

Homosexuality: A Review on the Health Effects

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Abstract

Homosexuality is gradually gaining grounds in the world today, and one of the things that have raised concerns over the years is the health implication of the practice. There are divergent opinions on the matter; some health specialists argue that being homosexual is as healthy as a being heterosexual, while others argue against the notion. Nevertheless, the fact remains that several research works have shown enormous health issues related to homosexuals and their practices, which is worthy of consideration. This paper attempts to consider some health issues associated with homosexuality. It does not seek to discriminate against homosexuals but rather to point out health challenges and its implication on the individual and the general public at large.

Keywords: Gay, Health implications, Homosexuality, Same-sex

I. INTRODUCTION

Homosexuality is a sexual orientation where persons are romantically or sexually attracted to people of their own gender. Men who are romantically or sexually attracted to other men are called gay, while women who are romantically or sexually attracted to women are called lesbians. People who are romantically or sexually attracted to men and women are called bisexual. Together the homosexual, bisexual and transgender make up the LGBT community. The word homosexual comes from the ancient Greek word homo meaning same and the Latin word for gender. Homosexual relationships have been currently portrayed as healthy, stable and loving as heterosexual marriages —or even more so [1]. Sexual relationships between members of the same sex, however, expose gays, lesbians and bisexuals to extreme risks of Sexually Transmitted Diseases (STDs), physical injuries, mental disorders and even a shortened life span. This paper addresses some health risks associated with homosexuality.

II. HEALTH RISK FACTORS ASSOCIATED WITH HOMOSEXUALITY

Unhealthy sexual behaviors occur among both heterosexuals and homosexual men, yet the medical and social science evidence indicate that male homosexual behavior is uniformly unhealthy. Men having sex with other men lead to greater health risks than men having sex with women because of promiscuity and also because of the nature of sex among men. According to a British researcher, “Male homosexual behavior is not simply either ‘active’ or ‘passive,’ since penile-anal, mouth-penile, and hand-anal sexual contact is usual for both partners, and mouth-anal contact is not infrequent”. He also said that mouth-anal contact is the reason for the relatively high incidence of diseases caused by bowel pathogens in male homosexuals. Trauma may encourage the entry of micro-organisms and thus lead to primary syphilitic lesions occurring in the anogenital area. In addition to sodomy, trauma may be caused by foreign bodies, including stimulators of various kinds, penile adornments, and prostheses [2]. Although the specific activities addressed below may be practiced by heterosexuals at times, homosexual men engage in these activities to a far greater extent [3]. Some of these activities are discussed below:

A. *Promiscuity*

Promiscuity is one of the risk factors for the spread of infectious diseases especially sexually transmitted diseases and any degree of sexual promiscuity carries the risk of contracting STDs [4, 5, 6]. A high level of promiscuity has

been recorded among homosexuals a study carried out in Australia found that 93% of lesbians reported having had sex with men, and lesbians were 4.5 times more likely than heterosexual women to have had more than 50 lifetime male sex partners [7].

A study carried out by a group of University of Chicago researchers showed that 42.9% of homosexual men in Chicago's Shoreland area have had more than 60 sexual partners, while an additional 18.4% have had between 31 and 60 partners thus revealing a high level of promiscuity and unhealthy behavior among that city's homosexual male population [8, 9]. Another study of homosexual men published in 1978 revealed that 75% of self-identified, white, gay men admitted to having sex with more than 100 different males in their lifetime: 15% claimed 100-249 sex partners; 17% claimed 250- 499; 15% claimed 500-999; and 28% claimed more than 1,000 lifetime male sex partners [10].

In the U.S. Centers for Disease Control (CDC) has reported an upswing in promiscuity, at least among young homosexual men in San Francisco. From 1994 to 1997, the percentage of homosexual men reporting multiple partners and unprotected anal sex rose from 23.6% to 33.3%, with the largest increase among men under 25.4%. Despite its increase and incurability, AIDS no longer seems to deter individuals from engaging in promiscuous gay sex [11]. A 2003 U. S. based, Urban Men's Health Study reported that over 30% of the homosexual men studied frequented bathhouses with an average of 27 partners per year [12]. Having a large number of sexual partners have been linked to poor sexual health and decreased longevity. This is because the more sexual partners one has, the greater the risk for sexually transmitted diseases (STDs) like HIV/AIDS and other life-threatening conditions (prostate cancer, cervical cancer, and oral cancer). Deirdre Lee Fitzgerald, PhD, assistant professor of psychology at Eastern Connecticut State University in Willimantic says "Promiscuity is one example of a class of high-risk behaviors,". "It is comparable to, and may coincide with, behaviors such as heavy drinking, gambling, and other thrill-seeking behaviors like driving too fast."

Promiscuity deters the control of sexually transmitted diseases (STDs). Being promiscuous and having STDs both increase susceptibility to the AIDS virus [13, 14]. Despite better education and treatment, AIDS still killed more than 14,000 Americans in 2007. If promiscuity is combined with other risky behaviors like smoking, heavy drinking, substance abuse, not getting enough sleep, and poor diet, it can contribute to several chronic diseases including heart disease.

B. *Anal – genital contact*

Anal intercourse is the essential act of sex for many gay men. Yet human physiology makes it clear that the body was not designed to accommodate this activity. The rectum is significantly different from the vagina with regard to suitability for penetration by a penis. The vagina has natural lubricants and is supported by a network of muscles. It is composed of a mucus membrane with a multi-layer stratified squamous epithelium that allows it to endure friction without damage and to resist the immunological actions caused by semen and sperm. In comparison, the anus is a delicate mechanism of small muscles that comprise an “exit-only” passage. With repeated trauma, friction and stretching, the sphincter loses its tone and its ability to maintain a tight seal. Consequently, anal intercourse leads to leakage of fecal material that can easily become chronic. The intestine has only a single layer of cells separating it from highly vascular tissue, that is, blood. Therefore, any organisms that are introduced into the rectum have a much easier time establishing a foothold for infection than they would in a vagina. The single layer tissue cannot withstand the friction associated with penile penetration, resulting in traumas that expose both participants to blood, organisms in feces, and a mixing of bodily fluids. Furthermore, ejaculate has components that are immunosuppressive. In the course of ordinary reproductive physiology, this allows the sperm to evade the immune defenses of the female. Semen introduced into the rectum may cause immunosuppression [15].

The fragility of the anus and rectum, along with the immunosuppressive effect of ejaculate, make anal-genital intercourse a most efficient manner of transmitting HIV and other infections such as Anal Cancer, Chlamydia trachomatis, Cryptosporidium, Giardia lamblia, Herpes simplex virus, Human immunodeficiency virus, Human papilloma virus, Isospora belli, Microsporidia, Gonorrhoea, Viral hepatitis types B & C and Syphilis [7]. Although some of these infections are seen in heterosexuals, reports have shown a high prevalence in the homosexual populations. For example in 1999, King County, Washington (Seattle), reported that 85% of syphilis cases were among self-identified homosexual practitioners [16] and also syphilis among homosexual men is now at epidemic levels in San Francisco. The data, presented at CDC’s 2010 National STD Prevention Conference, found that the rate of new HIV diagnosis among men who have sex with men (MSM) is more than 44 times that of other men and more than 40 times that of women. The rate of primary and secondary syphilis among MSM is more than 46 times that of other men and more than 71 times that of women [17].

Anal intercourse also puts men at significant risk for anal cancer. Anal cancer is the result of infection with some subtypes of human papilloma virus (HPV), which are known viral carcinogens. Data as of 1989 showed the rates of anal cancer in male homosexual practitioners to be 10 times that of heterosexual males, and growing. Thus, the prevalence of anal cancer among gay men is of great concern. For those with AIDS, the rates are doubled. Other physical problems associated with anal intercourse are: hemorrhoids, anal fissures, anorectal trauma and retained foreign bodies [18].

A Johns Hopkins University School of Public Health study of three-hundred-sixty-one young men who have sex with men (MSM) aged fifteen to twenty-two found that around 40% of participants reported having had anal-insertive sex, and around 30% said they had had anal-receptive sex. Thirty-seven percent said they had not used a condom for anal sex during their last same-sex encounter. Twenty-one percent of the respondents reported using drugs or alcohol during their last same-sex encounter [19].

C. *Oral-anal contact*

This is often called “rimming” or “analingus”, it involves licking the opening of the anus or inserting the tongue into the anus. There is an extremely high rate of parasitic and other intestinal infections documented among male homosexual practitioners because of oral-anal contact. The medical literature described a syndrome called “the Gay Bowl” because of the presence of many infections. “Gay bowel syndrome was a medical term first used by Henry L. Kazal and colleagues in 1976 to describe the various sexually transmitted perianal and rectal disease and sexual traumas seen in Kazal’s proctology practice which had many gay patients [20]. These researchers noted that in a sample of 260 homosexual men, “ the clinical diagnoses in decreasing order of frequency include Condyloma acuminata, Hemorrhoids, nonspecific Proctitis, Anal Fistula, Perirectal abscess, Anal Fissure, Amebiasis, Benign polyps, Viral Hepatitis, Gonorrhoea, Syphilis, Anorectal trauma and foreign bodies, Shigellosis, Rectal ulcers and Lymphogranuloma venereum. Men who have sex with men account for the increasing number of cases in America of sexually transmitted infections that are not generally spread through sexual contact. These diseases, with consequences that range from severe and even life-threatening to mere annoyances, include Hepatitis A [17], *Giardia lamblia*, *Entamoebahistolitica* [21], Epstein-Barr virus [22], *Neisseria meningitides*, Shigellosis, Salmonellosis, Pediculosis, scabies and *Campylobacter* [23].

An outbreak of Hepatitis A was reported in New York City in which 78% of male respondents identified themselves as homosexual or bisexual [17]. While Hepatitis A can be transmitted by routes other than sexual, a preponderance of Hepatitis A is found in gay men in multiple states also Salmonella is rarely associated with sexual activity except among gay men who have oral-anal and oral-genital contact following anal intercourse [24]. Typhoid which is a water-borne disease that occurs usually as a result of ingestion of contaminated food or water has also been reported to be sexually transmitted in Ohio in series of male sex partners of one male who had travelled to Puerto Rico [25]. This is an unsettling new discovery.

D. *Human waste*

Some gay men sexualize human waste, including the medically dangerous practice of coprophilia (abnormal interest and pleasure in faeces and defecation), which means sexual contact with highly infectious fecal wastes [26]. This practice exposes the participants to all of the risks of anal-oral contact and many of the risks of anal-genital contact.

E. *Fisting*

Fisting refers to the insertion of a hand or forearm into the rectum, and is far more damaging than anal intercourse. The internal anal sphincter (an involuntary muscle) does not look favorably upon foreign objects attempting to enter the rectum. This muscle relaxes during defecation, but remains in a contracted state otherwise, which seals the anal opening. For a period following receptive anal sex, the internal anal sphincter is stretched and is unable to contract strongly, thereby failing to completely seal the anal opening until the muscle regains its original tone. Repetitive anal sex, especially with large penises or rectal insertions of large objects may damage the internal anal sphincter, thereby preventing complete sealing of the anus, and leading to fecal mucus seepage (anal or fecal incontinence). Tears can occur, along with incompetence of the anal sphincter. The result can include infections like HIV, inflammation and, consequently, enhanced susceptibility to future STDs and even death [27]. It has been reported that 20% of homosexuals in one survey admitted to having participated in this practice and a study showed that 25% of homosexuals that practiced anoreceptive intercourse and 50% of AIDS-afflicted homosexuals had anal incontinence compared to a 3% rate among heterosexual men [21].

F. *Substance Use Disorder*

Compulsive Behavior and risk-taking have been reported among homosexuals and Lesbians. Growing evidence suggests that lesbian, gay, and bisexual adults may be at elevated risk for mental health and substance use disorders [28, 29]. A study by Skinner W. F. reported a high prevalence of Illicit and Licit drug use among Lesbians and Gay Men [30].

A study published in Nursing Research found that lesbians are three times more likely to abuse alcohol and to suffer from other compulsive behaviors. In this research, 91% of the participants had abused other drugs as well as alcohol while 46% had been heavy drinkers with frequent drunkenness [31]." Report showed that lesbian women consume alcohol more frequently, and in larger amounts, than heterosexual women [32]. Lesbians were at significantly greater risk than heterosexual women for both binge drinking (19.4% compared to 11.7%), and for heavy drinking (7% compared to 2.7%) [32]. Another study in Family Planning Perspective concluded that male homosexuals were at greatly increased risk for alcoholism [33]. The study noted that drinking and substance abuse may contribute to the "significantly higher STD rates among gay and bisexual men [33]."

III. DISEASES AND DISORDERS ASSOCIATED WITH HOMOSEXUALITY

A. *Sexually Transmitted Diseases (STDs)*

Sexually Transmitted Diseases (STDs) have been on the increase among gay and bisexual men. The U.S. Centers for Disease Control and Prevention estimates that 19 million new STD infections occur each year. Among the most common STDs are chlamydia, gonorrhea, and syphilis, but the most common of all is the human papillomavirus (HPV). HPV can infect the mouth or the genitals, and most people do not know they are infected. HPV has been linked to cervical cancer and to oral and throat cancers [34, 35]. The Epstein-Barr type 2 virus (EBV type 2) causes infectious mononucleosis and is associated with two types of cancer: Burkitt's lymphoma and nasopharyngeal carcinoma. Nasopharyngeal cancer is a cancer that starts in the nasopharynx, the upper part of the throat behind the nose and near the base of skull [36]. Studies have found that smoking may contribute to the development of nasopharyngeal cancer, especially the keratinizing type. Some studies have linked heavy drinking to this type of cancer [37]. A study showed that the "prevalence of EBV type 2 (the Epstein-Barr type 2 virus) among homosexual men was significantly higher than it was among heterosexual men (39% vs. 6%) [38]". And other studies have found

abnormally high rates of hepatitis B infection, hepatitis A infection, prostate cancer, colitis, enteritis, proctitis, and proctocolitis in homosexual men [39, 40].

The CDC reports in its June 2000 HIV/AIDS Surveillance Report that men who have sex with men (MSM) account for the majority of AIDS cases in the United States. In the United States, HIV-related illness and death historically have had a tremendous impact on men who have sex with men (MSM). Even though the toll of the epidemic among injection drug users (IDUs) and heterosexuals has increased during the last decade, MSM continue to account for the largest number of people reported with AIDS each year. In 1999 alone, 15,464 AIDS cases were reported among MSM, compared with 10,138 among IDUs and 7,139 among men and women who acquired HIV heterosexually [41].

The World Health Organization in its reports on the epidemiology of AIDS in different countries, giving the Netherlands as a first example due to its large acceptance of gay practices comparative to other countries worldwide reported that homosexuals made up 68.6% of AIDS cases, whereas heterosexuals made up only 15.2%; intravenous drug users (IDU) made up 11.6% and blood donations 2.3% [42]. In the UK, MSM made up 65.8% of AIDS cases followed by 18.1% heterosexuals while IDU made up 8.1% of the cases. Those two countries were given as typical examples of what is found in other European countries in general where homosexuality is more commonly practice [42].

A study presented July 13, 2000 at the XIII International aids Conference in Durban, South Africa disclosed that a significant number of homosexual and bisexual men with HIV "continue to engage in unprotected sex with people who have no idea they could be contracting HIV [43]." Researchers found that thirty-six percent of homosexuals engaging in unprotected oral, anal, or vaginal sex failed to disclose that they were HIV positive to casual sex partners [44].

Reuters reported that Nearly one in five gay and bisexual men in 21 major U.S. cities are infected with HIV, and nearly half of them do not know it (Reuters) A September 2010 report of the Centers for Disease Control and Prevention (CDC) reported that Gay, bisexual, and other men who have sex with men (MSM) represent approximately 2% of the US population, yet are the population most severely affected by HIV and are the only risk group in which new HIV infections have been increasing steadily since the early 1990s. Men who have sex with

men (MSM) remain the group most heavily affected by HIV in the United States. CDC estimates that MSM represent approximately 4 percent of the male population in the United States⁴ but male-to-male sex accounted for more than three fourths (78 percent) of new HIV infections among men and nearly two-thirds (63 percent) of all new infections in 2010 (29,800). White MSM continue to represent the largest number of new HIV infections among MSM (11,200), followed closely by black MSM (10,600) and Hispanic MSM (6,700) [45, 46, 47]

An analysis carried out by the Centers for Disease Control and Prevention suggested that approximately 64% of all adult primary and secondary syphilis cases in 2004 were among MSM. MSM often are diagnosed with other STDs, including chlamydia and gonorrhea infections. HPV (Human Papillomavirus), the most common STD in the United States, is also a concern for MSM [48].

Human Papillomavirus (HPV) is a collection of more than seventy types of viruses that can cause warts, or papillomas, on various parts of the body [49]. Some HPV are incurable STDs that can infect the genital tract of both men and women [50]. Genital HPV is transmitted by skin to skin contact and this transmission occurs more easily in the presence of irritated skin which could often occur with penetrative sex practiced by LGBT people [51].

According to the homosexual newspaper *The Washington Blade*, A study of Gay and bisexual men revealed that HPV infection was almost universal among HIV-positive men, and that 60% of HIV-negative men carried HPV [52]. At the Fourth International AIDS Malignancy Conference at the National Institutes of Health, Dr. Andrew Grulich announced that "most instances of anal cancer are caused by a cancer-causing strain of HPV through receptive anal intercourse. Dr. Stephen Goldstone also stated in a presentation to the International Congress on Papillomavirus in Human Pathology in *Washington Blade* that HPV is believed to cause cervical cancer in women [53].

Dr. Steven Wexner of the Cleveland Clinic in Ft. Lauderdale, Florida, stated in a 1990 study published in *Diseases of the Colon and Rectum* that "up to 55% of homosexual men with anorectal complaints have gonorrhea; 80% of the patients with syphilis are homosexuals. Chlamydia is found in 15% of asymptomatic homosexual men, and up to one third of homosexuals have active anorectal herpes simplex virus." A study published in the *Journal of Clinical Pathology* found, "In homosexual men a much higher prevalence of pharyngeal gonorrhea (15.2%) was observed in comparison with heterosexual men (4.1%)." Unlike its effect on the genitals, when gonorrhea infects the pharynx

and rectal regions, it often emerges without symptoms. And even if it does emerge with symptoms, those symptoms can be easily misinterpreted as simply a sore throat or misdiagnosed as part of a simultaneous ailment such as hemorrhoids. The British Co-operative Clinical Group noted that homosexuals acquired syphilis at a rate ten times that of heterosexuals [54].

Hepatitis is a potentially fatal liver disease that increases the risk of liver cancer. The Mortality and Morbidity Weekly Report published by the CDC reports that Outbreaks of hepatitis A among men who have sex with men are a recurring problem in many large cities in the industrialized world [55]. Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Each year, more than 200,000 people of all age contract hepatitis B and close to 5,000 die of sickness caused by AIDS. The CDC reports that MSM are at increased risk for hepatitis B [56]. Hepatitis C is an inflammation of the liver that can cause cirrhosis, liver failure and liver cancer. The virus can lie dormant in the body for up to thirty years before flaring up. Although less so than with hepatitis A and B, MSM who engage in unsafe sexual practices remain at increased risk for contracting hepatitis C [57].

B. *Kaposi sarcoma*

In an indirect fashion, anal intercourse is implicated in the development of Kaposi's sarcoma, one of the diseases on the AIDS- indicator list of the U.S. Centers for Disease Control (CDC). This is because nitrite inhalant recreational drugs, known commonly as "poppers", have been popular in the gay community and are used to facilitate this practice through relaxation of the anal sphincter. Researchers at the National Institute on Drug Abuse have recognized that nitrite inhalant abuse is associated with Kaposi's sarcoma, and HIV-negative gay men with a history of using poppers have developed this disease [58].

The International Journal of Dermatology explains why homosexuals' behaviors place them at high risk for this disease, which affects the mucous membranes and the skin of its victims: In this high risk group [the gay male population], the predominant portal of entry of free and cell-bound HIV as well as the brunt of associated cofactors and opportunistic infections can be traced to both ends of the gastrointestinal tract (mouth and anus) and also the genitalia, which happen to be common sites for Kaposi's Sarcoma lesions in addition to their lymphatic watersheds. Kaposi's sarcoma has taken a particularly tragic toll on HIV-infected homosexual men, sending them to an earlier

grave than their IV-drug user counterparts. AIDS reports: According to our data, homosexual men had a significantly higher risk of progression to AIDS and shorter survival compared with IDU [IV drug users] and other categories.

In a multivariate analysis the increased risk was found to be independent of demographic and clinical characteristics but was accounted for by the higher probability of developing Kaposi's sarcoma [59].

C. *Anal cancer*

Anal cancer is caused by the same strain of Human Papillomavirus (HPV) that cause cervical cancer in women. HPV is the most common sexually transmitted infection [21]. In homosexual men it is transmitted through both protected and unprotected anal intercourse and skin-to-skin contact. Anal HPV is present in approximately 65% of HIV negative MSMs and 95% of MSMs who are HIV positive. Homosexual males are also at elevated risk for anal cancer. A likely possibility is that chemicals in the lubricants used to facilitate anal intercourse are a factor associated with this disease. Researchers R.J. Ablin and R. Stein-Werblowsky describe sperm and seminal plasma as capable of promoting cancer, and suggest that this accounts for the increase in cancer among people practicing anal sex. "Epidemiological studies have shown that risk factors for anal cancer include homosexuality, history of receptive anal intercourse, presence of anal condylomata, and smoking." Daling *et al.* [60] stated that "Practicing anal intercourse is associated with anal cancer and case reports have suggested a recent increase in the number of cases of anal cancer.

A study by Breese *et al.* reported that Anal HPV infections are common in homosexual/bisexual men and have strong relationship to HIV-associated immunosuppression because most infections involve "high-risk" types of HPV [61]. Brewer also reported that men who have sex with men are at increased risk for anal cancer compared to the general population [62].

D. *Impairment of immune response*

Several researchers have concerned themselves with the immune dysfunction consequent to the direct entry of semen into the bloodstream by means of anal intercourse. Joseph Sonnabend has argued that repeated exposures to semen combined with various sexually transmitted disease pathogens result in impairment of immune response. Robert Root-Bernstein concluded that exposure to semen through anal intercourse can initiate lymphocytotoxic

autoimmunity. Another researcher who recognizes the pathogenic effects of semen is Eleni Papadopulos-Eleopulos [63].

E. Mental illness

A study published by the Archives of General Psychiatry reported that same-gender sexual orientation is significantly associated with each of the suicidality measures. The study found that men with same-sex partners were 2.4 times as likely as their co-twins to have thoughts about death, 4.4 times as likely to want to die, 4.1 times as likely to have suicidal ideation, 6.5 times as likely to have attempted suicide, and 5.1 times as likely to have any of the suicidal symptoms. After adjustment for substance abuse and depressive symptoms (other than suicidality), all of the suicidality measures remained significantly associated with same-gender sexual orientation except for wanting to die [64].

Another study was reported on a New Zealand study and it followed 1007 individuals since birth. At the age of 21, the 28 subjects classified as gay, lesbian or bisexuals were significantly more likely to have had mental-health problems than the 979 classed as heterosexual [65].

The Archives of General Psychiatry also published in its January 2001 issue a study which found that psychiatric disorders were more prevalent among homosexually active people compared with heterosexually active people in the Dutch populace. Homosexual men were 2.94 times as likely to have 12 month prevalence of mood disorder and 2.61 times more likely to have a 12-month prevalence of anxiety disorder than heterosexual men. Homosexual women were 4.05 times more likely to have a 12 month prevalence of substance use disorders than heterosexual women. More homosexual than heterosexual persons had 2 or more disorders during their lifetimes. It should be noted that Dutch society is a very gay-affirming and gay-friendly society, which may suggest that “society’s oppression” of homosexual people is not necessarily the cause of increased rates of mental illnesses among homosexuals as some people might suggest. The researchers found “that homosexuality is not only associated with mental health problems during adolescence and early adulthood, as has been suggested, but also in later life.” [66]

IV. CONCLUSION

It is important to consider the act of homosexuality keenly with great love for humanity. The outbreak of diseases in our communities has caused a lot of damages. For instance, STDs and HIV been the most deadly had claimed a lot of lives, and many children made to suffer from the mistakes of their parents before means were discovered on how they could be exempted.

Above are just few of the diseases discovered to be related to homosexuality practices/acts. According to CDC there are several infections related to homosexual acts and practices discovered very year, and the rate of infection is climbing because many younger homosexuals are engaging in risky behaviors.

Dr. Diggs wrote, "A compassionate response to requests for social approval and recognition of GLB (gay, lesbian, bisexual) relationships is not to assure gays and lesbians that homosexual relationships are just like heterosexual ones, but to point out the health risks of gay sex and promiscuity. Approving same-sex relationships is detrimental to employers, employees, and society in general." Conclusively, proper awareness should be created on the health risks associated with homosexuality so that people could make informed choices.

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