

'Coming out of the Closet' in Africa: Identity construction and expression among Ghanaian men who have sex with men (MSM)

Abstract

This paper reports a study that examined identity construction and expression among Ghanaian men who have sex with men (MSM) and the implications for interventions and advocacy. Individual interviews were conducted with 20 MSM and participant observations were conducted in MSM spaces in Accra and Tema, Ghana. Disclosure of MSM identity was partial for many men and was often restricted to carefully selected significant others and within MSM peer groups; disclosure to broader society happened for the most politically engaged. Stigma consciousness and actual stigma undermined full disclosure of MSM identities, compelled men to live 'secretly homosexual and socially heterosexual lives' and created tensions within MSM peer groups particularly with respect to MSM advocacy. Future research needs to focus on the psychological and sexual health of female partners of MSM and particularly for MSM who engage in sex work. Interventions and advocacy must be rights-based and involve conscientized MSM.

Keywords: Ghana; men having sex with men (MSM); identity construction; stigma; advocacy

Introduction

The social and behavioural construct 'men who have sex with men' (MSM) refers to men of various sexual identities - including men who do not self-identify as homosexual or gay - who have sex with men, irrespective of whether or not they have sex with women (Rispel and Metcalf, 2009). Previous work on lesbian identity formation suggests that southern Ghanaian cultures are predicated on verbal cues and tact which allow for the disguise of nonconformist sexual conduct (Dankwa, 2003). Thus, creating homo-social spaces which provide safe places for same-sex intimacy filtered through unendorsed physical contact and a sub-cultural language of insinuation (Dankwa, 2003). This evidence is analogous to how MSM communities are created and sustained in many countries in Africa, including Ghana. However, dominant cultural and political attitudes regarding masculinity in many African countries enforce heterosexuality on men and deny the existence of MSM.

As Forman (1999) writes, "there continues to be widespread denial, stigmatization and condemnation of homosexuality throughout Africa." Thus men who express masculine identities which deviate from the heterosexual norms are stigmatized, ostracized and persecuted. Kiama (1999) notes that the only time sex between males is acknowledged is when it happens in institutionalized male spaces such as prisons, the military, boarding schools and shelters. With the exception of South Africa, which legalized same-sex marriage in 2006, no African country has legalized same-sex relationships. Recent high profile events in year 2009 and 2010 in Kenya, Malawi, Uganda, Zimbabwe shows how homophobia and homophobic practices authorized by law and by prominent leaders can lead to loss of freedom and in some cases, loss of life for men who attempt to live publicly, homosexual lives (Filani, 2010; Peachey, 2010; www.hrw.org). This experience is similar to findings gleaned from studies which have examined Gay minorities in the United States and United Kingdom, among black, Latino and Indian men. As it is encapsulated in this account by Shah (2008), he notes that the notion of an upper-middle class educated gay Indian according to his mother can only be explained by western influences.

In Africa and elsewhere, the stigmatization and discrimination of masculine identities that deviate from accepted norms of heterosexuality creates communities of men who live "constitutionally homosexual and socially heterosexual" lives (Kiama, 1999: p. 9). Thus, research suggests that socio-cultural and political sanctions put pressure on men who have sex with men (MSM) to establish sexual relations with women (Varga et al, 2000). Within the context of HIV and AIDS, unprotected anal sex is the most risky sexual encounter. One of the ramifications of publicly living a heterosexual life but secretly engaged in homosexual practice is that it creates a bridge between this high risk group and the general population because of the tendency of MSMs to simultaneously establish sexual relations with both men and women (UNAIDS, 2005).

In addition to the current fight for the human rights of lesbian, gay, bisexual and transgender (LGBT) communities, there are two challenges with respect to MSM in Africa that deserve critical research and the development of robust interventions. The first is the psychological challenge of living secretly homosexual and publicly heterosexual lives and the implications of this (enforced) life choice on psychological and mental health. The second is the challenge of addressing the physical and sexual health implications for both MSM and the women they (are often forced to) have sexual relationships with.

This paper focuses on the first challenge. It reports a qualitative study that examined MSM identity construction and expression in Ghana. MSM communities exist in Ghana but are discriminated against by law and by society. While homosexuality is not mentioned directly in the

Criminal Code of Ghana 1960 (Act 29), the law stipulates that “sexual intercourse with a person in an unnatural manner is a crime” (Criminal Code of Ghana, 1960). This legal view informs the language of the Ministries of Information and National Orientation and of Tourism, especially in discourses of national sovereignty.

Homophobic attitudes and stigmatization of homosexual men by lay society, religious and political leaders in Ghana have been reported in the local and regional media (Sakyi-Addo, 2003; Lithur, 2009).

For instance, the moderator of the Presbyterian church of Ghana was quoted as having said the Church’s position on homosexuality practice is that the practice is deemed “Un-Biblical, Un-African, Abnormal and Filthy” (Daily Graphic, Saturday, June 25, 2011) and in a related public discourse, the print media also advocated for the state to explicitly criminalize homosexuality (Daily Graphic, July, 4, 2011). Research suggests that MSMs practice sex in secrecy because of the fear of stigmatization and marginalization by family members and society (Attipoe, 2003).

The study reported here is part of a broad research project that sought to understand MSM identity and experiences, health beliefs and health seeking behaviours and also to provide practical insights for intervention and policy.

CONCEPTUAL FRAMEWORK

A number of homosexual identity specific models have been used to explain the phenomenon of homosexuality in the past including the classical homosexual identity model by the psychotherapist, Vivienne Cass (1979). These models are hinged on the concept of “coming out” which is described as a two dimensional process. First, the individual comes out to the “self” which involves self-acceptance of a homosexual identity. Then the individual comes out to significant others: this constitutes a two way step of disclosing one’s sexual identity. The six stage identity development model by Cass (1979) assumed that individuals progressed in a linear fashion through the six stages of the coming out process¹. This early model had two key flaws. Critics of the model have questioned the notion that the individual progresses in a neat and orderly fashion through the six stages of the model, when it is possible for one to be at different stages of the model simultaneously. Secondly, the model assumed that all individuals are yet to fully develop their sexual identities and implicit in that assumption is the notion that individuals are not mindful of the fact that one’s sexual identity is only but one of their whole identity.

Subsequent models developed during the 1980s followed the same approach proposed by Cass with some modifications. The first modification was the emphasis on a cyclical process of coming out, for example in Coleman’s (1981) four stages model. The second modification is the recognition of socio-cultural and political contexts within which the homosexual individual lives which shapes the ‘coming out process’ for example the Hanley-Hackenbruck (1989) model.

The study adapts a relatively recent model by Morris Identity Model (Morris, 1997) as its theoretical underpinnings. Even though the model was originally designed for lesbian identity construction, one can clearly see its utility in terms of dealing with the subject of homosexual identity construction. It is possible to draw similarities between lesbian and gay identity construction because the coming out process in both cases are historically similar if not identical. The model constitutes four stages and combines the strengths of the above mentioned models. A particular

strength is the idea that the stages are not linear but they are cyclical and they overlap. The first and second stages of the model is christened the “awareness stage” where the individual accepts his/her sexual identity and as it were he or she is willing to disclose his/her sexual identity to significant others.

In the third stage, the individual experiences gay relations. It is the phase in the identity formation continuum where the individual demonstrates his/her sexual preference and behavior. At the final stage, termed the identity integration stage, the individual relates his/her homosexual identity to the social environment. The social environment is conceptualized as both relational (friends, family, lovers, society) and material (resources and institutions that shape everyday experience of homosexuality, including the ‘navigation’ of social stigma and discrimination).

METHODOLOGY

Study Setting

The study was conducted in Accra and Tema. Accra is the capital of Ghana with an estimated population size (in 2005) of about 1,970,400 urban and 2,905,726 metro. It is the administrative and economic centre of the country, as well as the most ethnically diverse and cosmopolitan. Tema is situated east of Accra. Tema is the country’s second largest city with a number of manufacturing industries including the country’s oil refinery. We chose these two settings because of the following reasons.

Previous work on MSM in Ghana suggests that there exists a sizeable number of MSMs who live in Accra and Tema. Also, a few MSM advocacy groups were located in these cities which were contacted to gain access to the MSM community.

The study uses a qualitative mixed method approach that includes individual interviews and participant observation. Interviews were used to explore individual biographies (Kitzinger, 1995) and the process of “coming-out”. Even though the in-depth individual interviews generated in-depth life stories, these still lacked the everyday experiences of MSMs which was not just self-reports but direct observation by the investigators. It became necessary to directly observe the everyday context of expressing and negotiating MSM identity. The participant observation approach facilitated the examination of everyday ‘activities of particular people in particular settings’ (Silverman, 2001, p. 70). In this context it was a useful technique to gather information on MSM spaces, social support and network in the two cities. To set off the observational study, two of the MSMs interviewed were asked if they were willing to have an investigator as a friend for a month. It was a way of gaining access to MSM spaces, activities and events. During the period the investigator was invited to parties, support group meetings, night-clubs and some local bars in the two cities.

The in-depth individual interviews focused on the socio-economic and demographic characteristics of respondents, awareness of homosexual identity, disclosure of identity to others, expression of sexual relations and behaviour and identity integration (see Box 1).

Insert Box 1 here

The study was conducted between March and July, 2008. MSM are considered a ‘hard to find group’ (UNAIDS, 2005). Investigators gained access to the study participants by first making contact with known leaders of the Gay and Lesbian Association of Ghana, who are engaged in rights

based advocacy. In addition, a number of local non-governmental organizations such as the Centre for Popular Education and Human Rights of Ghana (CEPHERG) and the West Africa Project to Combat AIDS and STI (WAPCAS) both of these organizations work in close collaboration with the project Strengthening HIV/AIDS Response Partnerships (SHARP). Once the first few respondents had been recruited, a snowball technique was used to recruit other MSMs. Confidentiality and anonymity were key ethical factors that informed the logistics of fieldwork, including decisions on interview venues. The respondents expressed fear of identity disclosure, so they were allowed to select venues which in their estimation were 'gay friendly spaces' for the interviews. These settings were usually public bars, campuses of universities and night clubs. Twenty (20) MSM were recruited for the study (see profiles in Table 1). A little over half of the participants lived in Accra.

Their ages ranged between 19 and 34 years old. Based on the reported ages, older MSMs were conspicuously missing from the study. This could be due to the size of the respondents recruited and also the fact that a few of them who were contacted declined to be interviewed. A sizeable number of MSM peer educators were recruited. The respondents were from diverse socio-economic backgrounds and with majority of them unemployed, even though a sizeable number were engaged in periodic occupations such as being a hair-stylist, caterer, a commercial driver and/or tour operator. All of them had some level of education, with most having completed secondary school and others currently enrolled in programs at the tertiary level or have graduated from an institution. None of the men interviewed admitted to have engaged in commercial sex work in the past or was currently involved in it even though they were quick to point out that some of the MSMs that they know were involved in the sex trade. The findings from the participant observations corroborated this information with younger MSMs observed actively soliciting for transactional sex. For instances, younger MSMs were seen in gay friendly spaces waiting for clients or soliciting for new ones.

The reported ethnicities of the MSMs mimic the general ethnic distribution of the population of Accra and Tema. More than half reported that they were Akans and Ga/Adangmes. To get a larger sense of the demographics of MSMs in Accra and Tema, a social worker working with the MSM group was asked to give a brief description of the MSM he was working with, he noted:

"Well, MSM as it is exists in Ghana, and with the group that we work with we know that there are elderly people who are MSM. There are also young people who are MSM, but we normally reach out to young people who are MSM because I cannot go and stand in front of an elderly person and tell him about STI but I can do that with peers about STI, HIV..." (27, Peer educator, Ewe).

Insert Table 1 here

Interviews were conducted at respondents' convenience; the average interview time was an hour and 30 minutes. Participant observation was conducted over a period of one month, and usually in the night, Sometimes, in a pub or a nightclub and parties. Detailed field-notes were written during the participant observation.

All interviews were tape recorded and transcribed verbatim. The transcripts and selected field-notes were thematically coded using an inter-coder reliability technique. This required that the first and second authors took turns to code the entire corpus to ensure that codes that were generated for the coding frame were reliable and valid. The coding frame consisted of both deductive and inductive codes. Deductive codes were informed by concepts framing the Morris Model: identity formation, disclosure, expression and integration. In each thematic area we were particularly interested in points of consensus, conflict and absence in individual and shared life experiences.

Inductive codes were developed as coding proceeded: most of it emerged from the deductive codes (e.g. partial disclosure) while some others required new categories (e.g. cyclical process).

RESULTS

We present the results under the four categories proposed in the Morris Identity Model: identity formation, identity disclosure, sexual expression and identity integration. In addition, results presented here pays special attention to consensus, conflict and absence in individual narratives as well as across the entire corpus. This process allows us to map the Ghanaian process of MSM identity construction to the Morris Identity Model in more nuanced ways.

I. Identity Formation

Several of the MSM interviewed believed that their sexual orientation was a natural occurrence. When asked when they became aware of their sexual identity; the majority of them simply said “I was born like that”. This response was a recurrent theme across the various ethnicities.

I was born as I am. Natural, [em] I would say, I don't know but I grew up to find myself like that. I naturally grew up to know that I am feminine. [25, MSM peer educator, Ewe]

“Ok I was not introduced into MSM I was born with it since childhood, my mother knows me very well and she knew from the beginning I like playing with dolls and I also like playing with girls more than boys from childhood. My mother herself realized it so I was not introduced into it. I know who I am and am sure of what I am doing.” [24, college student, Ga-Adangme]

I told you earlier on, I was born gay and I am not the only one in the neighbourhood, we have the elders and others, so growing up, they will tell you, you are like this, like that and you grow up to be like that [22, Event manager, Fante]

For some men, awareness of sexual difference came during their early school years.

I think, during my basic level education that is when I knew I had so much feeling for men and I realized that I had this childhood friend who was that feminine and he was the one close to me. For him, he goes like you are that cute and so on. So you find yourself with a friend who is always interested in men and that's how it started. [23, Peer Educator, Ashanti]

However, there were some respondents who could not identify when and how they developed their sexual identity. Among this group there was a sense of a 'gay sexual identity' creeping up on them, with vague roots in infancy and childhood. I don't even know, it just happened to me. [30, unemployed, Ga]

When probed further about what occurrences in their childhood contributed to the development of their sexual identities, the majority of respondents were unable to attribute it to any particular incident. A few reported sexual abuse experiences, although they did not make specific links between these experiences and the development of their sexual identities. A typical experience of

this kind was recounted by one respondent whose uncle's sexual advances may have ignited his sexual feelings for men and the development of an MSM identity:

"I don't know, it has been a part of me since infancy, you know, and I don't have any feeling for girls. It started with my uncle, I was in class fourⁱⁱⁱ. When I came from school one day and I realized there was nobody at home, so I decided to go to my uncle. I got there and he was watching a movie, I entered, I sat and we were watching the movie together. I told him I was hungry, he gave me some food, after I finished eating we were still watching the movie, he asked me whether I was enjoying the movie, by this time, he had started touching me and this is how it happened." (24, program officer for condom activation, Asante)

What became obvious from the individual narratives was that the exact period of sexual identity consciousness varied from one respondent to another. For many, a consciousness of same-sex attraction to them occurred early in childhood; which felt natural. For others an incident during the pre-teen years initiated by a male adult in the family, was strongly associated with the development of MSM identity.

II. Identity Disclosure

The narratives suggested three strategies of disclosure: no disclosure, partial disclosure and complete disclosure. Some men had not disclosed their MSM identities to anyone: "Nobody knows it, nobody in my family knows about it" (24, college student, Fante)

Some men had disclosed their sexual identity to a limited number of significant others, for instance, those they have a close relationship with such as friends and some selected family relations.

"My sisters know about me being gay, I have no problem. My mom does not know anything yet" (24, program officer for condom activation, Ashanti)

A small number of men had disclosed their status fully to all family and friends. Everyone knows, I don't care, because if you meet 10 guys shouting "batty boy", nine of them are probably gay or bisexual, so I don't care. (22, Senior High School Graduate, Ewe)

On the whole, the narratives revealed that since MSM choose carefully which significant and generalised others to disclose their identities to, the responses they received from these informed (and mainly significant) 'others' were positive and supportive.

"Yes, they understand me, and I explain myself to them that they should accept me the way I am, they can't abandon me, I am their brother" (24, Peer Educator, Asante)

This strategy of carefully considered disclosure is a product of socio-cultural factors. As noted earlier, homosexuality is highly stigmatized in Ghanaian society. Acceptance and support within the proximal sphere was not reflected in wider society. Almost all the respondents expressed fear of public detection, as this often resulted in verbal and physical abuse.

“Sometimes, when you go around Osu where guys are, the guys will be calling you names like, “batty boy”, “chichy guy” also around Legon or Labadi beach.” [24, Junior Secondary School Graduate, Peer Educator, Ga]

“I was going to the cash office and you know I happened to pass in front of the Commonwealth hall (an all male hall of residence), I knew the guys would pass comments, so I tried to do all I can, so that these guys would not call me names; but you know they started, “Ah, aden wo ye gay anaa?” (“Why are you gay?”). You know I don’t know but I think it is because of the way I was walking, but there is nothing I can do about it.

I tried but they still saw that little feminine side of me.” [21, a third year university student, Ga]

“As for social stigma, it is a major problem that we have in Ghana, anywhere you go you will hear a lot of things, very nasty comments people pass about you, in some cases if you are not lucky you will be passing by and they will hurl stones at you.” [23, Unemployed, Akyem]

Both interview narratives and the participant observations suggested that disclosure was more likely to occur within the safe environment of family and close friends than within a prejudiced public sphere. It appeared that the men who had disclosed fully were active in advocacy organisations, for example as peer educators and advocacy leaders. They had therefore politicised their sexual identities.

III Experiencing gay relations

At the third stage in the Morris Identity Model the individual experiences gay relations. But in the case of our study men the experience of gay relations co-existed with experiences of heterosexual relations. This follows the varied definitions men had of their sexual identities. A significant number of MSM had either current or past sexual relationships with women. Three respondents were married to women, two were divorced and one was separated. Those who had never been married indicated past sexual relationships with women.

Respondents discussed their sexual relations with men and/or with both men and women. Eight of the men who did not want to have people question their sexuality had girlfriends as cover-up. These men reported their sexual orientation as being bisexual or gay. For instance when a 21 year old third year university student was asked about his sexual orientation, he said:

Respondent: I am bi-sexual

Interviewer: So you have a girlfriend, I believe

Respondent: At first, but no more.

Four other respondents indicated that they had girlfriends but they were not having intimate relationships with them.

Respondent [24, Peer Educator, Ga]: I am gay, there is nothing like strict gay, I am gay.

Interviewer: Do you have a girlfriend?

Respondent: I have girlfriends but not loved ones.

Those who self-identified as gay mentioned that they had girlfriends in the past but terminated those relationships because their girlfriends were making sexual demands on them which they could not fulfil. One respondent viewed his sexual identity as fluid and subject to change. He had been bisexual in the past, was now gay and he reflected on the possibility of abandoning a gay identity for a heterosexual or bisexual identity in order to become a father in the future.

Respondent: I describe myself as a gay but not strictly gay, OK, for now

Interviewer: For now, will that change someday?

Respondent: Yes, actually it was with a lady but later it came to a man so it can change again because a time will come your parents will expect you to become a daddy in the future, you know, give birth to children [23, Peer Educator, Asante]

Four of the men claimed the thought of having sexual intercourse with a woman was disgusting. A significant few have never had sexual relationships with women.

Interviewer: ...which means that you have never had sex with a woman?

Respondent: no, because what the lady want, I want it myself, so I can't do it with a woman.

Respondents were also asked about the stability of their sexual relationships. An age-specific response pattern emerged because younger MSMs were less stable in their relationships compared to older MSMs. The relatively older age group, those aged 30-34 kept stable relationships and were very careful about their sexual behaviour and managing their sexual relations. The older group believed the younger group 18-29 years age old were taking unacceptable risks. For instance, they disapproved of the fact that the younger MSMs kept multiple sexual partners and seemed to be solely interested in forming sexual relationships for fun and pleasure.

I have a regular partner, but sometimes if I go out and there are friends it happens [30, Event Manager, Ga]

I don't want to; I believe in relationships and I don't want to have an affair outside my relationship [33, Hotel Receptionist, Hausa]

IV Identity integration

The final stage of the Morris Identity model - the identity integration stage – focuses on how the individual relates his homosexual identity to the social environment. The model suggests that full identity integration constitutes a healthy merger between self and society (in all its complexities). Our study data suggests identity integration did not occur in this comprehensive way. For many men, MSM identity was partially integrated within intimate relations, the family and MSM social networks. This constituted a restricted space of the familiar, and very often of carefully chosen 'open-minded' confidants. With respect to the first two spheres partial identity integration was evident in the narratives on 'disclosure'. With the third sphere partial integration was evident through the participant observation that documented group-based consumerism (fashion), as well as for some aspects of disclosure (to other MSM).

The findings from the participant observation revealed a side of MSM identity which was subtle for the uninitiated but evident for those acquainted with the social markers of MSM identities and lifestyles.

The MSM groups observed enjoyed “hanging around”. ‘Hanging around’ involved going to various functions and parties. It also involved spending time in gay friendly spaces – pubs, night clubs and restaurants – where they felt more comfortable and accepted, and where they are free from discrimination and stigma. These gay friendly spaces were 24 hour spaces; they were open to the general public but also receptive to MSMs. MSMs would normally hang around with friends and clients at these spaces.

Normally, I like to hang around with friends especially my gay friends because I feel more comfortable. I feel more accepted when am with them, so we have a particular place in the area that we meet and chat, we make fun of each other, we talk about a whole lot of things, how to move on in life. Sometimes we make fun of ourselves about how the previous night played-out for each one and individual experiences with their clients or the boyfriend and you know it sounds very interesting [23, a third year student, Ga]

Fashion is an important social marker in the MSM world. One respondent observed that the MSM world was all about ‘attraction’ (fashion). Another respondent stressed their desire to look attractive, especially with men who felt and looked feminine. Yet another respondent observed that what he wore controlled him: his identity depended on his destination and his dress code. A fourth observed that in addition to the desire to look ‘cute and attractive’ in public, clothes controlled his style of walking and other forms of nonverbal cues in public. Many participants alleged that the world’s top designers were mostly MSM and men who purchased designer clothes were mostly MSM.

Despite a vibrant peer group culture that often operated in public spaces (Accra’s night clubs, the beaches and so on), many participants expressed a reluctance to ‘come out’ fully in public. The interviews and the participant observation suggested that attempts had been made by a minority of MSM to form MSM self help and rights based advocacy groups.

There are only ten (10) of us, we just started to form a group two months ago (24, MSM Peer Educator, Ga).

There were mixed responses from the MSM interviewed about participation in these groups. Some were not ready to be part of any formal MSM group for fear of been found out as MSM by family, friends and the general public. Shunning or distancing one’s self from advocacy and self-help groups was a typical strategy that demonstrated partial identity integration. But there were contradictions and ambiguities within peer groups that explained the discrepancy between the attraction of joining MSM groups for fun and the negativity surrounding joining MSM groups for advocacy purposes. The psychological challenges of identity construction and integration created MSM spaces within which individual men constantly managed and monitored identity disclosure. Thus while group membership often provided social protection in some situations; in other situations it increased the risk of exposure, stigma and discrimination.

I don’t want to get involved with such groups. I don’t try to ask but I think there might be, I personally don’t want to interfere or get involved (20, completed senior high secondary school, Ewe)

[Em], in the community where I live now, since it is not legalized, there are certain guys in the area, who are into same sex relationships, but they, lets say, they reject or abandon you when they are with their friends who are straight, and other guys who do not like you because of who you are and will hate you for the rest of their lives and I don't care. Well, as I said, such is life, since you have no right to report such cases to the police; you just have to stomach it (24, MSM Peer Educator, Ga).

Full identity integration was evident for the small minority who had carved out 'peer education' and advocacy status. Their narratives of everyday experiences and social relationships suggested a merging of the unique and social self between the sexual, social and political.

Discussion and Conclusion

Drawing on the Morris Identity Model, this study aimed to examine identity construction and expression among a small group of multi-ethnic Ghanaian men living in Accra and Tema. The results are aligned with the Morris Identity Model to a large extent. The process of coming out to self and to others occurred for the majority of men and was a complex cyclical process. Men went through the four stages identified by Morris Identity Model but there were nuanced differences at each stage. At the disclosure stage, the majority of respondents engaged in partial disclosure, a situation influenced largely by negative social attitudes to homosexuality. But the process of careful disclosure by its very nature demonstrated a nuanced understanding of the socio-cultural and familial context within which these men had to construct and express their complex identities. For the majority of men this understanding began during childhood and for some, was mediated by cultural recognition of their sexual identities (see identity disclosure).

At stage three which is supposed to be the stage for engaging in gay sexual relations, two findings emerged. First, many men had homosexual and heterosexual relationships; this to some extent reflected their self-definitions of being bi-sexual or gay (the actual terms they used). But it was also evident that gay sexual relationships often proceeded at stages one and two for those men who were forced into gay relationships at a young age and for whom a gay identity had vague roots in childhood and adolescence. For this group, there was also a sense of family acceptance of their difference. At integration stage – there was minimal engagement in broader society through the processes identified by Morris Identity Model; there was integration in a restricted sense within 'gay spaces'. But the gay spaces themselves were perceived to be contradictory and double-edged. They constituted both safe and risky spaces, where men could feel and be themselves but where they were also subject to betrayal or 'inadvertent outing' to the outside world. This had implications for advocating for change in policy and social attitudes.

The social environment and the 'coming out' process

MSM is a concrete phenomenon in Ghana, like in other African countries (Kiama, 1999; Rispel and Metcalf, 2009). This study suggests that the phenomenon is not recent: it has deep historical roots that cut across ethnicity. Some respondents made references to homosexual (or bisexual) family members who were initiators of gay sexual awakening. Others referred to family and community level recognition of gay sexual identities generally or their gay identities in particular. Many ethnic groups in Ghana have linguistic terms for effeminate or homosexual men, for example the Fante Kojo Besia or Kotobonku. This finding supports the anthropological and historical literature on the existence of homosexuality and homosexual practices in Africa's pre-colonial and ancient history (Amory, 1997; Connell, 2003; Evans-Pritchard, 1970; Murray and Roscoe, 1998)

Despite cultural recognition of different forms of masculinity MSM identity is deeply stigmatized in Ghana. This affected the most important stage of all models: identity integration, where the unique self and social self merges. This study suggests that fear of stigma and discrimination undermined identity integration in three ways, all of which have implications on self, others and society. First, men lived 'constitutionally homosexual but socially heterosexual lives': they felt compelled to keep girlfriends and wives to disguise their MSM identity (see Identity Expression). Second, men navigated their social world in groups for protection and safety; although these peer groups were often sites of perceived risk and mistrust (see Identity Integration). Third, men maintained a distance from MSM advocacy movements as these movements were perceived to increase the likelihood of public disclosure of MSM identities (see Identity Integration). The Ghanaian social environment (society, institutions and socio-cultural attitudes) has a strong negative psychosocial impact on the coming out process.

Implications for interventions and advocacy

What are the implications of the study findings for interventions aimed at self, significant others and society? At the level of self, a number of MSM interviewed lived with mixed and conflicting emotions: Who were they? How did they become who they were? Who could they trust (in the family, in the peer group)? The roots of these mixed emotions can be traced to social norms around heterosexuality and homosexuality. A few transcended these anxieties, attained identity integration and acted as brokers between a partially closed MSM world and the broader society. This is a phenomenon in other African societies where social and legal sanctions against homosexuality are strong (Rispel and Metcalf, 2009).

The study did not focus on significant others, but the data suggests that MSM identity negotiation has implications for the psychological and physical health of significant others, especially girlfriends and wives. The narratives of some men suggested they engaged in sex work, the narratives of others suggested they had friends who engaged in sex work. A key limitation of the study was our inability to probe and examine the nature and scale of sex work. However the data threw up some questions for further study. What meanings do girlfriends ascribe to MSM identities and practices generally, and to the identities of their boyfriends (at least for the minority who disclose their status to their girlfriends)? What are the psychological and sexual health risks for women whose MSM boyfriends do not disclose their status? How can the sexual bridge MSM create between homosexual and heterosexual communities be managed to maximise and maintain health for themselves and for their homosexual and heterosexual lovers?

The social challenges are significant. The Ghanaian societies including the religious and political leaders are in denial about homosexuality and MSM. Like other African countries, the dominant public discourse in Ghana on homosexuality attributes same-sex relationships to colonialism, western influences and globalization. Religious leaders routinely condemn homosexual practices and some churches offer exorcism for homosexual men. This context undermines identity construction and expression among MSM. There are, as yet, no legal structures that criminalise discrimination and violence against MSM and other sexual minorities. The domestic violence coalition in Ghana provides a useful template on how complex and historically deep socio-cultural problems gain legal attention and support through the work of advocacy organisations and powerful national and international partners. This may be a significant route for healthy identity construction, expression and integration for Ghanaian MSM. But advocacy depends on a sizeable group of affected communities expressing their concerns in the public sphere (through mass media, demonstrations, etc), gaining public allies, and lobbying government and powerful stakeholders (e.g. UNAIDS, others), for changes in the law and in law enforcement. There is a challenge with this approach as this study suggests that some young MSM express mixed feelings and attitudes about

advocacy and may as a result not engage in the very process required to address prejudice and discrimination against their communities. Within this context the role of organisations such as CEPHERG and SHARP becomes crucial for implementing rights-based interventions to support and protect MSM communities in Ghana.

References

Action Aid. 2000. "Involving Men for Gender Equity: Stepping Stones Experiences in Reproductive and Sexual Health (RSH) and HIV/AIDS Intervention." A paper presented at Oxfam Gender and Men Workshop: 10–12 June 2000.

Amory, D.P. (1997). "Homosexuality" in Africa: Issues and Debates. *Issue: A Journal of Opinion*, Vol.25, No. 1, pp.5-10.

Attipoe, D. (2004). Revealing the Pandora Box or Playing the Ostrich? A Situational Appraisal of Men Having Sex with Men in the Accra, Ghana Metropolitan Area and its Environs. *The Gully*.

Bujra, J. 2000. "Targeting Men for a Change: AIDS Discourse and Activism in Africa" in F. Cleaver, ed., *Masculinities Matter, Men, Gender and Development*, Zed Books.

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.

Connell, R.W. (2003). Masculinities, Change, and Conflict in Global Society: Thinking about the Future of Men's Studies *Journal of Men's Studies* 11(3):249.

Dankwa, S.O. (2003) Evans-Pritchard, E. E. (1970). Sexual Inversion among the Azande. *American Anthropologist*, New Series, 72(6), 1428–1434.

Fihlani, P. (2010). Religion, politics and Africa's homophobia. BBC News. <http://news.bbc.co.uk/2/hi/africa/8528409.stm> [accessed 05.04.2010]

Foreman, M. (ed.) 1999. *Aids and Men Taking Risks or Taking Responsibility?* Panos/ZED Books

Gilmore, D. 1990. *Manhood in the Making: Cultural Concepts of Masculinity*. New Haven, CT: Yale University Press.

Kiama, W. 1999. "Men who Have Sex with Men in Kenya" In M. Foreman, ed., *Aids and Men Taking Risks or taking Responsibility?* Panos/ZED Books.

Kitzinger, J. (1995) Qualitative Research: Introducing focus groups. *British Medical Journal*, 311:299-302.

Morrell, R., ed 2002. "Men, Movements, and Gender Transformation in South Africa". *The Journal of Men's Studies* 10 (3): 309.

Morris, J.F. (1997). "Lesbian Coming Out as a Multidimensional Process." *Journal of Homosexuality* 33 (2) : 1-22.

Murray, S and Roscoe, W. (eds) (1998). *Boy Wives and Female Husbands: Studies of African Homosexualities*. New York: St. Martin's Press.

Niang, C., M. Diagne, Y. Niang, A. Moreau, D. Gomis, M. Diouf, K. Seck, A. Wade, P. Tapsoba, and C. Castle. 2002. "Meeting the Sexual Health Needs of Men who Have Sex with Men in Senegal." Washington, DC: Horizons

Peachey, P. (2010). Zimbabwe's leaders unit to dismiss gay rights. The Independent Newspaper.

<http://www.independent.co.uk/news/world/africa/zimbabwes-leaders-unite-to-dismiss-gay-rights-1928754.html> (accessed 5th April 5, 2010)

Rispel, L.C. & Metcalf, C.A. (2009). Breaking the silence: South African HIV policies and the needs of men who have sex with men. *Reproductive Health Matters*, 17 (33), 133-142.

Shah, B. (2008) Gay American "deviance:" using international comparative analysis to argue for a free speech and establishment clause approach to furthering gay marriage in the United States. 26 *Wis. Int'l L.J.*

Sakyi-Addo, K. (2003). Tough to be a Gay. *BBC Focus on Africa Magazine*.

Silverman, D. (2001). *Interpreting Qualitative Data. Methods for analysing talk, text and interaction*. London: Sage.

Social Science and Reproductive Health Research Network. (2001). "Gender Socialization and Male Responsibility in the Family: A Comparative Analysis of Three Socio-Cultural Groups in Nigeria." *Annals of the Social Science Academy of Nigeria* (13): 99-108.

UNAIDS (2005) Men who have sex with men, HIV prevention and care, Report of a UNAIDS stakeholder consultation, Geneva, 10-11 November 2005

Table 1. Respondents' Profiles

Participant demographics	Number
<i>Age (years)</i>	
19-24	6
25-29	6
30-34	8
<i>Education</i>	
Junior High School	3
Senior High School	10
Tertiary	7
<i>Occupation</i>	
Unemployed (but occasional casual work)	11
Employed	6
Peer Educator (4); Service Industry	2
Student	3
<i>Marital status</i>	
Single	11
Married	7

Box 1. Interview Guide

[1] Socio-demographic information

Age, ethnicity, educational level, occupation, marital/relationship status;
religious affiliation, residence

[2] MSM Identity development

Awareness about MSM identity (when, where and emotional/other reactions to awareness)

Actions taken following awareness (emotional and practical)

Processes and targets of disclosure

[3] Experiences

Everyday MSM experience

Impact of MSM experiences on family and social relationships

Stigma and discrimination

Knowledge of and participation with MSM advocacy groups

ⁱ The Cass (1979) model proceeds as follows. Stage 1 (identity confusion): characterized by a state of conflict between homosexual identity and what is considered as a normal sexual identity. Stage 2 (Identity comparison): fear of isolation because of the discovery of a homosexual identity. Stage three (identity tolerance): coming to terms with one's homosexual identity. Stage four (resolution): acceptance of homosexual identity. Stage five (Identity Pride): characterised by feelings of anger because of the discrimination against persons with homosexuality orientation. Stage six (identity synthesis): integration of personal and public sexual identity.

ⁱⁱ The major ethnic groups and languages in Ghana include: Akan, Ewe, Ga/ Dangme, Guan, Mole/Dagbani, Grussi, Gruma, Konkomba , Sisala , and Hausa.

ⁱⁱⁱ This respondent was likely to be aged between 8 and 10.