I. INTRODUCTION

In this study project, we adopted and used an inclusive concept/term ‘women who have sex with women’ (WSW) to refer to the targeted population, “Women who engage in sexual activities with other women, whether or not they identify themselves as lesbians, bisexual, pansexual, heterosexual, or discipline with sexual identification altogether” [1]. This definition is preferred because we focus on WSW’s behaviors and practices rather than labels [2] and the public health implications of female same-sex relationships that develop from intimacy or sexual/physical attraction. Furthermore, “Not all women who have sex with women are lesbians … They might identify as span, bi, queer, straight, bi curious or gay … They might be cis gendered, trans or non-binary [3], [4]. Moreover, it is known that “Women who don’t identify as lesbians, bisexual, queer or even questioning often have had sexual relationships with other women” [5].

Similarly, this definition fits in the Tanzania context where the WSW typologies [6]-[9] are unknown, under researched and not clearly developed to be distinguishable. Tanzanian women and girls, therefore, may fail or feel shy to identify themselves with any category due to stigma; might not be
aware of what each category entails [10] or might not understand questions on which categories of WSW they identify with [11]. To avoid the perceived confusion, stigma and discrimination attached to lesbian labels/types, we chose and use the term ‘WSW’.

WSW are currently known existing in all societies around the globe. However, like other hidden/concealed populations, their estimations are difficult to establish [10], [12] particularly in countries where female same-sex relationships are a taboo, socio-culturally and religiously condemned, illegal and criminalized under penal codes. Statistics available combine data on Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) making it difficult to determine proportions of each group. For example, in the U.S.A., the estimated number of lifetime same-sex behavior by women is 7.1% to 11.2% [2]. However, the number of women self-identifying as a sexual minority tends to be lower, 1.3% to 1.9% of women identify as lesbians and 3.1% to 4.8% identify as bisexual [13]. Shields et al. [14] reported that 3.8% (CI 95, 2.9–4.8%) of a stratified random sample of 2,730 youth (grades 6–8) across all 22 public middle schools in San Francisco, California, U.S.A., identify as lesbian, gay, or bisexual, and 1.3% of middle school students identify as transgender. Of the 3.8% of LGB students, 1.7% identify as gay or lesbian and 2.1% as bisexual. The Gallup Daily Tracking (2017) reported the percentage of American adults identifying as LGBT increased from 3.5% in 2012 to 4.5% in 2017 [15]. A 2009 Statistics Canada poll suggested 2% of Canadians overall were LGBT and The National Post and Forum Research [16] poll concluded 5% of the Canadian population was LGBT, this proportion rising to 10% for the 18–34 demographic group.

A study by van Kampen et al. [17] estimated that 1.36 million to a maximum 3.2 million out of 54.3 million people would self-identify as belonging to a sexual minority in England. A survey of LGBT in the European Union (EU) estimated United Kingdom (UK) (6.5%), Netherlands (6.4%), Poland (4.9%), Germany (7.4%), Spain (6.9%), Italy (4.8%), Hungary (1.5%), France (5.4%) and Austria (6.2%) [18]. A government survey in the UK found that in 2013, 1.6% of UK adults identified as LGB [10].

Very few studies have attempted segregating LGBTI data. A study that analyzed Add Health data from more than 12,000 7th–12th grade students (U. S. A.), found that 5% of female subjects and 7.3% of male subjects reported “same-sex romantic attraction” [19], [20]. A report on HIV seroprevalence data for 27,370 women sexually active with women accessing services in four of New York State clinics showed that since 1978, 3.7% had sexual activity exclusively with women, 5.3% reported sexual activity with both women and men [21].

Another study conducted in the U.S.A. showed that 7.1% (95% CI, 6.6–8.2) of the sample of women aged 18–49 reported ever having sex with a woman and 2.7% had sex with a woman a year prior to the study. The number of WSW- ever was estimated at 5.7 million (95% CI, 4.9–6.6) [22]. According to a research conducted at Boise State University in 2011 among 484 women, 60% of women who identify as heterosexual (straight) admitted being sexually attracted to another woman, 45% of them admitted kissing another woman and 50% of them disclosed fantasizing about a woman. Shabazz [23] observed, “There are many women out there who can and will admit experimenting sexually with women in their younger days.” Grazia and Onepoll’s study [24] of 2,000 women reported “25% of 18 to 24-year-old women who identify as straight say they’ve had a sexual encounter with someone of the same sex.” According to the Sexual Fact Sheet [25], the proportion of women who had a same-sex partner increased between 1990 and 2000, from 1.8% to 4.9% in Great Britain. The proportion that had had a same-sex partner in the past five years also increased from 0.8% to 2.6. In the Northern Ireland, one in 28 (3.6%) women reported sex with a same-sex partner on at least one occasion. About 2% (1.4% women) said they had only been attracted to the same sex. Antony et al [11] reported 97.5% of Australian population who identify as heterosexual.

Accurate data on the size of Africa’s LGBT population is limited. A University of California, San Francisco (UCSF) Report 2015 [26] indicated that “there are no accurate data available on the size of men-who-have-sex-with-men (MSM) population in South Africa.” Adding, “However, in other contexts, up to 1% of the adult population could be considered as engaging in same-sex practices”. Examining data from a survey of 3,000 South Africans conducted in 2015, The Other Foundation [27] concluded that “around 1.4% of the population identified LGBT.” Adding, Over half a million adult women and men, across all population groups, living in both rural and urban areas, and across all age groups identified themselves as homosexual, bisexual, or gender non-conforming – consistent with similar population ratios in many different parts of the world. Almost six times that number of South Africans (3 million) present themselves in public (”dress and act”) in a gender non-conforming way: about 430 thousand men and nearly 2.8 million women.

Reported attacks against LGBT people on Kenya’s coast since 2008 suggest they exist in that part of the country, mainly in Kilifi, Kwale (Ukunda and Diani towns) and Mombasa [28]. Participants in the Human Rights Watch/PEMA Kenya study [28] included, among others, 57 gay or bisexual men, 5 lesbians and 3 transgender women. A study describing sexual and reproductive health characteristics of WSW in Kenya’s three most populous cities: Kisumu, Mombasa, and Nairobi [29] recruited 280 participants aged 18 years and above and Kenya residents. Okal. et al. [30] and Chang & Dzols [31] concluded that there is evidence that LGB exist in Nairobi where the country’s largest LGBT organization, the Gay and Lesbian Coalition of Kenya (GALCK) has been launched since 2007. In a Human Rights Watch/PEMA Kenya [28] study, many participants (MSM or trans women) interviewed, reported also engaged in sex work, either regularly or occasionally.

It is from this perspective, the lack of in-depth understanding of WSW population in the country, that we conducted a formative qualitative study that aimed at, among other objectives, to establish the existence and magnitude of female same sex behaviors and practices in Tanzania using a case study of Dar-es-Salaam administrative region.
II. MATERIALS AND METHODS

Data presented in this paper are part of a larger qualitative study conducted among WSW in Dar-es-Salaam region, Tanzania, in January and February 2021. To collect data needed, we conducted interviews with WSW, proxy WSW, female same-sex relationships potential women and girls and community members. Also, two (2) focus group discussions (FGDs) were conducted with WSW and members of community. Furthermore, observations of female same sex relationship-related issues were conducted throughout our stay in the study area.

The Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Review Board (IRB) 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 INGOs/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. 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.

III. RESULTS

During the in-depth (IDIs) and focus group discussions (FGDs), study participants were asked to share their perceptions on the existence, magnitude and trends of female same sex behaviors and practices in Tanzania and in Dar-es-Salaam region, in particular. One participant informed, “There are so many women having sex with fellow women in this country and their numbers are increasing everyday … There are so many of them” (IDI, G, 46 years, 2021). Another participant explained,

Women who have sex with women exist everywhere in this world ... Africa, Europe, America ... They are found everywhere ... They are found in every region in Tanzania ... Dar-es-Salaam, Arusha, Moshi [Kilimanjaro], Mwanza, Kigoma ... The problem is that female same sex behaviors and practices are conducted in secrecy and in private places known among themselves ... Their numbers have increased over the past few years (IDI, F, 26 years, 2021).

A participant in the FGD reported, “Women who have sex with women are found in all urban centers in this country ... Be it in Iringa, Mbeya, Dar-es-Salaam, Arusha or Mwanza ... In every urban center ... They may also exist in rural areas ... When you come to Iringa, I shall introduce you to those [colleagues] I know ... They will bring their colleagues too” (FGD_1, 2021). Another participant in same FGD informed, “There are so many women having sex with women in Tanzania, especially in Dar-es-Salaam ... Today, female same sex is a fashion ... Many women have joined this business [female same sex behaviors and practices]” (FGD_1, 2021).

A Christian Religious leader interviewed in Ubungo district observed that, “There are few women who have sex with women in Dar-es-Salaam ... However, the women practice female same sex behaviors in secrecy which, makes it difficult to estimate their numbers” (IDI, H, 43 years, 2021). A Street Leader interviewed in Kinondoni district, who has been working in the study area for two years stated, “I am not aware of the existence of such women [WSW] in our area ... I have been working in this area for two years now ... I have never encountered such a case ... However, the Street Chairperson who attends majority of the community members’ concerns, could have good ideas on this issue” (IDI, I, 32 years, 2021). Another Street Leader interviewed in Kinondoni reported, “There are a few WSW in my area ... There were two of them that we knew ... However, they have moved ... One went abroad and the other [the partner] has died” (IDI, K, 62 years, 2021).

We further probed on where WSW are found in Dar-es-Salaam. Generally, participants reported WSW are found in every part of the city. However, Kinondoni district was perceived harboring most of the WSW in terms of residence and WSW-frequented recreational areas (IDI, B, 35 years, 2021; IDI, F, 26 years, 2021; IDI, H, 32 years, 2021; IDI, L, 32 years, 2021). One participant reported, “WSW are found in [girls’] Secondary schools, at workplaces, recreational places [bars, hotels and night clubs] and higher learning institutions ... We are everywhere” (IDI, E, 28 years, 2021).

A participant in the FGD explained, “Female same sex is practiced everywhere in this country, especially in Dar-es-Salaam, where women are free and somehow empowered to practice what they want ... They are found in hotels, recreational areas .... In all districts ... Kinondoni, Ilala and Temeke ... (FGD_1, 2021). Another participant claimed, “There are so many of us in this city ... If you want to observe them just visit entertainment places in Kinondoni district ... They are women from all backgrounds (FGD_1, 2021).

We further asked study participants to comment on the trends of female same sex behaviors and practices in Dar-es-Salaam city. Discussing on the perceived number of WSW in the country and in Dar-es-Salaam, in particular, one participant had this to say, “There were a few of us in the past” [prior to 2000] ... Today, many women are practicing same sex ... Our number has tremendously increased (IDI, B 35 years, 2021). The other participant reported, “Believe me ... One out of four women you see in major cities and towns practice same sex” (IDI, H, 32 years, 2021). A participant in a FGD reported, “The number of women having sex with women in Dar-es-Salaam has increased ... Those who used to camouflage under their religions or family status are now surfacing to express and defend their sexual feelings and rights” (FGD_1, 2021). A Christian Leader interviewed informed, “Given what we observe in our communities and the secrecy around female same sex behaviors and practices, I am afraid, there are so many of them [WSW] out there” (IDI, H, 43 years, 2021).

The researchers further probed the study participants to explain why the number of WSW in Dar-es-Salaam is perceived increasing especially beginning in 2000. One participant reported, “There are advocacy groups for women’s rights [including sexual rights] that have empowered us to come out and express our sexual feelings ... However, these activities are conducted underground because female same sex is illegal in this country ... But ... Yes, we are so many out there [the transgender men]” (IDI, F, 26

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Another participant observed that the number of WSW is increasing due to peer pressure, saying, “Some women imitate what they hear from their friends … If a woman learns that female same sex is very romantic than heterosexual sex, she would be tempted to try it … Once [she is] used to it, she becomes addicted, adding to the number of women who have sex with women in the country” (IDI, A, 27 years, 2021).

The other participant informed, “Some sexually unsatisfied or sexual love starving women in their [heterosexual] marriages seek alternative means of sexual satisfaction from fellow females … Because female sex is about care and satisfaction … Again, no one would suspect two women are in love even if found [closely seated] together in public … This is not the case if she would be in a relationship with a male” (IDI, H, 32 years, 2021). A Christian Religious Leader reported,

Their [WSW] number is increasing because no one is paying attention to the behaviors and practices of this group [WSW] … The Religious Leaders, politicians and community members point fingers at the homosexuals [MSM] only … As a result, such women lack proper guidance and protection … They become lost sheep without a Shepherd … They may think their behaviors and practices are either accepted or tolerated by the society … We should pay equal attention to this group of homosexuals … We should collectively guide and protect them (IDI, H, 43 years, 2021).

IV. DISCUSSION

A. WSW Existence

This formative qualitative study findings prove, beyond reasonable doubts, that WSW exist mainly in urban areas in Tanzania and for several reasons, their number is perceived rapidly increasing. As some of the participants suggested, WSW may also exist in rural areas. Further evidence that WSW exist in this country is as follows. The en.wikipedia.org [32] provides evidence that gays and lesbians exist in Tanzania reporting,

Lesbian relationships also were common in Swahili society. Lesbians (known as msagaji or msago (plural: wasagaji or misago, literally grinders) also had certain societal roles, including doing tasks typically associated with men. Similarly, to shoga relationships [MSM], msagaji relationships were also defined for economic purposes, though less so. The older partner (mama, plural: mwana) was typically wealthier and of a higher social class. Women who resisted marriage and were interested in education and careers were perceived as being wasagaji, regardless of their actual sexual orientation. Collectively, homosexuals were called mke-si-mume (literally woman, not man).

According to the Executive Director, LGBT Voice Tanzania, a group of LGBTs with a cause for other LGBTs in Tanzania, established the LGBT Voice (Tanzania) in 2009. Adding,

LGBT Voice is a registered National Lesbian, Gay, Bisexual and Transgender (LGBT) organization with over 200 members, working to advance equality, diversity, education and justice. LGBT Voice works to advance recognition of human rights based on sexual orientation and gender identity at the national level and promote the articulation of clear national norms and mobilize international pressure because our government failed to live up to those standards [33], [34].

In August 2017, two newlywed women, Ms. Milembe Selemani, 35, a (then) Geita Region resident and Ms. Janeth Shonza, 25, a resident of Nyanasa in Mwanza and a (then) student at St. Augustine University of Tanzania (SAUTI) were brought before the Mwanza Resident Magistrate Court (Case No. 548/2017) charged with acts that signaled lesbianism. Two other persons also appeared before the same magistrate for their involvement in the lesbian union which found its way onto social media leading to the arrests. Richard Fabian, 28, was alleged the source of the viral social media video breaching a section of Tanzania’s Cyber Crimes Act of 2015. Annet Mkuki, 24, was held for being the Master of Ceremony (MC) at the event where the two women exchanged rings and were shown kissing [35]-[38].

Similarly, as part of the crackdown against gays, in September 2017, the police in Zanzibar arrested 20 people (eight men and 12 women) alleged engaging in homosexuality [39]. In addition, Kamazima and Kazaura [40] reported on female same sex behaviors and practices in Bukoba town, a capital for the Kagera region, along the Tanzania-Uganda border. One of their key informants observed that, “As there are men who exclusively sell sex to men or to both men and women, there are women exclusively selling sex to women or to both men and women … That is how they make good money and good living”.

Like in many African countries, LGBT persons in Tanzania face varied challenges [41] rooted in interwoven factors: homophobia, religious beliefs, socio-cultural constructs and criminalization by national laws and the constitution. Homosexuality in Tanzania is a social taboo recognized as ‘un-African’ culture. Similarly, same-sex sexual acts (even in private and consensual) are criminal offences, punishable with life imprisonment. The law also punishes heterosexuals who engage in oral sex, anal sex, and masturbation. According to The Tanzania Penal Code of 1945 (as revised by the Sexual Offences Special Provisions Act, 1998) and The Zanzibar Penal Code of 1934 (as amended in 2004), same-sex relationships or couples have no recognition on Tanzania Mainland and Zanzibar respectively. This finding justifies our study participants’ observation that there are so many women practicing same sex in this country; however, the illegal nature of same sex relationship in Tanzania, pushes female same sex behaviors and practices underground, making it difficult to estimate the population size of WSW in the country. Furthermore, this finding explains, in part, the paucity of public health research conducted with, among and for this population group in the country.

B. WSW Implications

Available literature on female same sex indicate that the public health importance and medical consequence of risky behaviors the WSW engage in – low healthcare services utilization, promiscuity, substance use and abuse, low
protective devises use [42], wet-wet kissing, vagina sucking, oral and anal sex, fingerling, sex work, having sex with men and from high-risk populations, sharing sex toys, sharing features with injecting drug users (IDUs) and female sex workers (FSWs) – is that WSW have a likelihood of contracting HIV, syphilis and other STIs from high-risk and the general population. Certainly, this finding suggests that because WSW have sexual partners in the highest-risk groups and other partners, they are another at high-risk group [42] and a ‘bridge population’ forming a transmission bridge from the highest-risk groups (HRG) to the general population and vice versa. Unfortunately, WSW is a group in this country that has attracted limited attention from health personnel and the public health professionals, in particular. As a result, there is flimsy understanding of WSW’s political, socio-economic, health and reproductive health needs that might be relatively different from the general population [43]. This finding, therefore, calls public health personnel to pay attention to WSW irrespective of their known sexual behaviors and practices.

V. CONCLUSION AND RECOMMENDATIONS

Lack of evidence is often cited as the reason for not investing in work targeted specifically at minority groups. WSW are often marginalized in sexual health research, especially in countries where same sex is illegal and criminalized under Penal Codes. WSW (may) constitute a small, but significant group with specific healthcare needs [41]. “A lack of awareness among healthcare professionals about these [healthcare] needs may lead to ill-informed advice and missed opportunities for the prevention of illness” [43]. Hence, more visibility is needed. It is crucial that WSW talk about their lived experiences [5] and their health met and unmet needs. Evidently, we need inclusive national data to understand this group better and paying attention to the WSW’s needs. Carvell [5], for example, showed that WSW prefer accessing sexual health services in community and voluntary settings that care for them irrespective of their documented sexual behaviors and practices. We recommend that the availability of comprehensive and informative data from multidisciplinary (public health) research among WSW in the country is cardinal to achieve this long-term goal. We are contented, our formative qualitative study using a case of Dar-es-Salaam region, therefore, has paved the way in this direction.

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