ethical procedure

Before going to the field, I will begin with getting authorization letter from the Dean of faculty of social sciences then take it to the respondents and this will enable the researcher attain adequate information from the respondents. During the process of data collection, confirmation will be given to the respondents in that the researcher will assure the respondents that the reason for the research will be for only academic purpose and that no information will be given out outside .

3.9 Anticipated limitations of the Study

Unwillingness of the respondents to effectively respond to the questions may be one of the most notable problems that the researcher may face while conducting the research.

Financial constraints may also be problems that might occur during the process of conducting the research. Transport costs may be so high to be met by the researcher and this fully contributed to the delay of the research because it may become so hard for the researcher to continue with the tight budget.

Hostility among some respondents may also be other limitations of the study in the sense that the researcher might find that there are hostile respondents who in the long run might turn down the request of the researcher to answer the questions. Many of such respondents may walk away in spite of the fact that the researcher may try to plead for their attention.

The researcher may be affected by the prevailing weather conditions i.e. the rain. It is true that the research may be conducted during rainy season and it may become so hard for the researcher to find the respondents.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.0 Introduction

This chapter deals data presentation, analysis and discussion of the findings. Data was collected, analyzed and processed to make it useful and understandable. Data was collected, tabulated and then analyzed.

4.1 Social demographic characteristics

4.1.1 Age of the respondents

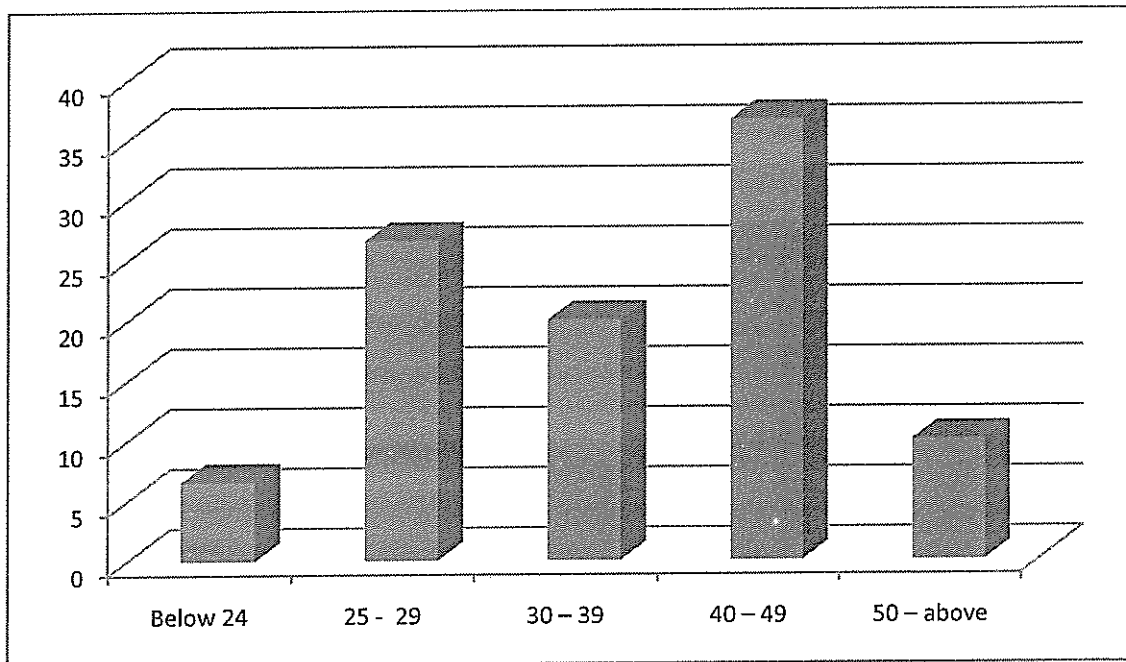
Respondents were asked questions related to their age and the results are shown in the table below:

Table 1: Age distribution of respondent

Age group	Frequency	Percentage
Below 24	4	6.6
25 - 29	16	26.6
30 – 39	12	20
40 – 49	22	36.6
50 – above	6	10
TOTAL	60	100

Source: Primary data 2014

Figure 1: Age distribution of respondent



Source: Primary data 2014

The Table The figure show that 6.6% of the respondents were below 24 years, 26.6% were between 25-29 years of age, 20% were between 30-39 years of age, 36.6% were between 40-49 years and 10% were above 50 years of age.

4.1.2 Marital status

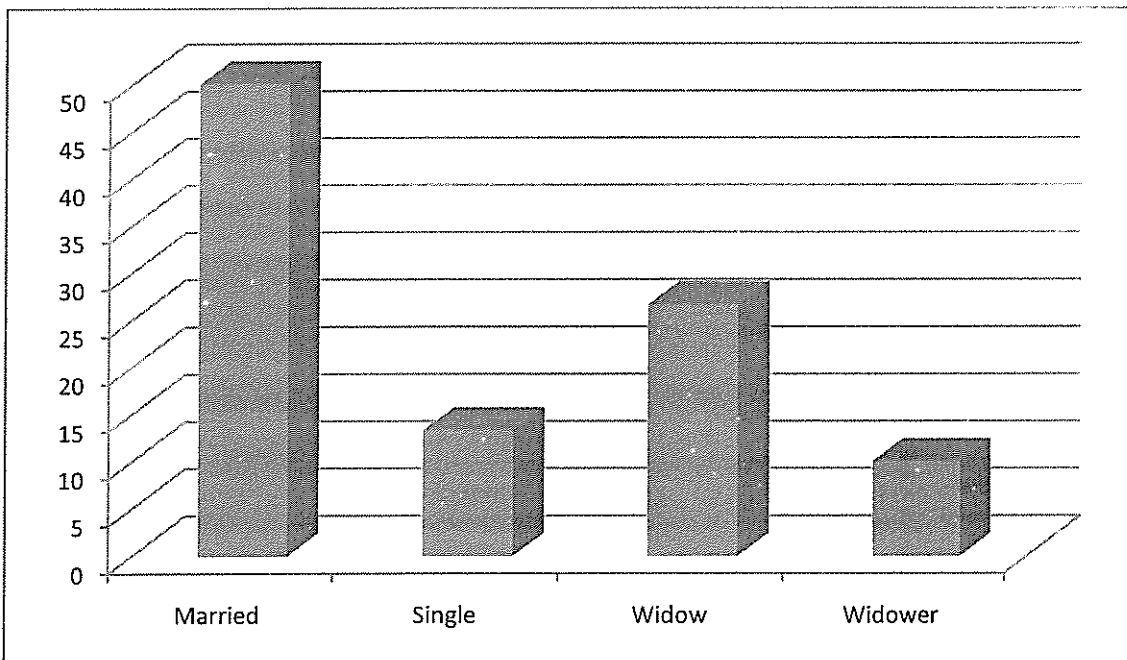
Another variable which was important in respect to the situation of the people in the area was marital status. Information regarding marital status of the respondents was obtained by asking them whether they were married, single, widowed or widowers.

Table 2 Marital status

Marital Status	Frequency	Percentage
Married	30	50
Single	8	13.3
Widow	16	26.6
Widower	6	10
TOTAL	60	100

Source: Primary data 2014

Figure 2: Marital status of the respondents



Source: Primary data 2014

Table and figure 2 above shows that 50% of the respondents were married, 13.3% were single, 26.6% were widows and 10% were widower

4.1.3 Sex of the respondents

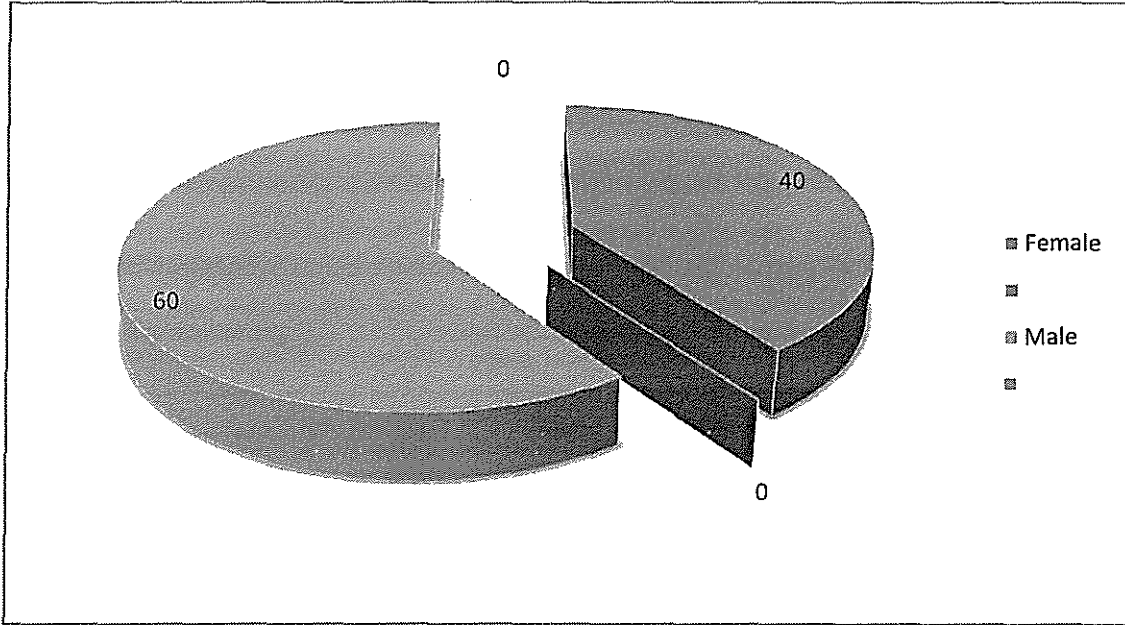
Sex was also another factor which was considered during the study. This is because the researcher was interested in finding out the number of females and males in the whole of the population, and compares the percentage composition of the two.

Table 3: Sex of the respondents

Sex	Frequency	Percentage
Female	40	60
Male	20	40
Total	60	100

Source: Primary data 2014

Figure 3: Gender of the respondents



Source: Primary data 2014

Table 3 and figure 4 above show the gender of the respondents and it was found that 40 out of 100, representing 40% of the respondents were females and 60 out of 100, representing 60% of the respondents were males. This therefore means that the majority of the respondents are male and the male dominate the respondents with over 60%.

4.1.4 Educational status

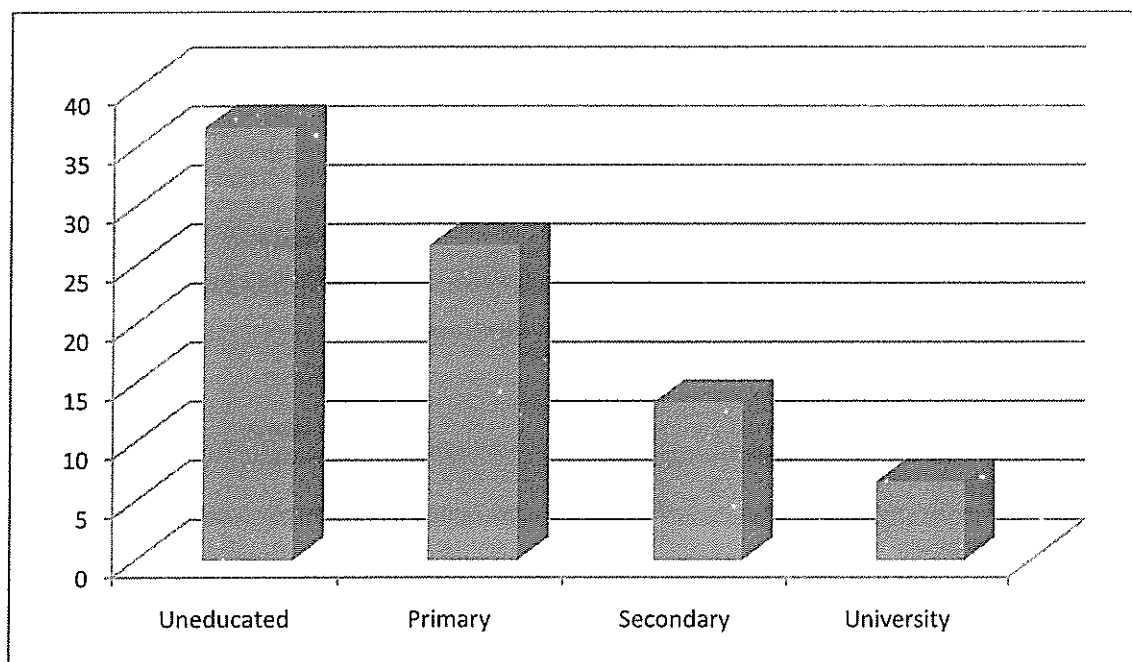
Respondents were asked questions related to their educational status and their responses are shown in the table below;

Table 4: Educational level of the respondents

Education levels	Frequency	Percentage
Uneducated	22	36.6
Primary	14	26.6
Secondary	8	13.3
University	4	6.6
Tertiary	6	10
Others	4	6.6
Total	60	100

Source: Primary data 2014

Figure 4: Educational level of the respondents



Source: Primary data 2014

Table and Figure 5 above shows educational levels of the respondents and it revealed that 36.6% of the respondents were uneducated, 26.6% were of primary level, 13.3% had secondary education, 6.6% received university education, 10% had tertiary education and 6.6% fell under other levels of education.

Objective one

4.2 The perception of the public on homosexuality in Kampala city

Table 5: The perception of the public on homosexuality in Kampala city

Response	Frequency	Percentage
No conflict between homosexuals	12	20
homosexuality and family values	15	25
Homosexuality contradicts the morals of community	9	15
Openness and bravery.	7	11.7
Choice	10	16.6
Behaviors	7	11.7
Total	60	100

Source: Primary data 2014

Work ability not directly related to homosexuality Promiscuity not directly related to homosexuality Homosexuals are psychologically normal people Gauged the respondents' attitudes towards homosexuality. An overwhelming majority (88.8%) of the respondents "strongly agreed/agreed" that there is no direct relationship between homosexuality and work ability, with only 8.5% indicating strong

disagreement/disagreement. 61.1% of the respondents "Strongly agreed/agreed" that there is no direct relationship between homosexuality and promiscuity, while 29.4% held the opposite view. There were however divided views on whether homosexuals are psychologically normal people. 47.0% of the respondents "strongly agreed/agreed" that homosexuals are psychologically normal people, while 41.9% thought otherwise. Similarly, divergent views emerged on whether there is conflict between homosexuality and family values. 49.1% of the respondents "strongly agreed/agreed" that there is conflict between homosexuality and family values, as against 41.2% who held the opposite view. 38.9% "strongly agreed/agreed" that homosexuality contradicts the morals of the community, while 49.0% thought otherwise.

Over 11.7% of the respondents said that since they accept showing them on television, openness and bravery was considered because of the acceptance shown in these television shows, the casting of homosexuals in various TV shows has skyrocketed. Today there are around many television shows in Kampala on major stations with a homosexual cast member as the main character of the show. This is proof that homosexuals are not only on their way to full acceptance, but also that people are willing to celebrate them for their openness and bravery

Over 16.6% of the findings said that homosexuality is a choice. Most of the attitudinal and demographic variables behave as expected. Those who believe homosexuality is a choice, those with more conservative ideologies, those who identify themselves as fundamentalist Christians, and those living in Uganda said homosexuality are significantly colder toward gay men and lesbians than are others in the general public. On the other

hand, younger respondents, those with more years of formal education, and those who have positive views of feminists display considerably warmer affect toward homosexuals. Interestingly, several variables that have generally proven to be significant in previous studies do not emerge as significant in this specification. Neither marital status, race, gender, Catholicism, urbanism, political efficacy, nor the variable for non-white males generates a significant coefficient. The insignificance of the gender variable is particularly noteworthy, since most studies have found a strong "gender difference in attitudes toward gay men.

About 11.7% of the respondents their attitudes about homosexuals said that its about the behaviors in Kampala city. Adding that homosexual attractions can be strong if a man entertains sexual fantasies because of the intensity of these sexual desires, he may have participated in sexual activities to fill the void he feels. However, this causes further confusion, leading him to believe that the needs are sexual rather than emotional. In a desperate attempt to satisfy these building tensions, many have become involved in sexual activities that provide a temporary gratification of the sex drive, but leave him with deeper feelings of emptiness, loneliness and frustration. Rather than satisfying his real needs for acceptance and companionship, the sexual behavior only intensifies the needs. One of the greatest tragedies of homosexuality is the unawareness in most men that their needs are emotional. All they know is that they are sexually attracted to other men and they seek sexual contacts, which ironically do not fill their need for love from a friend.

Objective two

4.3 The effects of homosexuality on homosexuals in Kampala city

Table 6: The effects of homosexuality on homosexuals in Kampala city

Response	Frequency	Percentage
discrimination against homosexuals	15	25
HIV positive Increasing prevalence	10	16.7
Increased rates of mental ill health	15	25
Psychiatric disorders among gay	20	33.3
Total	60	100

Source: Primary data 2014

Discrimination against homosexuals

The respondents on their perception of the seriousness of discrimination faced by homosexuals. 25% of the respondents perceived that at present, discrimination against homosexuals because of their sexual orientation by way of comparison, 41.1% of the respondents with frequent contact with homosexuals considered the problem of discrimination highly risky sexual practices such as anal sex are very common.

HIV positive Increasing prevalence

The majority of homosexual men (16.7%) engage in anal sex, frequently without condom and even, if they know that they are HIV positive Increasing prevalence of male homosexual partnerships and practices in Kampala city. As a result, a large number of diseases are associated with anal intercourse, many of which are rare or even unknown in the heterosexual population such as: anal cancer, Chlamydia trachomatis, Cryptosporidium, Giardia lamblia, Herpes simplex virus, HIV, Human papilloma virus, Isospora belli, Microsporidia, Gonorrhoea, Syphilis,

Hepatitis B and C and others. The respondents noted that many homosexuals are aware of HIV risk, a large number are unaware of the increased risk of contracting non-HIV STDs, many of which have serious complications or may not be curable in Kampala city very high rates of sexually transmitted infections such as HIV which pose a major burden to the health service.

Increased rates of mental ill health

Over 25% of the findings show that homosexuals when engaged increased rates of mental ill health among the homosexual population compared to the general population. Many studies show much higher rates of psychiatric illness, such as depression, suicide attempts and drug abuse among homosexuals than among the general population. The homosexual lifestyle is associated with a shortened life expectancy of up to many years.

Over 33.3% of the study, data were gathered on a range of psychiatric disorders among gay, lesbian, and bisexual young people. At the age of 21, homosexuals/bisexuals were at fourfold increased risks of major depression and conduct disorder, fivefold increased risk of nicotine dependence, twofold increased risk of other substance misuse or addiction and six times more likely to have attempted suicide in Kampala city.

Objectives three

4.4 The possible ways of addressing homosexuality behaviors in Kampala city

Table 7: the possible ways of addressing homosexuality behaviors in Kampala city

Response	Frequency	Percentage
Influence legalization of same-sex marriage	14	23.3
Reducing or eliminating homosexual desires.	10	16.6
Eliminating homosexual behavior.	17	28.3
Developing a secure sense of self and male identity	19	31.6
Total	60	100

Source: primary data 2014

Influence views on the legalization of same-sex marriage

More recently, research has emerged that points to another effect of pornography exposure about 23.3% of the respondents noted that the viewer exposure to pornography may well influence views on the legalization of same-sex marriage. He suggested that viewing pornography leads men, in particular, to shift to more positive attitudes toward same-sex marriage in Nangulabwe cited the New Family Structures Survey and then reported that a majority of men who view pornographic material “every day or almost every day” agreed that same-sex marriage should be legal. “Statistical tests confirmed that porn use is a (very) significant predictor of men’s support for same-sex marriage, even after controlling

for other obvious factors that might influence one's perspective, such as political affiliation, religiosity, marital status, education, and sexual orientation.

Reducing or eliminating homosexual desires; Over 16.6% of the findings show that men begin to resolve their homosexual issues, they note that their sexual attractions toward men significantly decrease. They may reach the point where they are no longer sexually attracted to men at all. Others may continue to be attracted to other men as strongly as before, but they can learn to cope with the attractions without being overwhelmed by them.

Many men still experience some attractions from time to time, but they are able to deal with them with a minimum of anxiety and they do not dominate their lives or behavior. Over time, the feelings diminish both in number and intensity until it becomes easy to dismiss these fleeting thoughts, much like they do any other unwanted thought that enters their minds. As described, for most men these desires are "reduced from a major issue into a minor one, a problem that does not dominate their lives or keep them from experiencing healthy friendships, healthy marriage, and peace of mind. If it is still a problem to them, it's only one of many; they don't struggle with it daily and they seldom give it serious thought. For them, the battle is not even considered a battle anymore. Most find that heterosexual feelings awaken or increase within them.

Eliminating homosexual behavior; Over 28.3% of the research findings stressed a greater understanding of their issues, men with homosexual struggles recognize that they can choose to avoid sexual activity with other men and most are able to control their actions. The comforting news is that as they resolve deeper issues, they find that their compulsions to act

out diminish and in many cases disappear. As time passes, homosexual behavior becomes less and less appealing, and in some cases even repulsive. Those who have been heavily involved in sexual behavior for a number of years have a greater struggle overcoming habits and sexual addictions. But if they are sincerely motivated and make a significant effort, they can overcome these addictions.

Developing a secure sense of self and male identity; over 31.6% of the findings show that Men are attracted to other men, in part, because of a distorted view of themselves and others. If they have accepted a "gay" identity, but do not feel comfortable with it, they can change that perception and see themselves as heterosexual men. With increased levels of self-acceptance, their feelings of self-worth and masculinity will increase, they will begin to see their value in relation to other men, and stop comparing themselves with other men. As they become more proactive rather than reactive, they will be able to develop increasingly healthy relationships with men and sexual attractions decrease.

CHAPTER FIVE

SUMMARY OF FINDINGS AND CONCLUSIONS

5.0 Introduction

This chapter presents general summary, conclusions and recommendations drawn from the whole process of this study and it identifies areas for further study.

5.1 Summary

The principal purpose of this study has been to provide a more rigorous empirical test of the contact hypothesis as it relates to gay men and lesbians. Noting that previous work in this area has been hampered by use of convenience samples and measures of contact that are problematic due to serious problems with reciprocal causality, we noted that it was therefore difficult to determine whether the optimistic findings of these studies meant that the ameliorative effect of contact with homosexuals is not subject to all of the conditions found to be necessary in the case of bi-racial contact or whether the results were merely artifacts of flaws in research design.

Seeking the reconceptualized notion of contact based on community context in essence a measure of opportunities for contact with homosexuals. Using a randomly generated, national sample, we test a multivariate model using our context variable and find that it has both a statistically and substantively significant impact on respondents' affective attitudes toward homosexuals. We believe that our measure is markedly superior to the personal contact measure that is the current industry standard. In fact, both *a priori* analytical reasons and our "soft" empirical

tests indicated that our community context variable is likely to be largely unaffected by citizens' antecedent attitudes toward homosexuals.

5.2 Conclusions

Our conclusions provide at least some vindication, then, for the contact hypothesis, since they indicate that previous findings are unlikely to be primarily statistical artifacts resulting from the use of endogenous regressors or non-random convenience samples. In fact, to the extent that these findings are more methodologically robust, they suggest that exposure to gays and lesbians has tolerating effects even if all of the numerous conditions thought to be necessary for contact to have ameliorative impact are not operative.

We may infer from this that the contact hypothesis, which was after all developed primarily to help explain racial prejudice, may need to be amended in the case of homosexuality. Indeed, our findings indicate that contact with homosexuals may elicit quite different public responses than contact with racial minorities. A number of studies have demonstrated that whites who live in areas of high concentrations of African Americans have significantly lower affective responses to blacks and are more likely to leave in favor of the more racially homogenous Republican Party. More research needed to determine if homophobia has fundamentally different roots than racism or whether attitudes toward homosexuals are simply more responsive to casual contact, while racist attitudes are resistant to all but the most intimate, cooperative, and positive interaction.

The findings also point the way toward further research on public attitudes toward gays, *per se*. Among other things, it would be useful to

replicate this study (1) using a multiple-item measure of public attitudes toward homosexuals such as that recommended to ensure that our results are not driven by our choice of dependent variable; and (2) including a measure of interpersonal contact to allow us to determine how the contact and context variables relate to each other. Of course, it would also be enlightening to replicate this study with an externally generated, objective measure of homosexual population density³¹ or panel data that would allow us to control for attitudes prior to reported contact with homosexuals.

Finally, our findings also appear to have significant political and strategic implications. While our research does not directly address particular gay rights, previous research has demonstrated that people's affective attitudes toward gay men and lesbians is the strongest and most consistent predictor of their support for the equal treatment of homosexuals in such areas as employment, military service, and adoption rights. Since we can show with greater rigor that exposure to gays breeds tolerance amongst heterosexuals, we can conclude with greater confidence that it also indirectly enhances support for particular gay rights.

The homosexual demonstration in a more rigorous fashion that affective attitudes in the general public are improved by exposure to gays and lesbians, we can conclude with greater confidence what others have either merely asserted or speculated about: as gay men and lesbians become more candid about their sexual orientation and interact more openly with heterosexuals, the collective public affective attitude toward homosexuals should become more positive and support for greater civil rights should increase.

5.3 Recommendations

While the strict literal arguments of scripture must be considered, an even deeper value is recognized in the loving spirit of the Bible and the Savior. The Bible does not contain a particular sexual behavior ethic; rather, it illustrates a changing variety of sexual norms over the thousand-year span of biblical history. What the Bible does share at a deeper level is the "love ethic" of the Savior (particularly espoused in New Testament covenants) as it is brought to bear on the dominant sexual norms of any country, culture or era. Our moral task is to apply the "love ethic" of the Savior to our current sexual norms. This does not mean that "anything goes"--rather, it means that Christians review human relationships in light of principles revealed by the Savior's love. This "love ethic" is not complex: it does not exploit or dominate, and it is responsible, mutual, caring and nurturing. Christianity should challenge both homosexuals and heterosexuals to question their relationship activities in the light of love and the requirements of fidelity, honesty, accountability, responsibility, integrity, and genuine concern for the best interests of the other and the whole of society. It is, in fact, the challenge to live as committed Christians on a higher moral plane.

Three biblical texts may be considered pertinent to the address of certain homosexual behaviors. However, these passages must be considered very thoughtfully. The fact that these texts are construed to condemn present-day homosexual orientation and committed long-term same-gender relationships as immoral, when such concepts were not available to biblical authors, suggests the need for a more detailed review. Furthermore, the biblical discussion of Jonathan and David, Philip and the Eunuch, and Ruth and Naomi should also be brought to thoughtful reflection.

Had one Adventist pastor/teacher/physician/therapist/friend mentioned the possibility that God could still love me as a gay person, the difference in my life would have been profound (particularly as a young adult). Instead, routine Adventist condemnation of homosexuals and homosexuality led me to flee all Christian association and the church of my "cradle roll." This was a dangerous exile. I missed the love, counsel and maturity of a Christian community (including family and friends). This absence could have well led to my demise--it does for many.

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APPENDICES

APPENDIX I: QUESTIONNAIRE TO TEACHERS

I Ssekidde Stanley a student of Kampala International University pursuing a Bachelor's of Social Work and Social Administration. I request you to answer these questions in utmost faith as a partial fulfillment of the award. I therefore affirm that this information is purely for the academic purpose.

SECTION A

Tick where necessary

SECTION A

1) Sex

(a) Male (b) Female

2) Age

(a) 20-25 (b) 25-30

(c) 30-40 (d) 41-50

(e) 50-60 (f) 61-70

3) Marital Status

(a) Married (b) Single

(c) Widower (d) Widow

4) Religion

(a) Catholic (b) Protestant

(c) Muslim (d) Others (Specify)

5) Educational Level

- (a) None (b) Primary
(c) Secondary (d) Post Secondary
(e) Others (specify).....

SECTION B

1) Have you ever heard of homosexuality?

- (a) Yes (b) No

(c) If yes, what do you know about it?

.....
.....

2) Do you know of any homosexual?

- (a) Yes (b) No

(c) Can you briefly describe a lifestyle of an homosexual?

- (a)
(b)
(c)
(d)

SECTION C

(i) What the perception of the public on homosexuality in Kampala city?

- (a)
(b)
(c)
(d)
(e)
(f)

(ii) What are the effects of homosexuality on homosexuals in Kampala city?

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

(iii) What are the possible ways of addressing homosexuality behaviors in Kampala city?

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

END
THANK YOU

APPENDIX II: RESEARCH BUDGET

The study is estimated to cost 450,000/= arrived at as follows:-

ITEM	COST (UGHS)
Stationary and other related costs	150,000
Transport	150,000
Communication	50,000
Photocopy	20,000
Typesetting and binding	50,000
Internet	20,000
Subsistence	25,000
Miscellaneous	35,000
Total	450,000