

**Minutes of the 2nd task force on the homosexuality debate held at the Ministry of Health on 5th
February 2014**

Members Present

- | | |
|--------------------------|--|
| 1. Dr. Isaac Ezati | Chair, Director Planning, Ministry of Health |
| 2. Dr. Sylvester Onzivua | Senior Pathologist, Mulago Hospital |
| 3. Dr. Misaki Wayengera | Geneticist, Makerere University |
| 4. Prof. Seggane Musisi | Psychiatrist, Makerere University |
| 5. Dr. Sheila Ndyabangi | Head, Mental Health Desk, Ministry of Health |
| 6. Dr. Paul Bangirana | Psychologist, Makerere University |
| 7. Dr Jacinto Amandua | Commissioner, Ministry of Health |

Absent with apology

- | | |
|---------------------------------|-----------------------------------|
| 1. Assoc. Prof. Eugene Kinyanda | Psychiatrist, Makerere University |
| 2. Dr David Basangwa | Director, Butabika Hospital |

Min 1: Dr Ezati nominated Prof Seggane to Chair the scientific arm of the task force. He reiterated the question the Minister wanted answered; what is the scientific or genetic basis of homosexuality and can it be learned or unlearned.

Min 2: Prof Seggane presented his report. He gave a background on sexuality and overview of the biological basis. He concluded that homosexuality is not an abnormality nor a habit but a normal biological variant of sexuality. It needs to be regulated as was in the traditional African society.

Min 3: Dr Bangirana presented evidence showing that that the hypothalamus in both homosexual men and heterosexual women was activated by androgen containing odours. All brains of the three groups processed other odours similarly. These findings imply that homosexual men have a different brain response to male odours compared to heterosexual men but they respond to other odours like heterosexuals. It is not clear whether this differing physiological response exists at birth or developed after homosexual experience later in life.

Min 4: Dr Onzivua made his presentation. He mentioned that there is no biological basis for homosexuality. There is no biological basis to promote homosexuality, different body parts are adapted for their functions, eg pinna to collect sound waves etc. The anatomy of the human being is not designed homosexuality. There are no conclusive studies on the genetics of homosexuality. However the environmental influence can not be ignored.

Min 5: Dr Wayengera presented his report. There are statistical correlations between the behaviour and structural and genetic factors. The current based on the dearth of genetic studies imply that it is a learned behaviour (social influence). Chromosomal studies have not produced consistent results

when replicated. Animal studies have shown a genetic basis of homosexuality (in *Drosophila* and mice) but have not replicated in humans. Evolutionary biology where the main role for sex is procreation implies there is no structural basis for homosexuality.

Min 6: A discussion followed these presentations. It was suggested that simple explanations are needed to explain homosexuality since the lay public will not understand the science presented above. Need to look at it from all angles i.e. biological, psychological and social.

Min 7: Conclusions:

- a) There is no definitive gene for homosexuality
- b) Homosexuality is not a disease
- c) Homosexuality is not an abnormality
- d) In every society, there is a small number of people with homosexual tendencies
- e) It can be influenced by environmental factors (e.g. culture, information, permissiveness)
- f) The practise needs regulation like any other behaviour