

Knowledge and Awareness of the Link between Female Same Sex and Health Problems among Women Who Have Sex with Women in Tanzania

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ABSTRACT

Background: Women who have sex with other women (WSW) have high chances of health-related problems stemming from their unsafe sexual behaviors and practices. Their awareness of risky sexual behaviors and the health-related consequences is limited by the covert nature of WSW relationships. However, we cannot generalize the level of awareness since WSW around the world has been subjected to different policies that either proscribe or accept their practices as their right. In view of the divergence, this study evaluated the level of awareness of the link between female same sex and other health-related problems among WSW in Tanzania.

Methods: This is a cross-sectional descriptive and retrospective study, which was conducted in Dar es Salaam between January and February 2021. The participants of the study were WSW, proxy WSW, and women who at one time had female same-sex relationships. The study also used community members aged 18 years and above but only those who met the inclusion criteria. Data were collected through qualitative in-depth interviews (IDIs), focus group discussions (FGDs), interviews (KIIs), and life stories. All the data generated through the study were analyzed thematically.

Results: The findings of the study suggest that women have limited knowledge of the health-related risk that come with practicing same-sex. Most study participants did not believe they could contract STIs and other health-related problems through unsafe sexual practices with fellow women partners.

Conclusion: Most WSW has limited knowledge of the health consequences of unsafe same sex practices. The research sets precedent for wide scope studies to address transmission risks of STIs among these communities in Tanzania.

Keywords

Women who have sex with women, Female same sex, Women sexuality, Dar-es-Salaam Region, Tanzania.

Abbreviations

WSW: Women who have sex With Women; MUHAS: Muhimbili University of Health and Allied Sciences; LGBTQ: Lesbian, Gay, Bisexual, Transgender and Queer; HPV: Human Papillomavirus.

Introduction

Sexual orientation and health-related consequences is a rising field of research. Groups that identify as Lesbian, Gay, Bisexual, transgender, and queer (LGBTQ) have been a long topic of discussion since the HIV epidemic began in the 1980s [1]. Same-sex behavior among women, which includes lesbians, bisexuals, and women who have sex with women (WSW), is not unheard of in Africa [2-4]. Tanzania is among the African countries with the strictest policies and laws towards the LGBTQ community [2]. As such, researching on LGBTQ can be challenging because the country policies coupled with the cultural and religious beliefs have made discussions about LGBTQ practices and safety to be sensitive and degenerate. As a result, there is very little to no knowledge concerning population estimates of the group and health-related consequences associated with the behaviors. Much of the information about research on same-sex practices with relation to health consequences come from the developed nations.

Surveys suggest that the prevalence of same-sex sexual behavior among women may be increasing in the developed countries. According to the 2006-2008 data from the United States National Survey of Family Growth, approximately 12.5 % of US women aged 15-44 years engaged in sexual activities with other women during that period. There are also around 5.7 million women who had ever had sex with women in the US but only 19.1% of them reported their sexual orientation as either homosexual or lesbian [5]. A study conducted in Kenya, in the East African region, shows 280 women had at least one female sexual partner in the past three years [11].

Whatever small the number may be and the lack of population estimates, this baseline data gives a picture that WSW community exist within the East Africa region, even though the country albeit the proscribing policies and cultural and religious beliefs. An increase in the number of cases of extreme expressions of homophobia and strict measures taken against homosexuals in some African countries (Tanzania included) [2-4] underlines the fact that these hidden communities, including WSW exist even in the harshest environments.

In practice, the WSW employ various unorthodox methods to achieve sexual gratification, which subsequently might open doors to detrimental health outcomes [6]. Among the practices cited in the previous research include oral sex (mouth-vagina), vaginal penetration with fingers, mutual masturbation, genital-genital contact, anal penetration with fingers, vaginal/anal penetration with

sex toys (dildo), fisting (hand-vagina or hand-anus [7]), rimming (mouth-anus), and sado-masochism (an act of obtaining sexual pleasure through inflicting pain on another person or oneself).

All these sexual practices underpin the fact that sexual orientation comes with increased sexual risk behaviors. Evidence shows that some of the LGB youth often participate in risky sexual behaviors relative to their heterosexual counterparts. Additionally, they are often included in other disparities between the two groups, including more substance use, suicidal thoughts or attempts, and personal safety issues than the heterosexual youth's do [28].

Contrary to popular belief in low risks for the acquisition of STIs among WSW community, studies have shown a significantly higher risk of contracting HIV and other STIs [7]. WSW engage in high-risk sexual behaviors with both male and female partners compared to the heterosexual community [15-16]. As it were, a study conducted in the Pacific Northwest investigated the HIV risk behaviors associated with sexual orientation and sexual abuse asserted that lesbian and bisexual adolescents had higher mean age-adjusted risk scores of acquiring STIs compared to the heterosexual and mostly heterosexual adolescents [8].

A London-based study asserted that lesbians and bisexuals who had a history of sexual activity with men had never used condoms for vaginal or anal penetrative sex. In addition, a large proportion of those identified as WSW and who shared sex toys did not wash them or use condoms on toys before they were used by other women. Dental dams were rarely used in sex between women [6]. WSW sexual practices present a means of transmitting diseases through infected cervicovaginal secretions [7]. High chances of transmitting human papillomavirus (HPV) between female sex partners occur during genital-genital contact [22].

Moreover, data on health-related issues for WSW in Sub-Saharan African countries have cited existence of forced sex by men or women. WSW who had experienced forced sex was more likely to be HIV-positive. Additionally, alcohol consumption and illegal drug use are a cause of concern among WSW as they are both associated with the acquisition of STIs and HIV [17-18].

Apart from associated risk factors and physical health-related problems as outcomes of WSW practices, there is also mental health effects associated with the group. A systematic review and meta-analysis of studies on LGBT communities reported that Lesbian and Bisexual women were at particular risk of substance dependence [18].

Due to a limited body of literature on the topic of WSW and their related health consequences in the country, this study set the ground-work of asserting the existence of the minority group and describe associated behaviors that have health-related consequences. The results contribute to a better understanding of the community and are catalyst for further quantitative research.

Methods

The study employed a cross-sectional descriptive and retrospective to evaluate the awareness of the link between female same-sex and other related health issues, such as STIs, HIV, and AIDS, among WSW. It was conducted in Ilala, Kinondoni and Temeke districts of Dar-es-Salaam Region. Dar-es-Salaam is the largest and most commercial city in Tanzania. It is known to have a large number of visitors from different backgrounds who engage in different health behaviors and practices. The characteristics of Dar-es-Salaam make it to have easy access to some WSW who are rather typical of the participants required for the study. The study population included WSW aged 18 years and above, who had been living in Dar-es-Salaam for six (6) months or more, and had a same-sex relationship or have been in a same-sex relationship/s in the past year. The study also included individuals who knew the WSW's living experiences and were willing to participate in the study.

In line with the aim of this study, focus group discussions (FGDs), in-depth interviews (IDIs), and the collection of life stories were conducted to generate data from WSW community members. Interviewers were trained on the aim and procedures of the study, made aware of the vulnerability of WSW, advised on appropriate interaction and interview ethics with study participants. All FGDs and IDIs were recorded and the interviewers took field notes with the permission of the study participants. The interviews were conducted in Kiswahili, a national language used by most of the study participants. Transcription and translation of the data was done before the actual analysis of the data. Data were analyzed thematically using an open coding approach that utilized the language of the participants and combined emergent emic concepts with preconceived theoretical constructs.

The process of interviewing study participants had no harm to them (NOT putting them at higher risk of danger) and their story telling focused on needed information (NOT re-traumatizing them) for the study. The Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board (IRB) reviewed and granted research clearance to the study protocol and the Dar-es-Salaam Regional Administrative Secretary (RAS), the Kinondoni, Temeke, Ilala and District Administrative Secretaries (DAS), Village/Street authorities, managers of I/NGOs/institutions caring for minority populations granted permission to conduct the study in their respective areas and institutions. Participants in this study were 18 years or older who provided oral consent.

Results

One of the objectives of this study was to investigate the knowledge and awareness of the sexually transmitted diseases such as (STIs), among female same sex behaviors and practices. The main theme that emerged from the data analysis was awareness of the STIs and experience of health sexual related diseases as presented below.

Awareness of the sexually transmitted infections

A participant aged 27 years who started practicing female same sex at an age of 11 years narrated, *"I am not aware of any health problem related to female same sex practices ... However, you are*

doctors from Muhimbili [Muhimbili National Hospital, MNH] ... We would appreciate it if you could enlighten us on this issue so that we practice it [same sex] safely" (IDI, A, 27 years, 2021).

Another participant who started engaging in female same sex behaviors and practices at the age of 19 years in 1982 reported, *"I don't think WSW are at risk of any diseases due to their [sexual] behaviors and practices ... However, since we do not use protections whenever we have sex, we may be at risk of infecting each other [partners] with any disease"* (IDI, B, 35 years, 2021).

Also, a participant who started practicing female same sex at the age of 23 years, explained, *"We practice unprotected anal and vaginal oral sex ... You know, both the anus and the vagina are dirty, secreting poisonous fluids, which if swallowed could cause throat cancer"* (IDI, E, 28 years, 2021).

One participant in the FGD reported *"Most of us do not use any protective devices during same sex practices, so we think, though not sure, there may be some health problems stemming from our practices, we sometime use fingers and our tongue, and no condoms for that..., maybe you can explain to us what are the implication for this, because we are not so sure"* (FGD_1, 2021)

Another participant revealed that *"I am not aware of any sexual related issues among women who have sex with women; I think this is not common here because we are faithful and we clean our bodies properly. As far as I know, most of the times this health issues are more common to women who have sex with men because men are not faithful"* (FGD_1, 2021).

None of the community members interviewed was aware of any female same sex health-related problem. A Street Leader interviewed in Kinondoni, for example, said, *"I don't think WSW are at risk of any disease due to their unsafe [sexual] behaviors ... They suffer from common diseases like other members of the community"* (IDI, K, 60 years, 2021).

Experiences on health sexual-related diseases

One respondent reported, *"Same sex is risk-free ... I have been practicing same sex for four years now ... I have never experienced any disease like gonorrhoea ... I only suffer from common diseases like malaria, UTI or typhoid ... I know, even if I do not practice safe sex, I would not suffer from any sexual disease anyway ..."* (IDI, G, 46 years, 2021).

A participant who has been practicing female same sex since 2012 said, *"I have been practicing same sex for some years ... I have never had any health problem. Likewise, I have never been aware of the effects and I do not know and do not believe that there are any health sexual related disease that may be caused by unprotected same sex practices. We only experience common diseases that affect everyone such as malaria and cough, which can be treated by self-medication or at the health facilities"* (IDI, F, 26 years, 2021).

Discussion

This study focused on the awareness of the link between female same-sex and other health-related problems and their consequences among WSW. As there is limited literature on LGBT community in the country, this was an important study that evaluates women's awareness of the health-related issues associated with the community. Through interviews with selected study participants, there was low understanding and awareness of health-related problems and WSW practices. A majority of interviewed women cited not to experience any STIs like gonorrhea in their lifetime of female same-sex but rather only experienced other commonly occurring diseases which include malaria and UTI unrelated to sexual activities. Research supports that WSW have insufficient knowledge of same sex-related health problems and there is a firm understanding that they are more aware of risks for STI infections coming from having sex with males than their female companions [26,27].

A particular study participant identified the possibilities of contracting throat cancer as a result of cunnilingus/anilingus activities, a finding that has also been reported in previous studies about oral sex perpetuating the transmission of human papillomavirus (HPV) infection potentially causing cancer of mouth, lips, tongue and the voice box (larynx) [22,23].

This study also found that there are unhealthy sexual practices that include practicing unprotected sex, multiple sexual partners, vaginal douching, mixing between male and female sexual partners at the same time and deployment of unclean sex toys. The practices have previously been linked to a condition known as Bacterial Vaginosis, an increase in the diversity and abundance of anaerobic bacteria in the vagina which disturbs the optimal vaginal microbiota [24]. Vaginal microbiota plays a role in protecting against obstetric and gynecological outcomes which include STIs, preterm births and miscarriages [25].

Conclusion

This study proved that majority of WSW in Tanzania are unaware and lack knowledge of the potential health related risks that come with practicing unsafe same sex behaviors. False interpretations of female same sex behaviors and practices, oppression, stigmatization and criminalization of homosexuality in Tanzania were observed hindering the positive health behaviors and outcomes that could be achieved if issues like WSW and STI transmission within the group were discussed openly at least between the healthcare providers and the WSW. Increased awareness of WSW's sexual and reproductive health needs among healthcare professionals would open opportunities for the prevention of illnesses (STIs including HIV) among this group and the general population. Secrecy surrounding homosexuality further fosters practicing female same-sex behaviors in unhealthy manner without any sort of knowledge of the risks involved. This study, therefore, serves as a pioneer in addressing health related issues within the WSW community in the country.

In order to raise awareness, first the WSW should be supported to access healthcare services available in order to meet their sexual and reproductive health needs. Second, open discussions on female same sex health risks among health practitioners and WSW need to be cultivated and natured to provide the necessary education for practicing safe sex. Also, a larger population-based behavioral and biological surveillance survey is recommended to provide estimates of the WSW, their sexual and reproductive health needs, and the STIs prevalence and transmission risks among this community in this country.

Ethical Clearance and Consent to Participate

Ethical clearance was obtained from Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board (IRB). Clearance to the study protocol was also given by Dar-es-Salaam Regional Administrative Secretary (RAS), Ilala, Kinondoni and Temeke District Administrative Secretaries (DAS). The managers of I/NGOs/institutions caring for minority populations also granted permission to conduct the study in their respective areas and institutions. The participants in this study were 18 years or older and gave oral consent. The process of interviewing the study participants did not result in any harm to them (not expose them to higher risk) and their narratives focused on information needed for the study (not re-traumatized them).

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References

1. Tat SA, Marrazzo JM, Graham SM. Women Who Have Sex with Women Living in Low- and Middle-Income Countries: A Systematic Review of Sexual Health and Risk Behaviors. *LGBT Health*. 2015; 2: 91-104.
2. Tanzania's Anti-LGBT Crackdown and the Right to Health.
3. Human Rights Watch/PEMA Kenya. The Issue is Violence. Attacks on LGBT People on Kenya's Coast.
4. Sandfort TG, Reddy V. African same-sex sexualities and gender-diversity: an introduction. *Cult Health Sex*. 2013; 15: 1-6.
5. Shabazz S. More Than Half of Straight Women Are Attracted To Other Women. *Scary Mommy*. 2021.
6. Power S. Woman on woman sex for beginners: everything you need to know. *GAYSTARSUPPORT*. 2018.

7. Ashley Currier, Thérèse Migraine-George. “Lesbian”/female same-sex sexualities in Africa. *Journal of Lesbian Studies*. 2017; 21: 133-150.
8. Bailey JV, Farquhar C, Owen C, et al. Sexual behaviour of lesbians and bisexual women. *Sex Transm Infect*. 2003; 79: 147-150.
9. Marrazzo JM. Sexually transmitted infections in women who have sex with women: who cares? *Sexually Transmitted Infections*. 2000; 76: 330-332.
10. Wendy Joan, Shotsky MA. Women Who Have Sex with Other Women. *Women Health*. 1996; 24: 1-15.
11. Zaidi S, Ocholla AM, Otieno RA, et al. Women Who Have Sex with Women in Kenya and Their Sexual and Reproductive Health. *LGBT Health*. 2016; 3: 139-145.
12. Xu F, Sternberg MR, Markowitz L. Women Who Have Sex With Women in The United States: Prevalence, Sexual Behavior and Prevalence of Herpes Simplex Virus Type 2 Infection-Results From National Health and Nutrition Examination Survey 2001–2006. *Sex Transm Dis*. 2010; 37: 407-413.
13. Elizabeth Saewyc, Carol Skay, Kimberly Richens, et al. Sexual Orientation, Sexual Abuse, and HIV-Risk Behaviors Among Adolescents in the Pacific Northwest. *Am J Public Health*. 2006; 96: 1104-1110.
14. Ann V Bell, Danielle Ompad, Susan G Sherman. Sexual and Drug Risk Behaviors Among Women Who Have Sex With Women. *American Journal of Public Health*. 2006; 96: 1066-1072.
15. Bailey JV, Farquhar C, Owen C, et al. Sexual behaviour of lesbians and bisexual women. *Sexually Transmitted Infections*. 2003; 79: 147-150.
16. Buchmueller T, Carpenter CS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000-2007. *Am J Public Health*. 2010; 100: 489-495.
17. Tat SA, Marrazzo JM, Graham SM. Women Who Have Sex with Women Living in Low- and Middle-Income Countries: A Systematic Review of Sexual Health and Risk Behaviors. *LGBT Health*. 2015; 2: 91-104.
18. Diamant AL, Schuster MA, McGuigan K, et al. Lesbians’ sexual history with men: Implications for taking a sexual history. *Arch Intern Med*. 1999; 159: 2730-2736.
19. Cook RL, Clark DB. Is there an association between alcohol consumption and sexually transmitted diseases? A systematic review. *Sexually Transmitted Diseases*. 2005; 32: 156-164.
20. Friedman SR, Ompad DC, Maslow C, et al. HIV prevalence, risk behaviors, and high-risk sexual and injection networks among young women injectors who have sex with women. *Am J Public Health*. 2003; 93: 902-906.
21. King M, Semlyen J, Tai SS, et al. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008; 8: 70.
22. Saini R. Oral sex and oral cancer: A virus link. *J Pharm Bioallied Sci*. 2011; 3: 467-468.
23. Herrero R, Castellsagué X, Pawlita M, et al. IARC Multicenter Oral Cancer Study Group. Human papillomavirus and oral cancer: the International Agency for Research on Cancer multicenter study. *J Natl Cancer Inst*. 2003; 95: 1772-1783.
24. Mendling W. Vaginal Microbiota. *Adv Exp Med Biol*. 2016; 902: 83-93.
25. Plummer EL, Vodstrcil LA, Fairley CK, et al. Sexual practices have a significant impact on the vaginal microbiota of women who have sex with women. *Sci Rep*. 2019; 9: 19749.
26. Kowalczyk R, Nowosielski K. Impact of social factors and sexual behaviors on the knowledge of sexually transmitted infections among women who have sex with women/women who have sex with women and men. *Int J STD AIDS*. 2019; 30: 163-172.
27. Muzny CA, Harbison HS, Pembleton ES, et al. Sexual behaviors, perception of sexually transmitted infection risk, and practice of safe sex among southern African American women who have sex with women. *Sex Transm Dis*. 2013; 40: 395-400.
28. Blake SM, Ledsy R, Lehman T, et al. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *Am J Public Health*. 2001; 91: 940-946.