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Ghanaian Perspectives on the Present Day Dynamics of Homosexuality

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Abstract

Homosexuality has been an issue of controversy since time immemorial, and it elicits various reactions and attitude which are influenced by the type of societies, cultural and moral development or political situation. In recent times there has been serious controversy over the incidence of homosexuality in Ghana, with human rights activists, pro-gay groups and religious and traditional leaders approaching the issue from different angles. This paper presents the various views expressed by stakeholders in the country and the authors' opinion, based on available evidence and cultural consideration.

Background

Homosexuality has been an issue of controversy since time immemorial, and it elicits various reactions and attitude which are influenced by the type of societies, cultural and moral development or political situation (Barnecka, Karp & Lollike, 2005). In recent times there has been serious controversy over the incidence of homosexuality in Ghana, with human rights activists, pro-gay groups and religious and traditional leaders approaching the issue from different angles. While religious leaders make their arguments from the religious perspective, that homosexuality is detestable and an abominable act which is against the norms and values of our society, human rights activists make their case on the laws of the country. The varied attitudes toward homosexuality in Ghana and all over the world have religious, legal, moral and medical underpinnings.

It has been noted since time of old that some human beings engage in sexual activity with others of the same sex. In most ancient cultures, religion and local laws had played a major role in guiding and advocating approval or disapproval of homosexuality in various contexts. In ancient Greece, certain forms of erotic attraction and sexual pleasure between males were accepted as part of the cultural norms, and the socially significant form of close same-sex sexual relations between adult men and adolescent boys was known as pederasty. In some tribes in New Guinea, there is the practice of homosexuality wherein young boys (8–15 years) are inseminated by the adult male warriors. In Crete, every adolescent boy has to undergo a homosexual relationship as a rite of passage into manhood (Gulia & Mallick, 2010). In these instances, though homosexuality is accepted, it appeared to be an enforced social convention only as cultural expression rites of passage, and is not a natural expression. Nowhere in those cultures was there mention of a continuous homosexual relationship, and even to the point of marriage.

However, in cultures under Abrahamic religions, the law and the church established sodomy as a transgression against divine law or a crime against nature (cultures) with a provision of severe punishment). The term *sodomy* which was an umbrella term that encompassed a wide variety of sexual acts that were *non-procreative* was used even centuries after as a characteristic of illegal and immoral sexual behaviour. This include homosexual behaviour, sexual relationship that occurred outside of marriage (e.g., sex between a man and woman who were not married), or sexual relations that violated traditions (e.g., sex between husband and wife with the woman on top). Homosexuality was thought to be “*against nature*”, which was identified also with “pagan” (Barnecka, Karp & Lollike, 2005). Religious teachings soon were incorporated into legal sanctions. Many of the early American colonies, for example, enacted stiff criminal penalties for sodomy. In some places, such as the New

Haven colony, male and female homosexual acts were punishable by death (e.g., Katz, 1976).

Boswell noted that beginning in the latter twelfth century, however, hostility toward homosexuality began to take root, and eventually spread throughout European religious and secular institutions. Condemnation of homosexual acts and other non-procreative sexual behaviour were considered as "*unnatural*,". This received official expression in the writings of Thomas Aquinas and others and became widespread and has continued through the present day (Boswell, 1980). Thus, the term *unnatural carnal knowledge* has its origin from the twelfth century and refers to sexual relations with same sex and other non-procreative sexual acts. The idea of "natural carnal knowledge" clearly suggests an engagement in sexual intercourse that leads to procreation or the reproduction and replenishment of the human species.

Same-sex sex was regarded as a sin during the Middle Ages, but those who committed that sin were not defined as constituting a type of people different from others. The focus used to be on the acts themselves rather than on the actors. Between the sixteenth and the eighteenth century same-sex sex became a crime as well as a sin, but again, those who committed such crimes were not categorized as a class of human being. This changed in the nineteenth century, when modern medicine and particularly the science of psychiatry came to view homosexuality as a form of mental illness (Burr, n.d). By the 1940s homosexuality was discussed as an aspect of psychopathic, paranoid, and schizoid personality disorders. This led to the listing of homosexuality among the categories of mental or psychiatric disorder in professional manuals. Later developments necessitated the removal of homosexuality from the psychiatric disorder manuals.

Having defined homosexuality as a pathology, psychiatrists and other doctors were made bold to "treat" it. Burr (n.d, p. 2) cited James Harrison, a psychologist who produced the 1992 documentary film, *Changing Our Minds*, who observed that the medical profession viewed homosexuality with such abhorrence that virtually any proposed treatment seemed defensible. Lesbians were forced to submit to hysterectomies and oestrogen injections and Gay men were subjected to similar abuses, although it became clear that neither of these had any effect on their sexual orientation. Thus, Psychiatry not only consistently failed to show that homosexuality was a preference, a malleable thing, susceptible to reversal; it also consistently failed to show that homosexuality was a pathology. This led to the removal of homosexuality as a mental or psychiatric disorder from the DSM and other professional manuals. However, there are a number of professionals who still hold the view that homosexuality is not an inborn trait; it is a mental disorder, treatable and is influenced more by psychosocial factors than biological factors. There are assertions that the

removal of homosexuality from the DSM and other professional manuals was not based on sound scientific proofs that suggest that the condition was biological. Rather, the removal was more political than scientific (Spitzer, 2003)

The Controversy in Ghana

The issue of gay rights and legalization of homosexuality have dominated the Ghanaian media for some time, and various people, civil society and groups have spoken on the issue passionately. The controversy in Ghana has legal, religious, moral, cultural and medical underpinnings. The debate has to do with whether homosexuality should be legalized, endorsing homosexual relationships and marriages in Ghana.

The Daily Guided quoted a 27-year-old Ghanaian gay resident in Accra by name Hillary, saying: “*Why can’t the law protect us? We are all Ghanaians. We all have rights that must be protected*”. It was reported on the 12th of February, 2012 that Hillary and members of his homosexual fraternity were attacked and chased out of a party by the *Ga-Mashie Youth for Change* in Accra. The youth group asserts that there is a growing phenomenon of gay marriage in the area and they would not entertain such a thing which is a taboo among the Ga tribe and ethnic groups in Ghana.

The late President, John Evans Atta Mills, also in a response to British Prime Minister, David Cameron’s statement that international aid would be cut from countries that fail to respect gay rights, stated that, as the president, he would never initiate or support any attempt to legalize homosexuality in Ghana. The President asserted that Ghana has societal norms that are different from those of the UK (*Okertchiri, 2012*). In a related development, the Information Minister of the President John Mahama’s government, Mahama Ayariga also said at a press conference in Ghana that the President (*John D. Mahama*) abhors homosexuality. He stated:

The President is to execute the laws of Ghana. And the laws of Ghana are very clear on, appal and criminalise homosexuality. Homosexual conduct, which is unnatural canal knowledge of one person or another, is criminal and punishable by the laws of Ghana.

According to him, as spelt out in Section 104 of the Criminal Offences Act, unnatural canal knowledge is a crime. In a rebuttal, Lawyer John Ndebugri, challenged President John Mahama’s position on homosexuality which sought to suggest that homosexuality in Ghana is illegal and criminal, and that the president has “misinterpreted the law”, emphasizing that section 104 of the Criminal Offences Act cannot by any stretch of law be used to criminalise homosexuality in Ghana.

Martin Amidu, a former Attorney General and Minister of Justice, had also stated that the laws of Ghana only frowned on homosexuality when it involved a minor or when one partner was forced into a sexual act of that sort. Amidu explained that

when two consenting male adults had sex with each other in the privacy of their rooms, such a situation could not be described as illegal and the participants were at an absolute liberty.

The law does not follow you to see what you do; your house is your castle. Your room is your castle; what you do there is nobody's business. It is only when you rape an adult by way of unnatural carnal knowledge that you become a subject of prosecution.

Another Lawyer, Nana Oye Lithur, executive director of the Human Rights Advocacy Centre (HRAC), and Minister of Gender and Social Protection, also stated that the position of HRAC is that homosexuals have rights and that they believe that they are human beings who are entitled to every single right granted in the constitution. She stated further that what they do behind closed doors is their own business, which affirmed Martin Amidu's position. She stressed the need for the people to reduce homophobia by understanding the issues related to homosexuals and that, "whether we like it or not, we have homosexuals living in Ghana" (Okertchiri, 2012).

There is also now a pro-gay group called The Coalition Against Homophobia in Ghana (CAHG) which is championing the course of homosexuals in Ghana. Prince MacDonald, the leader of the organisation for gays, lesbians, bisexuals and transsexuals in Ghana, on 18 August 2004, sent an urgent appeal to the global society and to Ghanaian authorities. He called for an immediate decriminalisation of homosexuality to meet Ghanaian gays' and lesbian's needs of health treatment and their human rights. He said, instead of anti-gay hate campaigns, Ghana and Africa should tolerate and respect diversity which is inherent to its culture and tradition (General News of Saturday, 5 March 2005, GhanaWeb).

Ghanaian Religious Views on Homosexuality

Various religious groups have also been at the forefront of the fight against homosexuality. The Presbyterian Church of Ghana described Martin Amidu's position on homosexuality (afore-mentioned) as "*illogical* and one that smacked of a *dead sense of morality*". The church's moderator, Rev. Prof. Emmanuel Martey, argued that the consequences of what went on in the bedrooms of homosexuals affect the larger society and not just the partners. He stated further that there was nothing private about homosexuality because it affects everyone and argued: "So if a mother kills her child in her room, if a husband kills his wife in their room, it is the privacy of their room, why should the law then follow them?" In the same vein, the Christian Council of Ghana took a critical view of the practice of homosexuality and asked government not to pass it into law. Some pastors threatened to tell their congregation to vote against any party that endorses the practice. According to them, homosexuality is a *detestable*

and abominable act and that if passed into law in Ghana the country shall incur the wrath of God and the consequences will be unbearable.

The National Chief Imam, Sheik Osman Nuhu Sharubutu, on behalf of the Muslim community also condemned the act, stressing that homosexuality was detestable in the sight of Allah. He said, "If Allah wanted human beings to practice homosexuality and lesbianism, He would not have created a woman when Adam wanted a partner in the Garden of Eden." Sheik Sharubutu thus implored Ghanaians to frown on homosexual and lesbian practice in order not to incur the wrath of Allah.

The Coalition of Muslim Organizations, Ghana (COMOG) also called for the law making body of the country, Parliament to introduce the 'Prohibition of Homosexuality and Lesbianism Bill' which would imprison homosexuals without the option of a fine. The Ghana Christian Council also issued a statement, condemning homosexuality signed by 14 different churches.

These were some of the high points on the controversy about homosexuality in Ghana. While some are calling for legalization of the practice, others are saying there is no law on homosexuality and that people are at liberty to do whatever they deem fit, because the law does not follow anyone to his or her bedroom. On the other side of the debate or controversy are those who assert that there is a clear law on homosexuality which criminalises the practice. The religious groups and civil society describe the practice of homosexuality as a taboo and an abominable act. There is yet another angle to the controversy which has to do with whether the practice of homosexuality is a psychiatric or mental disorder. Psychiatrist, Psychologists and other medical practitioners are divided on this. Some are of the view that it is a mental disorder, while others say it is not and that homosexuals are well adjusted individuals.

What is the Way Forward for Ghana? Our View

Every society has its cultural norms and value which determine appropriate and acceptable behaviour. The homosexual phenomenon is not consistent with the values and norms of the Ghanaian. It is a fact that there are homosexuals in Ghana and the practice is gaining ground very fast. The practice is taking root in the second cycles schools and the tertiary institutions, especially in the single sex schools. Pro-homosexuals argue that everyone has the right to do whatever he/she deems fit, and that what is right or wrong should be defined by the individual. This liberal ideological stance is not consistent with the cultural norms and values as Ghanaians.

There are laws in Ghana that guarantee individuals their right and freedom of association etc., and everyone has the right to everything guaranteed under the 1992 constitution, but the constitution does not guarantee right to engage in unnatural sexual behaviour. Okoampa-Ahoofe (2013), in his article, "Ghana's myopic constitution,

argued that “there is absolutely nothing *unnatural* about any activity that occurs in nature, including homicide or murder. But I beg to differ. Homicide or murder is not the normal or natural way of dying, so it is an unnatural, hence people are punished for murder. Anything that deviates from the natural order or the normal way of a giving activity is unnatural. There are a lot of unnatural activities in the world. One can talk of artificial insemination, grating and budding as activities that occurred in nature but are clearly unnatural. Homosexuality sexual behaviour is unnatural because it is a deviation from the natural order. If God wanted same-sex sexual behaviour, he would not have created male and female species for humans and other living creatures.

Okoampa-Ahoofe further wondered what precisely makes homosexual intercourse a criminal offence. Without laws, there are no offences. Laws are made, based on the norms and values of a giving society to guide and check the behaviour of individuals of that society. Without laws, there would be pure anarchy, and any civilized society put laws in place to maintain order in society.

There are limits to every right enshrined in the constitution. If the constitution guarantees the right to homosexuality, there would not have been calls for its legalisation in Ghana again. The mere fact that there are calls for legalisation by the few perverted vocal individuals, suggests that it is not legal to practice homosexuality in Ghana. The Criminal Offences Code which made mention of *unnatural canal knowledge* clearly made the act a criminal offence. Some people may argue that the phrase is ambiguous and subject to interpretation, but the fact still remains that homosexual practice is against our cultural practices, norms and values. In fact, there is no ambiguity about unnatural canal knowledge if one appreciates the etymology of the term. Any attempt to legalise homosexuality suggest that it is being approved for people to engage in, and that would be dangerous to the youth of Ghana.

There are a number of studies which indicate that homosexuals suffer a host of physical and mental health problems. For instance, Remafedi, French, Story, Resnick and Blum (1998) conducted carefully designed study and found suicide attempts among homosexuals were six times greater than the average. Another study on male twins who had served in Vietnam by Herrell, Goldberg, True, Ramakrishnan, Lyons, Eisen, and Tsuang (1999) concluded that on average, male homosexuals were 5.1 times more likely to exhibit suicide-related behaviour or thoughts than their heterosexual counterparts. Some of the factors of 5.1 were associated with depression and substance abuse, which might or might not be related to the homosexuality. When these two problems were factored out, the factor of 5.1 decreased to 2.5, which is still somewhat significant. The authors believed there was an independent factor related to suicidal behaviour, which was probably closely associated with some features of homosexuality itself.

Fergusson, Horwood and Beautrais, (1999) also followed a large New Zealand group from birth to their early twenties. The “birth cohort” method of subject selection is especially reliable and free from most of the biases faced surveys. This study showed a significantly higher occurrence of depression, anxiety disorder, conduct disorder, substance abuse and thoughts about suicide, amongst those who were homosexually active. A study conducted in the Netherlands by Sandfort, De Graaf, Bijl, and Schnabel (2001) also showed a higher level of mental-health problems among homosexuals.

Indeed, Lick, Durso and Johnson (2013) observed that Lesbian, Gay and Bisexual (LGB) individuals suffer serious mental health disparities relative to their heterosexual peers and these disparities have been linked to difficult social experiences (e.g. Antigay victimization) and internalized biases (e.g. internalized homophobia) that arouse stress. In recent years LGB civil rights have become passionate political debates which resulted in significant improvements for LGB individuals around the world. A sharp contrast to these legal successes is continued social prejudice against LGB individuals which leads to high suicide rates among LGB individuals (Lick et.al, 2013). The researchers in the Netherlands were surprised to find so much mental illness in homosexual people in a country where tolerance of homosexuality is greater than in almost all other countries. New Zealand is also much more tolerant of homosexuality than is the United States. Legislation giving the movement special legal rights is powerful, consistently enforced throughout the country, and virtually never challenged. Despite this broad level of social tolerance, suicide attempts were common in a New Zealand study and occurred at about the same rate as in the U.S. According to Lick et.al., extensive literature on *minority stress* suggest that the LGB individuals face mental health disparities due to their frequent antigay stigmatization.

The Gay and Lesbian Medical Association has published a list of “Top Ten Things Gay Men Should Discuss with Their Healthcare Provider.” This document, produced by a pro-homosexual entity, asserts that gay men have higher rates of drug and alcohol abuse, oral and anal cancer, prostate, testicular and colon cancer, HIV/AIDS, hepatitis, syphilis, depression, eating disorders, body image problems, suicide and more. While homosexual activists usually agree that these serious health risks do exist at a much higher rate for “men who have sex with men,” they often discount these findings by claiming that they are largely the result of discrimination and prejudice that homosexuals face, and that the health issues would largely disappear if homosexuality was fully accepted by society.

Granted that the health challenges associated with homosexuality are due to the minority stress, the fact still remains that homosexuality will not be fully accepted and homosexuals will continue to be minorities in this country. Meanwhile, the studies conducted in New Zealand and the Netherlands indicated that though these countries

legalised and are much more tolerant of homosexuality, homosexuals still experience higher health problems than the average. One may ask at this point how full acceptance of homosexuality, (if even it would ever happen anywhere in the world), eliminate the high incidence of oral and anal cancer, prostate, testicular and colon cancer, HIV/AIDS, hepatitis and syphilis among homosexual men.

We wish to state here that acceptance of homosexuality in Ghana would affect the Ghanaian society greatly in several ways. Our health system will be stretched beyond limits because the homosexuals would experience these health challenges, and even infect others who are ignorant of their behaviour as well. Productivity would be affected in turn. It is therefore not going to be in the interest of the individuals involved and the nation at large to legalise homosexuality.

Though the scientific evidence does not support the idea that homosexuality is a mental disorder. We tend to agree with Ghana's Chief Psychiatrist that condemning and stigmatising the people involved in the act would not help, but rather, there should be the need to deliberate more on the issue and think of a way to let the homosexuals know that the act is not helpful, and that they could be helped to re-orient their sexual attraction. Cummings, as noted above, stated that contending that all same-sex orientation is an unchangeable or immutable characteristic like race (as said by Dr. Kissi) is a distortion of reality.

A further step would be to check the practice of homosexuality in the educational institutions and tourist sites. Homosexual activists are actively introducing the young student and ignorant individuals to the act in exchange for financial gain. The practice of homosexuality might have been given legal backing internationally, but Ghana is a sovereign country and can decide on what is helpful for its citizens based on the cultural values and norms.

As Spitzer aptly put it, by no longer listing homosexuality as a psychiatric disorder does not mean that it is "normal" or as valuable as heterosexuality. If legalized, homosexual activists or groups would claim that the laws of Ghana have at last recognized that homosexuality is as *normal* as heterosexuality, in which case they would be wrong, and ignorantly engage in the practice to their own detriment, and the detriment of the society as a whole. People can choose whatever sexual orientation they wish and practice it in their closets, but to call for legal backing for such a practice is completely out of the way. The law does not follow anyone into his/her room to see what they do indoors.

Conclusion

In a nutshell, we wish to state that whatever is appropriate in the light of the cultural norms and "*normal*" thing does not need further approval before it is practiced.

There have never been calls for legalization of heterosexuality because that is the natural order. Homosexuality, though not a mental disorder, it is associated with a host of physical and mental health challenges and it is at variance with the cultural norms of Ghana.

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