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HIV: Don't ignore homosexuals

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Paul Semugoma

HE was young: in his mid 20s, medium height and unremarkable. He had recently been diagnosed HIV-positive. We talked, took tests and discussed the results. And then, he told me he was a homosexual. But he was a healthy young man. How would he stop his lovers from getting HIV? I did not know. Paul Semugoma writes

THE link between HIV and gay sex is well known outside Uganda.

First cases of 'the new disease' in 1983 were identified in gay men. They became a 'key population' in HIV because they have high rates of infection, transmission and STDs.

Most Ugandans know HIV prevention in heterosexuals, but do not know how to prevent it in homosexuals.

Questions

Do we have gay people in Uganda? Do they know how to prevent HIV transmission? Do the HIV service organisations know the importance of gay sex?

I did the research in Kampala funded by Ford Foundation. I interacted with some gay people. They included prominent professionals, students, male commercial sex workers, lesbians, former prisoners and gay men living with HIV.

We talked about their concerns and problems, HIV and STDs prevention and care. I then talked to service organisations.

Results

We have many myths about homosexuals.

* We think there are no homosexuals in Uganda when they are all around us. They cannot tell us lest we kill them with hate.

* We think they do not count, but gay men are a key population in HIV.

* Some gay people believe a man cannot get HIV from sex with another man. They hear from the media about getting HIV by having sex with a woman and about prevention when having sex with a woman.

* Women, especially, do not believe sex with another woman could spread HIV.

* Gay men know about condoms, but many admitted not using them. The lubricants they use include: pre-cum (the fluid secreted before ejaculation), saliva, petroleum jelly and baby oil. All these are not good. Precum contains HIV. Saliva is too thin and the others are oil-based lubricants that destroy rubber condoms, leading to tears. Some believed one cannot get STDs from the anus.

Policies

Homosexuality is illegal and socially unacceptable in Uganda.

But that does not mean it does not exist.

Adolescents in schools experiment with it and it is common amongst prisoners. Some of it is rape, most is consensual and it is all unprotected. We should not assume an adult will not have sex for years because it is illegal. Prisoners are only given boxes of condoms as they leave prison.

Service Providers

Many service organisations do not know much about homosexuality.

Those who know are scared because of a rumour that one prominent person lost his job because he advocated HIV prevention amongst gay people.

The draft National HIV Prevention Policy does not tackle the question.

Uganda's ABC for HIV prevention cannot work because:

* Abstinence has marriage as an endpoint. This is not possible for gays in Uganda.

* Being faithful to one partner would expose one as a homosexual.

'Hit and run' affairs seem to be the rule.

* Condoms are not used. Cheap water-based lubricant is not available for gay men, neither are the dental dams for gay women.

Community implications

Gay Ugandans are part of the larger community. Gay men also have sex with women to hide their identity and lesbians have sex with men.

They are under the pressure to get married or have children. Prisoners, exposed to gay sex, rejoin the general population.

Recommendations

We cannot keep marginalising them in the fight against HIV because they are part of us. We need to know their HIV prevention needs and constraints. They lack information and basic prevention materials like lubricants and dental dams.

There is a need to correct these deficits to devise innovative programmes for them because they interact with society. Any effort to stop an extra transmission benefits all Ugandans.

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