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**SPECIAL REPORT:**

**TO**

The Select Committee  
National Council of Provinces (NCOP)  
**re: CIVIL UNION BILL [B26B-2006] (s75)**

# **IS HOMOSEXUALITY GENETIC**

Compilation by

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*Doctors for Life Foundation, 2006*

## IS HOMOSEXUALITY GENETIC?

There are some key statements about homosexuality, which is presently emphasized in the media. Some of them are:

- 1) Homosexuality is a "normal, healthy variant: of human sexuality.
- 2) Homosexuality is genetically inherited and therefore not a matter of choice.
- 3) Gay parents are **not** more likely to have gay children than non-homosexuals.

These statements are not new, but there has been a renewed interest in them since some scientists started quoting research to support the theory that there was a biological reason for homosexuality.

It is the purpose of this document to examine the information available and hopefully provide a clear answer to these very important questions.

First we saw (from the 1940's up till the 1970's) that it was widely argued and believed by scientists that male homosexuals had a deficiency of male hormones. However, when finally the results were evaluated it was found that only 3 studies had indicated lower testosterone levels in male homosexuals, while 20 studies found no differences, and two reported elevated testosterone levels in male homosexuals. Unfortunately textbooks kept alluding to this supposed "fact" of hormonal differences for 3 decades.

Another significant study was when, in 1991, Simon Le Vay published his "gay brains" research<sup>1</sup>, where he compared the SDN-POA brain centre in male rats to the INAH3 brain centre in humans. Le Vay assumed that the SDN-POA centre in male rats had an effect on male rats' crouching/mounting behaviour during mating and that the two centres (the SDN-POA in rats and the INAH3 in man) were functionally the same. He reasoned that a difference in the corresponding INAH3 in humans would make men homosexual.

In 1993 Drs William Byne and Bruce Parsons from the New York State Psychiatric Institute critically reviewed the evidence<sup>2</sup> (2). They found that:

- 1) "The effective lesion site within the anterior hypothalamus for disrupting mounting behaviour [in male rats] lies **above, not within** the SDN-POA. The SDN-POA therefore does not play a critical role in male typical behaviour in male rats and the correlation between its size and mounting frequencies does **not** reflect a casual relationship."
- 2) The Le Vay study also had numerous technical problems e.g.; his sample included 19 brains of gays who died of AIDS and 16 brains from men whose sexual orientation was not known. He assumed that the 16 were heterosexual even though **5 had died of AIDS**.

<sup>1</sup> Le Vay S A Differences in hypothalamic structure between heterosexual and homosexual men. Science 1991; 253:1034-1037.

<sup>2</sup> Human sexual orientation: the biologic theories reappraised. Arch Gen Psychiatry 1993;50:228-239.

- 3) Although Le Vay argued that a small INAH3 "caused" homosexuality, some gays had an INAH3 that was larger than the average size of INAH3 of the "heterosexuals" and some of the "heterosexuals" had an INAH3 that was smaller than those of gays.

Next was the "gay twin" study of Bailey and Pillard<sup>3</sup>. They reported that 52% of identical twins of homosexuals were also homosexual.

- 1) King and McDonald<sup>4</sup> however shortly after them published a new "sexual orientation of twins study", which found concordance rates of only 25% for homosexuality in identical twins. That is half of the 52% reported by Bailey and Pillard. Byne and Parsons noted the large proportion of identical twins in both studies "who were discordant for homosexuality despite sharing not only their genes but also their prenatal and familial environments... [This] underscores our ignorance of the factors that are involved, and the manner in which they interact, in the emergence of sexual orientation".

**Byne & Parsons finally concluded in the Archives of General Psychiatry that there is no evidence at present to substantiate a biological theory of sexual orientation.**

The last important study which we would like to quote is research done by Dr. Dean Hamer who claimed (in an interview with the Washington Post 7/6/93) to have studied 40 pairs of homosexual brothers who volunteered to be studied.

Hamer claimed that 33 of the 40 pairs of brothers showed identical markers on 5 loci of the q28 region of the X-chromosome which is indicative that a gene or genes in this region influences the expression of homosexuality in at least 64% of brothers tested.

Looking at the experiment, however, one finds that it has many weaknesses, inconsistencies and loopholes. To mention a few:

- 1) Hamer did not double-check the same genetic markers in the non-homosexual brothers of his subjects.
- 2) Similar gene markings for manic depression have been dismissed in the past after failed attempts to replicate findings.
- 3) The 40 pairs of brothers were volunteers - one does not know how representative the results are of either the general or the homosexual populations.
- 4) A correlation for specific genetic markers does not imply that a gene or genes caused the brothers' homosexuality. (The results could be pointing to another trait shared by these subjects and which is disproportionately common in gays).
- 5) Examination of the marker data for each pair indicates that there is some uncertainty in even the 33 concordant pairs.
- 6) Specifically, computation of the statistical probability of the result depended on the assumption that the mother was heterozygous for these markers. Because the mother's X-chromosomes were not examined in 22 of the 33 concordant pairs, it is not known

<sup>3</sup> Bailey J M & Pillard R C A genetic study of male sexual orientation. Arch Gen Psychiatry 1991;48:1089-1096.

<sup>4</sup> King M & McDonald E Homosexuals who are twins: a study of 46 probands. Brit J Psychiatry 1992;160:407-409.



whether her sons (the homosexual brother pairs) had to receive identical markers (i.e. because she was homozygous) or not. Clearly it means much less to say that a homosexual pair is genetically concordant if in fact all male children in that family would be genetically identical for such markers regardless of orientation. In each of the eleven cases where the mother's X-chromosomes were mapped, the mother was **indeed** homozygous at 1, 2, or 3 of the 5 key markers.

Dr. Ruth Hubbard, Professor emeritus of Biology at Harvard considered it "Surprising that the correlation found in this research warranted publication without these controls especially in as influential a journal as 'Science'". She further stated that "sexual attraction depends on personal experience and cultural values and that desire is too complex, varied and interesting to be reduced to genes".

Let us return to our original three statements. When one looks at them carefully they seem to clash on some aspects and are completely unscientific in others. In the first place, if homosexuality were genetically determined then one would expect gays to have more homosexual children than other heterosexual marriages. If one breeds animals you can breed certain physical and behavioural characteristics by pairing male and female animals with traits similar to the traits you want. You then again breed those offspring, which best approximate, the desired trait and repeat this process. In contrast to this, the American Psychology Association, in trying to justify the adoption of children by gay couples, claims to have proven that the natural children of homosexuals are not more likely to become homosexual than children raised by homosexuals.<sup>5</sup>

Evolutionary theory states that, instead of humans picking a certain trait, evolutionary mechanisms are said to maintain and expand favourable genetic mutations because they convey some sort of net advantage which makes the parent and children more apt to survive in their environment. Because they are more apt to survive, the children in turn propagate the condition to their children etc. As long as the trait is advantageous it will presumably endure and grow in prevalence. If it is harmful it will eventually decline and disappear. Doctors For Life does not necessarily support this theory, but many scientists do believe that this is how evolution works. If, however, you try to apply this theory to homosexuality, you get stuck with some unanswered questions:

1. What is the net advantage of being a homosexual? In what way does homosexuality exhibit behaviour traits or physical attributes that give it an advantage in its environment? On the contrary, when 6 714 obituaries from 16 U.S. homosexual journals over the past 12 years were compared to a large sample of obituaries from regular newspapers,<sup>6</sup> the obituaries from the newspapers (which were similar to official statistics for the USA) showed that:

Married men: - median age at death was 75 and 80% of them died at 65 or older.

Unmarried men: - median age of death was 57 and 32% of them died at 65 or older.

Married women: - average age at death was 79 and 85% died old.

Unmarried women: - average age at death 71.

<sup>5</sup> Falk P J American Psychologist 1989;44:941-47.

<sup>6</sup> Cameron P., Playfair W. and Williams. The lifespan of homosexuals: Paper presented at the Eastern Psychological Assn. Convention April 17, 1993.

But with homosexuals however, nation wide, only 2% died at 65 years or older (98% died before 68 years). If AIDS was the cause of death - average age at death was 39. For 829 gays who did not die of AIDS the median age at death was 42 and only 9% died old.

The largest study which compared gays (of both sexes) and straight on a wide range of topics, was based on a random sample which involved 4 340 adults.<sup>7</sup> The study showed that:

- Homosexuals were about twice as apt to report having had a STD. And over twice as apt to have had at least 2 STDs.
- Homosexuals were about 5 times more apt to have tried to deliberately infect another with a STD.
- Homosexuals were 3 times more likely to have attempted suicide.
- Homosexuals were about 4 times more likely to report having been raped.

This is not surprising if you take into account that the Seattle Sexual Diary Study<sup>8</sup> reported that gays had, **on yearly average:**

- Fellated 108 men and swallowed semen from 48.
- Exchanged saliva with 96.
- Experienced 68 penile penetrations of the anus.
- Ingested faecal material from 19.

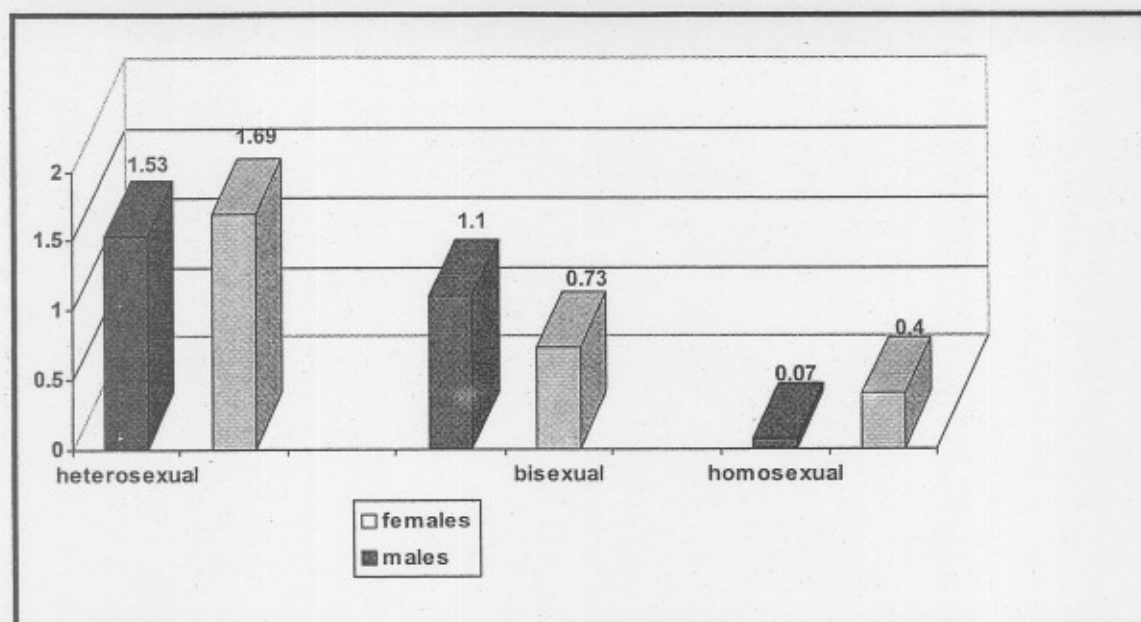
During a 6 month study, 10% contracted Hepatitis B and 7% Hepatitis A.

2) Even if we assume that there is some significant advantage to homosexuality and a gay lifestyle, then where are the natural children of homosexuals so that we can see if the trait is passed on? According to statistics of a FRI survey in 1983, too few homosexuals have children and those who are parents don't have enough children to pass their genetic information on to the next generation. In fact, homosexual fecundity is so low that even if homosexuality was a recessive trait like haemophilia, homosexuals produce too few children to sustain the trait for more than a few generations (if bisexuals' and homosexuals' fertility's are combined they total 0,54 children on average per person). (Fig 1)

**Fig. 2 Average # of Kids / Capita  
Heterosexuals, Bisexuals, Homosexuals**

<sup>7</sup> Cameron P et al Effect of homosexuality upon public health and social order Psychological Reports 1989,64,1167-7; Sexual orientation and sexually transmitted disease Nebraska Medical Journal 1985;292-299; Homosexuals in the armed forces Psychological Reports 1988,62,211-219.

<sup>8</sup> Corey L & Holmes K K Sexual transmission of Hepatitis A in homosexual men New Engl. J. Med. 1980;302:435-38.



In the light of the above, the genetic theory of homosexuality disintegrates. There might however be those who claim that homosexuality might be a mutation which might account for a certain, low level of homosexuality that would spring from this mutation and maintain itself at that level in the population. The natural conclusion from that fact is that statement no. 1 (that homosexuality is a "normal healthy variant" of human sexuality) is not true. And then there are even problems with the mutation explanation.

We know we can't outlaw haemophilia, no matter how we decry it or discriminate against it - haemophilia will just "happen" at a certain rate no matter what we do. If we keep those with recessive genes from having children, we can maintain it at a low level, but it will still occur no matter what we do. With homosexuality we find, however, that the prevalence varies **enormously** depending on the kinds of social control and acceptance that prevail. (See Christopher Hewitt's analysis below). It is a fact that where societies accept or ignore homosexuality it is far more prevalent than in societies that discriminate against gays. Similarly, **both Kinsey and other surveys** found homosexuality far less common among the deeply religious, whether Christian or Jew.

### Frequency of Homosexuality In Various Societies

Attitude Toward Homosexuality	#	absent/rare not uncommon	
No concept of homosexuality	5	100%	
Strongly disapprove & punish	15	60%	40%
Ridiculed / mild disapproval	10	50%	50%
Accepted, ignored	9	11%	89%

After Broude & Green Ethology 1976, 15, 409-430



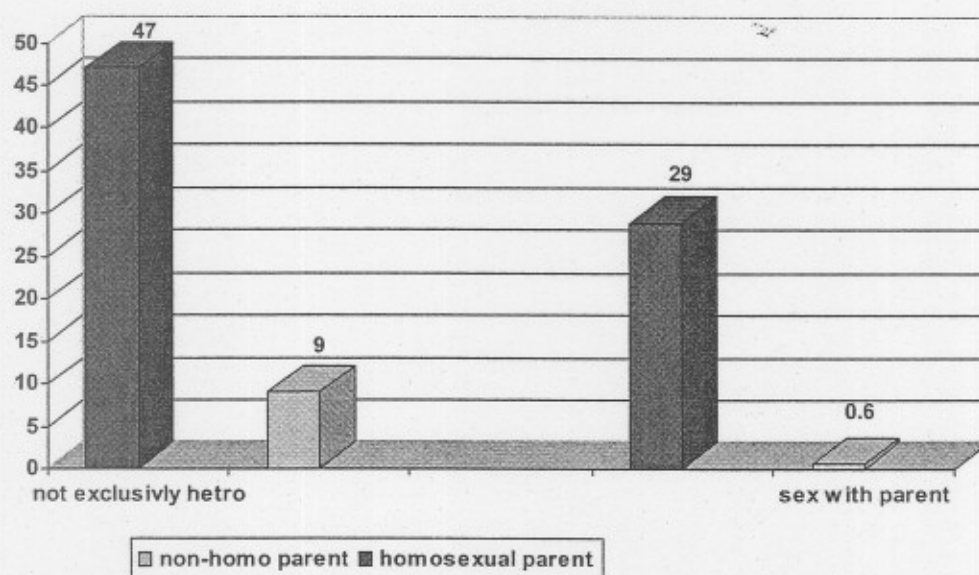
## IS HOMOSEXUALITY A LEARNED REACTION?

Furthermore, once we abandon the "genetic theories" there is ample evidence to confirm learning experiences (e.g. seduction, public education, molestation and experimentation) that would lead young people down the path of homosexuality. Analysis of studies (including the original Kinsey survey conducted in the 1940's involving more or less 10 000 people, the 1970 Kinsey Institute Survey in San Francisco conducted on more or less 1 500 adults and other surveys) confirm that:

a) Homosexuals typically had their first sexual experience at a younger age than heterosexuals did and usually with another older homosexual:

- ❖ In a study involving 4 640 adults it was found that 29% of those brought up by at least one homosexual parent reported having had sex with a parent whereas only 0,6% of those having been brought up by heterosexual parents reported sex with a parent. (See fig 2)

**Fig. 4 Effects of Homosexual Parenting**



- ❖ The same disproportionality shows up in surveys of incest of 31 consecutively referred boys in Washington in 1988 - 15 fathers and 5 stepfathers had sexually abused them.
- ❖ Of 11 male incest victims, over a 4 year period in a psychiatric acute care unit, 5 (45%) were abused by their father<sup>9</sup>.
- ❖ Another study of psychiatric literature over the past 50 years showed that, at least 15% and possibly as much as 40% of all child molestation cases involved homosexuality.

b) They were also sexually more active, has masturbated more often and earlier in life, were more apt to having sex with animals, were more likely to engage in torture sex and were more apt to include urine and faeces in their sexual activities.

<sup>9</sup> Bigros et. al. Severe parental sexual abuse in early childhood and systematic aggression against the family constitution Canadian Psychiatric 1991;36:527-29

c) The largest random survey<sup>10</sup> found that 60% of boys who experienced homosexual sex before heterosexual sex ended up engaging in homosexuality in adulthood and 95% of boys who claimed to be heterosexual in adulthood had a heterosexual first sexual experience. Williams reported that 57% of 757 sexually abused boys had been sexually involved with their father.<sup>11</sup>

Actually, in the light of the above, many an objective psychiatrist would have to start thinking of an "addiction" or "learned reaction" to the addictive power of orgasm. Indeed, sexual stimulation can be so pleasurable that an individual can become "fixated" on those environmental factors associated with the first few experiences. There are actually already cases in the literature of women having orgasm while vomiting and requiring vomiting to achieve orgasm again. Also of men that had to have the particular setting or a particular kind of partner which they had during their first climax. Homosexuality might often start in the same way. With most things that have some "kick" to them (like drugs and alcohol) you will find that a fair number who try them will come back for more. The homosexual "kick" seems to be orgasm, and experimentation with homosexuality seems far more predictive of homosexuality in males than it is in females. This sex difference makes sense from an addiction perspective, because orgasm is considerably more certain and predictable in males than in females.

### A DUTCH EXAMPLE

Like many South Africans today, the Dutch once believed that homosexuality was transmitted from one generation to the next through seduction, molestation or experimentation. In 1911 the Catholic Minister of Justice made homosexual acts with minors illegal.

In an article written for the official mouthpiece of the Gay movement: *The Journal of Homosexuality* (pp. 125-136, 1993). Herman Meijer writes how the Dutch way of thinking changed when a gay Catholic psychiatrist Dr. W.J. Senger "proved" to the Dutch Parliament in the late 1960's that one could **not** "make young people above the age of 16 homosexual. By seduction".

However in the above-mentioned article Meijer writes: "When 'flaunting their devious lifestyle' radical gays did not only attract patented homosexuals, but also curious boys and amused men willing to go one or two steps further. Radical gays learned to reckon and to play with these men and boys... [And to change] their lifestyle either temporarily or lastingly." Meijer then describes in detail the conversion of 3 men in their 20's and 30's. Each of these men was heterosexual. These men are living proof that straights can be seduced into homosexuality.

As Meijer notes: "The radical gay movement and/or radical gays in person, contributed to the changes involved in all three cases. They did so being seductive on the one hand, appealing to bodily lust, sense of freedom, nonconformism... and on the other hand liberating... without the public presence of a gay movement, would D., V., and W. have reached any form of gay life by now? ... None of the three had strong enough internal impulses to develop a gay practice without external gay stimuli..."

<sup>10</sup> Cameron et. al., *Child molestation and Homosexuality Psychol Rpts.* 1985:58;327-33.

<sup>11</sup> Williams, *On Father and Son incest: a review and analysis of reported incidents clinical social work* 1988: 16:165-179.



In 1979 a new convert boasted. "In Gay radicalism I met a large stream of desire that disarmed and seduced me..."

Let us look at what the gays themselves say when they are on the streets: "Only our homosexual struggle, only gay pleasure, can make straight men into queers too... We homosexuals must liberate ourselves from the feeling of guilt, ... so that homoeroticism spreads and 'catches on'. We have to make the water gush from the rock, to induce 'absolute' heterosexuals to grasp their own homosexuality... The homosexual can lead the straight man into a relationship that is genuinely gay, and not a clumsy imitation of heterosexual f---ng." (Mieli 1977 p.120).

So homosexuals knew quite well, even if Dutch Parliamentarians and straight psychiatrists did not, that seduction does work.

Meijer goes on to say: "In these three cases it obvious that the radical gay movement has been a co-creator of sexual identity... By connotating homosexuality with openness to sex, promiscuity and gayness, the movement seduced especially those who felt oppressed by normal relationships... By that time it was opportune to postulate - even 'prove' an innate and/or acquired homophile propensity, at least to safeguard those 5% of the population from curing attempts, discriminatory laws and actual persecution... A gay movement which sticks to propensity-thinking for the matter of self-defence may damage another vital interest, sexual mobility through the ages, sexes and classes."

**In other words, what Meijer is admitting here is that "born that way" was a stratagem. Meijer is suggesting that the gay movement, at least in Holland, no longer needs the stratagem. He says the idea that homosexuals are "born that way" was a deliberate deception that the movement should abandon in favour of advertising lust and adventure, so that even more converts can be made at all ages and both sexes.**

*In a personal interview with an ex-gay, Doctors for Life was told that: "Its a general trend amongst the lesbians with whom I used to live that, rather than taking a 'second hand' lesbian, you seduce a straight girl and then 'hand raise' her. This means that you can teach the straight girl exactly the way you would like her to be. From my experience I would say that it took more or less 1-2 months before the first changes were to be seen in the lifestyle of such a girl. For this purpose we lesbians often ride the wave of 'a woman understands another's desires and needs much better than what a man can'. That is why the Gay community News<sup>12</sup> stated. 'We shall seduce them in your schools, your dormitories, your gymnasiums, your locker rooms, and your sports grounds...'*

*Seduction is the key to success for any gay. Although I completely reject the theory of 'born that way', I must admit that your environment and family situation in forming you do play an important role in pushing you over into the gay lifestyle.*

*The girls would be chosen carefully and usually we would choose girls who were:*

- Disappointed in life e.g. recently disappointed by a boyfriend or recently divorced.
- Financially insecure, especially during a financial crisis.

<sup>12</sup> Gay Community News Boston, 15 Jan 1987.

- *Still quite young (the younger the easier).*
- *Poorly related to her parents.*
- *'Open' in their way of thinking and interested to try out anything and everything that is new.*

It would appear that, since the homosexual lifestyle is really a "deathstyle" (see page 2) and since it cannot be propagated genetically through procreation, the gay world must of necessity perpetuate their lifestyle through seduction and public education. This has extremely serious implications for society as a whole and destroys the argument that gay behaviour is private and has no effect on others.

## THE CONCLUSION

It is therefore obvious that beliefs in natural selection in homosexuality as "healthy and normal" and in it being genetically predisposed (or inherited), are NOT founded on any reliable research information. The ideas of "natural selection" and of homosexuality as being "healthy and normal" is apart from that also incompatible with the false notion that homosexuality is genetically inherited. Since homosexuality is unhealthy and leads to a reduced lifespan as well as a few children, no known genetic mechanism could propagate it. Homosexuality appears to be learned.

(Doctors for Life would like to thank Family Research Institute for the information they have provided.)

(Newspaper clip from Natal on Saturday – 16 July 1994)

# Lesbian adopts boy

## SATURDAY REPORTER

GAY and lesbian people are being allowed to adopt children, making South Africa's adoption policies among the most liberal in the world.

The courts have effectively given homosexuals the go-ahead to adopt children by granting an openly lesbian woman permission to adopt a child.

The first homosexual adoption in South Africa had been hailed as a victory for human rights but it is also likely to unleash a conservative backlash, particularly by religious leaders who believe homosexuality is evil.

The openly gay woman who adopted the child was granted permission by the Durban Court's Commissioner of Child Welfare on the recommendation of the Child Welfare Society, which adheres to a non-discriminatory policy.

The society would not reveal the name of the woman, but said she had fostered the boy, who was five years old at the time of adoption, for a "long period" before adopting him a few months ago.

The boy's biological mother had consented to the adoption. The lesbian woman, it is understood, lives with her lover. The Child Care Act was amended in 1983 and in 1987 a clause which allows single people to adopt children came into effect.

There are no references in the Act to sexual orientation.

Gay and lesbian people were now expected to lobby politicians to get homosexual relationships recognised by the State.