

“They are less worthy than us, but they are better than women....”

Views towards homosexuality and men who have sex with men (MSM) in Botswana¹

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¹ This paper presents qualitative findings from a pilot survey of a study on 'Men, Masculinities and HIV/AIDS in Botswana¹'

Abstract:

This paper presents the results of a field pre-test survey of a study on Men, Masculinities and HIV/AIDS in Botswana². The legal status of same sex relationships, especially homosexuality, is quite a controversial issue in many countries in sub-Saharan Africa, where same sex relationships are not recognised by law or even criminalised. This makes it difficult or even impossible for sexual and reproductive health programs, including HIV prevention and treatment programs, to address the sexual and reproductive health needs of sexual minorities. At the same time, evidence from research shows that because they are neglected by intervention programs, sexual minorities become at higher risk of HIV infection and other negative SRH outcomes. Because of lack of legal recognition, sexual minorities also tend to maintain heterosexual relationships as a cover and thus form a bridge across which their elevated risk of HIV infection is transmitted to the rest of the population. It is for this reason that sexual minorities are important component to HIV prevention efforts; and also why attitudes towards sexual minorities are important.

The paper uses qualitative data derived from 12 focus group discussions and 6 in-depth interviews to explore men and women's attitudes towards homosexuality and men who have sex with men (MSM). The focus groups consisted of different groups of men and women, based on age; place of residence and occupation.

Women's attitudes were more positive, with some indicating that some men or women may opt to have same sex relationship as a strategy to deal with issues of violence and vulnerability to HIV infection that currently characterises heterosexual sexual relationships. Men's attitudes on the other hand tended to be overly negative, preferring to view MSM as un-natural, shameful and an abomination. However, even among men, there were those who held less conservative view. However, even among these men, they felt that MSM were not real men like themselves, and that they can only earn the trust; respect and ultimately acceptance of heterosexual men by distinguishing themselves and demonstrating that they have the same character as other men, such as bravery and dependability.

Introduction

Although men who have sex with men (MSM) have been disproportionately affected by HIV since the beginning of the epidemic, research on the epidemiology of HIV among MSM populations in sub-Saharan Africa is inherently lacking [Caceres et al 2008; van Griensven 2007). Some studies of MSM have been published from countries such as Botswana, Malawi, Namibia, Senegal, South Africa, and Uganda [Wade et al. 2005; Kajubi et al. 2008; Lane et al. 2008; Baral et al. 2009). This plethora of literature has shown that MSM suffer from stigma and rejection, and they have been neglected by many HIV prevention and care programmes (Smith et al. 2009). Societal discrimination on the grounds of sexual orientation has been reported frequently among African MSM, taking the form of sexual, physical and verbal assault (Geibel et al. 2008; Baral et al. 2009; Kajubi et al. 2008; Onyango-Ouma 2005).

One of the most central factors in attitudes towards homosexuality is the sex of the respondent. Many studies show that men on average have more negative attitudes towards gays than women (Glenn and Weaver, 1979; Lottes and Kuriloff, 1992; Herek and Glunt, 1993; Kirkpatrick, 1993; Louderback and Whitley, 1997; Marsiglio, 1993). However, even though this sex difference is well documented, few attempts have been made to explain it (Herek, 1988). They suggest that attitudes towards homosexuals are shaped by these existing gender belief systems. Because society has more strict expectations of masculinity than femininity (Herek, 1986), men who display feminine traits receive more negative reaction than women who display masculine traits.

In Sub Saharan Africa, high levels of internalized homophobia towards MSM have been reported in Nigeria [Adebayo et al. 2012], South Africa [Vu et al. 2012, Knox et al. 2011] and Uganda [Ross et al. 2013]. Much of available literature on stigmatization of MSM has been in relation to health care workers (Beyer et al. 2012). Homophobia, stigma and discrimination fuel HIV transmission, driving MSM underground, where shame and secrecy exacerbate HIV risk. Fear of rejection (Smith et al. 2009) public humiliation, (ibid) ridicule by health-care workers (Ibid) pressure to have children (Murray & Roscoe 1998) and blackmail (Baral et al. 2009) are but a few reasons why MSM may conceal their behavior.

The neglect of MSM in Southern Africa has mainly been due to the fact that the HIV epidemic is mostly heterosexually driven, and tends to disproportionately affect youth and women, while men have been largely blamed for fuelling the epidemic through cultural practices that sanction multiple sexual partnerships. The effects of homophobia, stigma and discrimination can be especially hard on adolescents and young adults. Young

MSM and other sexual minorities are at increased risk of being bullied in school. They are also at risk of being rejected by their families and, as a result, are at increased risk of homelessness.

Homosexuality remains a contentious issue in many countries, as reflected by the varied stands each country has taken on the issue. While homosexuality is legal and the rights of homosexual are protected by law in some countries particularly among the developed countries such as UK and Netherlands, this is not the case in many sub-Saharan countries. A number of these countries (including Botswana) have constitutionally outlawed homosexuality and prescribe stringent penalties for those who practice it, despite the fact that very few people are ever legally prosecuted for practicing homosexual relations. There is little evidence on the perception and attitudes of other men and women on MSM in Botswana Hence this article seeks to explore the views of other men and women on MSM.

The conceptual framework

There is burgeoning research literature that addresses factors related to attitudes towards gay men. This literature has demonstrated that people who believe that homosexuality is learned or chosen tend to have less positive attitudes towards gay men than those who believe it is biological, genetic or innate (Aguero, Bloch, & Byrne, 1984; Ernulf, Innala, & Whitham, 1989; Furnham & Taylor, 1990; Gallup, 1994; Matchinsky & Iverson, 1996). Generally recent research shows that a majority of people across the world still harbor negative attitudes towards homosexuals and homosexuality, although the gravity of those attitudes differ across countries (American Enterprise Institute 2004). Available evidence, indicate that those with negative attitudes towards homosexuality are more likely to be religious, politically conservative, and less well educated, and to have authoritarian personalities and traditional gender role beliefs (Mason & Barr 2006).

Evidence regarding the influence of socio-demographic variables such as age, gender and race on attitudes towards homosexuality is inconclusive, but it can be stated with some degree of confidence that women are more tolerant than men and younger people more tolerant than older people (Mason & Barr 2006). According to Agnew et al (1993), the variables with the most significant impact on attitudes towards homosexuality are generally age, education, religiosity, gender role beliefs and political ideology, as well as contact with homosexual persons. The nature of these variables suggests that, in addition to personal experience, personal beliefs and values may be more influential than demographic characteristics. Research has shown that gender differences in attitudes may

be attributed to differences in gender role beliefs (Kerns and Fine 1994; Kite and Whitley 1996).

Although it has been used as an indication of the climate of tolerance (or intolerance), measures of the acceptability of homosexuality are merely one dimension of heterosexual attitudes towards homosexuality (Mason & Barr 2006). This is so because researchers have developed measures to differentiate between attitudes towards the (moral) acceptability of homosexual behaviour and attitudes towards gays civil rights, and have found the trends to be quite distinct (Bernstein and Kostelac 2002; Klamen et al 1999; Loftus 2001; Smith 1992; Yang 1997: 477). About two decades ago Widmer et al (1998) have shown that attitudes towards homosexuality are not necessarily predicted by attitudes towards other types of sexual behaviour, such as premarital and extramarital sex. They posited that a 'simple permissive-non permissive dichotomy' is insufficient to account for differences in sexual values. Homosexuality is generally more accepted than extramarital sex, but attitudes towards homosexuality are more varied across nations and more polarized within nations.

The arguments in this article are positioned within the notion that men's views towards men who have sex with men are premised not only on demographic characteristics but also in gender role beliefs. Gender role theory is grounded in the supposition that individuals socially identified as males and females tend to occupy different ascribed roles within social structures and tend to be judged against divergent expectations for how they ought to behave. As a consequence, the theory predicts males and females will develop different skills and attitudes and that they will behave different. Now the construction of men's attitudes towards MSM can better be explained based on ascribed role gender attitudes and behaviors. Although there are no known theories explaining attitudes of other men on MSM the constructs of the gender role beliefs model, personal beliefs and personal experiences together with demographic characteristics of men have been used to explain the views and opinions of men on MSM.

Justification

The HIV/AIDS epidemic has helped to bring the issue of homosexuality and MSM to the table. In country where the HIV epidemic is so entrenched, there is a recognized need for HIV/AIDS intervention to target and address the prevention, treatment and care needs of various population groups. While there have been credible efforts to address the HIV epidemic in Botswana, especially addressing the needs of priority and vulnerable groups, there has been no efforts to address the needs of homosexuals partly because of their legal status. Yet, not addressing the needs of this group might make them vulnerable to

infection. Given the social disapproval of homosexuality and MSM, and the legal position on these issues, it is not uncommon for homosexuals to enter and maintain heterosexual relationships with women, as a cover for their true sexual orientation; thus providing a 'bridge' for transference of infection to the rest of the population.. This is the main reason why, regardless of the legal position that each country has adopted towards homosexuality, HIV/AIDS information, prevention, treatment and support needs of some of the marginalised populations, such as homosexuals, have a role in controlling and ultimately turning the epidemic around.

Data & Research methods

This paper draws on data from a survey on “*Men, Masculinities and Sexual and Reproductive Health in Botswana*” conducted in March 2009, as part of a fieldwork for PhD dissertation. The survey encompassed the collection of both qualitative and quantitative data on men, masculinities and sexual and reproductive health from a small sample of men and selected key informants. The paper however, draws only on qualitative data.

Qualitative data were collected through focus group discussions and in-depth interviews with diverse groups of men in selected urban and rural locations in Botswana, as well as selected key informant. Both focus group discussions and in-depth interviews used a semi-structured interview guides containing a set of topics to be explored. The semi-structured nature of the substantive frame allowed respondents room to decide the saliency of topics, hence the order, time and emphasis they placed on each topic.

Discussants were recruited through snowball sampling and referrals. The advantage of purposeful selection in a qualitative design is that it made it possible to select “*information rich*” individuals, from whom a great deal about the subject can be learnt. The criterion for recruiting discussants included maximizing intra group homogeneity around age, level of formal education; socio-economic status, while at the same time, maximizing inter group heterogeneity. Each group consisted of between seven and nine individuals, selected to maximise inter-group heterogeneity. All interviews were recorded; transcribed and translated from Setswana to English. The textual information was analysed using Nvivo.

.Focus group discussion participants were recruited from the community and around population centres, such as shopping malls in urban areas.. Of the two women group, one group was recruited from a low income neighbourhood while the second group consisted of a group of mature-entry students at the University of Botswana. Four focus group

discussions were conducted among men, with two such groups being made of self employed men who make a living by providing transport for shoppers at main shopping centres. These men were in the age range 35 to 50 years of age. The other two male groups consisted of students at the University of Botswana, with one group being made of mature entry males in the age range 35 – 45 years, while the other group was made of younger students aged between 25 and 35 years of age.

Consent

Before the commencement of the interview, the objectives of the study, as well as the method that was going to be employed and the rights of the respondents were explicitly explained to all potential respondents, who were then asked to give informed consent about their participation in the study. Once consent was obtained, a second level of consent to record the interview was sought. Although many respondents tended to be a bit apprehensive about recording the interview, all potential participants eventually consented once the purpose of recording the interview was explained and respondents were assured that their rights as study subjects were protected.

Throughout the interview, participants were asked if they wished to continue with the interview. Continuously asking for consent to continue the interview was necessary given that the subject of discussion was at times sensitive and invasive. However, once the initial consent was given, and the interview commenced, none of the participants opted to terminate the interview.

Homosexuality as a given attribute

Most female discussants expressed attitudes that reflected a lot of compassion for homosexuals, based on their view that most people do not choose to be homosexual, but rather that it is something that is pre-determined at birth.

What I hear is that whether one is homosexual or not comes naturally and is pre-determined. I hear they get to realise at a very early age that they are different others (W5).

The woman cited examples of people who, due to social pressure, have tried to suppress their homosexuality by getting married and bearing children, only to give in years later, to the complete puzzlement of their communities.

There are cases of men who have families and children, but they end up abandoning them to pursue a homosexual lifestyle. It's the same for women, who might experience denial about their sexuality and try at all cost to have and

maintain relationships with men, but they gradually become bi-sexual until they complete the transition by being lesbian (W5)

Strategy to reduce vulnerability to HIV/AIDS

There was also a view that associated the apparent visibility of homosexuality in Botswana society as part of a conscious strategy to minimise HIV infection and a host of other problems associated with heterosexual relationships. Some discussants felt that men and women's position on issues like contraception, prevention of diseases, especially sexually transmitted infection, including HIV/AIDS testing were so different that some men and women were making conscious efforts to have relationships with those of similar mentality. Their argument was that if two women are in a sexual relationship, they wouldn't require as much effort to agree on issues such as HIV testing than if they were in a relationship with a man. Since men are viewed as difficult when it comes to addressing these issues, the participants felt that men might also want to team up with other men since they are likely to share the same viewpoint.

I learnt from some foreigners, who were also lesbians; that the reason they do that is for fear of HIV infection; violence and pregnancy. They feel that as women or men in a relationship they understand each other, the way they think that is! For example, the decision to undergo HIV testing is much easier to take since they share the same gender and a way of thinking. They do not seem to have any other significant reason except that.

Homosexuality as a threat to order of things

It was very popular among discussants to view homosexuality negatively, as something of an aberration the current order of things, which they view as natural.

It is an abomination, you can never know if they are real men; they are not real men, they lack something (M1).

I see homosexuality as an abomination, its untidy; it's something I could never get used to. (R3)

Homosexuals give men a bad name; they lower men's dignity in society, so their increasing visibility is worrying. Just like one rotten tomato can spoil a whole bag, their presence is eroding men's stature. In the end we would all be mistaken for homosexuals or that we are all capable of being so. I would find it very painful and it would anger me to be mistaken for a homosexual because I am not that way and have no such inclination. (R1)

They are different; others look just like me and you, some hold respectable jobs and look like the next man you see, and then there are the 'girlish' ones; these are the ones I have doubts about!! (M5)

One of the cherished masculine traits that was expressed and referred to over and over is the fact that you can depend on a real man to come through for you in adverse circumstances. Most men felt that homosexual men or MSM were not real men as they do not possess the necessary qualification real men should have, such as being brave, having a family and children. They felt that while normal men are preoccupied with taking care of their families, homosexual men are mainly pre-occupied with sex. It is this pre-occupation with sex, and the fact these men could have sexual ideas towards them that make them uncomfortable. Most men gave a scenario where they could be working, handling dangerous things that require maximum alertness; that the homosexual man could easily endanger them by not concentrating on the task at hand; by allowing their mind to drift while having sexual fantasies about them.

To me homosexuality is a 'disability' which some of them are born with. I regard them as lesser men because they have this 'disability' which can not be fixed. Mind you they can not have children or a wife. (R1)

Others felt that their sexuality denies them the social affirmation than straight men have, such as participation in important communal decision and being consulted for advice when they are elders.

They are men just because they have the right anatomy and they wear trousers, but they lack an important aspect of being a man, which is to be a father. Even when they are old they are never considered elders to be consulted for their wisdom; they can not appear in a social gathering of elders, in fact they are excluded (R4).

Other men were not so dismissive, suggesting that everyone was different and showing a willingness to give everyone a try before making a decision about whether they are real men or not.

I think one can still rely on them to be real men; you can depend on them to rescue you when you are in trouble; you can rely on them to be just as brave as any other man. But it all depends, for me, it's the 'girlish' one that I don't trust, I wouldn't put my life in his hands (M6).

These are real people; it's only that they choose to have sex with other men; but I believe they are capable of doing anything a straight man can do, even better. (M3)

Others felt that while homosexuals might be real men, they have blight against them that requires that they should prove themselves to be equally as capable as heterosexual men. In way, by being homosexual requires that they should buy the trust and confidence of

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heterosexual men by proving themselves to have traits such as strength; resiliency and bravery.

I know that others claim they were born like that, but others opt to join. The fact of the matter is that as heterosexual men, we have a difficult time trusting that such men have all the attributes of being a real man, such as bravery. The thing is, although he might be braver than you, and may even rescue you from danger, you always have these doubts. However, if he proves himself, he will earn some level of credibility and acceptance for displaying bravery despite the 'eye sore' of being homosexual. His 'bad ways' will stick with him and can't be shaken; but he will be appreciated for what he can contribute (R3).

One discussant put it succinctly when describing homosexual men, relative to straight men and women:

....they are somewhere in the middle, maybe braver than women but less brave compared to heterosexual men. They are not balanced, as such you ca not really depend on them to act like men because they have feminine features, but not enough of them to make them women, and they also contain masculine feature... and again not enough to make them real men (R4)

The discussant went on to elaborate their view:

If you are with such a person, and you are working (doing some difficult, dangerous job), he might be distracted by the fact that he may sneak a look your bulging muscles are you work and start having sexual thoughts about you and endanger you (laughs heartily). Such people are not preoccupied with their family and how to provide for them, but rather sex. As a heterosexual man, my pre-occupation is to get married, have children and raise a family; that is not the case with homosexual men (R4).

Providing services to homosexuals

Discussants were split on whether, in response to the HIV epidemic, the government should design and tailor certain intervention services targeting homosexuals and MSM. Those who were against the provision of such services felt that doing so would only glorify this lifestyle and only serve to encourage more men to be homosexual. Doing that would acknowledge homosexuality as a lifestyle and would thrust homosexuals into the spotlight, and thus provide men with what they could view as an alternative to having relationships with women or an escape from the myriad of problems that seem to characterise heterosexual relations.

The danger of addressing the needs of homosexuals and MSM through public health programs is that it may become fashionable to claim you are homosexual and men can use this as an escape route from their relationships with women. Maybe it will also be an escape route from HIV (W4).

Others felt that in as much as most of the services and information is targeting heterosexuals, there is a need to address the needs of homosexuals because as inconvenient as their lifestyle might be viewed, they have real needs that need to be addressed and catered for.

I think given the problem of HIV, sex education should also cover homosexuality because at the end of the day, it's a question of arming young people with the knowledge and skills that will help minimise their risk of infection, whatever sexuality they might choose for themselves.

However, even with the softening of views resulting from positioning same sex relationship within the HIV prevention discourse, views such as the one expressed above were in the minority.

Teaching homosexual education in schools

Public schools in Botswana offer sex and sexuality education as part of the curriculum, meant in part to arm young people with the knowledge and skills to negotiate protection in sexual relationships; and thus be able to reduce their risk of HIV infection. However, most respondents were adamant that sex and sexuality education that is offered as part of the country's secondary education curriculum should not include homosexuality education because ... *it might encourage experimentation and children (young people) might feel that they have an alternative to heterosexual relationships and sex (W4).* Others felt such education will encourage young people, who are otherwise heterosexual, to experiment with same sex relationships and sex.

I am against such education in schools, it will only encourage experimentation with homosexuality, and rather kids should be taught about heterosexual sex instead (W6).

Some respondents, on reflecting about the rights of homosexuals, as individuals, to also have access to information that would help them reduce their risk of infection, felt that if ever any content of sex education in schools should touch on homosexuality, such content or classes should not be accorded special status, as doing so would only create curiosity about this content and expose kids to what they see as clearly undesirable lifestyle.

If it is done, it should be done in such a way that it is not accorded privileged status, to do so would glorify the whole thing (W5)

Dealing with family member who is homosexual

Despite the general negative attitudes towards homosexuals and MSM, most participants felt that they can be able to accept a family member who is homosexual, even if such a member is their own child. *I don't think you have much choice, if it's your child you have to accept it (W?).* It was the feeling of most female respondents that there is no need to discriminate people just because of their sexual orientation. *Its like judging someone based on their HIV status, it's not necessary (W5).*

Men, who have expressed the most conservative attitudes towards homosexuals and MSM compared to women, also concurred that they would accept if a relative, especially their own child, was to inform them that they are homosexual. They felt like they might not understand it; like it or support it, but they felt that would have a role to at least hear them out and try to understand.

If your son tells you that he is a homosexual, he is telling you because as his father, he expects you to listen and try to understand or even advice him. This may shock you, but instead of reacting with anger or disappointment, you have to sit down and listen. I believe that even though you might be against it, you may have no choice but to accept it if he explains it to you (M2).

Discussion

This study examined respondents' attitudes and views towards same sex relationships in Botswana. With the exception of a few countries such as South African and Namibia, homosexuality and same sex relationships remain outlawed in virtually all Sub-Saharan countries, including Botswana. Countries where same sex relationships are legally recognised also happen to be some of the latest to be new democracies with relatively new and progressive constitutions compared to other countries in the region. Most countries have constitutionally outlawed homosexuality and prescribe stringent penalties for those who are caught practicing it; despite the fact than very few people are ever legally prosecuted for practicing homosexual relations. Homophobia has been recently been observed across Africa as a number of governments seek to impose draconian penalties or broaden the scope of existing laws, including by introducing the death penalty (Tadele and Kloos 2013).

Evidence from literature suggests that in generalised epidemics like the one Botswana has, sexual minorities are important for the success of HIV prevention programs. The legal position of same sex relationships has resulted in many programs turning a blind eye to such sexual minorities, and thus not attempting to provide any information or

services meant to reduce the chance of HIV infection and transmission among this group; but it has also inculcated a practice where those who are involved in same sex relationship, go to great lengths to disguise their lifestyle and sexual preferences, and often end up keeping heterosexual relationship, even getting married and having families as a cover for their true sexuality. Much of discussion on homosexuality in sub-Saharan Africa is dominated by religious and cultural myopism that considers it as a decadent western practice to be suppressed and abhorred and some people deny this practice in their countries (see for example, Maticka-Tyndale & Smiley 2008; Tadele 2006). The homophobia surrounding MSM emanates from the perception that this behaviour is divergent to African religion, culture, and tradition according to Niang et al. (2003).

The result this practice is that since sexual minorities are neglected by HIV prevention programs, they become at relatively higher risk of infection, then their practice of maintaining heterosexual relationships as a cover, effectively provides a “bridge” that links the heterosexual population, which is well served by serves, with a neglected and high risk population, whose existence many still deny. Thus, many HIV programs are silent on the issue of same sex relationships and their need for services. Even in countries where the rights of sexual minorities are expressly guaranteed in the constitution, their rights are not always recognised at society level and many suffer persecution and discrimination, and are forced further underground to perform their acts. Previous studies have seen that although MSM face stigma and discrimination in many African countries including Botswana, more than 150 studies have been identified on homosexuality for both genders in Africa (Barton 1991) and that homosexuality has been observed as a practice among over 50 African societies (Niang et al. 2003). This underscores the need by African governments to take cognizance of sexual minorities such as MSM in HIV prevention packages. For instance the government of Botswana can target MSM with HIV prevention messages and the starting point is to curb homophobia in the society.

However, despite one’s stand on the issue of homosexuality and same sex relationships, the fact is that sexual minorities do exist and are a reality; and because they are tax-paying citizens of their respective countries, their sexual and reproductive rights and needs need to be guaranteed and protected, respectively. A number of Southern African Countries (for example Botswana, Zimbabwe & Zambia) have carried out studies on sexual minorities, not because of concern over sexual minority population, or even the connection between sexual minorities and HIV transmission; but rather due to a paradigm shift, especially among world donor community, that seeks to link donor aid to issues of sexual rights, including the rights of sexual minorities. One key observation is that despite sufficient body of evidence underlining the high risk behaviours among MSM and

other sexual minorities, there is little HIV/AIDS related programming directed at them in most African countries (UNAIDS 2010).

The results of this analysis shows that attitudes towards homosexuality and same sex relationships are overly negative, and more so among heterosexual men than women. The attitudes also reflect a wide range of understandings and perceptions of what homosexuality is, how it arises and what needs to be done about it. For example, most respondents felt that while sexuality education in schools is desirable, they felt that the content should not cover same sex relationships as they feared that doing so would have the effect of glorifying same sex relationships and thus promoting experimentation with same sex relationships among young people. Also, most felt that government should not provide SRH services specifically for sexual minorities as this would amount to endorsement of same sex relationships. Some studies associate much of stigma towards MSM with religion (Niang et al. 2003). For instance, men in Senegal observed homosexuality to be a sinful act and they claim that they will abdicate it at some point in their lifetime (Niang et al. 2003), while in Ethiopia, MSM were optimistic that they will reclaim their heterosexual orientation and recover their religious status (Tadele 2006).

However, the results also show that while attitudes towards homosexuality are negative, when asked about how they would relate to a relative who is homosexual, the attitudes tend to soften quite considerably, with many respondents expressing attitudes that are tempered with a lot of consideration, rather than the off-the-cuff reactions that are common when the question is posed generally. Some respondents were even willing to change their stance on including same sex education in sex education classes once they were given an opportunity to ponder a relative in a same sex relationship. Some literature supports the notion that those persons having homosexual relatives or friends show more favorable attitudes toward homosexuality, due to the positive experience that these relationships involve and the modification of previous mental representations that stigmatize homosexuality, and that were internalized throughout the process of socialization (Hinrichs and Rosenberg, 2002; Lingardi, 2005).

Also, when the connection between same sex relationships and HIV infection is highlighted, it had the effect of softening views considerably. Many felt that government would be justified, despite the legal status of same sex relationships, to provide good and services tailored specifically to the needs of sexual minorities. However, despite the change in attitude brought about by giving context to same sex relationships, many were adamant that government should not change its legal position on same sex relationships, or offer it as part of the school sex education curriculum; as to do this was viewed as tantamount to promoting and endorsing same sex relationships and homosexuality.

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Conclusion

This paper has explored heterosexual men's views and attitudes towards homosexuality and men who have sex with men. The results show that while "Othering" is the most predominant strategy of how heterosexual men view those whose sexual orientation is different, the results show that attitudes are much more considered when respondents are forced to conceptualise a homosexual relative, sibling or child. Also, while most respondent were aware of the need to provide sexual and reproductive health services and education tailored towards homosexuals, they felt that such services and education should be done almost discreetly, without drawing too much attention to the services, lest it be perceived that government is promoting same sex relationships.

The basis for supporting provision of sex and sexuality education and service for homosexuals and men who have sex with men, although limited, was motivated more by the need to control the spread of HIV, and to prevent sexual minorities from being at higher risk of infection and thus providing a "bridge" for transmitting infection to heterosexual population, rather than the recognition of the right of individuals to sexual expression. Thus, self-preservation, rather than recognition of right of individuals to choose whatever lifestyle they wish, was the driving force even among the few who expressed supported the provision of services, including sexuality education, for homosexuals.

Given the legal status of same sex relationships in Botswana and many countries in sub-Saharan Africa, homosexuals and men who have sex with men are often forced to maintain heterosexual relationships as a cover for their true sexuality. Thus, for as long sexual minorities remain ill served by existing HIV prevention; treatment and care programs, they are likely to experience elevated risk of HIV infection. Thus the heterosexual relationships they keep as a cover for their sexuality can form a "bridge" across which the risk of HIV infection among the two populations become equalised.

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