

UNIVERSITY OF NAIROBI
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**HOMOPHOBIA AND ITS EFFECTS ON DYNAMICS OF SEXUAL RELATIONSHIPS
AMONG MEN WHO HAVE SEX WITH OTHER MEN: A CASE STUDY OF NAIROBI
COUNTY**

BY
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DECLARATION

I declare that this project represents my original research work. Every effort is made to acknowledge the contributions made by other parties with due reference to the literature and collaborative research and discussions. The project was completed under the guidance of Professor E.K. Mburugu at the University of Nairobi, Sociology Department.

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DEDICATION

To my colleagues at work, who eased my workload to help me focus on this project. To my loving family, who supported me throughout with their prayers and moral input. To my friends, who tried hard to understand the nature of my project, but were so modest as not to ask too many questions. Their support went a long way. And to those who could not understand the project, but urged me along all the same. And to members of staff in the Sociology Department, their support and input was refreshing. Finally, to all researchers who are courageous enough to take on unpopular and (at times) controversial topics for the love of knowledge.

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ACRONYMS/ABBREVIATIONS

- BIQ - Background Information Questionnaire
- GALCK - Gay and Lesbian Coalition of Kenya
- IH - Internalized Homophobia
- KHRC - Kenya Human Rights Commission
- LGBT - Lesbians, Gays, Bisexuals, and Transgender
- MSM - Men who have Sex with other Men
- NHAI - Nungesser Homosexuality Attitudes Inventory

ABSTRACT

Actual and attempted acts of homosexuality are criminalized under Kenyan laws. The punishment for such acts is set out in Sections 162 and 165 of Laws of Kenya. In addition, homophobia is widespread in the country, with a Kenya Human Rights Commission study in 2011 finding out that 86 percent of Kenyans are against homosexuality. However, in spite of the criminalized nature of homosexuality, it still persists in the country. The existence of these individuals in has attracted the attention of scholars, policymakers, and other stakeholders. The current study sought to examine how internalized homophobia affects sexual relationships among this group. The major objective of this study was to identify the relationship between internalized homophobia and dynamics of romantic relationships among men who have sex with other men in Nairobi. Specifically, the study sought to analyze how internalized homophobia affects the duration of relationships among this group. It also sought to identify how it impacts on the frequency of these relationships, its link to risky sexual behavior, and how it relates to relationship status among MSMs. The study assumed a quantitative and qualitative approach. Quantitative data was collected using a questionnaire and an attitude measurement tool. Qualitative data was collected using key informant interviews and literature review. A background information questionnaire was used to collect information pertaining to the respondent's background and attributes about their relationships. Nungesser Homosexuality Attitudes Inventory was used to measure levels of these attitudes among the respondents. A sample size of 60 adult gay men who are currently in a romantic relationship with a gay man or have been in such a relationship was used. The 60 respondents were accessed through non-random and snow-ball sampling methods. Quantitative data was analyzed using SPSS. Interviews were conducted on 6 key informants in the gay community in Nairobi. The informants were accessed through purposive sampling. Information from the interviews was analyzed through thematic analysis. The study found that internalized homophobia is widespread among MSMs in Nairobi (46.7% were found to have high levels of internalized homophobia, while 30% reported moderate levels). In addition, it was found that internalized homophobia has various impacts on the dynamics of relationships among men who have sex with other men. It affects the duration of relationships (chi test value=59.40, $p=0.003$), relationship status (38.2% of respondents currently in a relationship, and 61.8% not in a relationship), and risky sexual behaviors (chi test value=71.771, $p=0.006$ with regards to number of men respondents have had sex with within the last 6 months). Based on the findings made in this study and from the literature review, it is recommended that the government and other stakeholders should come up with policies aimed at improving the welfare of MSMs. Such policies include training of healthcare providers on how to handle this group, establishment of mental healthcare facilities and frameworks targeted at this group, and expanding the freedom of this minority group under the new constitution. Researchers should also consider diversifying their focus on men who have sex with other men from HIV to social and other aspects of this group. They should also try to overcome the prejudices and challenges associated with such studies. In addition, the researchers should prepare their families and significant others about their participation in studies involving men who have sex with other men. Learning institutions and other stakeholders should encourage and support studies on this group. Finally, men who have sex with other men groups should take a proactive role in encouraging studies in this field. The aim is to come up with scientific data to demystify the existence of MSMs in contemporary Kenyan society.

CHAPTER ONE: INTRODUCTION

1.1. Background Information

Prior to the 20th century, it was generally believed that one was either heterosexual or homosexual. However, this has changed today. Sexual orientation in many parts of the world is now viewed along a continuum ranging from exclusive heterosexuality to exclusive homosexuality. Some people are believed to be bisexual, where they are sexually attracted to both male and female. However, according to Kodero et al. (2011), many societies in Africa still believe that people are born heterosexual. Homosexuals in these societies are regarded as sexual deviants. Kenya is such a country where homosexuality is criminalized by law (Finerty, 2012).

Sections 162 and 165 of the Kenyan Penal Code criminalize actual and attempted homosexual behavior between men. The act is defined as “carnal knowledge against the order of nature” (Kodero et al., 2011, p. 279). An individual who is convicted of this offense can be sentenced to a jail term of between 5 and 14 years. The sentence is made clear in section 162, which states that:

Any person who has carnal knowledge of any person against the order of nature; or permits a male person to have carnal knowledge of him or her against the order of nature, is guilty of a felony and is liable to imprisonment for 14 years (Kodero et al., 2011, p. 279).

On its part, Section 165 states that:

Any male person who, whether in public or private commits any act of gross indecency with another male person, or procures another male person to commit any act of gross indecency with him, or attempts to procure the commission of any such act by any male person with himself or with another male person, whether in public or private, is guilty of a felony and is liable to imprisonment for five years (Kodero et al., 2011, p. 279).

Kenyan leaders have voiced their opposition to homosexual acts in the country. For example, in 2010, the then Kenyan Prime Minister, Raila Odinga, was quoted as saying that lesbians and gay men should be arrested because they engaged in unnatural acts (Barasa, 2010). The Permanent Secretary in the then Ministry of Education said that same-sex acts are common in Kenyan secondary schools. He called for the students caught in these acts to be expelled and prosecuted (Kodero et al., 2011).

The narrative against homosexuality is not restricted to Kenyan political leaders. Religious leaders are also opposed to the acts. For example, in 2011, the principal of Kisauni Islamic College, Sheikh Majid Obeid, blamed the problems facing the country at the time on homosexuals. On his part, the Organizing Secretary of the Council of Imams and Preachers of Kenya, Sheikh Mohamed Khalifa, called on Kenyans to shun businesses operated by gays and lesbians to deter them from engaging in these acts (Kodero et al., 2011).

On May 2012, Peter Karanja, the General Secretary of the National Council of Churches of Kenya, voiced concerns over the calls by the Kenya National Commission on Human Rights to legalize homosexuality. According to the cleric, homosexuality is against the African beliefs and traditions. His sentiments were echoed by other religious leaders, such as Julius Kalu, who was reported to have said that homosexuality is worse than terrorism. In spite of the opposition towards these acts, homosexuality does exist in Kenya. The existence is made apparent by the emergence of some individuals who are involved in this practice and who have come out to defend this group. Kodero et al. (2011) cite the case of the participation of gay men and lesbians in 2007's World Social Forum held in Nairobi. Some of the individuals stated that they were no longer afraid of coming out, neither are they ashamed of their sexual orientation.

Homophobia is a complex and multi-faceted topic, especially in contemporary and traditional African societies. It is as a result of this that homosexuality is regarded as a taboo and a repugnant practice in Kenya. It goes against the values and morals of the Kenyan society. It is why same-sex sexual acts are regarded as crimes in the country.

However, in spite of these views, recent developments reveal that homosexuals do exist in the country. They are part of the Kenyan demographic layout. This is made clear by the media coverage they have received, the public declarations made by leaders either to support or condemn the group, and the 'coming out' of prominent people in the country. In addition, several groups have been registered to fight for the rights of this demographic segment or to cater for their health concerns. However, there are very few academic studies that have been conducted on this group in Kenya. This shows that the information available about Kenyan Lesbian, Gay, Bisexual, and Transgender (LGBT) community is not comprehensive. Homophobia is regarded as a form of prejudice against individuals identified as members of the LGBT community. At the individual level, homophobia involves conscious

rationalization and justification of dislikes, hatred, and discrimination against LGBT. As a concept, homophobia was first used in 1972 by Weinberg. It was used to refer to irrational attitudes towards homosexuals.

Sophie (1985) identifies two forms of homophobia; internalized and externalized. According to this scholar, internal homophobia refers to prejudices internalized by individuals from families, friends, and other social groups. On the other hand, external homophobia refers to the overt expression of the internalized prejudices. It involves social avoidance, violence, and discrimination. Homophobia is widespread in Kenya. In a 2007 study conducted by Pew Global Attitudes Project, it was found that 96 percent of Kenyans were opposed to homosexuality. According to the Kenya Human Rights Commission (KHRC), this was the fifth-highest rate of homophobia among the 45 countries included in the Pew survey. In another study conducted by KHRC in 2011, 89 percent of homosexuals who came out or were 'outed' to their family members were disowned. In addition, such individuals were discriminated against in their places of work. Religious leaders blame societal and economic ills on people who engage in same-sex acts.

Homophobia from members of the community affects the life of MSMs in different ways. For example, it impacts on the nature of relationships among gay couples. For instance, whereas heterosexual partners receive social support from the society, including family and friends, homosexual partners are shunned. According to Campbell (2000), gay couples are subjected to, among others, legal and social discrimination. They lack the social support from family members that is enjoyed by their heterosexual counterparts. As such, the development, maintenance, and definition of gay relationships vary from that of heterosexual partnerships. However, internalized homophobia among gay men also has an impact on the nature of their relationships. According to Frost and Meyer (2009), internalized homophobia can lead to the rejection of one's sexual orientation. It is also associated with intrapsychic conflicts between experiences of same-sex affection or the desire to be heterosexual. According to theories of identity development among LGBT persons, internalized homophobia is commonly encountered in the process of LGBT identity development (Frost & Meyer, 2009).

The current study examined the relationship between internalized homophobia and partnerships among gay men in Nairobi County. The impacts of internalized homophobia on characteristics of relationships were analyzed.

1.2. Problem Statement

In the past, psychological research on MSMs focused on pathology and etiology of homosexuality (Campbell, 2000). However, beginning with the works of Evelyn Hooker in 1957, the focus has shifted to the descriptive exploration of behavior regarding the experiences of this group. However, in spite of this shift, myths and stereotypes with regards to gay relationships persist in contemporary research. For example, the traditional psychodynamic theory by Friedman (1988) assumes that gay partnerships are driven by the pathological need of MSMs to separate from their mothers. Friedman believes that the need is so extreme to the extent that the men reject women as objects of desire. However, it is important to analyze the issue of partnerships among MSMs from different perspectives. For example, it is important to highlight gay relationships from the perspective of internalized homophobia among this group.

Sophie (1985) defines internalized homophobia as a set of negative affects, cognitions, and behaviors that a gay person has towards homosexuality in other persons and homosexual features in oneself. It extends to prejudices against same-gender sexual and affection feelings, sexual behavior, and intimate relationships. Internalized homophobia involves the external stigmatization attached to the sense of self. It involves self-hatred and the shame associated with considering oneself to be a deviant. Internalized homophobia is associated with low self-esteem, self-hatred, and ego-dystonic homosexuality diagnosis. In light of the issues highlighted above, it is likely that internalized homophobia impacts on interpersonal relationships among gay men. According to Meyer and Dean (1998), internalized homophobia has been linked to several negative outcomes in romantic and non-romantic intimate relationships among MSMs. One of the prejudices associated with this outcome is the belief that LGBTs are incapable of intimacy and maintaining lasting and healthy relationships.

When the individual gay man internalizes and experiences these negative feelings, they are likely to report a decrease in the quality of and satisfaction with intimate relationships. To deal with the feelings, the individual may shun lasting and deep relationships with other MSMs. In addition, they may seek avenues for sexual expression without intimacy and interpersonal proximity (Frost & Meyer, 2009). According to Mohr and Fassinger (2006), one's partner and shared experiences in coupled romantic relationships serve as constant reminders of one's own deviant sexual orientation. As a result, issues, such as ambivalence,

relational conflict, misunderstandings, and divergent goals and aspirations may arise. In addition, individuals who perceive themselves negatively as a result of their being members of the LGBT community are likely to be perceived as less attractive relationship partners compared to individuals who hold more positive perceptions of themselves.

Meyer and Dean (1998) showed that MSMs with higher levels of internalized homophobia were less likely to be in intimate relationships. In addition, when such men were in romantic relationships, they were more likely to report problems with their partners. This is as compared to MSMs with lower levels of internalized homophobia. Similar findings were made by Ross and Rosser (1996), who found that internalized homophobia among gay and bisexual men was negatively associated with quality and longevity of relationships. In addition, internalized homophobia affects relationship functioning. It does this by reducing the efforts made by individuals to maintain relationships in cases of internal conflicts.

The impacts of internalized homophobia are not limited to romantic relationships. According to Campbell (2000), it also affects non-romantic relationships like friendships and familial ties. For example, individuals with high levels of internalized homophobia are more likely to be lonely and receive less social support. It is also important to note that internalized homophobia affects the MSM's experience of sexual intimacy. For example, high levels of internalized homophobia are associated with higher levels of sexual depression, sexual anxiety, and low sexual esteem. It is also a predictive factor of sexual problems among this group (Dupras, 1994; Meyer, 1995).

The current study reviewed whether internalized homophobia among MSMs in Nairobi County has any impacts on their romantic relationships. The Nungesser Homosexuality Attitudes Inventory [NHAI] (Nungesser, 1983) was used in the study. The scale is commonly used by researchers in this field to assess the extent to which LGBT individuals reject their sexual orientation, are ashamed of their same-sex desires, and seek to avoid same-sex attractions and sexual feelings. The measure can be used to determine the level of internalized homophobia among MSMs in Nairobi. Knowledge on the relationship between this element and relationship dynamics in Kenya is lacking. The current study sought to address this gap.

1.3. Research Questions

The study was guided by the following research questions:

- i.** What is the relationship between internalized homophobia and dynamics of relationships among MSMs in Nairobi?
- ii.** What are the impacts of internalized homophobia on levels of satisfaction with relationship among MSMs in Nairobi?
- iii.** What are the impacts of internalized homophobia on longevity of relationships among MSMs in Nairobi?
- iv.** What are the impacts of internalized homophobia on risky sexual activities among MSMs in Nairobi?

1.4. Research Objectives

1.4.1. Major Objective

The major objective of the study was to determine the link between internalized homophobia and dynamics of relationships among MSMs in Nairobi

1.4.2. Specific Objectives

The specific objectives of the study were to:

- i.** Determine how internalized homophobia affects the duration of romantic associations among MSMs in Nairobi County.
- ii.** Examine how internalized homophobia impacts on the frequency of relationships among MSMs in Nairobi.
- iii.** Assess how internalized homophobia is related to risky sexual activities among MSMs in Nairobi.
- iv.** Determine how internalized homophobia affects the status of romantic relationships among MSMs in Nairobi (whether single or in a relationship).

1.5. Justifications of the Study

The findings made in this study filled the knowledge gap that exists around the topic of internalized homophobia and its impacts on the quality of life among LGBT persons. The study added into the literature that exists in this field. Although homosexuality is a taboo and criminal activity in Kenya, evidence indicates that it does exist in the society. The findings of this study will go a long way in informing the works of individuals and organizations that work with this group in Kenya. The findings will help them formulate policies on how to help LGBT persons improve the quality of their life by improving the quality of their

relationships. The findings will also demystify the whole issue of gay relationships in contemporary Kenya.

1.6. Scope and Limitations of the Study

The study was limited to Nairobi County. The experiences of MSMs in other parts of the country were not included. In addition, the study was limited to individuals who identify as MSMs. It did not include lesbians and transgendered persons.

The study was limited to romantic and intimate relationships among MSMs. Non-romantic relationships between MSMs, their families, and the society at large were not the major focus of the study. However, these non-romantic relationships were addressed in as far as they affect the romantic relationships in the context of internalized homophobia. The study included participants who are 18 years and above. Individuals below this age were not included. Finally, the study was limited to gay men who were currently in a romantic relationship or who have been in a relationship in the past. Those who have never been in a romantic relationship were not included.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Literature Review

2.1.1. Homophobia in Contemporary Society

Homophobia is rampant in many societies today. According to Nicely (2001), homophobia, as a concept, developed after the era of de-pathologizing of homosexuality and the rise of the gay liberation movement in the 60s and 70s. The period was also marked by a shift in the models used to study homosexuality. For example, before the 60s, the focus was on the organism deficiency model. Here, the homosexuality was the centre of the study or cure. Starting in the 1960s, the focus shifted to social deficiency model. Here, the victimizer and the heterosexual community at large became the focus of queer (homosexual) studies (Nicely, 2001).

Weinberg is known to be the first person to use the term “homophobia” in his writings in 1972 (Nicely, 2001). He conceptualized the construct as the fear of being in close proximity to homosexuals and unwarranted distress over homosexual acts. There are various affects, cognitions, and behaviors associated with homophobia. At the individual level, fears are defined as some of the components associated with this phenomenon. Other affects include disgust, anger, and hatred. In addition to this, there are various cognitions associated with homophobia. They include attitudes that go against moral permissibility where society is expected to have stronger moral standards. Anti-gay attitudes and beliefs that homosexuality is immoral are other cognitive indicators of homophobia. The negative behaviors associated with this construct include avoidance, aggression, discrimination, and violence (Nicely, 2001). In light of this, homophobia can be conceptualized as the collection of negative affects, cognitions, and behaviors directed towards homosexuals and homosexuality at large.

Such scholars as Neisen (1990) and Herek (1996) have restructured the definition of homophobia. They view it as a form of heterosexism. Heterosexism is a situation where social institutions continually promote heterosexual lifestyles as being superior to homosexuality. To this end, heterosexism is equated to other prejudices in the society, such as racism and sexism (Neisen, 1990). However, many scholars prefer to use the term “homophobia” instead of “heterosexism” in their studies. The reason is that the former has gained currency in academic circles.

2.1.2. Homophobia in Kenya

Homophobia is rampant in the Kenyan society. The phenomenon is made clear by the violence and discrimination directed towards homosexuality in general and homosexuals in particular. For example, the Kenya Human Rights Commission [KHRC] (2011) reports that LGBTI who came out or got outed to the community were subjected to violence and other forms of discrimination. For example, 89 percent of these individuals reported that they were disowned by their family. In addition, those who came out or got outed to their employers were terminated or subjected to hostility, ridicule, humiliation, and discrimination (KHRC, 2011).

Members of the community have generally been hostile towards LGBT individuals in Kenya (Ipsos Kenya Limited, 2014). A story published by Africa Review on February 24, 2012, captures this scenario vividly. In the story written by Nyassy (2012) for Africa Review, it is reported that on 23 February, 2012, more than 100 people disrupted a meeting that was held by homosexuals in Likoni CDF Youth Empowerment and Library Centre. Following this incidence, the area police boss and provincial administration officials ordered the meeting to be closed. The mob, led by Sheikh Amir Zani of the Muzadhalfa mosque, justified their actions by saying that the meeting was illegal, ungodly, and unacceptable (Nyassy, 2012).

Kodero et al. (2011) and KHRC (2011) report that LGBT individuals are subjected to these forms of discrimination and violation as a result of their sexual orientation. For example, when the individuals need medical care, they are affected by stigma perpetuated by healthcare providers. The providers breach the privacy and confidentiality of their patients by disclosing their sexual orientation to other caregivers in the institution (KHRC, 2011).

However, the Kenyan LGBT community has received support from some quarters. For example, there are those individuals who argue that the Kenyan constitution does not specifically mention homosexuality, although it bans same-sex marriages. For instance, Article 45 of the constitution, Part 2 under the Family section, it is stated that: "Every adult has the right to marry a person of the opposite sex, based on the free consent of the parties" (Kodero et al., 2011, p. 298). Individuals against homosexuality interpret this section to mean that the constitution does not recognize same-sex unions. However, those fighting for the rights of LGBT argue that homosexuality is not mentioned anywhere in this article. Willy Mutunga, the current Chief Justice of the Kenyan Supreme Court, voiced his

support for gay rights in a speech delivered in a seminar organized by FIDA Uganda on 8 September, 2011. The Chief Justice was quoted as saying that gay rights are human rights. However, he was quick to point out that these rights are not currently recognized in the constitutions of the East African countries.

As already indicated, homosexuality exists in Kenya in spite of the legal proscriptions and homophobic tendencies from the larger community. The development, according to Kodero et al. (2011), makes the country an ideal context for studies in this field. As such, it is important to find out why and how these practices persist, yet they are “illegal”.

2.1.3. Development of the gay identity

To understand homophobia in general and internalized homophobia in particular, it is important to provide background information on the development of gay identity. And to understand the development of gay identity, it is important to have information on how identity in general develops.

2.1.3.1. Identity development

According to Nicely (2001), the development of character takes place in a social context. Models of identity development highlight the interaction between the individual and the environment with regards to identity formation. Erikson (1956, 1959, 1968) focused on ego development in explaining identity among individuals (Mohr & Fassinger, 2001). The ego organizes and synthesizes development, transforming patterns of function into a sense of self. Erikson referred to this as ego development (Weber-Gilmore, Sage & Rubinstein, 2011).

Sullivan (1953) adopted an interpersonal perspective in relation to identity development. To this end, interpersonal relationships determine the development of the self. On their part, Piaget and Kohlberg explain identity development from the perspective of cognitive theory.

2.1.3.2. Development of gay identity

Symbolic interaction theories have informed the formulation of gay identity development models. Theorists who have embraced this model include D’Augelli (1994), D’Augelli and Patterson (1995), and Cox and Gallois. Apart from explaining the formation of gay identity, symbolic interactionism has been used to highlight the development of identity among minority and oppressed groups.

2.1.4. Internalized homophobia

Antigay attitudes in the society lead to the emergence of stigmatization and discrimination against LGBT persons. The intolerance takes different forms. It includes physical violence, social alienation, and rejection by the family (Oluwakemi, 2012). The intolerance from the larger society has various impacts on the gay person. One of these impacts is the internalization of the prejudice experienced within the larger homophobic society. According to Campbell (2000), this internalization is what leads to internalized homophobia.

Meyer and Dean (1995) refer to internalized homophobia as the “gay person’s direction of negative social attitudes toward the self, leading to devaluation of the self and resultant internal conflicts and poor self-regard”. On their part, Locke (as cited in Oluwakemi, 2012), regards internalized homophobia as the form of hatred directed at the self as a result of being a socially stigmatized individual. As a concept, internalized homophobia is widely used in queer research and theory. It is especially prevalent in gay-affirmative psychotherapeutic models where it is seen as a major determinant of the MSM’s mental health. To this end, internalized homophobia can be regarded as a construct that organizes factors unique to LGBT persons with regards to development and psychopathology (Oluwakemi, 2012).

A number of scholars have established the link between internalized homophobia and various challenges affecting LGBT persons. For example, Meyer (1995) found that this self-hatred is closely linked to suicidal tendencies, depression, high-risk sexual behavior, and substance abuse. Of most important in the current study is the relationship between internalized homophobia and conflicts in romantic relationships among MSMs (Meyer, 1995).

2.1.5. Closeness and distance in gay male couples

To understand the impacts of internalized homophobia on gay romantic relationships, it is important to highlight the dynamics of these forms of engagements among gay men. According to Campbell (2000), the idea of disengagement is central to theoretical models revolving around psychological dysfunctions among gay male couples. The structural family therapy theory of psychological functioning defines the dynamics of the family system. According to this theory, the family is made up of couple, parental, and sibling subsystems. The subsystems are separated by boundaries. In this case, the boundaries relate to the rules and regulations governing participation in the family system. In a healthy family system, the parental sub-system has authority over the children subsystem. Dysfunction among families,

according to Campbell (2000), can take place under two situations. It can occur when the boundaries are so rigid, a phenomenon that is referred to as disengagement. Dysfunction can also occur in case of diffuseness of boundaries, which is referred to as enmeshment.

According to Campbell (2000), gay male relationships tend to be emotionally disengaged. To this end, there is too much autonomy and separateness. In addition, the relationship is devoid of feelings of loyalty and interdependencies are highly reduced. Chodorow (1978) hypothesizes that disengagement takes place because gay male couples, who are men, have been socialized to seek separation. According to Campbell (2000), there is a stereotype that gay men shun enduring relationships and are unable to achieve them. The stereotype is propagated by various family theorists, including Krestan and Bepko (1980). According to these theorists, MSMs in a couple shares the same developmental desire to seek independence and separate. Under such an arrangement, neither of the men is comfortable with interdependence. They react to this threat by isolation and distancing.

However, there are studies that disabuse this notion of emotional disengagement among MSM couples. For example, in a study of 50 MSM couples in the San Francisco Bay Area, Green et al. (1996) found that gay couples are more cohesive than married heterosexual couples. It was found that levels of higher relationship cohesion and flexibility among gay couples led to increased relationship satisfaction.

2.1.6. Dynamics of intimate relationships among gay males

Intimate relationships (including sexual and “marital” relationships) among LGBT are significantly different from those among heterosexuals. The variation is brought about by social and environmental factors. For example, LGBT persons have to contend with legal and social discrimination, which is not the case among heterosexual couples. In addition, gay couples lack the familial social support enjoyed by their heterosexual counterparts. In a 1984 study of 156 gay male couples, McWhirter and Mattison (as cited in Campbell, 2000) found that gay male relationships develop through a series of 6 stages. Blending is the first phase. At this stage, the two gay men focus in the formation of the couple. They disregard all other relationships. There is a high degree of sexual activity and emphasis in the formation of the couple’s identity at the expense of the individual identity (Campbell, 2000).

The second stage is nesting. Here, there are feelings of disillusionment among the dyad established in the blending stage. The feeling is not different from that among heterosexual

couples. The third stage is maintaining. At this juncture, the couple establishes their traditions and address conflicts that may arise between the two individuals. Individual identities of the partners begin to re-emerge (Weber-Gilmore et al., 2011). Fourth is the building stage. Individual and couple identities co-exist. The couple develops feelings of dependability. The releasing stage is characterized by a solidification of trust between the partners. However, the two individuals also tend to take each other for granted. The final stage is renewing. The two individuals are secure in the relationship. There is also restoration and remembrance.

The stages above can be used to predict the development of conventional gay couple relationships. However, it is important to note that the stages vary from one couple to the other. The stages can be used to analyze how internalized homophobia affects gay relationships. To this end, the relationship between internalized homophobia and the particular developmental stage can be established.

2.1.7. Internalized homophobia and impacts on relationships among gay persons

Internalized homophobia has a number of impacts on the life of the gay person. One of these impacts involves the nature of the relationship between the individual and other LGBT persons. According to Frost and Meyer (2009), internalized homophobia is associated with increased relationship problems. One characteristic of this form of self-hate is poor psychological adjustment. According to Quartly (2011), such maladjustments are associated with avoidance of relations with other MSMs. In addition, self-reported stigmatization among MSMs leads to low regards of romantic relationships.

There are a number of behaviors associated with internalized homophobia and which affect the quality and duration of relationships among gay persons. For example, increased internalized homophobia leads to increased depression, anxiety, and low levels of self-esteem (Quartly, 2011). Such developments are similar to the traits described by Frost and Meyer (2009) as psychological maladjustments. Other individual traits associated with internalized homophobia include sexual dysfunction, avoidance of relationships, and unsafe sex practices. All these elements affect gay relationships negatively.

However, it is important to acknowledge that some of the impacts of internalized homophobia are not clearly researched on. For example, according to Quartly (2011), the research correlating non-condom usage (unsafe sex practices) and internalized homophobia is

“weak and inconsistent” (p. 12). In addition, a 1994 study by Shidlo (and cited in Quartly, 2011), found no correlation between non-condom usage and internalized homophobia. However, Meyer and Dean (1995) established a significant link between internalized homophobia and high-risk sexual behaviors. What these inconsistencies mean is that there is need to conduct more research in this field.

2.2. Theoretical Framework

2.2.1. Overview

A number of theories have been formulated to explain internalized homophobia and dynamics of romantic and non-romantic intimate relationships among MSMs. For example, family theorists like Krestan and Bepko (1980) theorize that gay males in romantic relationships tend to be emotionally disengaged. To this end, the individuals have too much autonomy and separateness and lack feelings of loyalty. They lack the capacity for interdependence. On their part, McWhirter and Mattison (1984) theorize that gay relationships progress through a series of six stages. The six include blending, nesting, maintaining, building, releasing, and renewing. The stages are proposed as guidelines to predicting the development of typical gay relationships. However, it should be noted that individual differences determine the progression through the stages and the phase at which the couple gets stuck (McWhirter & Mattison, 1984).

2.2.2. Cass theory of homosexual identity formation

2.2.2.1. Overview of the theory

For the purposes of the current study, Cass’s theory of the development of gay and lesbian identity was used (Cass, 1983). According to Campbell (2000), the model is one of the fundamental theories of gay and lesbian identity development. It was developed by Vivienne Cass in 1979. The theoretical framework was selected for the study given that there is a close relationship between identity development and internalized homophobia. According to Oluwakemi (2012), internalized homophobia may be brought about by identity crisis. The crisis is a situation where the individual fails to resolve the conflict between their sexual orientation and the views held by significant others about the behavior.

Cass (1979) proposes a six-stage model of identity formation. The stages are identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. According to Campbell (2000), the model borrows heavily from

interpersonal congruency theory, which is a social construction modality. Cass's theory of gay identity formation is based on two major assumptions. The first assumption is that identity is acquired through a developmental process (Cass, 1979; Cass, 1983). Consequently, identity of the self comes about as the MSM progresses through time and space. The assumption is highlighted in the 6 stages proposed by Cass in her model. The second assumption is that the identity development process takes place as the individual interacts with their environment. The assumption is similar to the arguments made in symbolic interactionism theory, where it is believed that the individual develops their personality as a result of their interactions with symbols in their environment.

In Cass's theory, the motivation for identity development, according to Degges-White, Rice, and Myers (2000), is viewed as "the need to ameliorate the incongruence that each of the 6 stages creates interpersonally and in reference to society" (p. 318). To this end, the gay person progresses through each of the stages, gets stuck at a given phase, or undergoes identity foreclosure. When foreclosure takes place, forward movement is halted in the gay identity formation process (Cass, 1984).

2.2.2.2. A critique to Cass's theory of identity formation

Many scholars, such as Radonsky and Borders (as cited in Degges-White et al., 2000), view Cass's theory as having an intuitive appeal. Consequently, the model has been used widely in queer studies. However, few studies provide empirical support the theory. For example, in her consequent studies, Cass failed to establish clear boundaries between Stages 1 and 2, and between stages 5 and 6. In this study, Cass used 109 MSMs and 69 lesbians. The research was based on questionnaires and self-ratings. However, the results supported a linear model for the theory.

Cass's model was based on the experiences of gay males. As such, contemporary researchers, such as Degges-White et al. (2000), argue that the basis limits the usefulness of the model in understanding identity formation among lesbians. In addition, Cass fails to take into account socio-cultural factors that have a bearing on the development of the identity of the MSM. Such factors include religion, economic status, race, ethnicity, among others. Although in her second assumption she indicates that identity formation takes place as the individual interacts with their environment, the impacts of these social-cultural elements is lacking (Campbell, 2000).

It is also noted that the nature of social stigma associated with homosexuality has changed in the modern society. The management practices of this stigmatization have also changed, especially due to modernization, since the theory was first proposed. As such researchers like Degges-White et al. (2000) argue that the model is outdated. The linear nature of the Cass's model has also been heavily criticized. For example, Campbell (2000) argues that the supposition in Cass's theory is that an MSM who fails to progress through the six stages cannot be considered as a well adjusted homosexual. This may no longer be true given that modernity and shifts in socio-cultural factors that impact on identity formation have taken place.

In spite of the weaknesses highlighted by various critics, the theory is still widely used in studying identity formation among MSMs and other minority groups. It is one of the reasons why it was selected for the current study. In addition, the current study was limited to gay men and did not include experiences of lesbians.

2.2.2. Cass's 6 stages of gay identity development

The six stages proposed by Cass are at the core of this theory. They were found to be highly relevant to the current study. The stages and their link to the current study are highlighted below:

i. Identity confusion

It is at this stage that the individual discovers that they are gay. It begins with the person's first awareness of homosexual thoughts, feelings, and attractions (Cass, 1979). The stage is characterized by confusion and turmoil. The individual may react to this discovery through psychological self-denial, repression, or rejection. In addition, the individual may avoid information about homosexuality. Men often keep emotional involvement separate from sexual contact. What this means is that if the man happens to enter into a relationship with another gay man, they may not be emotionally involved in the union. In most cases, men at this stage prefer to enter into non-romantic intimate relationships, rather than romantic relationships.

ii. Identity comparison

At this stage, the individual accepts the possibility of being gay. They assess the wider implications of this tentative commitment (Cass, 1979). Their self-alienation turns into isolation. As such, the individual at this stage has to deal with social alienation.

At this stage, the person may respond by grieving for losses and things that they give up by embracing their sexual orientation. Such 'losses' may include marriage and the possibility of raising one's biological children. According to Campbell (2000), if a gay man who is at this stage happens to be in a relationship with another man, they may vent out their frustrations through their partner. They may become abusive towards their partner, blaming them, subconsciously or consciously, for their 'losses'. Other individuals may respond by compartmentalizing their sexuality, where they accept their orientation but maintain a heterosexual identity.

iii. Identity tolerance

Here, the individual comes to the understanding that they are not the only ones who are gay. They acknowledge that they are likely gay or lesbian and seek out other people who share their identity (Cass, 1979). The aim of seeking out other gays and lesbians is to combat feelings of isolation. There is also increased commitment to being gay or lesbian. At this stage, the gay man may seek to enter into a relationship with another gay man to establish a positive sense of self.

However, the stage may also be characterized by feelings of shame towards oneself. Such feelings, according to Cass (1983), are derived from heterosexism promoted by the larger society. Failure to effectively deal with the conflict between the two identities (heterosexism and homosexuality) may lead to internalized homophobia. The individual may retain their gay identity, but continue feeling ashamed as a result of their being gay.

iv. Identity acceptance

The individual accepts themselves at this stage. They attach positive connotations to their gay identity and accepts (rather than tolerates) the identity (Cass, 1979). At this stage, the individual have effectively dealt with internalized homophobia evidenced in stage 3. They develop positive attitudes towards other gay men, and they are comfortable around them. If

they are in a relationship with another gay man, they may derive more satisfaction than what was experienced in the stages above.

v. Identity pride

The individual takes pride in their identity. They may come out to their significant others, including family members and the community at large. In addition, the individual divides the world into heterosexuals and homosexuals (Cass, 1983). They immerse themselves in gay culture and minimize contacts with heterosexuals. At this stage, the individual needs support from significant others to cope with reactions brought about by disclosure (Cass, 1979). They may seek out romantic relationships with other men for the purposes of ‘completing’ their life, just like in the case of heterosexual relationships.

vi. Identity synthesis

At this phase, the individual integrates their sexual identity with all other aspects of their self (Campbell, 2000). Their sexual orientation becomes just another aspect of their self, rather than their entire identity. The individual comfortably establishes relationships with other MSMs. The relationships become just another aspect of their life. They are treated the same as their job, studies, and such other elements of one’s life. Internalized homophobia may be non-existent at this stage.

2.2.3. Anthony Giddens’ structuration theoretical framework

2.2.3.1. Overview

In his book *The Constitution of Society*, Giddens (1984) introduces the concept of the duality of structure. The theory talks of the creation and reproduction of social systems as a result of the interactions between the structure and the agent (Lamsal, 2012). Giddens treats both of these phenomena equally. In his conceptualization, structure refers to rules and resources, as well as the structuring properties that establish the binding of time-space in social systems (Lamsal, 2012). The properties make it possible for social practices to exist across time and space, rendering them a systemic form. The rules and resources are embedded in agents’ memory traces. Agents, which are made up of groups and individuals, draw upon the structure to perform social actions. In the process, they call upon their memory traces to perform various social actions. Structure is also the product of these social practices, giving rise to the concept of *duality of structure*. The structure is both medium and outcome of reproduction of practices. According to Giddens (1979), the “structure enters simultaneously

into the constitution of the agent and social practices, and exists in the generating moments of this constitution” (p. 5).

Giddens duality of structure can be regarded as a feedback-feedforward form of interaction between the agent and the structure (Lamsal, 2012). Here, agents and structures mutually enact social systems. The social systems then become part of the duality. In essence, the interaction between the structure and the agent is socially-cyclic. Giddens’ structuration theory has attracted criticisms from various scholars. For example, Margaret Archer (as cited in Lamsal, 2012), is opposed to Giddens’ argument that the structure and the agency are inseparable. She counters the duality of the structure with her notion of *dualism*. To this end, she argues that structure is more important than the agency as far as social structure reproduction is concerned. In addition, the two phenomena should be treated differently. On his part, Nicos Mouzelis argues that Giddens’ duality of structure does not account for all types of social relationships (Lamsal, 2012). The idea proposed by Giddens works when agents do not question or disrupt the rules.

2.2.3.2. The link between Giddens’ structuration theory and Cass’s model in the context of internalized homophobia and romantic relationships among MSMs

The progression of gay relationships and gay identity along the 6 stages theorized by Cass can be understood within the context of Giddens structuration theory (Giddens, 1984). The structuration theory holds that the society (structure) is transformed by individuals (agents) through their actions. On their part, the actions of the agent are informed and constrained by the structure. With regards to the transformation of intimacy, Giddens argues that modernization and westernization has changed the traditional arrangement of intimate relationships.

Gay persons do not exist in a social vacuum; on the contrary, they exist in a social context made up of institutions and significant others. They are part of Giddens’ social agents. Their actions are informed by the rules and resources at their disposal (the structure). Such rules include laws touching on homosexual activities in the country and social norms touching on homosexual practices (Campbell, 2000). Resources are those elements that support the social actions of these agents. They include, among others, social support from significant others. The individual engages in what Giddens refers to as reflexive monitoring of actions as they interact with the structure (Lamsal, 2012). They monitor their actions and their settings and

contexts to create congruency with the rules and resources provided by the structure. For example, a gay couple in Kenya may avoid engaging in public display of affection given that the society does not approve of such actions. To this end, the social action of the agent is constrained by the structure.

In Cass's theory of gay identity development, the individual gay man (agent) appears to seek information from the society (structure) regarding opinions about homosexuality and issues touching on LGBTI persons. Depending on the stage of identity development, the MSM may seek out this information consciously or subconsciously. For example, in the first stage, the gay person tends to avoid information about homosexuality, while at stage 3, they may actively seek out this information and other MSMs to better understand their identity (Cass, 1979). The individual internalizes this information, tries to interpret it, and then acts accordingly. The situation is a clear illustration of how the structure affects the actions of the agency (gay man).

A relationship can be established between internalized homophobia and Giddens structuration theory. The agent accesses information about the opinions and legitimations that touch on homosexuality. Such information may include heterosexism and the general disapproval of homosexual actions and homophobia in general. The individual may then internalize these elements, leading to internalized homophobia. Given that the gay agent is bounded in this structure, they will draw upon their knowledge of the structural context when they act. They engage in reflexive monitoring while trying to rationalize their actions. Their interactions with other MSMs when they enter into a gay relationship will be informed by this knowledge internalized from the structure.

Giddens also observes that the actions of the agent contribute to the alteration or reproduction of social systems. To this end, social stability and order are not permanent; on the contrary, they are changed by the dialectic of control possessed by the agent (Lamsal, 2012). The social actions of the gay individual have an impact on the social structure. For example, today, MSMs are fighting for their rights to be recognized in the society. Their actions have led to legalization of same sex marriages in such countries as the United States of America. In this case, the alterations on the structure brought about by the actions of the MSM appear to be beneficial to the gay community. However, in some cases, the resultant structure may be harmful to the wellbeing of the MSM. For example, in Uganda, the increased visibility of

gay persons in the country led to the recent formulation of anti-homosexuality laws, which have been termed as draconian by some sections of human rights activists (Ipsos Limited, 2014). The rules (structure) in turn impact on the social life of the gay person (agent).

2.2.4. Giddens' 'The Juggernaut of Modernity' theory and transformation of intimacy in modern societies

2.2.4.1. Overview

As one of the most read sociology theorists in the world, Giddens has come up with various theories explaining the progression of modernity in human society. In the *The Juggernaut of Modernity*, he views the modern world as an engine of enormous power (Giddens, 1992). To some extent, the machine can be controlled by the human agent. However, it also threatens to run out of control. The *juggernaut* is described as a runaway world with great increases over prior systems in the pace, scope, and profoundness of change. The modern world, according to Giddens, is defined by four basic institutions. They include capitalism, industrialism, a class system, and surveillance. With regards to surveillance, Giddens argues that the means of violence are controlled by the state (Frank, 1994).

Of particular interest to the current study are Giddens' arguments regarding intimacies in modern societies. He talks of the transformation of intimacy in modern societies (Frank, 1994; Giddens, 1992; Miller, 1994). Giddens analyses the emergence of what he calls plastic sexuality. According to Miller (1994), this is a form of sexuality that is independent from the intrinsic and traditional relation to reproduction and subservience to a fixed object. Plastic sexuality is decentered sexuality. The sexuality is molded into a form of personality trait, binding it to the reflexivity of the self. As a result, the pure relationship is no longer exclusively heterosexual. On the contrary, it appears neutral in as far as sexual orientation is concerned.

2.2.4.2. Giddens' *Juggernaut of Modernity, internalized homophobia, and romantic relationships among MSMs in contemporary society*

Modernization has led to the restructuring of intimacy. Giddens engages in a Foucauldian discourse and argues that as societies modernize, social elements that were once regarded as natural and inescapable become matters of choice (Frank, 1994). They become lifestyle preferences. Collectively, modernity has moved from the highly constrained conjugal relationships of the traditional society.

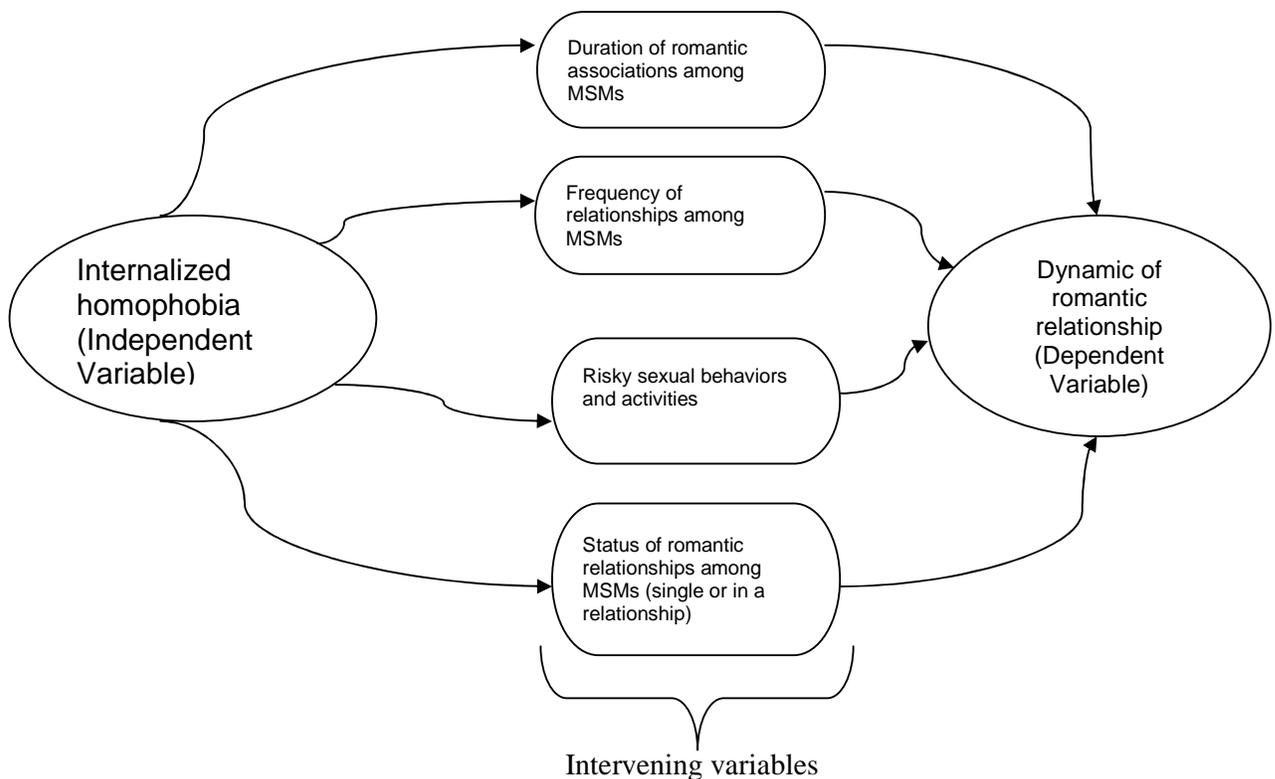
Homosexuality has been affected by this transformation of intimacy. For example, it has found its place in the modern society as a form of sexual preference. Sexuality is no longer tied to reproduction. As such, homosexuality becomes acceptable in some circles given that procreation is no longer the central intention of sexual engagements. A gay individual who have overcome internalized homophobia can enter into a relationship with another gay person without mourning what Cass calls “loss” in stage 2 of her gay identity development theory.

2.3. Conceptual Framework

2.3.1. Conceptual framework

According to Miles and Huberman (1994), “a conceptual framework explains, either graphically or in narrative form, the main things to be studied; the key factors, constructs, or variables, and the presumed relationships between them” (p. 18). In the context of the current study, the conceptual framework highlights the relationship between the independent variable (internalized homophobia), and dependent variables (romantic relationships among gay men). The following is the conceptual framework:

Figure 1: Conceptual framework



There are four intervening variables between the independent variable (internalized homophobia) and dependent variable (dynamics of romantic relationships among MSM). The four are duration of romantic relationships among MSMs in Nairobi County, frequency of these romantic relationships, risky sexual behaviors and activities among the group, and status of romantic relationships. The entire conceptual framework used in the current study is explained in detail in the section below (Conceptualization of the variables).

2.3.2. Conceptualization of the variables

2.3.2.1. Independent variable

The independent variable for the current study was internalized homophobia among MSMs in Nairobi County. It will be measured using NHAI as indicated in the methodology section.

2.3.2.1. Dependent variable

The dependent variable in this study is the dynamics of romantic relationships among MSMs in Nairobi County. Internalized homophobia (independent variable) affects the nature of gay relationships (dependent variable) via a number of intervening factors (intervening variables). The intervening variables are as indicated below:

i. Duration of romantic relationships among MSMs in Nairobi County

This variable was measured using the duration of longest relationship as reported by the respondents. The concept has been used in a number of studies in this field, such as those by Campbell (2000).

ii. Frequency of relationships among MSMs in Nairobi County

In the current study, internalized homophobia was hypothesized to affect the frequency within which MSMs enter into romantic relationships with each other. The variable was measured using the duration of time within which the participant reported to have engaged himself in sex with other men. According to Nicely (2001), as the duration of participation increases, the frequency of entering into romantic relationships also increases.

iii. Risky sexual behavior among MSMs in Nairobi

A number of studies have established a link between IH and risky sexual behavior among MSMs. Most of these studies measure this concept (risky sexual behavior) using reported condom usage (or non-condom usage) among participants. Others use the reported number of

sex partners within a given duration of time. In this study, risky sexual behavior was measured using the reported number of sex partners within the last 6 months.

iv. Status of romantic relationships among MSMs

Campbell (2000) found a significant link between IH and reported status of romantic relationships among MSMs (whether single or in a relationship). In the current study, this intervening variable was measured by asking the respondents whether they were currently in a romantic relationship with another man or not.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

In this chapter, the methods that were used to conduct the study are outlined. The purpose of the study was to assess IH among MSMs in Nairobi County and analyze how it affects the quality and dynamics of romantic relationships among this group. More specifically, the study analyzed how the variables of IH predict the outcomes of relationships among MSMs. In this chapter, a discussion on the research design, sample population, sampling techniques, instrumentation, and data analysis utilized will be provided.

3.2. Site Description

The current study was carried out in Nairobi County. The reason is that, whereas MSMs are likely to exist on any part of the country, their activities are more visible in urban centers. For example, a number of gay organizations, such as GALCK and ISHTAR MSM, operate from Nairobi. There are also various bar joints frequented by this community within the city. Consequently, it is easy to access MSMs in a metropolitan, such as Nairobi. According to KHRC (2011), most gay persons in Kenya are found in urban centers. However, it is important to note that these persons also do exist in rural areas. What this means is that being gay is not necessarily a sign of modernity or urbanism. However, this notwithstanding, it is apparent that MSMs are more visible in the cities where elements of modernization make it possible for them to interact with their colleagues. The MSMs targeted in the study live in different parts of Nairobi. However, they tend to be more visible in the Central Business District and in other 'uptown' sections of the city, such as Westlands. Most of the amenities targeted at this group, such as medical establishments, welfare organizations, and social joints, are found in these areas.

Nairobi is one of the 47 counties in Kenya. Geographically, it is the smallest in size at 694.9km². However, it is the most populous county in Kenya, with a population size of 3,138,369 as of 2009. It is the capital city of Kenya. The county was founded in 2013. It assumed the same geographical boundaries of the earlier Nairobi Province, which was dissolved after the new constitution promulgated in 2010 subdivided the country's 8 administrative provinces into 47 counties. Kenya has the most vibrant economy in East Africa. On its part, Nairobi County has the most vibrant economy in the country. For example, most leading domestic and international financial institutions operate from the county. It is also the largest industrial center in Kenya. To this end, it accounts for about 10%

of the country's GDP. The poverty level in Nairobi stands at 22% against the country's average of 45.9%.

According to the National Aids Control Council, Nairobi County has the third largest number of MSMs in the country. Nyanza region leads with 3802 individuals, followed by Coast region with 1686 persons. At third place, Nairobi has 1570 MSMs (Jambonewspot.com, 2015). More specifically, Westlands in Nairobi was found to have 809 MSMs, followed by Kasarani Constituency (334), and Lang'ata Constituency (174). It is also noted that Nairobi County has about 211 spots where MSMs meet with each other. The figures are an indication of the fact that Nairobi County has a vibrant gay scene.

3.3. Research Methodology

According to Creswell and Miller (2000), a researcher can opt to use either a quantitative or a qualitative research approach. In addition, a researcher can opt to combine the two research approaches. Creswell and Miller (2000) advise that there should be a match between the research design adopted and the problem being investigated. A quantitative research methodology is preferred when the researcher is dealing with factors that affect an outcome or when they are seeking to understand the best predictors of an outcome (Creswell & Miller, 2000). On the other hand, a qualitative research methodology is exploratory in nature (Stevens, 2000). It is used when the researcher does not know what to expect or when they wish to explore nuances related to a particular human behavior.

A combination of quantitative and qualitative research approach was used in the study to analyze the effects of internalized homophobia on relationships among MSMs. The methodology was preferred given the nature of the study. The current researcher will be analyzing factors (variables of internalized homophobia) that affect an outcome (gay relationships). Internalized homophobia in this case acts as a predictor for gay relationships.

3.4. Unit of Analysis and Unit of Observation

3.4.1. Unit of analysis

According to Creswell and Miller (2000), a unit of analysis is the major entity that is being analyzed in a study. In social research, it may include groups, organizations, or artifacts. It is closely related to the study population. The unit of analysis for the current study is the MSM group in Kenya.

3.4.2. Unit of observation

The unit of observation is the entity that is described by the data collected and analyzed in the study (Creswell & Miller, 2000). The unit of observation for the current study was internalized homophobia and nature of relationships among MSMs in Nairobi County.

3.5. Target Population and Sample Population

3.5.1. Target population

Creswell and Miller (2000) define a study population as the group of interest in a given research. It may involve the total members of a defined class of people, objects, places, or events. The population for this study involved MSMs in Kenya.

3.5.2. Sample population

On its part, sample population includes that part of the population that is observed or studied. It is that part of the population that the researcher is interested in. In other words, it is a representative of the entire study population (Stevens, 2000). The sample population for the current study was made up of MSMs in Nairobi. The MSM population in Nairobi was analyzed to make inferences on how internalized homophobia affects the nature of relationships among this group.

3.6. Sample Size and Sampling Procedure

3.6.1. Sample size

The size of the sample for the study was 60 adult men who have sex with other men (N=60). The sample was drawn from the estimated population of 1570 MSMs in Nairobi County. The size was suitable for the study given that it is manageable. In addition, many studies in this field have utilized a sample size that is within this range. For example, in their study of the relationship between internalized homophobia and alcohol use among MSMs in California, Nicely (2001) used a sample of 79 adult MSMs. In their study of MSMs in couple in Oregon, Campbell (2000) used a sample of 126 men. However, the researcher admits that the sample was a bit high for the study, proposing a smaller sample in future studies.

3.6.2. Sampling procedure and recruitment techniques

The researcher recruited respondents for the study using several strategies.

3.6.2.1. Non-random sampling

The population was accessed through the various organizations that deal with MSMs in Nairobi County. According to a study conducted in 2011 by the Kenya Human Rights Commission, groups dealing with the LGBTI community exist in Nairobi in spite of the fact that homosexuality is criminalized in the country's penal code (KHRC, 2011). Most of these groups are registered as welfare organizations or health-based NGOs given that it is illegal to register a group that explicitly states that it will be dealing with MSMs (KHRC, 2011).

MSMs in Nairobi are known to have access to these organizations (KHRC, 2011). The groups have established offices and hold regular meetings and seminars that bring together members of the community. However, in the process of conducting the current study, the researcher realized that these establishments have no registers or a database of MSMs that form their clientele. According to the directors of these entities, the lack of a formal register or database was geared towards protecting the anonymity of the clients. Consequently, any MSM can access services from these establishments. The researcher interacted with the sample population with the help of these organizations. The interaction took place during meetings and seminars that were organized by these organizations. The researcher was invited to 5 such forums by the organizers. The forums took place with a span of 1 month. The conveners of the meetings and seminars would introduce the researcher before the sessions started. The researcher would then interact with the participants during breaks and after the meetings. A total of 21 participants for the study were initially recruited from these meetings and seminars. The organizations included ISHTAR MSM, where 9 participants were accessed, Gay and Lesbian Coalition of Kenya (GALCK), where 5 participants were accessed from, and Liverpool VCT Kenya, where the remaining 7 participants were accessed from. The approach was adopted given that there was no list of MSMs in Nairobi that could be used in random sampling.

3.6.2.2. Snow-ball sampling

The non-probability sampling technique highlighted above was used to access the first critical mass for the study, which was made up of 21 MSMs. When a gay man was approached and accepted to participate in the study, they were requested to introduce their MSM friends to

the researcher. The snow-ball sampling technique complemented the non-random recruitment approach highlighted above.

As indicated in chapter 1 of this project, the research was limited to MSMs who have been in a romantic relationship or were then in one. Those who had never been in such a relationship were not included in the study. As such, questionnaires from respondents who had never been in a relationship were not used in data analysis. The sample size was attained after 60 questionnaires that were completed by MSMs who had been or were then in a romantic relationship by the time of the study were obtained.

3.6.2.3. Purposive sampling

The 6 interviewees used to collect qualitative data through interviews were recruited through purposive sampling. They were selected due to their experiences in dealing with MSMs and their leadership positions in the MSM community within Nairobi County. The 6 respondents were only used for interviews and the questionnaire was not administered on them.

3.7. Methods of Data Collection

3.7.1. Collection of quantitative data

Quantitative data was collected using two questionnaires. The two were the Internalized Homophobia Scale and the Background Information Questionnaire.

3.7.2. Collection of qualitative data

Qualitative data was collected from secondary and primary sources of information. To this end, the researcher conducted literature review involving the analysis of materials touching on homosexuality in Kenya and in Nairobi in particular. In addition, interviews were conducted with key informants using a key informant guide. A total of 6 key informants were interviewed. These are individuals who are knowledgeable about gay persons and their life in Nairobi. A detailed description of their attributes, professions, and experiences of these respondents is provided in the results section of this paper.

3.8. Measurement Tools

3.8.1. Measuring the dependent variable

The independent and dependent variables for this study were measured using different tools. The dependent variable, which is the nature of relationships among gay men in Nairobi, was

measured using a Background Information Questionnaire (BIQ). The questionnaire was divided into several sections to capture information about the participant's demographic data. The information included, among others, their age, level of income, level of education, marital status, self-reported sexual orientation (gay, bisexual, or heterosexual), and status of relationship with fellow MSMs (whether in a relationship, dating, single, living together, and such other elements).

3.8.2. Measuring the independent variable

The independent variable (internalized homophobia) was measured using the Nungesser Homosexuality Attitudes Inventory (NHAI) by Nungesser (1983). The instrument was preferred over other tools that can be used for the same purposes, such as the Internalized Homophobia Scale (IHP) by Dean and Martin in 1992 (Campbell, 2000). The reason is that NHAI is more comprehensive and has been used widely by scholars in this field compared to IHP.

According to Campbell (2000), NHAI is used to measure the extent to which negative attitudes and beliefs towards homosexuality are internalized and integrated into one's self-image and identity as gay. It was specifically developed for use with MSMs. NHAI consists of 34 items measured on a 5 point Likert Scale (1=strongly disagree and 5= strongly agree). The instrument has a high internal consistency reliability score, which stands at Cronbach alpha of .92.

3.9. Validating the Measurement Tools

It is important to note that the NHAI scale has been widely used in western nations to carry out studies on gay men. As such, it was important to modify the tool to ensure that it is applicable to the Nairobi population. The validation was done with the help of a panel of 6 professionals who have worked with the gay population in Nairobi. The professionals included leaders from the organizations used in the recruitment of participants and individuals who have conducted studies in this field. The questionnaire was given to this group for them to ensure that the language used in the items was relevant and understandable to the local MSM population. From the feedback, the language was modified to eliminate any ambiguous terms or other elements that may cloud the understanding of the participants. However, caution was taken to ensure that the information contained in the affected items did not change from that in the original NHAI scale. To this end, the modification was carried out

by paraphrasing the items, not by replacing them. A similar approach was adopted by Campbell (2000) in their study of MSMs and relationships in California.

3.10. Ethical Considerations

The study was dealing with a sensitive group in the Kenyan society. As such, ethical standards were adhered to. To this end, the researcher only proceeded with the research after approval from the necessary authorities from the University of Nairobi. Informed consent was also sought. The participants took part in the study on a voluntary basis. Information about the study was provided through the informed consent form to help them make this decision. Confidentiality was upheld. To this end, the researcher safeguarded the information provided by the participants. To enhance this, the respondents were not required to provide their names on the questionnaire. Instead, the researcher allocated each of the respondents a random number that was only known to them (the researcher) to keep track of the questionnaires. The completed questionnaires were also kept under lock and key to avert the likelihood of access by unauthorized third parties.

3.11. Data Analysis

The data from the questionnaires were analyzed using SPSS program. The program was used to establish statistical relationships between the various variables analyzed in the study. This was achieved by establishing the link between the internalized homophobia reported by respondents (as captured in NHAI) and the attributes captured in the BIQ. Pearson Correlation was used to analyze these relationships. Qualitative data was analyzed through thematic analysis. More specifically, the responses of the interviewees were used to support or refute the findings made from the NHAI and BIQ.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION, AND DISCUSSION

4.1. Introduction

Data for this study were collected using a background information questionnaire (BIQ), an internalized homophobia measurement tool (Nungesser Homosexuality Attitudes Inventory), and key informant interviews. The findings were presented using descriptive and analytical statistics.

4.2. Background Information

The total number of respondents used for this study was 60 (N=60).

4.2.1. Age distribution

The table below indicates the age distribution of the respondents:

Table 1: Age distribution of respondents

Age Group	Frequency	Percent
18-24	21	35.0
25-29	16	26.7
30-34	19	31.7
35 and above	4	6.7
Total	60	100.0

As indicated in the table above, a large number of the respondents (35%) were aged between 18 and 24 years. Those aged above 35 years and above were the least (6.7%). The age distribution is similar to that reported in other studies in this field, for example the one by Okal (2011) and Muraguri et al. (2012). In most cases, it is noted that MSM activities, especially in the Kenyan context, are associated with individuals who are young. As they get older, most MSMs in Kenya are unwilling to participate in studies as they get married and are concerned about their standing in the community (Okal et al., 2013). However, this is not an indication of the fact that MSM activities are restricted to the young age group.

4.2.2. Highest level of education

The table below indicates the reported highest level of education among the respondents:

Table 2: Respondent's highest level of education

Level of Education	Frequency	Percent
Secondary	13	21.7
Tertiary	26	43.3
Bachelor's Degree	17	28.3
Post-Graduate	4	6.7
Total	60	100.0

A large number of the respondents (43.3%) had tertiary level of education. The form of education in this case included vocational training, certificate, and diploma courses. The respondents with Post-Graduate level of education were the fewest (6.7%). This indicates that most MSMs, especially those in urban centers, are relatively well educated. In addition, education is likely to have exposed them to information about their sexual orientation, meaning that they are more willing to participate in studies and to associate with other MSMs. The case, however, may be different from those in rural areas.

4.2.3. Respondent's duration of stay in Nairobi County

The respondents were drawn from different parts of Nairobi County. The table below indicates the duration within which they have lived in Nairobi:

Table 3: Respondent's duration of stay in current location

Duration of Stay	Frequency	Percent
Less than 3 months	1	1.7
4 months- 1 year	7	12.1
More than 1 year	50	86.2
Total	58	100.0

Most of the respondents have lived for more than one year in Nairobi (86.2%). Only one of the respondents has stayed in Nairobi for less than 3 months. In addition, 2 of the respondents did not respond to this question. The findings are an indication of the fact that most of the respondents are urbanites. The supposition was supported by the interviewees, who indicated

that a large number of the clients served by MSM organizations in Nairobi is drawn from residents within the county.

4.2.4. Marriage to a woman and respondent's biological children

A large percentage of the participants in this study were not married to a woman (85%). In addition, most did not have any biological children (81.7%). All of those with children (18.3%) had between 1-3 children. However, an interesting finding here was that not all those respondents who reported to have children were married. What this means is that a significant number of MSMs may have children, but are not married. According to Interviewee 1:

Being an MSM does not mean that one cannot have their own biological children. Some of our clients are married to women and have biological children. Others have biological children but are not married to a woman. Most of these children are under the custody of their biological mother (personal communication, July 1, 2014).

4.2.5. Key informant interviewees

Key informant interviews were also conducted to collect data for this study. Six gatekeepers in the gay community were interviewed with regards to this. All of the 6 interviewees were male, aged between 24 and 51 years. Two of them were working as Project Managers at Gay Kenya Foundation at the time of the interview. One was working as the director of ISHTAR MSM, a group dedicated to the health of MSMs in Nairobi and surrounding areas. The others were a legal consultant for MSM organizations, a communications consultant, and a social project consultant. All the 3 consultants had at one time in their lives worked directly as employees of the MSM organizations before they moved on to open their consultancies. All the 6 interviewees had experience dealing with MSMs and were aware of the dynamics of the community in Nairobi and in Kenya in general.

All of the respondents were well aware of homophobia in general. However, they were not well versed with internalized homophobia. The researcher had to explain what the concept means before the interviews started. The interviews were made up of 9 open ended questions, and they took about 30 minutes. The researcher recorded the responses by taking notes.

4.3. Nungesser Homosexuality Attitudes Inventory

This tool was used to measure levels of internalized homophobia among the respondents. According to Kirsch (2006), this tool is divided into 3 segments. The first set of items is used

to measure the respondent’s attitudes towards their own homosexuality, while the second is used to determine their attitudes towards homosexuality in general. A third set is used to determine their attitudes towards possible disclosure of their sexuality to other people.

According to Campbell (2000), the level of internalized homophobia is measured by scoring the means of the respondents for each of the 34 items in the NHAI scale. A lower mean (between 1 and 2) is indicative of high levels of internalized homophobia, while a higher mean (of between 4 and 5) shows low levels of internalized homophobia. A mean of 3 illustrates moderate levels of internalized homophobia. The table below illustrates the scores of the respondents within the 3 categories:

Table 4: Mean scores for NHAI

Mean	Frequency	Percentage
1-2	28	46.7
3	18	30
4-5	14	23.3
Total	60	100

A large number of the respondents (46.7%) reported high levels of internalized homophobia. Only 14 (23.3%) reported low levels of IH, while 18 (30%) reported moderate levels. The findings indicate that internalized homophobia is relatively high among MSMs in Nairobi. This assertion was supported by the interviewees who indicated that most of the MSMs they deal with are ashamed of their sexuality and are afraid of coming out. While they may be relating well and freely with fellow MSMs, it was found that most of these individuals were afraid of having their sexual orientation discovered by other members of the community.

4.4. Tests of Hypotheses

There were four hypotheses in this research. The four were organized in line with the research questions.

Question 1: Is there a significant relationship between internalized homophobia and dynamics of relationships?

From the literature review and background research conducted before the study commenced, it was hypothesized that internalized homophobia will have a significant relationship with

dynamics of relationship. The findings of this study support this assertion. High levels of internalized homophobia were negatively correlated with the various indicators of dynamics of relationships. For example, high levels of internalized homophobia were associated with short duration of relationships and intention to get married to a man.

The table below shows the statistical relationship between internalized homophobia and respondent's duration of current gay relationship. Duration of gay relationship is an important indicator of internalized homophobia (Davis, 2010).

Table 5: Internalized homophobia and duration of current relationship

Respondent's duration of current gay relationship	Internalized homophobia												Total
	2.2	2.7	2.8	2.8	2.9	2.9	3.0	3.0	3.1	3.2	3.2	3.3	
	6	9	5	8	1	4	0	9	5	6	9	2	1
Less than 4 months	2	0	0	0	2	0	0	1	1	0	0	2	8
5-6 months	0	0	0	0	0	0	0	0	0	0	2	0	2
7-12 months	0	0	1	0	0	1	0	0	0	0	0	0	2
More than 1 year	0	2	0	1	0	0	2	2	0	2	0	1	10
Total	2	2	1	1	2	1	2	3	1	2	2	3	22

Pearson Chi-Square= .003

Spearman Correlation= .228

From the findings, the chi test value is 59.40 with a p-value of 0.003, which is less than 0.05. This implies that there is a significant relationship between respondent's duration of current gay relationship and internalized homophobia.

Question 2: Is there a significant relationship between internalized homophobia and levels of satisfaction with relationship among MSMs?

It was hypothesized that internalized homophobia will negatively impact on reported levels of satisfaction with gay relationship. The findings supported this hypothesis. High levels of internalized homophobia were negatively correlated with satisfaction with gay relationships.

The tables below illustrate the statistical analysis based on these findings:

Table 6: Respondent's satisfaction with gay relationships *IH

Chi test results

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	108.464 ^a	69	.002
N of Valid Cases	59		

Correlation

	Value	Asymp. Std. Error ^a
Ordinal by Ordinal Spearman Correlation	-.246	.138
N of Valid Cases	59	

From the findings, the chi test value is 108.464 with a p-value of .002, which is less than 0.05. This implies that there is a significant relationship between respondent's satisfaction with gay relationships and internalized homophobia.

Question 3: The impacts of internalized homophobia on longevity of relationships

Campbell (2000) found a significant relationship between internalized homophobia and duration of relationship among gay men. High levels of internalized homophobia were associated with short duration of relationships. The findings of this study were consistent with those made by Campbell (2000). The tables below illustrate these statistical findings:

Table 7: Respondent's duration of longest relationship *IH: Cross tabulation count

Chi test results

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	117.443 ^a	84	.009
N of Valid Cases	50		

Correlation

	Value	Asymp. Std. Error ^a
Ordinal by Ordinal Spearman Correlation	-.130	.145
N of Valid Cases	50	

From the findings, the chi test value is 117.44 with a p-value of .009, which is less than 0.05. This implies that there is a significant relationship between respondent's duration of longest relationship and internalized homophobia.

Question 4: Is there a significant relationship between internalized homophobia and risky sexual behavior among MSMs?

Nicholson and Long (1990) found a significant relationship between internalized homophobia and risky sexual behavior in their study of HIV among MSMs. Nicely (2001) also found a significant relationship between internalized homophobia and risky alcoholic behavior among MSMs. The two studies indicate that internalized homophobia is closely associated with risky behaviors among MSMs. The findings of the current study were consistent with those of other studies in the field. Likelihoods to engage in risky sexual behavior in the current study were gauged using the number of sex partners within the past 6 months. Respondents who scored low on the NHAH tool (an indication of high levels of internalized homophobia) also tended to have a high number of sex partners.

**Table 8: Number of men respondent has had sex with within the last 6 months *IH:
Cross tabulation count**

Chi test results

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	71.771 ^a	69	.006
N of Valid Cases	59		

Correlation

	Value	Asymp. Std. Error ^a
Ordinal by Ordinal Spearman Correlation	.018	.137
N of Valid Cases	59	

From the findings, the chi test value is 71.771 with a p-value of .006, which is less than 0.05. This implies that there is a significant relationship between respondent's number of men that they have had sex with within the last 6 months and internalized homophobia.

4.5. The Relationship between Internalized Homophobia and Dynamics of Relationships among MSMs in Nairobi County

The major objective of this study was to determine how internalized homophobia impacts on relationships among MSMs in Nairobi County. The results of the tests of hypotheses revealed that there is a significant relationship between the two phenomena. The findings were in line with those made by other scholars in this field, such as Campbell (2000). For example, the 6 key informants interviewed reported that self-hate is high among MSMs in Nairobi, and, according to them, this may be one of the reasons why most of them are afraid of 'coming out' or engaging in a long-term romantic relationship with a fellow MSM. According to Interviewee 2,

An MSM must first accept their sexual orientation if they expect to be accepted by their significant others. No gay person (sic) wants to be associated with a homophobe, regardless of whether or not this homophobe happens to be an MSM himself (personal communication, July 1, 2014)".

As such, it emerged that self acceptance (which is associated with reduced IH) is the first step towards a fulfilling life as an MSM.

4.5.1. Effects of internalized homophobia on duration of relationships among MSMs

According to Frost and Meyer (2009), the duration of longest relationship is a significant indicator of internalized homophobia among MSMs. The reason is that negative attitudes and prejudices towards homosexuality, which are associated with internalized homophobia, affect the willingness of the MSM individual to sustain a romantic relationship with another man.

The table below, which indicates the duration of the reported longest relationship with another man, illustrates this point clearly:

Table 9: Respondent's duration of longest relationship

Duration of Relationship	Frequency	Percent
Less than 3 months	9	18.0
3-6 months	11	22.0
7-12 months	8	16.0
1-3 years	17	34.0
More than 3 years	5	10.0
Total	50	100

As indicated above, most of the respondents (34%) indicated that the longest relationship they have ever been in lasted between 1-3 years. Only 5 had had a relationship that lasted for more than 3 years. The interviewees identified additional reasons that impact on the duration of the relationships among MSMs in Nairobi. One of them is the age of the partners. It was found that large age differences between the two partners negatively affect the relationship. The reason, according to the respondents, is that the two persons have nothing or little in common to build their relationship on. According to Interviewee 1,

Age mates have some of the most fulfilling and long lasting relationships. The reason is that they share a lot in common due to their age. Their perspectives towards the world are largely similar. Their experiences are also largely similar (personal communication, July 1, 2014).

Another factor is the intentions of the partners when getting into a relationship. It was reported that some young MSMs in Nairobi do get into a relationship with a rich man with the intention of getting money or other economic benefits. Once their objectives have been achieved, they usually move out of the relationship. In addition, they will also move out of the relationship once they meet a man who is richer than their current partner. Infidelity was another reason why relationships among MSMs were reported to last for a considerably short duration of time compared to those among heterosexual partners. MSMs are reported to be more promiscuous, making it hard to stick to one partner.

The interviewees were also able to draw links between internalized homophobia and duration and quality of relationship among MSMs. Most of them felt that a man who has not accepted his sexuality may not be in a position to accept the sexuality of another man, something that is needed to enter into a committed and long term relationship. The sentiment was captured vividly by Interviewee 3, who posed,

How can one be comfortable with the sexual orientation of another person if they are waging internal wars against their own sexuality? Furthermore, most gay persons are already tired of negative attitudes from the general public. The least they can expect from a fellow gay man is some form of understanding (personal communication, July 4, 2014).

Internalized homophobia may also lead to violence against one's partner, affecting the quality and duration of the relationship.

4.5.2. Effects of internalized homophobia on the frequency of relationships

According to Frost and Meyer (2009), the duration within which an MSM has been involved in sex with other men is closely related to the frequency of romantic relationships. The reason is that the longer the period, the higher the chances that one has come across many men to be involved in. However, this may not be entirely true in cases where promiscuity is common. In such cases, an MSM may have been in many short lived relationships with a short duration of time.

In this study, it was found that internalized homophobia increased the frequency of relationships among MSMs. On its part, the frequency of relationships was tied to the duration within which an individual has been engaged in sex with other men. Most of the respondents (46.7%) started having sex with other men while in high school, while 31.7%

had their first gay sexual encounter while in college. What this means is that a large number of the participants started engaging in homosexual acts when young.

The table below indicates the reported duration of participation in the gay community among the respondents for the current study:

Table 10: Respondent's duration of engagement in gay sex

Duration	Frequency	Percent
Less than 3 months	4	16.8
3-6 months	3	5.1
7-12 months	9	15.3
1-5 years	29	49.2
More than 5 years	14	23.7
Total	59	100

The study found that a large number of respondents (49.2%) had engaged themselves in gay sex for a period of between 1 and 5 years. Only 5.1% of the respondents had been active in the gay community for between 3 and 6 months.

A number of studies conducted in this field have focused on the issue of the link between duration within which MSMs have been actively involved in gay life, frequency of relationships, and internalized homophobia. For example, Nicholson and Long (1990) found that men who have stayed long in the gay community had slightly higher attitudes towards homosexuality compared to those who had stayed for a shorter period of time. Consequently, such men are likely to have entered into romantic relationships with other men more frequently than those who have stayed in the gay life for a short time. However, Campbell (2000) found no significant relationship between the two variables. A possible explanation may be the fact that Nicholson and Long (1990) were conducting a study on MSMs who were HIV positive. Those who had stayed for a short duration in the gay scene may have associated their HIV status with their gay life, hence the low attitude towards the same.

4.5.3. The link between internalized homophobia and risky sexual activities

In this study, it was found that internalized homophobia has a significant impact on risky sexual behavior. As indicated in the test of hypothesis 4 above, the number of sex partners within the last 6 months was used in this study to gauge likelihoods of risky sexual behavior.

It was found that respondent's who reported high levels of internalized homophobia were likely to have has more sex partners within the last 6 months compared to those with relatively lower levels of IH. The 6 persons interviewed for this study supported this assertion. According to Interviewee 4 (July 4, 2014),

An MSM who hates their sexual orientation is likely to engage in sex with more men. The reason is that they let out their pent-up frustrations through their fellow MSMs. In addition, most of them feel that the more men they have as partners, the more acceptable they are to the gay community. Given the pressing need to belong and have some familiarity, sex with many men is inevitable in most cases (personal communication, July 4, 2014).

The reason is that first, they are less inclined towards the substance of long term relationships, preferring to have short lived engagements. It is also possible that self-hatred and low self-esteem may push an MSM to have sex with many men in efforts to look for approval from agents external to them. To this end, their self-esteem is boosted by their engagement with as many men as possible.

4.5.4. Internalized homophobia and relationship status among MSMs

Another objective of this study was to determine how internalized homophobia relates to the status of relationships (whether single or in a relationship) among MSMs in Nairobi County. According to Campbell (2000), individuals with high levels of internalized homophobia were unlikely to enter into romantic relationships with other men. If they did enter into a relationship, it is more likely to be short lived. The argument was supported by the information gathered from the 6 interviewees. The 6 indicated that self-hate and self-pity (internalized homophobia) does affect romantic relationships among MSMs. One of the reasons is that an MSM who has not accepted his sexuality, and who has high negative attitudes towards homosexuality, is unlikely to enter into a relationship or sustain one.

The table below indicates the number of respondents who were in a relationship with another man at the time of the study:

Table 11: Is respondent currently in a gay relationship?

Response	Frequency	Percent
Yes	21	38.2
No	34	61.8
Total	55	100.0

Whereas a large number of MSMs had been in a relationship, only 35 percent were currently in one at the time of the study. This may indicate that many MSMs are either hesitant to get into a relationship, or enter into short lived unions. According to the interviewees, most MSMs are ashamed of themselves as a result of their sexuality. These respondents further reported that it is possible for MSMs to get into a long term and committed gay relationship. However, they admitted that currently, most MSMs have problems sustaining relationships for a number of reasons. One of the reasons was fear of being discovered by other members of the community, while another was the lack of satisfaction with a given relationship.

The table below, which indicates the respondents' reported level of satisfaction with gay relationships, clearly illustrates this point:

Table 12: Respondent's satisfaction with gay relationships

Degree of satisfaction	Frequency	Percent
Dissatisfied	6	10.2
Neutral	20	33.9
Satisfied	22	37.3
Very satisfied	11	18.6
Total	59	100.0

It was found that 37.3% of the respondents reported that they were satisfied with the relationships, while 18.6% were very satisfied. On their part, 10.2% reported dissatisfaction. An MSM who is dissatisfied with gay relationships is unlikely to get into one. As such, they are likely to remain single.

Intention to get married to a man in the future is another important indicator of internalized homophobia (Campbell, 2000). It further points to the willingness of the MSM to enter into a

relationship with another man. The table below shows the intentions of the participants to get married to another man:

Table 13: Respondent's reported intention to get married to a man

Intention	Frequency	Percent
Yes	31	53.4
No	27	46.6
Total	58	100.0

It was found that 53.4% of the respondents reported that they could get married to a man if given a chance, while 46.6% indicated that they could not. On their part, 2 of the respondents did not respond to this question. The findings reflected the satisfactions of the respondents with gay relationships as indicated in table 12 above. The figure of those willing to get married to a man (53.4%) is closer to that of those satisfied with gay relationships (37.3% for satisfied and 18.6% for very satisfied).

4.6. Gay Identity and Gay Relationship Status

Sexual self identification among MSMs is an important indicator of internalized homophobia in this community. For example, Nicholson and Long (1990) found out that MSMs who identified themselves as bisexual or straight reported lower levels of perceived social support and had more negative attitudes towards homosexuality compared to those who identified themselves as gay. The table below indicates reported self sex identity among the respondents in the current study:

Table 14: Respondent's self-sexual identity

Sexual identity	Frequency	Percent
Gay	29	49.2
Bisexual	28	47.5
Don't know	2	3.4
Total	59	100.0

Most of the respondents (49.2%) identified themselves as gay. This was followed closely by those who identified themselves as straight (47.5%). The researcher found that 3.4% of the participants reported that they did not know about their sexual identity, while 1 did not respond to this question.

4.7. Discussion of Findings

4.7.1. Internalized Homophobia and Dynamics of Relationships among MSMs

As already indicated, the major objective of this study was to find out the relationship between internalized homophobia and quality of relationship among MSMs in Nairobi County. The findings made indicated that indeed there is a relationship between the two phenomena. The findings were consistent with those made in studies conducted in western nations about this issue. For example, in a study involving MSMs in couple in California, Campbell (2000) found that social support is closely related to closeness and care giving in a couple relationship. Social support in this regard refers to that received from family members, friends, colleagues, and other people in the larger society. In a homophobic society, this form of support is lacking. Men who score high on the various internalized homophobia scales also report reduced social support from the aforementioned significant others.

Men who have sex with other men are known to create what Weston (cited in Campbell, 2000), refers to as 'families of choice'. Such systems are made up of a network of friends who provide support when none is forthcoming from the family of choice. The notion was made evident in the course of conducting the current study. At times, the researcher had to meet the respondents in social gatherings consisting of a number of MSMs. It was found that the men were freely discussing their sexuality with their colleagues. The kind of openness observed among this group in such social settings was something different from what is seen in their secretive existence within the larger Kenyan society (Author, 2014). Their friends appeared to be their 'families of choice' in this context.

4.7.2. Internalized homophobia and relationship status (single or in a relationship) among MSMs

One major trait associated with internalized homophobia entails a perceived violation of what entails to be a man. According to Quarterly (2011), the MSM may internalize the notion that their sexuality is a violation of the normalized ideal of masculinity in the society. Quarterly (2011) established a positive correlation between perceptions regarding masculinity and

negative feelings about homosexuality. It was found that from a young age, MSMs feel that they have failed to live up to the expectations of the society. The disconnect between the reality and the beliefs held by the MSMs leads to internal anxieties, low self-esteem, and such other traits related to internalized homophobia.

One of the societal expectations in relation to masculinity is the fact that a 'normal' man should get into a relationship with a woman and not with a fellow man. Entering into a relationship with another man entails a violation of this expectation. Having internalized this notion, an MSM with high levels of internalized homophobia will find it hard to enter into a relationship with another man.

However, the findings made in this study did not support this assumption fully. It is a fact that currently, only 35 percent of the respondents reported being in a gay relationship. According to Interviewee 6 (July 4, 2014),

Most MSMs in Nairobi are sexually active. The level of sex activity varies from one person to the other, but it is generally high. It is also likely most of the MSMs in Nairobi have tried to enter into a relationship with a fellow man (personal communication, July 4, 2014).

Consequently, the findings show that in spite of the apparent homophobia in the Kenyan society, MSMs are willing to explore gay relationships with other men. This is in spite of the high levels of internalized homophobia reported in this study. One explanation of this observation may be the fact that the modern Nairobi man, the pool from which the MSMs in this study were drawn, does not hold the traditional perceptions about masculinity. Masculinity in this context may no longer be strictly defined to express marriage to a woman. Maybe the case could have been different if the sample was drawn from rural MSM groups. In addition, perceptions towards conventional masculinity may not be an aspect of internalized homophobia among MSMs in Nairobi. It is plausible that most MSMs in Nairobi and Kenyan urban areas do not endorse the conventional masculine ideology. The observation correlates with that made by Campbell (2000), who argues that MSMs are likely to be more androgynous. To this end, they endorse both masculine and feminine attributes. As such, they are capable of mediating the potentially harmful psychological effects of subscribing to a traditional masculine ideology. More studies are needed to explore this issue

of existence of relationships among MSMs in spite of the apparent homophobia and internalized homophobia.

However, it is important to note that in spite of this confidence in romantic relationships among MSMs, only a small fraction (35%) was currently in one. What this means is that there is a possibility the gay relationships are short lived. A number of factors may explain this observation. For instance, it may be argued that MSMs are willing to enter into relationships, but are unwilling or unable to sustain them. Internalized homophobia may make it hard for them to sustain these relationships.

4.7.3. Internalized homophobia and the nature of relationships among MSMs (monogamous vs. open relationships)

Internalized homophobia is an important indicator of the nature of relationships among MSMs in relation to monogamy or open relationships (where there is more than one partner). Quarterly (2011) found that MSMs who have been in a relationships for long were likely to have sex with their partners less frequently. To them, what mattered most is the companionship offered by their partners and not the sexual satisfaction. As a result, frequency of sex reduced with increased duration of relationship. The findings are similar to those made by Campbell (2000).

In the current study, a significantly large number of participants who were in a relationship described it as open. What this means is that they were having sex with other men apart from their partner. The interviewees indicated that promiscuity is a major issue in the Kenyan gay community. It is one of the reasons why most studies and interventions in this group focus on sexual health. The findings correlate with those made by Campbell (2000), who found no significant relationship between relationship status (single or dating) and monogamy. However, in the current study, it is likely that internalized homophobia has an impact on the nature of the relationship. From the interviews conducted with key informants, it was found that self-hatred may make it hard to maintain one sex partner. The reason is that the low self-esteem associated with internalized homophobia (self-hatred) may force the MSM to seek the approval of as many men as possible through sexual encounters.

4.7.4. Internalized homophobia and duration of relationships among MSMs

Longevity is another important indicator of the quality of relationships among MSMs. In the current study, it was found that a large number of the participants are currently not in a romantic relationship with another man. In addition, it was found that only 5 percent of the relationships last for more than 3 years. Most of them (28.3%) last between 1 and 3 years. A significant number of them (33.3%) last for less than 6 months. A plausible explanation is that in spite of the supposedly low levels of endorsement of conventional masculinity notions, most MSMs find it hard to maintain a relationship with a fellow man. They may find it hard to mediate between their internalized notions about relationships with men and conventional ideas about masculinity. From the findings made in this research, one may conclude that MSMs in Nairobi do approve of gay romantic relationships even if they are not in one. However, the approval does not mean that they themselves will enter into one and sustain it. The observation is in line with Teunis (2001)'s argument. Teunis (2001) observes that endorsement of a behavioral pattern does not necessarily mean that the individual will apply it. Endorsement and practical application are two different elements. Endorsing sexual relationships does not mean that the MSM individual will get into one. There is need for more studies in this field to identify the exact correlations between the two concepts.

4.7.5. Internalized homophobia and risky sexual activities among MSMs

Internalized homophobia is associated with a number of behavior patterns that impact variously on relationships among MSMs. Some of them include high levels of depression, increased anxiety, low self-esteem, sexual dysfunction, and avoidance of relationships (Quartly, 2011). Another behavior that researchers have tried to analyze in relation to internalized homophobia among MSMs is unsafe sex practices.

Quartly (2011) argues that the relationship between non-condom usage and internalized homophobia is "weak and inconsistent" in relation to the studies conducted in this field. For example, Quartly (2011) cites Shidlo (1994), who found no correlation between non-condom usage among MSMs and internalized homophobia.

In the current study, the researcher did not analyze condom usage among the participants sampled. The element used to measure risky sexual behavior is the number of sex partners within the last 6 months. It is a fact that the presence of many sex partners does not necessarily translate to risky sexual behavior. The reason is that one may have sex with many people but use condom consistently, reducing the chances of contracting HIV and other such

health conditions associated with such behaviors. However, it is important to note that high numbers of sex partners increase the chances of risky sexual behavior. The likelihood of one engaging in risky behaviors, such as failure to use condoms, increases with increased number of partners.

In this study, it was found that most MSMs have had more than 1 sex partner within the last 6 months. Only 18.3 percent reported having one sex partner within that duration. On the other hand, 39 percent reported having between 2 and 5 partners, while 8.3 percent reported having between 6 and 10 partners. 6.4 percent reported having more than 10 sex partners within the last 6 months. The findings show that MSMs are predisposed to engaging in risky sexual behaviors. According to the interviewees, the risky sexual behavior may be an indication of the fact that most MSMs are unwilling to get into long term relationships given that they are not comfortable with their sexual orientation. The high levels of internalized homophobia recorded for this sample may explain this observation. The findings are in line with those made by Meyer and Dean (1995), who established a 6 percent correlation between internalized homophobia and high-risk sexual behaviors among MSMs.

In a study of MSM sex workers in Mombasa, Okal et al. (2009) argue that a casual relationship has been established between homosexuality, unsafe sex, and HIV among gay men in the West. However, there is limited evidence of similar studies conducted in Kenya. To analyze the issue of risky sexual behaviors, Okal et al. (2009) asked participants about frequency of condom use and factors that influence the same, including perceptions of risk towards HIV. Out of a sample of 10, only two participants reported on insisting on condom use with their clients. They declined those who were unwilling to use a condom. In addition, all the respondents in the study by Okal et al. (2009) described unprotected anal sex as more satisfying and pleasurable compared to protected sex. All of these observations point out to the existence of risky sexual behaviors among MSMs. The study by Okal et al. (2009) may be biased towards MSM sex workers, but it is important to note that their clients are the conventional gay man in the society, pointing out to the risky sexual behavior among the group. When one looks at it from this perspective, it is apparent that the findings in the current study with regards to risky sexual behavior among MSMs in Nairobi are consistent with those made by Okal et al. (2009).

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1. Summary

5.1.1. Introduction

The objective of this study was to identify the link between internalized homophobia and quality of romantic relationships among MSMs in Nairobi County. In the course of the research, it became apparent that knowledge regarding the sexual and life experiences of this group in Kenya and in East Africa at large is limited (Okal et al., 2009). However, researchers appear to have taken an interest in this group in the recent past. According to Interviewee 5 (July 4, 2014), “Of late, more scholars have taken an interest in the MSM field”. Consequently, a number of studies, though limited, do exist. However, most of these studies focus on HIV and other health issues related to MSMs in Kenya (Muraguri et al., 2012; Okal, 2011; Okal et al., 2013; Onyango-Ouma, Birungi & Geibel, 2009; Onyango-Ouma, Birungi & Geibel, 2005).

Sex between men has been reported across cultures and societies around the world. However, its acknowledgement and public visibility varies (Murray & Roscoe, 1998). A number of anthropological studies conducted in Africa reveal that sex between men has remained an unspoken topic in the societies for a long time (Kiama, 1999; Allman et al., 2007). In most societies, the practice is associated with Western cultures. The situation may explain the little information existing around the topic in contemporary Kenyan society.

The few studies conducted in Kenya show that sex between men is usually unprotected (Onyango-Ouma et al., 2005). In addition, the number of sex partners is considerably high. Furthermore, the studies have shown that many MSMs also report having sex with women (Okal et al., 2009). According to Okal et al. (2013), HIV prevalence in Kenya is estimated at 7 percent. The figure is according to a UNAIDS report published in 2008. The prevalence is higher among MSMs compared to other groups in the society. Okal et al. (2013) estimate that the prevalence is about 38-22 percent among MSMs. The situation may be one of the reasons why many studies among this group have focused on this issue.

Homophobia is a major hindrance towards the exploration of issues affecting MSMs in the country. It is often expressed in form of stigma, discrimination, and violence against members of this group. For example, in a study among MSM sex workers in Mombasa, Okal et al. (2013) found that participants reported been ridiculed as a result of their appearance and

for “doing things that a woman should do”. That is why fear and secrecy is common among MSMs in Kenya. Those who are employed or hold significant positions in the society reported fear of being exposed to their family, employers, and society at large. According to Onyango-Ouma et al. (2009), such men fear the loss of “vital proximal and distal networks” of family and friends, as well as employment. Furthermore, researchers find it difficult to conduct studies on MSMs for fear of being stigmatized (Onyango-Ouma et al., 2009). According to Teunis (2001), studies on homosexuality in Africa are new and few researchers venture into this field. The major reason for this is that researchers have personal concerns about the topic. On their part, MSMs are unwilling to take part in such studies for fear of being victimized.

It is important to understand the social experiences of MSMs to fully comprehend their existence in other spheres of life. One such social experience is the impact of internalized homophobia on their lives. Information on such experiences will help understand how the group perceives their life in general. In studies conducted among MSMs in western nations, internalized homophobia has been shown to impact significantly on risky sexual behavior among men who have sex with other men (Campbell, 2000; Frost & Meyer, 2009; Nicely, 2001). On its part, risky sexual behavior is an important indicator of HIV prevalence among MSMs (Onyango-Ouma et al., 2005). As such, internalized homophobia can point to incidences of HIV and other health issues among this group.

5.1.2. Internalized homophobia and the development of gay identity

According to Campbell (2000), homophobic attitudes may be internalized even before the gay person realizes that they are actually gay. As a result, a developmental arrest may occur when the individual becomes aware of their homosexuality. The reason is that the new sexual identity conflicts with the societal norms and expectations, as well as with the already internalized perceptions about homosexuality (Campbell, 2000).

Internalized homophobia entails external stigmatization that becomes attached to the sense of self (Stein & Cohen, 1986). The individual considers themselves to be deviant given that their sexuality goes against the sanctioned norms in the society. Past studies have established a link between internalized homophobia and mental illnesses among MSMs. For example, Cabaj (1988) contends that self-hatred is a major indicator of neurosis among this group. The low self-esteem associated with this phenomenon is closely linked to ego-dystonic

homosexuality diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, Version Three, Revised [DSM-III-R] (Cabaj, 1988).

With regards to internalized homophobia and identity, Fisher (1972) argues that every time an MSM denies the validity of his feelings and restrains himself from expressing them, he does a small hurt to himself. In the process, the individual suppresses their vitality by turning their energies inwards. The impacts of these developments may be subtle. However, with time, the tiny denials have a cumulative effect on the life of the MSM (Fisher, 1972).

Incidences of internalized homophobia are likely to be pronounced in Kenya considering that homosexuality is criminalized in the country (Okal, 2011). The practices are highly stigmatized within government, religious, community, and health structures. As a result of this discrimination, many individuals are hesitant to openly discuss their sexual behavior. The utterances made by public figures with regards to homosexuality in Kenya are also known to increase levels of homophobia in the society. Okal (2011) cites the example of religious leaders and politicians voicing their opinions about this practice. All these issues affect the identity of the MSM living within such a homophobic society.

5.1.3. Homosexuality and relationships

It is important to note that there is a difference between 'gayism' and sex between men. One may identify themselves as been an MSM, but this does not mean that they may actively engage in sex with other men or actualize their gay tendencies. According to Okal et al. (2009), many scholars have tried to investigate why and how sex between men takes place in spite of the widespread prejudice against such practices in the community. In a study conducted in 1995, Plummer (as cited in Okal et al., 2009), argues that sexual practices among men are divided into 4 major categories. The four entail casual homosexuality, situational homosexuality, personalized homosexuality, and homosexuality as a way of life. Casual homosexuality occurs mainly by chance and may not last for long. Okal et al. (2009) give the example of sex between school boys, which may entail mutual masturbation. With regards to situational homosexuality, Okal et al. (2009) define it as that type of sex between men that occurs as a result of the prevailing circumstances. A case in point is sex between men in prisons and in military camps. The practice takes place as a result of the lack of women in these environments. On the other hand, personalized homosexuality entails secret homosexual desires. The desires may be actualized or not. It may take place when the man

secretly admires other men around him but is not courageous enough to approach them or engage openly in homosexual acts with them. Finally, homosexuality as a way of life entails the explicit acknowledgement of homosexual preferences.

The current study focused mainly on a sample of MSMs drawn from the fourth category of homosexuals. It was made up of individuals who acknowledge their attraction towards other men. In spite of the open acknowledgement of their sexuality, it was apparent that these individuals reported high levels of internalized homophobia. It is important to note that the MSMs do not exist in a social vacuum. On the contrary, they are players, actors, and participants on the larger stage of Kenyan social life. As such, the prevailing dynamics within the Kenyan society are bound to affect their lives. In this study, the major focus was the homophobia existing in the larger society and which has been internalized by MSMs existing therein. In turn, this internalized homophobia was found to have impacts on the various aspects of romantic relationships among gay men in Nairobi.

Like other people in the society, MSMs express the need for companionship, which they may strive to meet by entering into a romantic relationship with another man. However, given their internalized homophobic tendencies, many of the relationships are anything but perfect. In the literature review section, it was found that one behavioral attribute associated with internalized homophobia is avoidance of romantic relationships with another gay man. As such, as much as the MSM may feel obliged to enter into a relationship to meet their need for companionship, internalized homophobia may prevail and discourage them from doing so.

5.1.4. The Impacts of Internalized Homophobia on Quality of Romantic Relationships among MSMs in Nairobi

The current study established that internalized homophobia has significant impacts on the quality of relationship among MSMs. It affects, among others, the duration of relationships, the status of relationship, the quality of relationship, and the satisfaction derived from these unions. The major reason for this is the apparent conflict and lack of synergy between the normalized perceptions within the larger society with regards to same-sex relationships and the sexuality of the individual. The discrepancy manifests itself in terms of self-hatred and low self-esteem among the MSM individual as a result of their sexuality.

The individual may engage in various social mechanisms to overcome the aforementioned discrepancies. One of them includes hatred towards other MSMs. Others include avoidance of relationships and engaging in risky sexual behaviors. Nicely (2001) found that another coping mechanism that an MSM may adopt to deal with their internalized homophobia is alcoholism. Nicely (2001) found that predictors of self destructive alcoholic behavior are closely associated with those of internalized homophobia.

5.6. Conclusion

A number of studies have been conducted among MSMs in the Kenyan context. However, compared to other fields of social interest, this area is little explored. In addition, most of the studies focus on HIV among this group. MSMs are identified as a minority and vulnerable group in the Kenyan society. They are also regarded as a major and significant group in the fight against the AIDS epidemic in the country. That is the major reason why most of the studies in this area focus on the health aspect of MSMs. In addition, most of the studies conducted in this field are funded by NGOs, governments, and other stakeholders. The stakeholders mentioned here are more interested on HIV and such other issues among the MSM group. As such, they are willing to fund more studies in this area.

In the course of the literature review, the researcher could not trace any studies on internalized homophobia or romantic MSM relationships in Kenya. However, there were several studies touching on homophobia in general, but not on how the individual may internalize these stereotypes. In addition, the studies tied the general homophobia, which is associated with the criminalization of homosexual acts, on the discrimination of MSMs in the health sector and, ultimately, on its impact on HIV among this group. Internalized homophobia and romantic relationship cannot be described as topics of interest to the organizations funding studies among this group, something that partly explains the absence of such studies. As such, the current study is the first of its kind in Kenya with regards to the identification of the link between internalized homophobia and romantic relationships among MSMs.

Conducting studies among MSMs in Kenya is associated with a number of challenges. To start with, the practice is criminalized in Kenya. As such, it is difficult to access the population to obtain a representative sample. The reason is that most of the MSMs are unwilling to come forward to take part in the study (Okal et al., 2009; Okal et al., 2013;

Muraguri et al., 2012). This is in spite of the fact that being an MSM and participating in a study (including giving out information about life experiences as an MSM) is not criminal. What is criminalized is the act of engaging in homosexual act itself. As such, to overcome this limitation, researchers should inform their participants of this fact.

Another challenge encountered is the inability to access those MSMs who are not out, in other words, those who are still 'in the closet'. From the interviews conducted with key informants in this study, it was found that a number of MSMs are married and lead what may appear to be 'normal' lives with their wives and families. Accessing such individuals is hard as their MSM life is not open.

MSMs are also secretive and are suspicious of outsiders. Researchers are regarded as outsiders among these individuals. The researcher faced this challenge in the process of conducting the current study. As such, a lot of time is needed to create rapport with the group and secure their trust. The challenge can be overcome by accessing the group through the various leaders of the MSM organizations registered in Kenya. In the process of conducting the current study, the researcher realized that most of the leaders are trusted by MSMs who belong to their organizations. As such, the trust of the participants can be secured with the help of these gatekeepers.

Another challenge closely related to the one identified above has to do with the fact that MSMs have the fear of being exploited by foreigners and other researchers. In the process of conducting the current study, the researcher interacted with the MSMs in a number of informal settings. In their conversations, members of the group informed the researcher that some students and organizations from abroad come to conduct studies on the group but do not compensate them in spite of the fact that the studies are sponsored by various stakeholders.

According to Onyango-Ouma et al. (2009) and Onyango-Ouma et al. (2005), conducting studies on MSMs in Kenya predisposes the researcher to a number of risks. One of them entails the personal integrity of the researcher. A researcher conducting a study in this field is likely to raise eyebrows with regards to their intentions. Some people ask the researchers whether they are themselves MSMs. In case they are not MSMs, their interests in the field are questioned.

Most organizations, including governments, are not willing to fund studies among MSMs. As already discussed in this paper, most of the stakeholders are interested on issues to do with HIV and the general health of the MSMs. As such, studies on the social lives of the MSM are few. Most learning institutions in Kenya, together with some members of their faculties, are unwilling to be associated with research on MSMs. As such, most students are discouraged from exploring topics in this field. In the process of conducting the current research, the researcher came across narratives of students who had to abandon projects on this group after frustrations from their departments.

5.8. Recommendations

5.8. 1. Recommendations for policy

The current study and others conducted among MSMs in Kenya reveal that this social group continues to be an important aspect of the Kenyan demographic. As such, the government and other stakeholders should come up with policies to improve the welfare of MSMs and uplift their plight.

Members of staff in all health institutions in the country should be trained on how to handle the unique health issues associated with this group. Such trainings will demystify the existence of MSMs and improve the quality of health they can access. Of critical importance is sexual health. Studies have found that this group plays an important role with regards to the spread of HIV epidemic. The HIV prevalence among this group is higher than the average in the Kenyan population. Consequently, healthcare providers should come up with policies specifically targeted at this group. In the course of conducting the current study, it was found that some health institutions dedicated to the provision of reproductive health to this group exists. However, most of these organizations operate largely in secrecy to avoid been deregistered by the government. If the fight against HIV/AIDS is to succeed, this should change.

The mental health of the Kenyan gay person has been largely neglected. In the course of conducting this study, it was found that there are no mental health institutions or policies targeted at this group that are in existence. This is in spite of the fact that the minority status of this group and their secretive existence predisposes them to a wide range of mental illnesses. Measures should be put in place to address this issue. For example, organizations

operating among this population should have in place mental health practitioners dedicated to the welfare of the LGBT group.

The government should consider allowing for the legal registration and operation of organizations dedicated to the welfare of gays and lesbians in Kenya. It is a fact that the new constitution creates more room for self-expression of the individual and basic human rights. The operation or existence of MSMs and these groups is not explicitly prohibited. However, the existing legal framework is silent about their legal operation. Most of these organizations have to be registered as social welfare agencies given that they cannot be given licenses to operate if they indicate that they will be dealing exclusively with MSMs. Sex between men or between women is explicitly prohibited under the new constitution. A person convicted of such an offense is liable to a sentence of between 5 and 14 years in jail. However, the judicial arm of the government appears to be more lenient on LGBTs. For example, a recent court ruling allowed for the registration of a Gay and Lesbian Human Rights foundation. However, the government has appealed this decision as a result of pressure from religious and other organizations. This is an indication of the status of this group in the country, which the government should consider changing.

5.8.2. Recommendations for future research on MSMs in Kenya

Learning institutions and other such organizations should come up with policies to support studies on MSMs. The reason is that these individuals are an important part of the Kenyan demographic set-up. As such, it is important to map out the dynamics that affect their lives. For example, some of the MSMs are married and are involved in social, political, and economic activities of the Kenyan society like other members of the community. As such, it is important to identify some of the issues that affect their lives.

It is also important for MSM groups to be more proactive in encouraging studies in this field. The reason is that more scientific information will demystify the existence of this group in the Kenyan society. The demystification may go a long way in supporting the objectives of these organizations, which include improving the lives of their members. The various MSM organizations should realize that the lives of MSMs are affected by other issues apart from HIV. As such, they should encourage exploration of other topics in this field.

Researchers should consider diversifying their focus on MSMs from HIV to social and other aspects of this group. The reason for this is that the various elements of the MSMs existence are important indicators of the quality of their lives. For example, internalized homophobia has significant impacts on how the MSMs relate to each other and to other people in the society. In addition, the low self-esteem associated with this phenomenon may affect the productivity of the individual at the workplace.

Additional research is needed on lesbians and transgendered persons. In the course of conducting the current study, it was found that most of the studies conducted in Kenya among LGBT are biased towards gay men. There are very few studies on other sexual minorities. This is a field that future researchers should consider venturing into. Future researchers should overcome the prejudices associated with carrying out research among this group. It is important for the public to realize that most of the studies conducted in this field are purely driven by academic quest. What this means is that most of the studies, including the current one, are not driven by the desire to agitate for the rights of the MSM group. On the contrary, the aim is to identify some of the issues that affect this group from a purely scholarly perspective. Future researchers should also be alive to this fact.

Researchers should also prepare their families, friends, workmates, and significant others about their participation on studies among MSMs. The aim is to psychologically prepare them for any issues that may arise in the future as a result of the researcher's efforts to conduct studies in the field. In addition, the support of these significant others is an important aspect to the success of studies in this field.

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APPENDIX

Appendix 1: Consent Form

Thank you for accepting to take part in this study. I am a student from Nairobi University, Department of Sociology. I am undertaking a study on internalized homophobia and quality of romantic relationships among gay men in Nairobi County. The study is a Project in partial fulfillment of the award of a Masters Degree in Community Development and Rural Sociology.

Kindly be as honest as possible in your responses. Your responses will be treated with utmost confidentiality and will only be used for the purposes of this study. In addition, I wish to remind you that your participation in this study is voluntary and you are at liberty of withdrawing at any stage. Signing this form is an indication of the fact that you are willing to take part in the study on a voluntary basis.

Thanks in advance.

Name:

Sign:

Date:

Appendix 2: Background Information Questionnaire

Introduction

Kindly be as honest as possible in your responses. Tick where appropriate.

Section 1: Background Information

1. How old are you? (years)
2. What is your highest level of education?
 - i. Never went to school
 - ii. Primary school education
 - iii. Secondary school education
 - iv. Tertiary institution
 - v. Bachelors degree
 - vi. Post graduate education
3. What your employment status?
 - i. Student
 - ii. Unemployed
 - iii. Employed part-time
 - iv. Employed full-time
 - v. Self-employed
4. What is your approximate income per month in Ksh.?
 - i. Below 5000
 - ii. 5000-10000
 - iii. 10000-20000.....
 - iv. 20000-50000.....
 - v. 50000-100000.....
 - vi. Above 100000
5. Which county do you originally come from?
6. Which parts of Nairobi County do you live?
7. How long have you stayed in (6) above?
 - i. Less than 3 months
 - ii. 3 months to 1 year
 - iii. More than 1 year
8. How long have you lived in Nairobi?
 - i. Less than 3 months
 - ii. 3 months to 1 year

- iii. More than 1 year
9. Who do you live with in Nairobi?
- i. Alone
 - ii. Wife
 - iii. Wife and children
 - iv. Children
 - v. Sibling[s] (brother, sister, members of extended family)
 - vi. Other (specify)

Section 2: Social Status and Family Background

- 1. Are you married to a woman? (if no, skip to question 4)
 - i. Yes
 - ii. No
- 2. If (yes) to (1) above, how long have you been married?
 - i. Less than 1 year
 - ii. 1-2 years
 - iii. 3-5 years
 - iv. More than 5 years
- 3. If (yes) to (1) above, do you live with your wife?
 - i. Yes
 - ii. No
- 4. How many biological children do you have?
 - i. None
 - ii. 1-3
 - iii. 4 – 5.....
 - iv. More than 5
- 5. What is your religion?
 - i. Muslim
 - ii. Hindu
 - iii. Catholic
 - iv. Protestant
 - v. Atheist
 - vi. Other (specify)

Section 3: Gay Identity and Gay Relationship Status

1. How do you identify yourself sexually?
 - i. Straight
 - ii. Gay
 - iii. Bisexual
 - iv. Don't know
 - v. Other (specify)
2. When was your first gay encounter (sex with another man)?
 - i. In primary school
 - ii. In high school
 - iii. In college
 - iv. After school
 - v. Other (specify)
3. How old was the male you had your first gay encounter (gay sex) with?
 - i. Older than me
 - ii. We were age mates
 - iii. He was younger than me
4. How long have you been engaged in homosexual acts?
 - i. Less than 3 months
 - ii. 3-6 months
 - iii. 7-12 months
 - iv. 1-5 years
 - v. More than 5 years
5. Have you ever been in a relationship with another man?
 - i. Yes
 - ii. No
6. Are you currently in a gay relationship? (if no, skip to question 10)
 - i. Yes
 - ii. No
7. How long have you been in your current relationship?
 - i. Less than 4 months.....
 - ii. 4-6 months
 - iii. 7-12 months
 - iv. More than 1 year

8. How old is your partner?
 - i. Older than me
 - ii. My age mate
 - iii. Younger than me
9. How can you describe your current relationship?
 - i. Monogamous
 - ii. Open (I have sex with other men other than my partner)
10. What was the duration of your longest relationship with another man?
 - i. Less than 3 months
 - ii. 3-6 months
 - iii. 7-12 months
 - iv. 1-3 years
 - v. More than 3 years
11. How did you meet the partner you had your longest relationship with?
 - i. Through a friend
 - ii. In a club
 - iii. Through a gay dating site
 - iv. In a gay gathering
 - v. Other (please specify)
12. How many men have you had sex with in the last 6 months?
 - i. 1
 - ii. 1-5
 - iii. 6-10
 - iv. More than 10

Section 4: Satisfaction with Gay Relationships

1. Generally, how satisfied are you with gay relationships?
 - i. Very dissatisfied
 - ii. Dissatisfied
 - iii. Neutral
 - iv. Satisfied
 - v. Very satisfied
2. Have you ever been a victim of any form of violence from a man you were in a relationship with? (if no, skip to question 4)

- i. Yes
 - ii. No
- 3. If (yes) to (2) above, what kind of violence was it?
 - i. Physical violence
 - ii. Psychological violence
 - iii. Sexual violence
 - iv. Other (please specify).....
- 4. Have you ever engaged in any form of violence against a man you were in a relationship with? (if no, skip to question 6)
 - i. Yes
 - ii. No
- 5. If (yes) to (4) above, what kind of violence was it?
 - i. Physical violence
 - ii. Psychological violence
 - iii. Sexual violence
 - iv. Other (please specify)
- 6. If given a chance, would you get married to another man?
 - i. Yes
 - ii. No

Appendix 3: Nungesser Homosexuality Attitudes Inventory (NHAI)

Please respond to all questions. Be as honest as possible. Please respond with the following:

- (1). Strongly Disagree
 - (2). Disagree
 - (3). Neutral
 - (4). Agree
 - (5). Strongly Agree
1. When I am in a conversation with a gay man and he touches me, it does not make me uncomfortable.
 2. I would not mind if my boss found out that I am gay.
 3. Whenever I think a lot about being gay, I feel depressed.
 4. Homosexuality is not as good as heterosexuality.
 5. When I tell my friends about my homosexuality, I do not worry that they will try to remember things about me that would make me appear to fit the stereotype of a gay man.
 6. I am glad to be gay.
 7. Male homosexuality is a natural expression of sexuality in human males.
 8. When I am sexually attracted to a close male friend, I feel uncomfortable.
 9. I am proud to be part of the gay community.
 10. Gay men do not dislike women any more than straight men dislike women.
 11. Marriage between gays should be legalized.
 12. My homosexuality does not make me unhappy.
 13. Gay men are overly promiscuous.
 14. When I am sexually attracted to another gay man, I do not mind if someone else knows how I feel.
 15. Most problems that gays have come from their status as an oppressed minority, not from their homosexuality per se.
 16. When women know of my homosexuality, I am afraid they will not relate to me as a man.
 17. Gay lifestyles are not as fulfilling as straight lifestyles.
 18. I would not mind if my neighbors knew that I am gay.
 19. It is important for me to conceal the fact that I am gay from most people.
 20. Whenever I think about being gay, I feel critical about myself.
 21. Choosing an adult lifestyle should be an option for children.

22. If my straight friends knew I was gay, I would be uncomfortable.
23. If men knew I was gay, I am afraid they would begin to avoid me.
24. Homosexuality is a sexual perversion.
25. If it were made public that I am gay, I would be extremely unhappy.
26. If my peers knew I was gay, I am afraid that many would not want to be my friends.
27. Adult gay males who have sex with boys under 18 years of age should be punished by law.
28. If others knew I am gay, I would not be afraid that they would see me as being effeminate
29. I wish I were straight.
30. When I think about coming out to peers, I am afraid they will pay more attention to my body movements and voice inflection.
31. I do not think I will be able to have a long term relationship with another man.
32. I am confident that my homosexuality does not make me inferior.
33. I am afraid that people will harass me if I come out more publicly.
34. When I think about coming out to a straight male friend, I do not worry that he might watch me to see if I do things that are stereotypically gay.

Appendix 4: Key Informant Guide

Thanks for taking the time to talk to me. My name is Geoffrey Mburu Karanja from the University of Nairobi. I am conducting a study for my Masters Thesis about the impacts of internalized homophobia on the quality of gay relationships in Nairobi County. You were selected for this study for your experience and continued engagement with the gay community in Nairobi. I will take notes as we talk. Be assured of complete confidentiality of your information. Your responses will be used for the purposes of this study only. Kindly if you have any questions, you can ask me before we begin.

1. Do you think gay individuals are affected by the levels of homophobia in Kenyan society?
2. Do you believe it is possible for gay persons to feel ashamed of your sexuality as a result of their sexual orientation?
3. Is it possible for two gay men to get into a committed relationship in Kenya and in Nairobi specifically?
4. According to you, how does self-hate and self-pity among gay men affect their relationship with each other?
5. What are some of the factors that impact on the duration of gay relationships in Nairobi?
6. How does internalized homophobia affect the duration of relationships among gay men?
7. In which ways does internalized homophobia relate to risky sexual behavior among gay men?
8. How does self-hate and self-pity among gay men affect levels of satisfaction with relationships with other gay men?
9. How is internalized homophobia related to domestic violence among gay men in Nairobi?

Thank you very much for your time and for sharing your experiences with me. Do you have any additional comments about internalized homophobia and gay relationships? Do you have any questions you would like to ask me?

Again, thanks a lot.