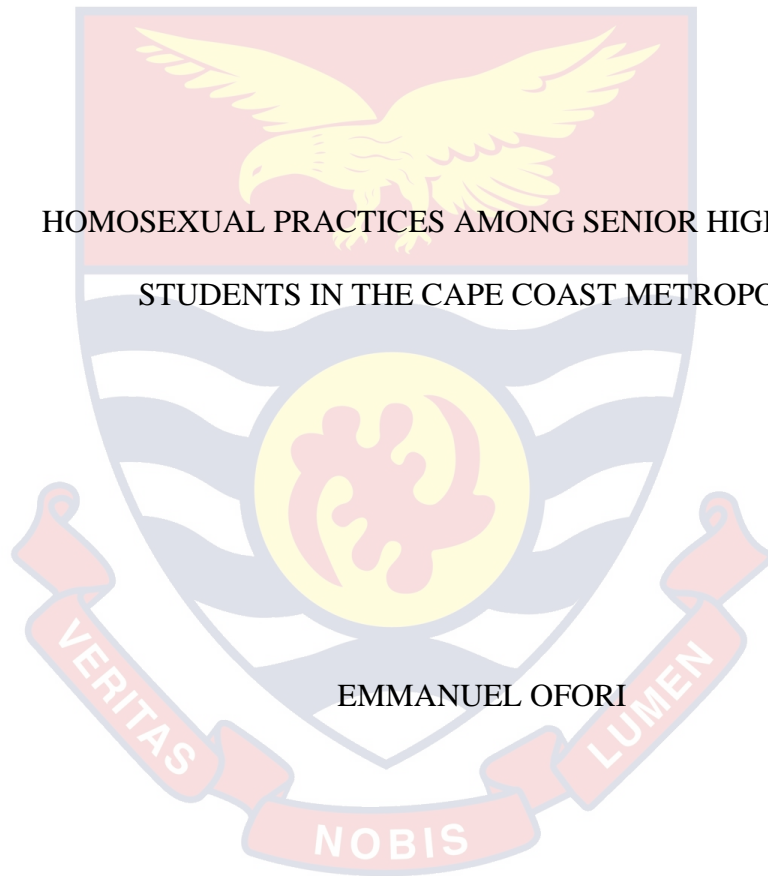


UNIVERSITY OF CAPE COAST

HOMOSEXUAL PRACTICES AMONG SENIOR HIGH SCHOOL  
STUDENTS IN THE CAPE COAST METROPOLIS

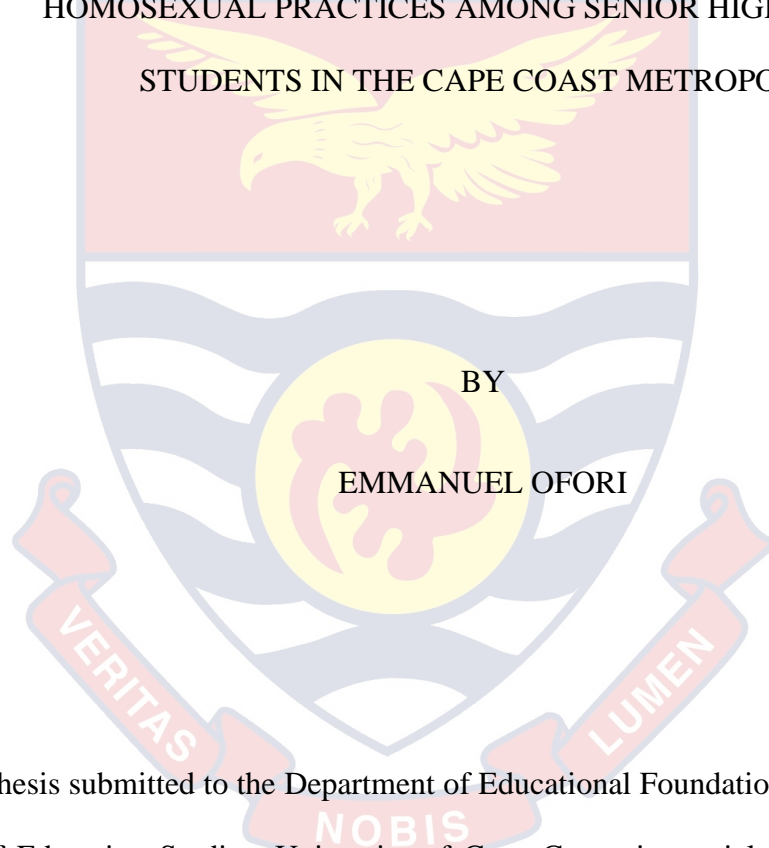


EMMANUEL OFORI

2014

UNIVERSITY OF CAPE COAST

HOMOSEXUAL PRACTICES AMONG SENIOR HIGH SCHOOL  
STUDENTS IN THE CAPE COAST METROPOLIS



BY

EMMANUEL OFORI

This thesis submitted to the Department of Educational Foundations of the College of Education Studies, University of Cape Coast, in partial fulfillment of the requirements for award of Master of Philosophy Degree in Educational Psychology

AUGUST 2014

## DECLARATION

### Candidate's Declaration

*I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.*

Candidate's Signature..... Date.....

Name: Emmanuel Ofori

### Supervisors' Declaration

*We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.*

Principal Supervisor's Signature..... Date.....

Name: Prof. Koawo Edjah

Co-Supervisor's Signature..... Date.....

Name: Dr. (Mrs.) Linda Dzama Forde

## ABSTRACT

This study explored the incidence of homosexuality practices in the senior high schools in the Cape Coast Metropolis. It also investigated what senior high school students think are the possible causes of homosexuality, the general attitude of students towards homosexuals, and how homosexuality can be managed in senior high schools. The sample comprised 351 participants (203 males and 148 females) who were randomly selected from Forms 3 and 4 students in three senior high schools in the Cape Coast Metropolis of the Central Region of Ghana. A questionnaire was used in data collection. Both descriptive and inferential statistics were used in data analyses with alpha level set at .05.

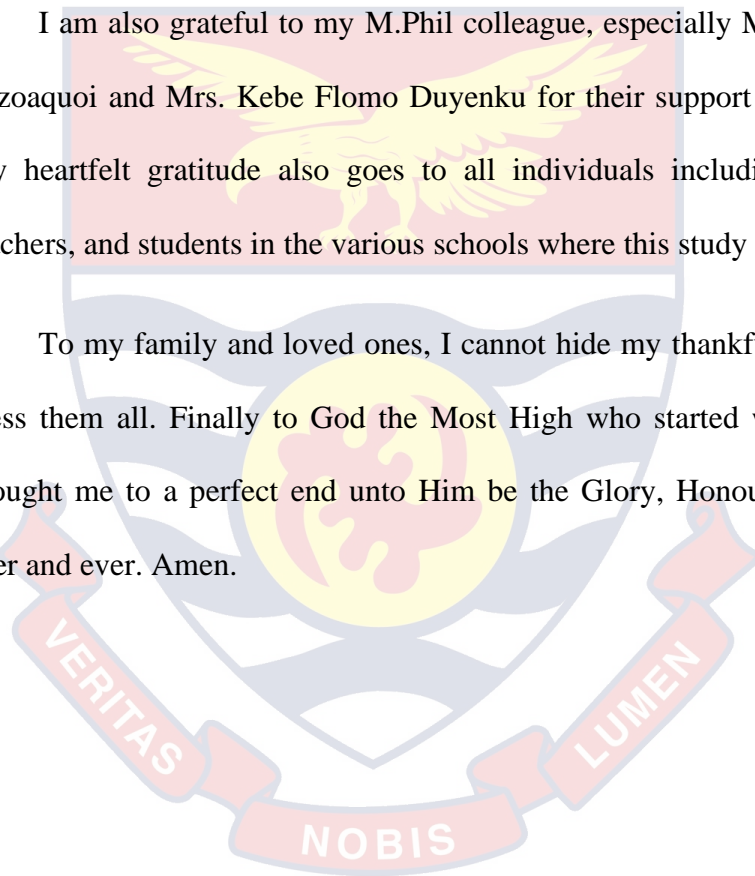
The study revealed that homosexuality practices are going on in the senior high schools and the major possible causes were excessive masturbation, spiritual causes, and initiation into the practice by seniors at school. The results also show that attitudes of students towards homosexuals in school are generally negative and males were statistically not different from females in terms of their attitude towards homosexuality. The study suggested that homosexuality can be managed by orienting school counsellors, teachers, and parents to understand and be able to deal with the issues of homosexuality and also by providing supportive counselling services for homosexuals in schools. The study recommends that counsellors and counselling centres should be resourced to handle homosexuality in Senior High Schools.

## ACKNOWLEDGEMENTS

I wish to express my profound gratitude to my supervisors for their enormous contributions and guidance without which the completion of this thesis would have been a mirage. In this vain my sincere acknowledgement goes to Prof. Koawo Edjah and Dr. (Mrs) Dzama Forde for their patience, and steadfast encouragement.

I am also grateful to my M.Phil colleague, especially Mr Edwin Besseh Arzoaquoi and Mrs. Kebe Flomo Duyenku for their support in diverse ways. My heartfelt gratitude also goes to all individuals including headmasters, teachers, and students in the various schools where this study was conducted.

To my family and loved ones, I cannot hide my thankfulness. May God bless them all. Finally to God the Most High who started with me and has brought me to a perfect end unto Him be the Glory, Honour and power for ever and ever. Amen.



## DEDICATION

To my parent and siblings.



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## CHAPTER ONE

### INTRODUCTION

#### Background to the Study

Homosexuality is a romantic and erotic or sexual attraction or behaviour between members or people of the same sex or gender (McAnulty & Burnette, 2003). According to Kinsey's six-point scale the term 'homosexuality' is viewed as one of the three main categories of sexual orientation with the heterosexual-homosexual continuum (Rice, 1999). It was coined in the late 19th century by a German psychologist, Karoly Maria Benkert (Pickett, 2011). Until the end of the 19th century, it was generally believed that people were either heterosexual or homosexual.

The study of homosexuality is hampered by lack of clear definitions, causes, prevalence and origin (Kelly, 1998). For example, homosexuality can be defined purely in functional or behavioural sense as sexual relations between two members of the same sex (Kelly, 1998). However, critics argue that individuals who are primarily heterosexual in their inclination may engage in homosexual behaviour because they are deprived of heterosexual opportunities for unusually long period of time or for reasons such as money, affection, desire to try something new or from feeling of rebelliousness and contempt for the conventional mores of the society (Marmor as cited in Kelly, 1998). It is therefore meaningful to define homosexuality as "a strong and sustained preferential erotic attraction to members of the same sex." (Kelly,

1998 p.130). According to current scientific and professional understanding, the core attractions that form the basis for adult sexual orientation typically emerge between middle childhood and early adolescence. A period of transition from childhood to adulthood during which an individual adjusts to the biological, emotional, sexual and social changes associated with the transition from childhood to adulthood (Berger, 2001).

Adolescence is also defined as a bridge between the asexual child and sexual adult (Feldman, 1999). It is a time of sexual exploration and experimentation with sexual fantasies and realities, of incorporating sexuality into one's identity (Christopher, 2001). Adolescence is also a period when the individual thinks that conforming to group norms and peer pressure would make him accepted (Bischof, 1964).

It is a period in which experimental and exploratory sex play turns into purposeful adult sexual behaviour and a time the adolescent could come to discover the act of homosexuality. The American Academy of Child and Adolescent Psychiatry also notes that many gay, lesbian and bisexual individuals first become aware of and experience their sexual thoughts and feelings during childhood and adolescence (Perin, 2002; Rosenberg, 2003).

It is believed that adolescent homosexuality has existed in all civilizations, but societal disapproval and cultural taboos have negatively influenced its recognition. A significant percentage of youth identify themselves as homosexuals (Stronski & Remafedi, 1998). Researchers determining the prevalence of homosexuality in nationally representative samples in the United States, the United Kingdom, and France found homosexual behaviour and homosexual attraction as different but overlapping

dimensions of homosexuality, 20.8%, 16.3%, and 18.5% of males, and 17.8%, 18.6%, and 18.5% of females in the United States, the United Kingdom, and France respectively reported either homosexual behaviour or homosexual attraction since age 15 (Sell, Wells & Wypij, 1995). A study conducted in Nigeria on adolescent sexual behaviour in Lagos revealed that about 5% of the adolescent are involved in same gender sex (Kunnuji, 2011).

Recent media reports indicate the incidence of homosexual practices in senior high schools and these reports have engaged the attention of the public and have undoubtedly generated heated debates. While many Ghanaians find it difficult to believe such reports, others agree to such reports purporting the practices of homosexuality and attribute the causes to one's sinful nature and personal choice influenced by his or her environment. Others assume a philosophy of determinism, treating homosexuality as an identity one has no choice over and that cannot be changed. The debate however, goes on among parliamentarians, human right organisations, government and individuals on the causes and right of homosexuals in Ghana. Institutions such as Christian Council of Ghana, Ghana Muslim Association, Parliament of Ghana and other organisations have condemned the act describing it as "evil," advancing their arguments on the grounds that it does not conform to the cultural and religious norms of the country, but some Human Rights activists have also constantly sprung to their defence.

Some of the media reports further describe the senior high schools as major hubs for gay and lesbian activities. It is in those places that gays and lesbians are really made (*The Chronicle*, 2012). An article published by Mr Kwaku Adu-Gyamfi (2012) in *Modern Ghana* revealed that "Homosexuality

is not born, but made”. He believes that the brainwashing process begins in schools and colleges, where many people develop the desire to experiment the act of having sex with the same sex. Such reports makes homosexual practices in the senior high schools a topical issue for research so as to allow parents, government and private institutions and Ghanaians in general make informed decisions on the issue.

### **Statement of the Problem**

Under Ghanaian criminal law, same-sex sexual activity among males is illegal. It is uncertain whether same-sex sexual activity among females is illegal. Under chapter 6 of the Criminal Code of 1960, as amended by The Criminal Code (Amendment) Act of 2003, homosexuality is punishable by law. Moreover Ghana is predominantly a religious state in which majority of the citizens’ frowns on the practice of same sex relationships. Again the Ghanaian culture believes sexual activity is basically between the opposite sexes and gradually socializes its young people towards heterosexual marriage which is exhibited in the rich Ghanaian marriage ceremonies. However, existence of the homosexuals is reported in Ghana and given the complexity of homosexuality and the nature of the Ghanaian culture, it is difficult for homosexuals to live an open life and talk about it. Media reports suggest that homosexual activities are prevalent among students in the senior high schools in Ghana. Even though adolescent homosexual practices cannot be a justification of homosexual identity in adulthood, research indicates that most gay, lesbian and bisexual individuals first become aware of and experience their sexual thoughts and feelings during childhood and adolescence (Perin, 2002; Rosenberg, 2003). In September 2011, a teacher suspected to be gay



teacher was arrested by the Ghana police for sodomising some students in Adisadel College in the Cape Coast Metropolis (Nyarko, 2011). Also, Aklorbortu (2011) reported that about 8000 homosexuals in the Western and part of Central Regions of Ghana have been registered by a non-governmental organisation whose name was withheld. According to the report, these individuals are mostly students in junior and senior high schools, polytechnic students and some workers who are engaged in homosexual activities. However, authorities denied such registration.

Meanwhile, Remafedi (1990) and Uribe and Herbeck (1992) have indicated that adolescent homosexuals are significantly at risk for psychological dysfunction, substance abuse, homelessness, dropping out of school, prostitution, being victims of violence and sexual abuse and acquiring sexually transmitted diseases (STDs) and AIDS.

These alleged reports do not clearly state the causes of homosexual practices among these students and how it can be managed.

On the basis of the above, this research seeks to either confirm or disconfirm the public speculation about homosexual practices and its causes among the senior high school students in the Cape Coast metropolis.

### **Purpose of the Study**

The general purpose of this study is to explore homosexual practices among senior high school students in the Cape Coast Metropolis. Specifically the study is to investigate the following:

1. Determine whether homosexual practices go on in the senior high schools in the Cape Coast Metropolis or not.



2. What are the reasons for homosexual practices among senior high schools in the Cape Coast Metropolis?
3. What is the attitude of students towards homosexuals?
4. Explore ways homosexual practices in senior high schools can be managed.

### **Research Questions**

The following research questions guided the study.

1. What are the views of senior high school students on the practices of homosexuality in the senior high schools?
2. What are the causes of homosexual practices among senior high school students in Cape Coast Metropolis?
3. What are the attitudes of students towards homosexuals in the senior high school?
4. How can homosexuality in senior high schools be managed?

### **Hypothesis**

The following hypothesis was formulated to guide the study.

H<sub>0</sub>: There is no statistically significant difference in the attitudes of male and female students towards homosexuals in Senior High Schools

H<sub>1</sub>: There are significance differences in the attitudes of male and female students towards homosexuals in the senior high schools.

### **Significance of the Study**

The findings of this study can become useful in several ways. Since this study sought to find out whether homosexual practices are prevalent among senior high school students, the findings may confirm or disprove the assumptions in the public domain that homosexual practices can be found in

the senior high schools. Also the findings may help parents, school authorities, government and non-governmental organisations (NGOs) to know how to handle the situation. The perceived causes may give an idea to parents, school authorities, and other concerned organisations such as NGOs about possible factors that have led to the practices of homosexuality in senior high schools. It may further help them to mount up preventive and managerial measures in the senior high schools to help all students.

The findings of the study may also help strengthen and position counselling services and student help services in various schools to address and deal appropriately with students who are homosexuals as well as those who are yet to be involved. The research findings may also provide parents and school counsellors with appropriate ways and measures to manage and deal with students with such orientations and this may help them to confidently disclose their identity without excessive anxiety or guilt. This may further help students themselves, parents, school authorities and the society at large to manage associate problems or risks students with such orientation are facing, such as guilt and promiscuous life style.

Again the findings in this study will provide stakeholders in education and health with relevant suggestions as well as empirical evidence that may help them formulate policies and enrichment programmes regarding the adolescents and their sexuality in future in senior high schools. The findings of this study when carefully interpreted by counsellors, educational psychologists' school administrators and other stakeholders can help in designing programmes which can manage and reduce the incidence of homosexuality among students in senior high schools. It is hoped that this

study will contribute immensely to the body of knowledge by providing information to all experts and researchers in the conduct of further research.

### **Delimitation of the Study**

The issue of homosexuality is very broad and cut across all ages and cultures. However, this study is committed strictly to finding out homosexual practices in schools, perceived causes, and student's attitudes towards homosexuals in three selected senior high schools in the Cape Coast Metropolis.

### **Limitations of the Study**

Even though the research guaranteed confidentiality, anonymity and non-traceability of respondents' responses, after the students had been informed about all that the research was about some students left and refused to be part of the study. Again the time for the data collection was not favourable since students were preparing for their exams and this may account for why some students did not want to be part of the study. However the number of students who left the study is insignificant to affect the result of the study.

### **Definition of Terms**

Bisexuals- this refers to individuals who are attracted to both men and women.

Gay – it is a word that primarily refers to men who are attracted to men.

Gene - the portion of the DNA molecules that carries the genetic code for the production of one protein.

Heterosexuals – they are individuals who are attracted to the opposite sex.

Homosexuals- they are individuals who are attracted to members of the same sex.

Homosexuality- it is the romantic or sexual attraction or behaviour between members of the same sex or gender.

Homophobia- an intense aversion to homosexuality and homosexuals

Hormones – the chemicals produced by and released into the blood by the endocrine glands to serve as internal chemical regulators in the body.

Lesbian - is a word used to describe females who are attracted to females.

Lesbianism – this stands for sexual practices or sexual activities in which the participants are only females. The participants can be lesbian or bisexual girls or women.

Masturbation - Self-stimulation of the genitals with the hand or some object.

Pornography- Sexually arousing art, literature or films.

Sexual orientation- is an enduring personal quality that inclines people to feel romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender.

Transgender - it is the state of one's gender identity not matching one's assigned sex.

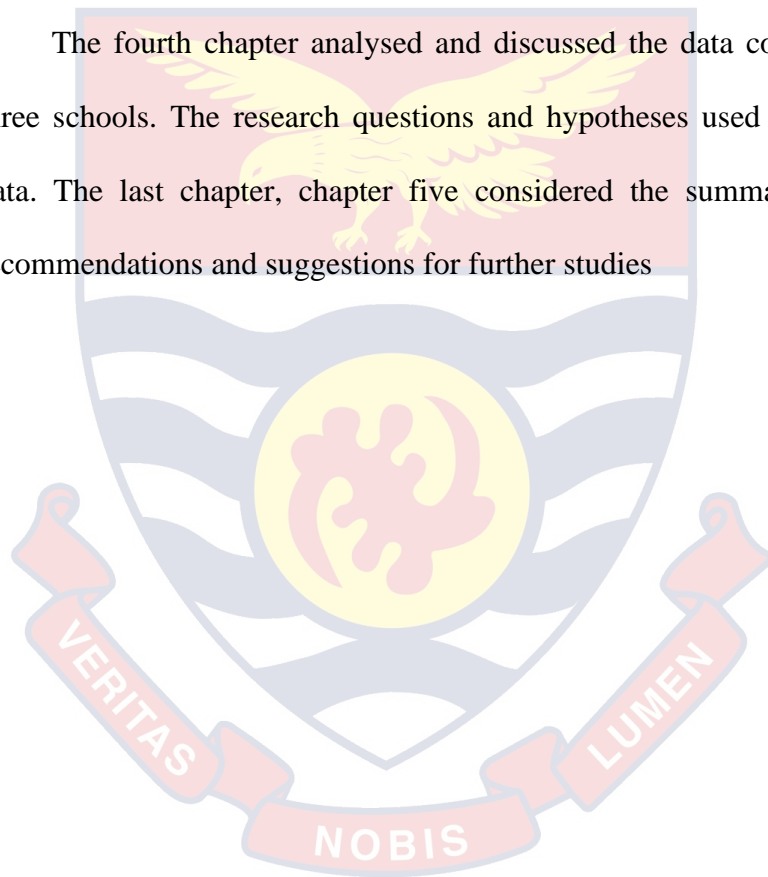
### **Organisation of the Rest of the Study**

The rest of the study were grouped into four chapters- chapters 2, 3, 4 and 5. Chapter two which is the review of related literature, focused on theoretical and empirical evidence of the study. It reviewed literature relevant to the study such as the biological theories and homosexuality, Psychoanalytical theory and homosexuality, Social cognitive theory and homosexuality, Social constructionist theory and homosexuality, Labelling theory (social reaction theory), attitude towards homosexuality, causes and

effects of homosexuality, developmental stages of homosexual, identity and how homosexuality can be managed.

The third chapter dealt with the methodology used for the study. It considered the research design, the population, sample and sampling procedure. It also focused on the designing and administration of the instrument used for the study. The chapter finally described the procedure adopted in collecting data and how the data collected was analysed.

The fourth chapter analysed and discussed the data collected from the three schools. The research questions and hypotheses used in analysing the data. The last chapter, chapter five considered the summary, conclusions, recommendations and suggestions for further studies



## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

This chapter focuses on the review of related literature relevant to the study. The following headings were considered under the theoretical review; Psychoanalytical theory and homosexuality, Biological theories and homosexuality, Social Constructionist theory and homosexuality, Social cognitive theory and homosexuality, Labelling theory (Social reaction theory), Sociological perspective of sexuality (script theory). The causes of homosexuality, effect of homosexuality, attitudes of students towards homosexuals, stages of development and management of adolescent homosexuality were also reviewed.

#### **Theoretical Review**

#### **Theories of Homosexuality**

#### **Psychoanalytic Theory and Homosexuality**

Sigmund Freud's psychoanalytic theory is one of the prominent theories about the development of sexual orientation. Freud (1958) held that infants are polymorphously perverse, meaning that their erotic desire is neither heterosexual nor homosexual but can be directed in various ways. Freud used the term libido to refer to sexual energy – a source of motivation that encompasses sexual energy (Corey, 2009).

Freud maintained that our behaviour is determined by irrational forces, unconscious motivation, and biological and instinctual drives as these evolve

through key psychosexual stages in the first 6 years of life (Corey 2009). Freud argued that we go through five stages of psychosexual development (The oral, anal stage, phallic stage, latency stage and genital stage) and that at each stage of development we experience pleasure in one part of the body more than in the others (erogenous zones). Freud was of the view that our adult personality is determined by the way we resolve conflicts between these early sources of pleasure- the mouth, the anus, and then the genitals- and the demands of reality. When these conflicts are not resolved, the individual may become fixated at a particular stage of development. Fixation occurs when the individual remains locked in an earlier developmental stage because needs are under- or over -gratified.

The oral stage is the first Freudian stage of psychosexual development, occurring during the first 18 month of life. The infant's major source of pleasure and potential conflicts at this stage centres on the mouth. Chewing, sucking and biting are the chief source of pleasure. These actions reduce tension in the infant.

The anal stage is the second Freudian stage of development, occurring between 1 and  $\frac{1}{2}$  and 3 years of age, in which the child's greatest pleasure involves the anus or the eliminative functions associated with it. Generally toilet training occurs at this stage. In Freud's view, the exercise of anal muscles reduces tension.

The third stage of development which is phallic stage occurs between the ages of 3 and 6. During this stage, pleasure focuses on the genitals as both boys and girls discover that self-manipulation is enjoyable. According to Freud as cited in Weiton (2007, p.447), at the phallic stage the oedipal



complex emerges and children manifest erotically tinged desires for their opposite sex parent, accompanied by feelings of hostility towards their same-sex parent.

In Freud's view, the phallic stage has a special importance in personality development because it is during this period that the Oedipus complex appears. This name comes from Greek mythology, in which Oedipus, the son of king of Thebes, unwittingly kills his father and marries his mother. The Oedipus complex according to Freudian theory is the young child's development of an intense desire to replace the same sex parent and enjoy the affections of the opposite sex parent. How is the Oedipus complex resolved? At about 5 to 6 years of age, children recognize that their same-sex parent might punish them for their incestuous wishes. To reduce the conflict, the child identifies with the same sex parent, striving to be like him or her. If the conflict is not resolved, though, the individual may become fixated at the phallic stage.

The latency stage is the fourth Freudian stage of development, which occurs between approximately 6 years of age and puberty. During this period, the child represses all interest in sexuality and develops social and intellectual skills. This activity channels much of the child's energy into emotionally safe areas and helps the child forget the highly stressful conflicts of the phallic stage.

The genital stage is the fifth and final Freudian stage of development occurring from puberty onward. The genital stage is a time of sexual reawakening; the source of sexual pleasure now becomes someone outside the family.



Freud assumed that behaviour is the outcome of unresolved conflicts. He pointed out that unresolved conflicts with parents re-emerges during adolescent. When these conflicts have been resolved the individual is capable of developing a mature love relationship and function independently as an adult.

Freud thought that fixations in the phallic stage of development can lead to a few additional distinct personality types. As discussed previously, the so-called oedipal crisis takes place during the phallic stage; thus fixations at this point are believed to have a profound impact on the growing child's personality. Since the Oedipal crisis is especially sexual in nature, fixations associated with it will tend to have a sexual focus. A phallic fixation can lead to an individual with a narcissistic, egotistic, or overly sexualized personality that may include serial marriage, polygamy, or polyandry. The phallic personality will tend to use sex as a means to discharge emotional tensions and will often have sexual relationships that are superficial and lacking in love or affection. It points to a complication in the case of girls. When they turn away from their incestuous love for their father, with its genital significance, they easily abandon their feminine role. They spur their masculinity complex into activity, and from that time forward only want to be boys (Freud, 1958).

The girl's failure to accept her lack of a penis means that she will become a woman fixated on acting like a man. The unwillingness to accept the absence of a penis can also lead to a focus on the clitoris as the central sex organ rather than the vagina, Freud thought. In Freud's early writing on psychosexual development, homosexuality was described as the result of over identification with the other sex parent in the struggle for the affection of the

same sex parents (the Oedipus complex in boys and the Electra complex in girls). At an early age however, children must resolve either the Oedipus or Electra complex and develop a male or female sexual identity. The child's inability to successfully resolve this complex and develop a male or female identity may lead to the development of a homosexual identity.

Freud viewed lesbianism as a variant of these kinds of phallic fixations. According to Freud, a lesbian has taken this masculine fixation to its extreme and seeks to play the male role with another female.

Homosexuality in men is also considered a type of phallic fixation. Freud thought that the typical homosexual male was pampered by an overly protective mother during his phallic stage. An unusual degree of closeness and comfort with his mother leads to his identifying with her rather than making her an object of sexual interest. By identifying with his mother, the gay man develops a feminine type of sexuality. His fixation on this highly satisfying period of his life leads to his seeking a way to preserve the bond between mother and son. To accomplish this goal, he will take on the role of a mother with other boys, making them the focus of his libidinal drives.

The boys, however, are only proxies for him in that they play the role of the loved son. Hence, homosexual love is considered by traditional Freudians to be an immature and narcissistic form of self-love. Given Freud's theory of psychosexual fixations, one can readily understand one potential source of criticism of Freudian theory. Specifically, Freud's system of thought tends to view all human behaviour as symptomatic of some kind of pathology.

Research has shown that males who desire males failed to separate from their mothers in early childhood, grew up in dysfunctional homes, and had

dominant and over protective mothers and passive and distant fathers (Socarides & Volkan as cited in McAnulty & Burnette, 2003). Also, females who desire females were thought to have rejecting or indifferent mothers or distance or absent fathers (Wolff as cited in McAnulty & Burnette, 2003). Although Freud did not see homosexuality as pathological, he portrayed heterosexuality as the outcome of successful psychosexual development. However, he later wrote that people are inherently bisexual and that homosexuality is a normal condition.

### **Biological Theories and Homosexuality**

Biological theorists believe that one's sexual orientation is inherited through biological processes. Several studies have emerged to buttress this assertion. Among them are hormonal, genetic and brain structure studies.

### **Hormonal Studies and Homosexuality**

With regards to the hormonal influences, most biological theories assumed that hormonal differences between heterosexuals and homosexuals must underlie a person's sexual orientation (Doerr et al, 1976 cited in Weiten 2011). Since the 1970s, hormonal theories emerged concentrated on differences in prenatal hormone levels (Ellis & Ames, 1987). Many studies have shown that abnormal levels of some prenatal hormones can lead to an increased chance of homosexuality in an individual (Dörner, Schenk, Schmiedel & Ahrens, 1983; Money, Schertz & Lewis 1984, Ehrhardt, Meyer-Bahlburg, Rosen, Feldman, Veridiano, Zimmerman & McEwenet 1985). Ellis and Ames (1987) proposed a very comprehensive gestational neuro-hormonal theory of human sexual orientation, which deals with the genesis of heterosexuality as well as homosexuality. They proposed that sexual

orientation is primarily determined by the degree to which the nervous system is exposed to testosterone, estradiol, and to certain other sex hormones while neurone organization is taking place, predominantly between the middle of the second and the end of the fifth month of gestation. According to this theory, complex combinations of genetic, hormonal, neurological, and environmental factors operating prior to birth largely determine what an individual's (adult) sexual orientation will be?

Additionally, as prenatal testosterone levels are of great importance according to the theory, and as, during the proposed critical period, intra-uterine testosterone is primarily of foetal, rather than maternal origin, this theory could explain the observed differences in concordance rates for sexual orientation between monozygotic and dizygotic twins. According to such an explanation, the increased concordance in monozygotic twins is due to their greater similarity in prenatal hormone production (both in quantity and in timing) and hormone control; processes which are under significant genetic control. Although Ellis and Ames warn that several decades of intense, further research may be required to adequately test the theory. Many theorists suspect that the roots of homosexuality may lie in the organizing effects of prenatal hormones on neurological development. Berenbaum and Snyder (1995) suggested that hormonal secretions during critical periods of prenatal development may shape sexual development, organize the brain in a lasting manner, and influences subsequent sexual orientation.

For example, researchers have found elevated rates of homosexuality among women exposed to unusually high androgen levels during prenatal development because their mothers had an adrenal disorder or were given a

synthetic hormone to reduce the risk of miscarriage (Breedlove, 1994; Meyer-Bahlburg et al., 1996).

Several other independent lines of research suggest that atypical prenatal hormonal secretions may foster a predisposition to homosexuality (Mustanki, Chivers & Bailey 2002). One implication is that people's respond differently to changes in hormonal levels. Part of sexual differentiation takes place in the hypothalamus of the brain (Kimura, 1985 as cited in Rice, 1999). Before birth, prenatal hormones can influence the brain so that a baby is born with a predisposition to develop behaviour associated with the opposite sex (Ellis & Ames, 1987, Money, 1987). These levels in turn may have differential effects on development and behaviour. Many gay adolescents said they felt differently from other boys when they were children (Savin-Williams & Rodringue, 1993 as cited in Rice, 1999).

### **Genetic Theories and Homosexuality**

The last decade has seen a revival of interest in genetic theories of homosexuality (e.g. Ruse 1981, 1988, Kirsch & Rodman 1982), due largely to the development of human socio-biology (Smith 1983). Even before these recent theories, there was, of course, a suspicion that genetic factors were involved. Indeed, this is one of the fundamental questions addressed by twin studies. However, many previous reports (e.g. Rosenthal 1970, Fuller & Thompson 1978) have acknowledged that homosexuality arises through the interaction of particular genetic propensities with specific rearing environments. The socio-biological theories of sexual orientation attempt to show that it is possible that homosexuality can be sustained in a population

through purely genetically controlled processes which have been subject to the pressures of natural selection.

The two most popular hypotheses in this field are those of balanced superior heterozygote fitness and of kin selection for altruistic behaviour. Briefly, the former hypothesis supposes that phenotypic homosexuality is the result of homozygosis for recessive 'homosexual' genes. If a heterozygote, possessing one 'homosexual' genetic allele and one 'heterosexual' allele, is phenotypically heterosexual, and more reproductive than an individual who is homozygote for the 'heterosexual' alleles, then the heterozygote combination will be preferentially selected in future generations. In this way, the 'homosexual' genes are preserved. This explanation may seem implausible; for one thing, it hardly seems likely that only a single, major gene is involved in determining sexual preference. However, various genetic concepts (incomplete penetrance, epistasis, etc.) may be utilized to expand the hypothesis (e.g. Klintworth 1962, Fuller & Thompson 1978).

The key to the kin selection hypothesis is that it does not matter how one's genes are passed to the next generation, as long as they are. Siblings share on average, 50% of their genes. Therefore, if an individual shows altruistic behaviour towards his siblings which results in an increased likelihood of the siblings leaving or raising offspring, then that individual is, in effect, favouring his own success. Although it is hard to see how such a process could operate in modern society, socio-biology concerns itself with how behavioural traits have evolved and been selected from primitive societies to the present day. It has been suggested that, in primitive societies,



homosexuals may have formed a 'sterile caste' which could devote itself to helping mothers to rear their young.

Sociobiological explanations of homosexuality are recent and very speculative, and are currently intended only to highlight the possibility of genetic transmission of such a trait. Much more research is required before these hypotheses can develop into credible scientific theories. Genetic studies states that people are simply born not bred to be gay. This theory proclaims that homosexuality is determined genetically because identical twins are more apt to both be gay than fraternal twins and identical twins are more genetically similar compared to fraternal twins.

### **Brain Studies and Homosexuality**

The brain theory is derived from a study conducted by LeVay (1991) when he thoroughly examined tissues from the brains of both straight and gay men that were deceased. He discovered that there was a difference in a group of neurons or nerve tissues known as the hypothalamus which ultimately controls an individual's body temperature and sex drive. The gay people's hypothalamus was under half the size of the straight people's hypothalamus. LeVay therefore concluded that gay people perhaps have smaller brains than those who are straight. Other researchers, however, criticize this theory because perhaps it is same sex behaviour or activities which can result in a change in the brain's size or AIDS which was what killed all of LeVay's homosexual subjects (Maddox, 1991; Billings & Beckwith, 1993). Evidence has indeed supported the fact that certain experiences in life can change the neural network of the brain. Overall, the biological theory of homosexuality is quite extensive yet not very convincing.

## Social Constructionist Theory

Social constructionist is perhaps the most common version of constructivism. Learning theories are called social constructivist when their main concern is with the knowledge construction through social interactions. Social constructivist theories derive primarily from the work of Vygostky (Vygostky 1978 as cited in Swan, 2005) a Russian contemporaries of Piaget whose work was suppressed by the Stalinists and rediscovered in the 1960s. Vygotsky's theory asserts three major themes:

1. Social interaction plays a fundamental role in the process of cognitive development. Vygotsky felt social learning precedes development. He states: "Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (inter-psychological) and then inside the child (intra-psychological)." (Vygotsky, 1978).
2. The More Knowledgeable Other (MKO). The MKO refers to anyone who has a better understanding or a higher ability level than the learner, with respect to a particular task, process, or concept. The MKO is normally thought of as being a teacher, coach, or older adult, but the MKO could also be peers, a younger person, or even computers.
3. The Zone of Proximal Development (ZPD). The ZPD is the distance between a student's ability to perform a task under adult guidance and/or with peer collaboration and the student's ability solving the problem independently. According to Vygotsky, learning occurred in this zone.



Vygotsky focused on the connections between people and the sociocultural context in which they act and interact in shared experiences (Crawford, 1996). Vygotsky maintained that, while taking place in the individual minds, all learning results from social interaction and that meaning is socially constructed through communication, activity, and interaction with others. He believed that cognitive skills and patterns of thinking are not primarily determined by innate factors (as in genetic epistemology), but are the products of the activities practiced in the social institutions of the culture in which the individual lives. Consequently, the history of the society in which one is reared and one's personal history are crucial determinants of the ways in which an individual will think. Even the solitary scholar alone in his room, Vygotsky argued, engages the artefacts and tools of his culture, and through them, their authors and the larger society, moreover, such scholar's current activity is enabled by and so situated in a history of social and cultural interactions that have shaped his/her knowledge, attitudes, skills and behaviours. According to Vygotsky (1978), children acquire most of their culture's cognitive skills and problem solving strategies through collaborative dialogue with more experienced members of their society. He saw cognitive development as more like an apprenticeship than a journey of individual discovery (Weiten, 2007).

Vygotsky's emphasis on the social origins of cognitive development is apparent in his theoretical concepts, such as zone of proximal development and scaffolding. The zone of proximal development is the gap between what a learner can accomplish alone and what he or she can achieve with guidance from more skilled partner. In other words it is the distance between the actual

development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers (Vygotsky, 1978).

The zone of proximal development for a task is the area in which new cognitive growth is likely and the area that should be the focus of instructional effort. These efforts are more likely to be helpful when an instructor practices scaffolding. Scaffolding occurs when the assistance provided to a child is adjusted as learning progresses. Vygotsky claimed that all learning occurs in this zone, which bridge the gap between what is known and what can be known, through adult or instructor or peer collaboration.

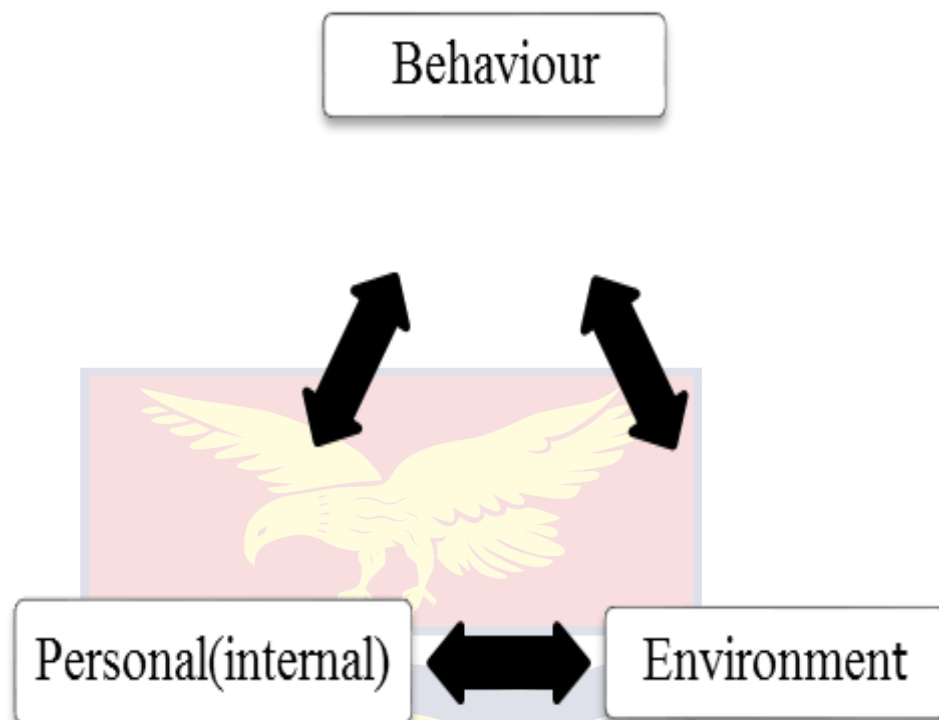
The implication of the social constructionist theory in understanding homosexuality is that there is evidence that homosexuality, like drug use is "handed down" from older individuals. The first homosexual encounter is usually initiated by an older person. In separate studies 60% (Bell & Weiberg, 1978), 64 % (Gebhard & Johnson, 1979) and 61 % (Bieber, Dain, Dince, Drellich, Grand, Gunlach, Kremer, Rifkin, Wilber, & Bierber, 1962) of the respondents claimed that their first partner was someone older who initiated the sexual experience.

Social constructivism prompt that learning is essentially a social activity, that meaning is constructed through communication, collaborative activity, and interaction with others. It highlight the role of social interactions in the meaning making, especially the support of more knowledgeable others in knowledge construction. Homosexuals overwhelmingly believed their feelings and behaviour were the result of social or environmental influences.

## Social Cognitive Theory

Albert Bandura is the leading architect of social cognitive theory. Bandura's (1989, 2001, and 2009) most recent model of learning and development involves behaviour, the person's cognition, and the environment (Santrock, 2006). Bandura called the process of interaction between these three factors reciprocal determinism. According to Bandura, human behaviour is due to a triadic reciprocal causation of all the three factors. Bandura's concept of reciprocal causation, although the environmental stimuli influence our behaviour, individual personal factors such as beliefs and expectations also influence how we behave.

Bandura argues that there are both internal and external determinants of behaviour, but behaviour is not determined exclusively by either or by a simple combination. Although actions are regulated by their consequences, external stimuli affect behaviour through intervening cognitive processes. While they are behaving, people are also thinking about what they are doing. Their thoughts influence how their behaviour is affected by their environment. Cognitive process determines which stimuli we will recognize, how we will perceive them, and how we will act upon them. Cognitive processes also permit us to use symbols and to engage in the type of thinking that enables us to anticipate different courses of action and their consequences. Because we act reflectively rather than automatically, we are able to change our immediate environment. In so doing we arrange reinforcements for ourselves and influence our own behaviour.



**Figure 1.** Triadic reciprocal determinism

Source: Bandura, 2001

According Bandura, the school you attend, the readings you do, the television programme you watch, the music you listen to, the friends you associate with all forms part of your environment. However, the individual choose their own environment based partly on ones predispositions (Ickes et al., 1997 cited in Myers 1996). Bandura draws a distinction between the potential environment, which is the same for everyone in a situation, and the actual environment, the one we create with our behaviours (Burger, 1997). How any of the three parts influence the other depends on the strength of the variables. At times environmental forces are most powerful, at other times internal forces are most powerful, at other internal forces are dominant.

Instead of working our way through rewards and punishment in trial-and-error fashion every time we face a new problem, we imagine possible outcomes, calculate probabilities, set goals, and develop strategies. We do all of this in our mind without engaging in random action and waiting to see which will be rewarded or punished. Indeed, past experiences with reinforcements or punishment affect these judgments. Although a person obtains external rewards, Bandura argues that we also work towards self-imposed goals with internal rewards.

Bandura points out that certain associations determine the types of activities we will be exposed to. The people with whom one regularly associates limit and structure the kinds of behaviours that one will observe. This theory points out three symbolic levels that shapes sexuality: the historical level (sexual behaviour is influenced by cultural norms and the socio-historical context of the individual); the relational level (sexual behaviour is developed from social relationship between persons); the biographical level (sexual behaviour is gained from individual life history and one's own expectations).

From Bandura's point of view homosexuality can be explained through the following conditions; when an individual is low in his or her self-esteem and associates with a homosexual, he or she is likely to follow the style of the model if he is made to feel worthy. This is also true with highly dependent individuals.

Individuals will practice homosexuality if they perceive that such actions will lead to positive result. In other words when such behaviours gives them the desired reward and the joy he or she has never experienced. According to

Hovell et al. (1994) sexual pleasure and expectancies about sexual pleasure are among the most powerful of all reinforcers. Nevertheless, these behaviours can change over time as the surrounding environment changes (Oliver & Hyde 1993). Other researchers noted that various environmental modelling experiences predict same-sex or opposite-sex preferences in adulthood (Van Wyk & Geist, 1984).

### **Labelling Theory (Social Reaction Theory)**

Labelling theory was developed by sociologists during the 1960s. Labelling theory holds that deviance is not inherent to an act, but instead focuses on the tendency of majorities to negatively label minorities or those seen as deviant from standard cultural norms (Mead 1934, Becker, 1963). The theory is concerned with how the self-identity and behaviour of individuals may be determined or influenced by the terms used to describe or classify them. It is associated with the concepts of self-fulfilling prophecy and stereotyping. A stigma is defined as a powerfully negative label that changes a person's self-concept and social identity. Labelling theory is concerned with how the self-identity and behaviour of an individual is influenced (or created) by how that individual is categorized and described by others in their society (Macionis & Gerber, 2010). Labels applied to individuals influence their behaviour, particularly the application of negative or stigmatizing labels (such as "gay") promote deviant behaviour becoming a self-fulfilling prophecy, i.e. an individual who is labelled has little choice but to conform to the essential meaning of that judgment. Becker (1963) views those people that are likely to engage in rule breaking behaviour as essentially different as members of the rule-making or rule-abiding society. Those persons who are prone to rule-



breaking behaviour see themselves as morally at odds with those members of the rule-abiding society (Becker 1963).

Becker (1963) uses the term "outsider" to describe labelled rule-breakers or deviants that accept the label attached to them and view themselves as different from "mainstream" society. Deviant outsiders might view those rule making or abiding members of society as being the outsiders of their social group (Becker 1963). Memmi (1965) described the deep psychological effects of the social stigma created by the domination of one group by another. He wrote: "The longer the oppression lasts, the more profoundly it affects him (the oppressed). It ends by becoming so familiar to him that he believes it is part of his own constitution, that he accepts it and cannot imagine his recovery from it. This acceptance is the crowning point of oppression.

Labelling theories stress the point that the social audience confers the label deviance on behaviour. This social audience could be the community in general or particular agents of social control (e.g. the police or teachers). In other words behaviour is not inherently deviant or normal but is defined and labelled that way by people in charge of defining and labelling (Erikson, 1964). The effects of being labelled are numerous but of primary concern for many theorists in this tradition. Lemert (1951) introduced the concept of secondary deviance and emphasised that it comes about as a response to societal reaction to primary deviance. The self-concept is changed from normal to deviant. The person takes on a new identity or acquires a stigma and the person becomes a shoplifter first and foremost even in his or her own mind (Goffman, 1961).



One of the most important steps of becoming deviant is being publicly labelled as deviant. However, a person does not really have to be publicly labelled but may label him/herself. The labelling process becomes hard to disprove as the process moves from public to self-application. It is even harder to disprove as the conception of subconscious desire (in terms of being caught and labelled) is added in. In any case being caught and labelled deviant leads to a change in identity. The deviant acquires a new master status such as homosexual (perhaps touching someone's foot with your own). The master status carries with it a number of secondary statuses, which seem to always be associated with it. It creates problems for people when the status doesn't match up.

The process of a self-fulfilling prophecy begins as it becomes harder and harder for the person to act contrary to or associate with other people than the social reaction expects. The last step in the making of a deviant comes about when the deviants are organized into a group and a deviant subculture is produced. Once the person becomes a member his or her deviant identity becomes solidified, one prime example is becoming or being part of a juvenile gang.

There is a perceived correlation between tomboys and lesbianism. (Brown, 1999; Halberstam, 1998). Two-thirds of lesbians like two-thirds of gay men, recall being "different" since childhood. Just as 67% of male homosexuals remembered being called sissies in childhood, 70% of lesbians remembered being called tomboys.

Being called a sissy as a boy (and remembering it and being willing to admit it) is a more powerful predictor of homosexuality than being called a

tomboy as a girl (Dewey, 2011). A more powerful childhood predictor of adulthood lesbianism, in the group of subjects interviewed by Saghir and Robins, was a repetitive childhood wish to be a boy or man (Saghir & Robins, 1970 cited in Dewey, 2011). Two-thirds of adult lesbians recalled childhood wishes to be a boy or a man, whereas only 7% in a heterosexual control group reported similar childhood wishes. Labelling shapes reality. New categories had been constructed, like those of mental illness, race or homosexuality.

Homosexuality was categorized as deviant and homosexuals were characterized and labelled as “ill”, “criminal” and others. As soon as homosexuality had been categorized as an individual and social problem, homosexuals had been dunned, stigmatized, treated, set aside, ghettoised. The stigmatization of homosexuality and homosexuals enabled other members of society to deceive themselves in believing they are “pure”, united against those labelled as “different”. In using the originally negative label “gay” or “lesbian” and assigning a positive meaning to it (“proud to be lesbian/gay”), homosexuals re-appropriate those parts of society they had been excluded of in the process of labelling and stigmatization. Moreover, changing the meaning of assigned label, collective self-esteem is strengthened and a powerful movement arose, gay and lesbian liberation.

### **Sociological Perspective: Script Theory**

In contrast to psychoanalytic theory, the sociological perspective on sexuality takes quite a broad view, attempting to explain human sexuality by examining society and its rules and norms.

This approach rests on three main assumptions:

1. Each society shapes the development and expression of sexuality among its members;
2. The social rules governing sexual behaviour are tied to the basic institutions of society, primarily family, religion, and government; and
3. The culture determines what is sexually acceptable and normal and unacceptable and abnormal in any situation or context (DeLamater, 1987).

The premise of scripting theory is that sexual behaviour (like almost all other human behaviour) “is the result of elaborate prior learning that teaches us an etiquette of sexual behaviour” (Hyde & DeLamater, 2006). Gagnon and Simon (1973) the developers of scripting theory, explained that, without the proper elements of a script that defines the situation, names the actors, and plots the behaviour, little is likely to happen.

According to script theory, sexual behaviour like any other form of behaviour, is social behaviour and only takes on special meaning when so defined by society or by the individual based on his or her experiences in society (Gagnon & Simon, 1973).

Socially learned sexual scripts tell people who to have sex with (e.g. what the race, gender and age of an appropriate sexual partner should be), when and where it is appropriate to have sex, and what acts are appropriate (and in what order) once sexual behaviour is initiated.

According to script theory, there are three levels of scripts (or scenarios, as they are often called): cultural, interpersonal, and intrapsychic. Cultural sexual scripts can be defined as “the instructions for sexual and other

conduct that are embedded in the cultural narratives that are provided as guides or instructions for all conduct” (Laumann, Gagnon, Robert, & Stuart, 1994) and it is these cultural scripts that form the general basis for sexual conduct. These include specifications of appropriate partners (for example, in the United States, partners should be approximately of the same age and of opposite sexes), times and places (such as after dark and in privacy) and context (usually meaning that the partners should have some degree of emotional involvement).

However, these cultural scripts are interpreted on both interpersonal and intrapsychic dimensions, which accounts for both the range of sexual behaviours and the sense of individual expression inherent in many sexual encounters. Laumann and his colleagues defined interpersonal scripts as “the structured patterns of interaction in which individuals as actors engage in everyday interpersonal conduct,” and intrapsychic scripts as “the plans and fantasies by which individuals guide and reflect on their past, current, or future conduct” (Laumann et al., 1994). Thus, the intrapsychic dimension of scripting allows individuals to derive personal meaning from cultural scripts, while the interpersonal dimension opens the door for situational symbolic interactionism, where reality is defined by interacting people in a given situation.

Script theory departs from psychoanalytic theory in arguing that rather than constraining sexual behaviour, society actually defines it. Society essentially teaches the ABCs of sex and creates a framework within which personal sexuality develops and is expressed. Script theory emphasizes the social and interpersonal nature of sexual behaviour. One major contribution of

this sociological approach is that it can highlight the rich diversity in sexual practices across cultures and within a culture.

This, however, has also been a criticism of script theory – that it may overemphasize cross-cultural differences while effectively ignoring similar patterns of sexual behaviour across the world. That very point is a key tenet of evolutionary psychology, the last theory we will examine.

### **Empirical Review**

#### **Causes of Homosexuality**

Considerable research has been done to find out what causes homosexuality. The research falls under two major categories: the environmental and the biological factors. Speculations about what causes homosexuality have been intensive. (Herek, 2000). Research findings differ widely among leading researchers. Researchers have explored possible biological causes of same sex relations (Quinsy, 2003). Boston psychiatrist Richard Pillard concludes that 'homosexual, bisexual and heterosexual orientations are examples of the biologic diversity of human beings, diversity with a genetic basis' (Pillard & Bailey, 1995). Van Wyk and Geist (1984) contend that 'biological factors exert at most a predisposing rather than a determining influence'. Biological oriented researchers have argued that homosexuals possess different hormonal mechanisms, brain structure or genotype. Such biological explanations may not be unrelated as genes lay the blueprint for hormones which in turn influence body structure.

LeVay (1991) found out that one bundle of neurons INAH3 in the hypothalamus was three times larger in heterosexual men than in homosexual men and heterosexual women. Allen and Gorski (1992) reported that the

anterior commissure was smaller in heterosexual men than in heterosexual women and homosexual men. However, considerable overlap existed between the groups and the majority of the homosexuals had AIDS. The corpus callosum has also been reported as being female-typical in homosexual men but several studies have yielded conflicting results (Byne & Parsons, 1993).

Furthermore, in one study, the homosexual orientations of pairs of twins were studied. The researchers found that two-thirds of the monozygotic twins (same eggs) had a homosexual orientation but less than one-third dizygotic twins (separate eggs) did. However since not all of the monozygotic twins have a homosexual orientation, environmental factors might be partially involved (Whiteman, Diamond & Martin, 1993).

Another biological point of view relate to the hormonal levels in homosexuals account for such orientation. Even though the results of hormonal studies are inconsistent it has been found that at certain critical periods during the prenatal stage might influence sexual orientation (Hines, 2011). In the second to fifth month after conception, exposure of the foetus to hormone levels characteristic of females might cause the individual (female or male) to become attracted to males. (Ellis & Ames 1987). Causes of homosexual however, are attributed to environmental factors. It assumed that homosexual behaviour is learned and that homosexual behaviour is a bad habit that people fall into because they are sexually permissive and experimental. Sexual practices such as masturbation is reported to lead to homosexuality (Watchtower, 1970 May 15, p. 315).

Two significant studies asked homosexual respondents to explain the origins of their desires and behaviours - how they "got that way." (Bell, 1973).



The first of these studies was conducted by Kinsey in the 1940s and involved 1700 homosexuals. The second, in 1970 involved 979 homosexuals. Both reported essentially the same findings: homosexuals overwhelmingly believed their feelings and behaviour were the result of social or environmental influences. The 1940s and 1970 studies reported the following findings as causes of homosexuality; early homosexual experience(s) with adults and, or peers - 22%, homosexual friends or around homosexuals a lot - 16%, poor relationship with mother - 15%, unusual development (was a sissy, artistic, couldn't get along with own sex, tom-boy, et cetera) - 15%, poor relationship with father - 14%, heterosexual partners unavailable - 12% , social ineptitude- 9%, born that way-9%.

In a 1983 study conducted by the Family Research Institute (Cameroon, Cameron & Proctor, 1989) involving a random sample of 147 homosexuals, 35% said their sexual desires were hereditary. Another important factor for the causes of homosexuality is that most adolescent homosexuals were initiated into the act by older homosexuals.

In separate studies 60% (Bell & Weiberg, 1978), 64% (Gebhard & Johnson, 1979) and 61% (Bieber et al., 1962) of the respondents claimed that their first partner was someone older who initiated the sexual experience. A nationwide random study from Britain also confirms homosexuality as being initiated by an older person: 35% of boys and 9% of girls said they were approached for sex by adult homosexuals. Whether for attention, curiosity or by force 2% of the boys and 1% of the girls succumbed. In the US Klassan, William and Levitt (1989) reported 37% of males and 9% of females reported having been approached for homosexual sex (65% of those doing the inviting



were older). Likewise, a study of over 400 London teenagers reported that "for the boys, their first homosexual experience was very likely with someone older: half the boys' first partners were 20 or older; for girls it was 43%" (Cameroon, Cameron & Proctor, 1989).

A quarter of homosexuals have admitted to have sex with children and under aged teens, (Bell & Weiberg, 1978; Cameroon, Cameron & Proctor, 1989) suggesting that homosexuality is introduced to youngsters the same way other behaviours are learned - by experience. Early homosexual experiences are also believed to predict an individual homosexuality. In the 1980s, scholars such as VanWyk and Geist, (1984) examined the early Kinsey data to determine whether or not childhood sexual experiences predicted adult behaviour. The results were significant: homosexual experience in the early year, particularly if it was one's first sexual experience - was a strong predictor of adult homosexual behaviour, both for males and females. A similar pattern appeared in the 1970 Kinsey Institute study: there was a strong relationship between those whose first experience was homosexual and those who practiced homosexuality in later life (Bell, 1973).

In the FRI study (Cameroon, Cameron & Proctor, 1989) two-thirds of the boys whose first experience was homosexual engaged in homosexual behaviour as adults; 95% of those whose first experience was heterosexual were likewise heterosexual in their adult behaviour. A similarly progressive pattern of sexual behaviour was reported for females.

It is remarkable that the three largest empirical studies of the question showed essentially the same pattern. A child's first sexual experiences were strongly associated with his or her adult behaviour. Sexual conduct is

influenced by cultural factors - especially religious convictions. Kinsey reported less homosexual activity among devout groups whether they are Protestant, Catholic, or Jewish, and more homosexual activity among religiously less active groups (Kinsey, Pomeroy, & Martin, 1948). The 1983 FRI study found those raised in irreligious homes to be over 4 times more likely to become homosexual than those from devout homes. These studies suggest that when people believe strongly that homosexual behaviour is immoral, they are significantly less apt to be involved in such activity.

Another study conducted in Kenya in Kenyan secondary schools on student perception about causes of homosexuality involving 258 students reveals that 3.1% believed genes inherited from parents is the cause, 17.8% said it caused by socialization process in family, 64.0% believed sexual starvation is a major cause, Demons or Satan - 8 3.1% and western culture influence, 12.0% (Koderu, Misigo, Owino, & Mucherah, 2011). Nicolasi and Nicolasi (2002) believe that an adolescent homosexual experiment may result from the feeling of normal peer infatuations, emotional dependency, need for belongingness, search for pleasure, or simply curiosity. They further stated that a youngster who feels socially inadequate, overwhelmed by the pressures of dating, or in conflict about his heterosexual impulses may resort to engaging in homosexual behaviour by default.

Payton, Wardlaw, Graizyk, Michelle, Tompsett and Weissber (2000) observed that teens with good emotional health may be in more control of their thought, feelings and behaviour. They noted that while drugs, alcohol, promiscuity, and depression are sometimes symptoms of normal teen experiment, they may also be indication of teen with poor emotional health.

Recently, because of the AIDS epidemic, it has been discovered that, relative to white males, twice as many black males are homosexual and four times as many are bisexual (Chu S. et al. 1992). Perhaps it is related to the fact that 62% of black versus 17% of white children are being raised in fatherless homes. But even the worst racist wouldn't suggest that it is due to genetic predisposition. If homosexual impulses were truly inherited, we should be unable to find differences in homosexual practice due to religious upbringing or racial sub-culture. Agreeing with psychoanalysts, (e.g., Bieber, 1962, Socarides) homosexual behaviour is a mental illness, characteristic of arrested development. They believe that homosexuals have unnatural or perverse desires as a result of poor familial associations in childhood or some other trauma.

However, a study of 322 gay men and women from different sections of the country revealed that two thirds perceived their relationships with their fathers as extremely satisfactory or satisfactory (Robinson, Skeen, Flake-Hobson, & Herman, 1982). A total of 64% said they were always loved by their mothers, but 36% felt that they were always loved by their fathers. Only 4% never or hardly ever felt loved by their mothers, and 11% did not feel loved by their fathers. According to this study, it can be said that negative family relationship may be significant factor in the background of some male and female homosexuals.

### **Effect of Homosexuality Practices on the Adolescent Homosexuals**

Gay, lesbian, and bisexual adolescents face tremendous challenges growing up physically and mentally healthy in a culture that is often not accepting (Remafedi, Farrow, & Deisher, 1991). Medical, sociological, and

psychological research indicates that these youth face rejection, isolation, verbal harassment, and physical violence both at school and at home (Savin-Williams, 1994). According to Jessor's Problem Behaviour Theory, these stresses place gay, lesbian and bisexual adolescents at risk of engaging in individual risk behaviours, clusters of risk behaviours, and initiating behaviours at an earlier age than their peers (Jessor, 1991). Previous studies support the notion that many gay and lesbian youth engage in an array of individual behaviours that increase their risk for a number of negative health outcomes including suicide, depression, physical and verbal victimization, substance use, and HIV (Remafedi, Farrow & Deisher, 1991; Gonsiorek, 1988; Rotherman-Borus, Rosario, Meyers-Bahlburg, Koopman, Dopkins, & Davies, 1994). For example, suicide is a leading cause of death among gay and lesbian youth. In a study of 137 gay and bisexual males 14 to 21 years of age, Remafedi et al. showed that 29% reported a suicide attempt, with half of these reporting multiple attempts (Remafedi et al., 1991).

It has been estimated that gay and lesbian youth are two to three times more likely to attempt suicide than their heterosexual peers and may account for 30% of suicides among youth annually (Gibson, 1989). In terms of school-related behaviours and victimization, a study conducted by the National Gay and Lesbian Task Force found that 45% of the gay men and 20% of the lesbians surveyed were victims of verbal and physical assaults in secondary schools (Kourany, 1987). In a survey of school counsellors, 54% agreed that students often degrade fellow students whom they discover are homosexual, and 67% strongly agreed that homosexual students are more likely than others to feel isolated and rejected (Price & Teljohann, 1991).

Another study reported that 28% of homosexual youth were dropping out of secondary school because of discomfort and fear (Remafedi, 1987). Regarding sexual risk behaviours, all adolescents are at potential risk for HIV infection. Yet not all are faced with equal levels of risk. High-risk sexual activity between men accounts for the largest proportion of AIDS cases among adolescents and has been implicated in 70% of adolescent AIDS cases unrelated to infected blood products (HIV/AIDS Surveillance Report. Atlanta, 1993).

In 1995, AIDS became the leading cause of death in the United States for males between 25 to 44 years of age (HIV/AIDS Surveillance Report. Atlanta, 1996). Given the inherent latency for HIV, many of these deaths are attributable to infection occurring during adolescence. Among a subset of young homosexual and bisexual males in the San Francisco area (17 to 22 years), Lemp and colleagues reported in the Young Men's Survey an overall HIV seroprevalence rate of 9.3% and a seroprevalence rate of 21.2% among African-American men (Lemp et al, 1994). Unfortunately, previous research designed to examine the risks and needs of gay and lesbian youth is often hampered by societal stigmas about homosexuality and difficulties identifying a representative sample population.

Much of what is known concerning the association between gay youth and health risk behaviours is derived from studies using self-select populations such as homeless/runaway youth, youth presenting to sexually transmitted disease clinics, or youth responding to advertisements in gay newspapers or dance clubs. Cransten and Faulkner used data from a representative survey of high school students to report an increased risk for a variety of behaviours

including suicide, substance use, and violence among adolescents with same-gender sexual contacts (Faulkner & Cranston, 1998). Representative, population-based data examining the association between sexual orientation and adolescent risk behaviours have been limited.

### **Attitudes towards Homosexuals**

The study of attitudes towards lesbians and gay men is well-established. Many studies have investigated and documented the attitudes towards lesbians and gay men of particular groups of individuals, such as psychologists and mental health professionals (e.g. Annesley & Coyle, 1995), social workers (e.g. Berkman & Zinberg, 1997), medical trainees and professionals (e.g. Klamen, Grossman & Kopacz, 1999), police officers (e.g. Fretz, 1975), students (e.g. Donnelly et al., 1997; Matchinsky & Iverson, 1996; Schellenberg, Hirt & Sears, 1999), and resident assistants (D'Augelli, 1989). Herek (1988) reported that attitudes of heterosexual peers toward lesbian and gay students have not been favourable.

The vast majority of students are not so fortunate. Lesbian, gay, bisexual and transgender youth are nearly three times as likely as their heterosexual peers to have been assaulted or involved in at least one physical fight in school, three times as likely to have been threatened or injured with a weapon at school, and nearly four times as likely to skip school because they felt unsafe, according to the 1999 Massachusetts Youth Risk Behaviour Survey (Massachusetts Department of Education, 2000).

As Human Rights Watch documents, many youth are targeted for harassment and violence by their peers because of their actual or perceived sexual orientation or gender identity; in many instances, teachers,



administrators, and other staff fail to protect them from such harassment (Bochenek & Brown, 2001).

Some studies have indicated that heterosexual men hold more negative feelings than heterosexual women toward gay men and lesbian women (D'Augelli & Rose, 1990; Simoni, 1996). In two studies done with resident assistants (RAs), male RAs held significantly more negative attitudes than did female RAs toward gay men (D'Augelli, 1989; Sanford & Engstrom, 1995). The results concerning heterosexual women's attitudes toward gay men or lesbians have differed across studies. Some studies reported that women express more negative feelings toward lesbians than toward gay men (Gentry, 1987; Whitley, 1988) but Herek (1988) and Kite (1984) found that women regarded gay men and lesbians similarly.

It has also been established that gender appears to be a predictor of antigay biases (Ben-Ari, 1998; Cramer et al., 1997; Hinrichs & Rosenberg, 2002), and studies have found that male heterosexuals are more biased against gay men than are lesbians (Cramer et al., 1997). In at least one study, African Americans were found to have higher levels of sexual prejudice (Cramer et al., 1997), but Herek and Capitano's (1999) national survey found that negative attitudes toward gays and lesbians were not more prevalent among African Americans.

Negative attitudes toward homosexuality tend to be related to strongly rigid perceptions of appropriate gender roles or to sexist attitudes (Black & Stevenson, 1985; Bleich, 1989; Newman, 1985). Reinhardt (1997) found that male college students were more homophobic than female students, that all were more likely to be homophobic toward gay men than toward lesbian



women, and that those who attended churches regularly were more likely to be homophobic.

It has been found also that religiosity is positively correlated with negative attitudes toward gays and lesbians (Cotton-Huston & Waite, 2000; Hinrichs & Rosenberg, 2002; Johnson, Brems, & Alford-Keating, 1997), whereas at least one study has found age to be negatively correlated (Johnson et al., 1997). Similarly, type of childhood setting also shows some correlations; those from rural settings had higher levels of antigay bias (Snively, Kreuger, Stretch, Watt, & Chadha, 2004). A relationship has also been observed between lack of contact with gay or lesbian individuals and negative attitudes toward gays and lesbians (Barth & Overby, 2003; Berkman & Zinberg, 1997; Cramer et al., 1997; Hinrichs & Rosenberg, 2002).

Many different hypotheses have been posited to explain biases toward sexual minorities. Lack of positive contact with gays or lesbians (Lance, 1994; Miller, Smith, & Mackie, 2004), belief that sexual orientation is a choice (Hegarty, 2002), adherence to traditional gender roles (Newman, 2007), religious conservatism (Malcomson, Christopher, Franzen, & Keyes, 2006), and latent homosexuality (Adams, Wright, & Lohr, 1996) are included among these theories. Similar to other biases, it is most likely determined by multiple factors (Crandall & Eshleman, 2003) and may be receptive to change with the application of pedagogical intervention specifically designed to address the problem (Cramer et al., 1997).

Studies of this type have consistently reported that people are significantly more likely to hold negative attitudes if they are males (Chng & Moore, 1991; D'Augelli, 1989; Donnelly et al., 1997; Klamen et al., 1999;

Seltzer, 1992; Schellenberg et al., 1999), have a religious affiliation (Berkman & Zinberg, 1997; Herek, 1994), are of an ethnic minority (Klamer et al., 1999), and have few lesbian or gay acquaintances (Klamer et al., 1999). In comparison, only a few studies (e.g. D'Augelli, 1989; Eliason, 1996; Malaney, Williams, & Geller, 1997) have explored support for gay and lesbian rights issues. These studies have tended to indicate support for the rights of lesbians and gays.

A study comprising 226 participants of undergraduate psychology students in three universities in the United Kingdom reveals significant differences in attitudes towards lesbians and gays were found for sex, ethnicity, and religious affiliation, but not for age, majoring subject, and year of study (Ellis, Kitzinger, & Wilkinson, 2003). Males were significantly more negative in their attitudes towards lesbians and gays than females ( $t = 3.13$ ,  $df = 205$ ,  $p < 0.002$ ), Non-white participants were significantly more negative in their attitudes towards lesbians and gays than their white counterparts ( $t = -3.94$ ,  $df = 205$ ,  $p < 0.001$ ) and those who identified themselves as having some religious affiliation were significantly more negative in their attitudes towards lesbians and gays than those who identified themselves as having no religious affiliation ( $t = 2.12$ ,  $df = 205$ ,  $p < 0.04$ ). In addition, a highly statistically significant correlation ( $r = 0.865$ ,  $N = 214$ ,  $p < 0.001$ ) was found between attitudes towards gays (measured by the ATG subscale of the ATLG-S) and attitudes towards lesbians (measured by the ATL subscale), however, attitudes towards gay men were significantly more negative than attitudes towards lesbians ( $t = 2.447$ ,  $df = 214$ ,  $p < 0.015$ ).

### **Developmental Stages of Homosexual Identities**

Several models of development of homosexual identity have been proposed by researchers (e.g., Cass, 1979; Coleman, 1982; Troiden, 1989; Troiden & Goode, 1980). However, each individual develops at different rates and often moves back and forth between stages. All of these models accept and promote the concept of “coming out”, which is a public announcement of accepting a homosexual or gay identity.

Identity, according to Troiden (1982) is a label which people apply to themselves and which is representative of the self in a specific social situation. Frequently, identity refers to placement in a social category, such as homosexual, gender group, and so on (Cox & Gallios, 1996). The process of assuming a self-definition as a lesbian, gay, and bisexual is commonly referred to as “coming out”. The term coming out originates in gay and lesbian culture. Thus the term coming out, as used in the gay and lesbian community and in the gay liberation movement, has always implied some level of public declaration of one’s homosexuality (Appleby & Anastas, 1998). “Coming out” is viewed as the developmental process through which an individual recognizes their sexual preference for members of their own sex, and choosing to integrate this knowledge into their personal lives.

The coming out process describes a progression from vague awareness of difference, through a gradual definition of sexual feelings, to identification with a social category, and sometimes beyond to a re-contextualizing stage. These developmental models affirm the idea that the homosexual orientation is an inner potential, waiting to be discovered and expressed (Arthur, 1999). It is believed that gay, lesbian and bisexual identities develop as individuals

resolve conflicts and stresses that are related to their sexual orientation. Resolving feelings of inner confusion, ambivalence, and fear of rejection, they gradually consolidate an affirmative sense of self that enables them to accept and express their same-gender feelings. It is assumed that this process is organized in a developmental sequence of stages that is delineated in a somewhat different way by each of the various models (Elizur & Ziv, 2001). Although the various models propose different numbers of stages to explain homosexual identity formation, they describe strikingly similar patterns of growth and change as major hallmarks of homosexual identity development. These theoretical constructions described the advent of a same-sex identity through a series of invariant steps or stages by which individuals recognize, make sense of, give a name to, and publicize their status as lesbian or gay (bisexuality is seldom addressed). Three models of homosexual/gay identity formation will be looked at and then one person's merger of all three models into a "mega-model" will be discussed.

### **Cass Identity Model**

The Cass Identity Model is one of the fundamental theories of gay and lesbian identity development, developed in 1979 by Vivienne Cass (Cass, 1979). This model was one of the first to treat gay people as "normal" in a heterosexist society and in a climate of homophobia instead of treating homosexuality itself as a problem. Cass described a process of six stages of gay and lesbian identity development. While these stages are sequential, some people might revisit stages at different points in their lives. In the first stage, Identity Confusion, the person is amazed to think of themselves as a gay person. "Could I be gay?" This stage begins with the person's first awareness

of gay or lesbian thoughts, feelings, and attractions. The people typically feel confused and experience turmoil, anxiety, and others. This emotional tension arises because now there is the knowledge of a difference between homosexual and heterosexual. There are three possible paths an individual may take for resolution of this identity confusion. This homosexual identity can be rejected and resisted, by avoiding behaviours that are perceived to be homosexual and by shutting out information that might confirm a homosexual identity. A second path would be that this identity is accepted as legitimate, but yet undesirable. The third possible path would be to accept the homosexual identity and evaluate it as desirable.

The second stage in Cass model is called Identity comparison. "I may be a homosexual." An individual's reaction to being different may be positive, while the individual continues to hide their acceptance of being a homosexual from others. They may do this by trying to act as a heterosexual. The individual may also have a negative reaction to being different; seeking to avoid gay behaviour, gay identity or both, and this may result in self-hatred. While comparing them to being homosexual, there is the possibility of feeling alienated from heterosexual peers, family, and community, while also having a sense of not belonging to another community of similar people.

The third stage is; Identity tolerance; the person comes to understand that he or she is not the homosexual. "I am probably a homosexual." In this stage an individual begins to tolerate a homosexual identity, seeking out contact and acceptance from other homosexuals. The type of contact will influence self-esteem and social skills. Self-affirming interaction can lead to the next stage. However, purely sexual contact and without a gay identity or

positive socialization may result in stunted development and possibly be very damaging.

Identity acceptance is the fourth stage in the Cass model. At this stage the individuals accept themselves: “I am a homosexual” and attach a positive connotation to their identity. Relationships within the family and with others may be problematic. He may reveal to some people he is a homosexual, while denying it to others. Social acceptance or rejection of this accepted homosexual identity continues to cause problems for the individual as he tries to live in “two worlds.”

Identity pride forms the fifth stage. At this stage there is a strong personal acceptance of this homosexual identity. Though negative reactions by others may shake pride, a stronger identification and interaction with other homosexuals encourages pride in accepting a homosexual or gay identity. As shame diminishes in accepting a homosexual or gay identity, “hiding” one’s identity is questioned. In this stage, one may have an “us versus them” or “straight versus queer” attitude. This also includes the possibly strong tension between interacting with more groups.

The last stage in Cass model Identity synthesis is a stage where the person integrates their sexual identity with all other aspects of self, and sexual orientation becomes only one aspect of self rather than the entire identity. Sexual orientation no longer is the main determinant of one’s identity. Homosexuality is viewed as one aspect of a multifaceted self. There is an on-going re-evaluation of keeping a homosexual/gay identity separated from the other segments of one’s identity. This is when the individual fully accepts the homosexual/gay identity.



### **Coleman's Model**

Another model of homosexual identity formation was proposed by Coleman (1982). This model has five stages in which an individual go through to identify himself or herself as a homosexual.

Coleman termed his first stage Pre-coming out. This is often a slow and painful process. Within this process there is a preconscious awareness of an attraction to members of the same sex. At this stage the individual may reject, deny, or repress his homosexuality. He is aware of stigma, and does not want to admit, perhaps even to himself, that he might be or is a homosexual. The stress of dealing with these feelings may result in depression and can lead to suicide.

The second stage, "coming out" is a stage which begins in an initial acceptance of and reconciliation to their homosexuality. The first expression to others, which includes a positive response, particularly from family or close friends may lead to greater comfort and wider disclosure. Conversely, a negative response could send the individual back to stage one. Now hiding from oneself requires even greater levels of denial than before. Exploration forms Colman's third stage of homosexual identity development. The individual at this stage experiments with their new identity both sexually and socially. They begin contact with others in the gay community. There is often a "homosexual adolescence" which includes promiscuity, infatuation, courtship, and rejection. For the older individual, there is the possibility of shame at the seemingly immature impulses. If one then assumes this stage is representative of their future gay life, they might try to flee.



The next stage which is first relationship is the fourth stage. At this level a sense of attraction and sexual competence may lead to the desire for deeper and more lasting relationships. It requires skills to maintain a same-gender connection in a hostile environment. The intense expectations, passiveness, and mistrust can doom a first relationship. One partner may rebel by pursuing sex outside the relationship. The final stage of Colman identity model is the Integration stage. In this final stage the individual sees themselves as a fully functioning person in their society. The individual's public and private selves become congruent. A growing self-acceptance leads to a greater confidence and the ability to sustain relationships. As openness and caring increase possessiveness and mistrust diminishes. Though rejection is grieved, it is not devastating.

#### **Richard Troiden Model**

The last model to be considered is Richard Troiden model for the formation of homosexual identity propounded in 1989 (Troiden, 1989). Troiden uses an age specific four-stage model for developing a homosexual identity. He was an Associate Professor in the Department of Sociology and Anthropology at Miami University in Oxford, OH when he developed his theory of homosexual identity formation. Troiden is a gay sociologist. His model uses sociological theory, which represents a synthesis and elaboration on previous research. He called his model an ideal-typical model of gay identity acquisition. To obtain data for his theory, Troidan interviewed 150 gay men. Participants to be interviewed were gained by using a "snowball technique" (Troiden, 1989).

Stage one of his model is termed as ‘Sensitization stage’. This stage occurs before puberty, and is generally not seen in a sexual context. Rather, heterosexuality is accepted as the norm. So there is no homosexual or heterosexual labelling to one’s feelings or behaviours. What is noted is gender conformity or nonconformity to activities. Though there are generalized feelings of marginality and perceptions of being different from their same-sex peers. These perceptions are seen primarily in childhood social experiences. It is the subsequent meanings and labelling of childhood experiences, rather than the experiences themselves, which are significant in the sensitization stage.

The second stage of Troidan’s model is ‘Identity Confusion’. In this stage there is a confusion of identities. As specific things become personalized and sexualized during adolescence, an individual may begin reflecting on the idea that their feelings and behaviours could be regarded as homosexual. As a result, there is inner turmoil and uncertainty around their ambiguous sexual status. No longer is a heterosexual identity seen as a given, and as of yet there is no developed perceptions of having a homosexual identity. There are several factors responsible for this identity confusion. One is an altered perception of self. There is now along with gender experiences, genital and emotional experiences that set them apart from same-sex peers. Added confusion is seen when responding to both heterosexual and homosexual feelings and experiences. A third factor is the stigma surrounding homosexuality. An additional factor is ignorance and inaccurate knowledge about a social category for these behaviours and feelings. How does one become a member of this category?

The third stage is Identity Assumption. A homosexual identity becomes both a self-identity and a presented identity. Now that this homosexual/gay identity is tolerated, there is association with other homosexuals, exploration of a homosexual subculture, and sexual experimentation. Although a homosexual identity is assumed during this stage, it is first tolerated, and it is accepted later. Commitment stage is the fourth and the final stage. An individual at this stage adopts homosexuality as a way of life. There is a self-acceptance and a comfort with a homosexual/gay identity. More emphasis is placed on this identity being a “way of life,” “state of being,” and an “essential” identity than a set of behaviours or sexual orientation.

Arthur, (1999) makes one of the most recent attempts to theorize a homosexual identity model is by using the three models just discussed, Arthur combines them into a mega-model of five stages.

1. Pre-Sexuality (Troiden 1) Preadolescent nonsexual feelings of difference and marginality.
2. Identity Questioning (Coleman 1; Cass 1, 2; Troiden 2) Ambiguous, repressed, sexualized same-gender feelings and/or activities. Avoidance of stigmatized label.
3. Coming Out (Coleman 2, 3, 4; Cass 3, 4; Troiden 3) Toleration then acceptance of identity through contact with gay or lesbian individuals and culture. The individual explore sexual possibilities and first erotic relationships. There is careful and selective self-disclosure outside gay /lesbian community.

4. Pride (Coleman 5; Cass 5; Troiden 4) the individual at this stage integrates sexuality into the self. He or she is capable for love relationships and can better manage stigma and wider self-disclosure.
5. Post-Sexuality (Cass 6) A diminishment of centrality of homosexuality in self-concept and social relations.

### **Exotic Becomes Erotic by Daryl J. Bem**

“Exotic-Becomes-Erotic” theory of sexual orientation (Bem, 1996), provides basic account for both opposite-sex and same-sex erotic desire – and for both men and women. It proposes that biological variables do not code for sexual orientation per se but for childhood temperaments that influence a child’s preferences for sex-typical or sex-atypical activities. These preferences lead children to feel different from opposite-sex or same-sex peers—to perceive them as “exotic.”

This, in turn, produces heightened physiological arousal that subsequently gets eroticized to that same class of peers: Exotic becomes erotic. The theory claims to accommodate both the empirical evidence of the biological essentialists and the cultural relativism of the social constructionists. The theory discusses sex differences in sexual orientation and the political implications of trying to explain homosexuality. According to this theory, the question “What causes homosexuality?” is both politically suspect and scientifically misconceived. Politically suspect because it is so frequently motivated by an agenda of prevention and cure. Scientifically misconceived because it presumes that heterosexuality is so well understood, so obviously the “natural” evolutionary consequence of reproductive advantage, that only deviations from it are theoretically problematic.

Exotic-Becomes-Erotic (EBE) theory of sexual orientation (Bem, 1996) seeks to account for three major observations: First, most men and women in our culture have an exclusive and enduring erotic preference for either male or female persons; biological sex is, in fact, the overriding criterion for most people's erotic choices. Second, most men and women in our culture have an exclusive and enduring erotic preference for opposite-sex persons. And third, substantial minorities of men and women have an exclusive and enduring erotic preference for same-sex persons.

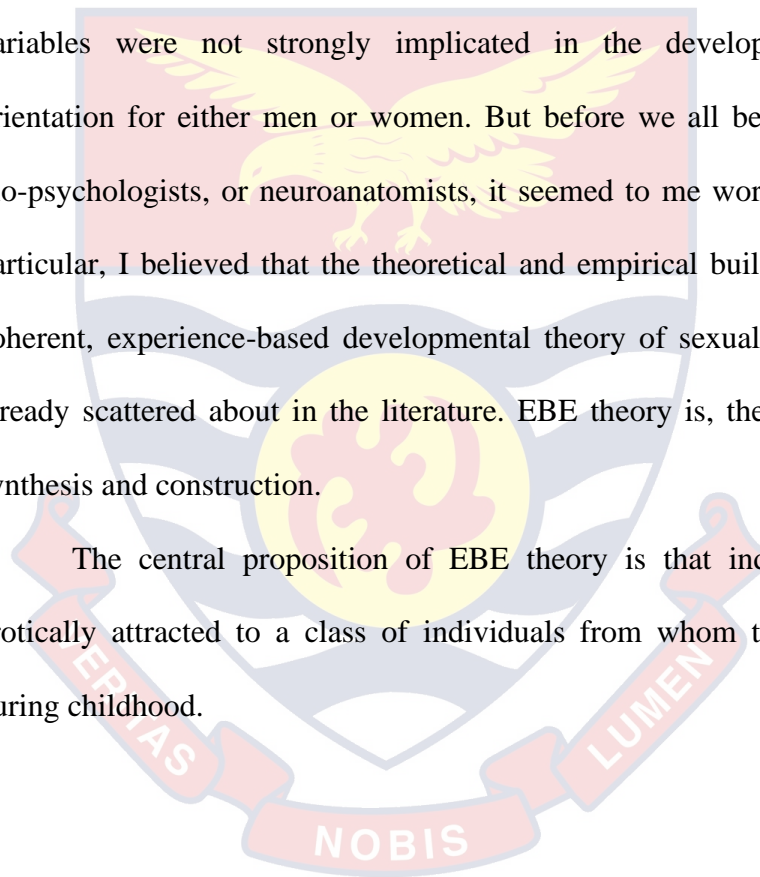
In seeking to account for these observations, EBE theory proposes a single unitary explanation for both opposite-sex and same-sex desire—and for both men and women.

The theory also seeks to account for sex differences in sexual orientation and departures from the modal patterns, such as bisexuality, sexual orientations that are not enduring but are fluid and changeable, and sexual orientations that are not even based on the biological sex of potential partners. And finally, the theory seeks both to accommodate and to reconcile the empirical evidence of the biological essentialists—who can point to correlations between sexual orientation and biological variables—and the cultural relativism of the social constructionists—who can point to historical and anthropological evidence that the concept of sexual orientation is itself a social construction (De Cecco & Elia, 1993).

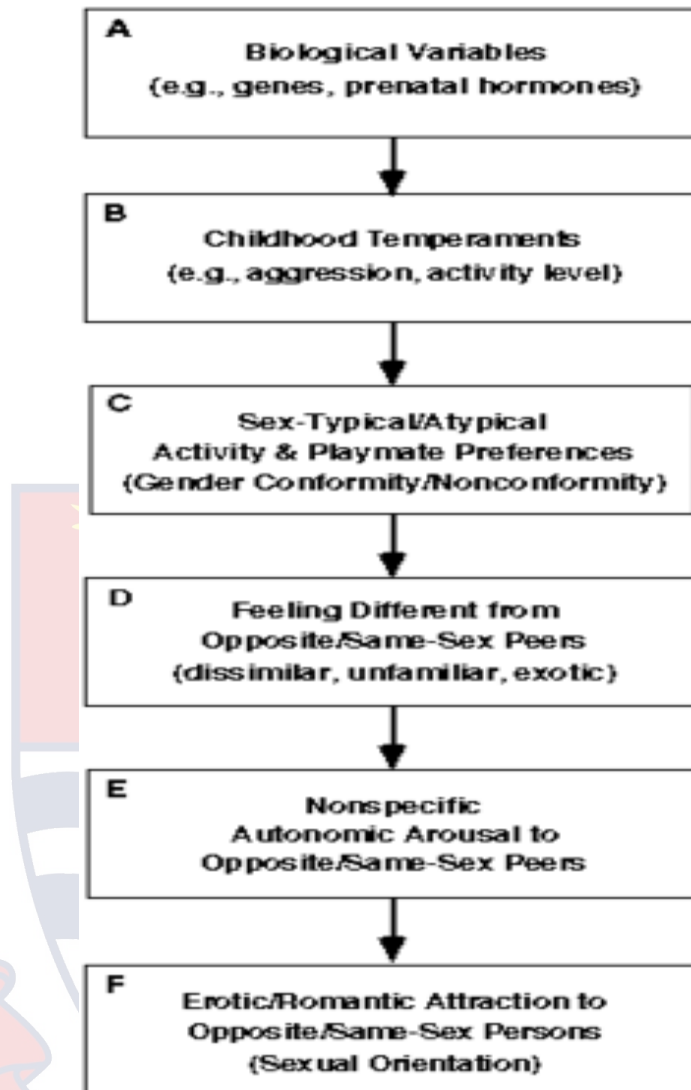
This theory argues that Experience-based theories of sexual orientation have not fared well empirically in recent years. The most telling data come from an intensive, large-scale interview study conducted in the San Francisco Bay Area by the Kinsey Institute for Sex Research (Bell,

Weinberg, & Hammersmith, 1981a). By comparing approximately 1,000 gay men and lesbians with 500 heterosexual men and women, the investigators were able to test several hypotheses about the development of sexual orientation. The study (hereinafter, the “San Francisco study”) yielded virtually no support for current experience-based theories of sexual orientation, including those based on processes of learning or conditioning or on family dynamics (e.g., classical psychoanalytic theory). In fact, family variables were not strongly implicated in the development of sexual orientation for either men or women. But before we all become geneticists, bio-psychologists, or neuroanatomists, it seemed to me worth another try. In particular, I believed that the theoretical and empirical building blocks for a coherent, experience-based developmental theory of sexual orientation were already scattered about in the literature. EBE theory is, then, an exercise in synthesis and construction.

The central proposition of EBE theory is that individuals become erotically attracted to a class of individuals from whom they felt different during childhood.







**Figure 2:** The temporal sequence of events leading to sexual orientation.

Source: Bem 1996

Figure 2 shows how this phenomenon is embedded into the overall sequence of events that, according to the theory, leads to an individual's sexual orientation. The sequence begins at the top of the figure with Biological Variables (labelled A) and ends at the bottom with Erotic Attraction (F). Stages A and B according to the theory, biological variables such as genes or prenatal hormones do not code for sexual orientation per se but for childhood temperaments (e.g., aggression, activity level). At stage B and C a child's temperaments predispose him or her to enjoy some activities more than others.



One child will enjoy rough-and-tumble play and competitive team sports (male typical activities); another will prefer to socialize quietly or play jacks or hopscotch (female-typical activities). Children will also prefer to play with peers who share their activity preferences; for example, the child who enjoys baseball or football will selectively seek out boys as playmates. Children who prefer sex-typical activities and same-sex playmates are referred to as gender conforming; children who prefer sex-atypical activities and opposite-sex playmates are referred to as gender nonconforming. Stages C and D is the Gender-conforming level where children will feel different from opposite-sex peers, and gender-nonconforming children will feel different from same-sex peers.

At stages D and E, the feelings of being different produce heightened physiological arousal. For the male-typical child, it may be felt as antipathy or contempt in the presence of girls (“girls are yucky”); for the female-typical child, it may be felt as timidity or apprehension in the presence of boys. A particularly clear example is provided by the “sissy” boy who is taunted by male peers for his gender nonconformity and, as a result, is likely to experience the strong physiological arousal of fear and anger in their presence. The theory claims, however, that every child – conforming or nonconforming – experiences heightened, nonspecific physiological arousal in the presence of peers from whom he or she feels different. For most children, this arousal in neither affectively toned nor consciously felt.

From stage E to F, regardless of the specific source or affective tone of the childhood arousal, it is subsequently transformed into erotic attraction.

Steps D to E and E to F thus encompass specific psychological mechanisms that transform exotic into erotic (D to F).

It is important to emphasize that Figure 1 is not intended to describe an inevitable, universal path to sexual orientation but the modal path followed by most men and women in a gender-polarizing culture like ours—a culture that emphasizes the differences between the sexes by pervasively organizing both the perceptions and realities of communal life around the male-female dichotomy. Biological universality is claimed only for the central proposition itself—exotic becomes erotic.

The proposition that individuals can become erotically attracted to a class of individuals from whom they felt different during childhood is very general and transcends erotic orientations that are based on biological sex. For example, a light-skinned person could come to eroticize dark-skinned persons through one or more of the processes described by the theory. To produce a differential erotic attraction to one sex or the other, however, requires that the basis for feeling different must itself differentiate between the sexes; that is, to arrive at a sex-based erotic orientation, an individual must feel different for sex-based or gender-related reasons. Simply being lighter-skinned, poorer, more intelligent, or more introverted than one's childhood peers does not produce the kind of feeling different that produces differential homoerotic or hetero erotic attraction.

Empirical support for this analysis comes from the San Francisco study, which found that 71% of the gay men and 70% of the lesbians in the sample had felt different from their same-sex peers during childhood. When asked in what ways they had felt different, they overwhelmingly cited gender-

related reasons. Gay men were most likely to say that they had not liked boys' sports; lesbians were most likely to say that had been more masculine than other girls. In contrast, fewer than 8% of heterosexual men or women said that they had felt different from same-sex childhood peers for gender-related reasons.

Those who had felt different from their peers tended to cite such reasons as having been poorer, more intelligent, or more introverted. (All statistical comparisons between gay and heterosexual respondents were significant at  $p < .0005$ .)

Feeling different from one's childhood peers can have any of several antecedents, some common, some idiosyncratic. The most common antecedent is gender polarization. Virtually all human societies polarize the sexes to some extent, setting up a sex-based division of labour and power, emphasizing or exaggerating sex differences, and, in general, superimposing the male-female dichotomy on virtually every aspect of communal life.

These practices ensure that most boys and girls will grow up feeling different from opposite-sex peers and, hence, will come to be erotically attracted to them later in life.

This, according to the theory, is why biological sex is the most common criterion for selecting sexual partners in the first place and why hetero eroticism is the modal preference across time and culture.

A less common occurrence is the child who comes to feel different from same-sex peers and who, according to the theory, will develop same-sex erotic attractions. As noted above, the most common reasons given by gay men and lesbians in the San Francisco study for having felt different from

same-sex peers in childhood was gender nonconformity. In fact, childhood gender conformity or nonconformity was not only the strongest but the only significant childhood predictor of later sexual orientation for both men and women in the study (Bell et al., 1981a). For example, compared with heterosexual men, gay men were significantly less likely to have enjoyed boys' activities (e.g., baseball and football) during childhood, more likely to have enjoyed girls' activities (e.g., hopscotch, playing house, and jacks), and less likely to rate themselves as having been masculine. These were the three variables that defined gender nonconformity in the study.

Additionally, gay men were more likely than heterosexual men to have had girls as childhood friends. The corresponding comparisons between lesbian and heterosexual women are also large and significant.

It is also clear from the table that relatively more women than men had enjoyed sex atypical activities and had had opposite-sex friends during childhood. As these data confirm, being a tomboy is common for a girl in our society, implying that it is probably not sufficient by itself to cause her to feel different from other girls. Moreover, this latter difference is virtually identical to that between gay men and heterosexual men in their childhood aversions to boys' activities (63% vs. 10%).

Prospective longitudinal studies come to the same conclusion. In the largest of these, 75% of gender-nonconforming boys became bisexual or homosexual in later years compared with only 4% of gender-conforming boys (Green, 1987). In six other prospective studies, 63% of gender-nonconforming boys later had homosexual orientations (Zucker, 1990). (At this time, there are no prospective studies of gender-nonconforming girls.)

EBE theory proposes that exotic becomes erotic because feeling different from a class of peers in childhood produces heightened nonspecific physiological arousal which is subsequently transformed into erotic attraction. There is no direct evidence for the first step in this sequence beyond the well-documented observation that “exotic” stimuli produce heightened physiological arousal in many species, including our own (Mook, 1987); filling in this empirical gap in EBE theory must await future research. In contrast, there are at least three mechanisms that can potentially affect the second step, transforming generalized arousal into erotic attraction (Bem, 1996).

In other words, generalized physiological arousal, regardless of its source or affective tone, can subsequently be experienced cognitively, emotionally, and physiologically as erotic desire. At that point, it *is* erotic desire, then, is that an individual’s protracted and sustained experience of feeling different from same- or opposite-sex peers throughout childhood and adolescence produces a correspondingly sustained physiological arousal that gets eroticized when the maturational, cognitive, and situational factors coalesce to provide the defining attributional moment.

EBE theory proposes that biological factors influence sexual orientation only indirectly, by intervening earlier in the chain of events to determine a child’s temperaments and subsequent activity preferences.

EBE theory further specifies that this link between the genotype and gender nonconformity (A and C) is composed of two parts: a link between the genotype and childhood temperaments (A and B) and a link between those temperaments and gender nonconformity (B and C). This implies that the

mediating temperaments should possess three characteristics: First, they should be plausibly related to those childhood activities that define gender conformity and nonconformity. Second, because they manifest themselves in sex-typed preferences, they should show sex differences. And third, because they are hypothesized to derive from the genotype, they should have significant heritabilities. One likely candidate is aggression and its benign cousin, rough-and-tumble play. Gay men score lower than heterosexual men on a measure of childhood aggression (Blanchard, McConkey, Roper, & Steiner, 1983), and parents of gender-nonconforming boys specifically rate them as having less interest in rough-and-tumble play than do parents of gender conforming boys (Green, 1976). Second, the sex difference in aggression during childhood is one of the largest psychological sex differences known (Hyde, 1984). Rough-and-tumble play in particular is more common in boys than in girls (DiPietro, 1981; Fry, 1990; Moller, Hymel, & Rubin, 1992). And third, individual differences in aggression have a large heritable component (Rushton, Fulker, Neale, Nias, & Eysenck, 1986).

Another likely candidate is activity level, considered to be one of the basic childhood temperaments (Buss & Plomin, 1975, 1984). Like aggression, differences in activity level would also seem to characterize the differences between male-typical and female-typical play activities in childhood. Moreover, gender-nonconforming boys and girls are lower and higher on activity level, respectively, than are control children of the same sex (Bates, Bentler, & Thompson, 1973; Bates, Bentler, & Thompson, 1979; Zucker & Green, 1993).



Second, the sex difference in activity level is as large as it is for aggression. And third, individual differences in activity level have a large heritable component (Plomin, 1986).

Perhaps EBE theory's most radical suggestion is that heterosexuality, too, is a consequence of childhood experience. As noted earlier, the theory implies that heterosexuality is the modal outcome across time and culture because virtually every human society ensures that most boys and girls will grow up seeing the other sex as exotic and, hence, erotic. I am certainly willing to concede that heterosexual behaviour is reproductively advantageous, but it does not follow that it must therefore be sustained through genetic transmission. As long as an environment supports or promotes a reproductively successful behaviour sufficiently often, it will not necessarily get programmed into the genes by evolution.

Analogously, because most cultures ensure that boys and girls will see each other as exotic, it would be sufficient for evolution to implant exotic-becomes-erotic processes into our species rather than heterosexuality per se. In fact, an exotic becomes erotic process is actually a built-in component of sexual imprinting in some species.

For example, both male and female Japanese quail reared with their siblings later preferred their slightly different-appearing cousins to their own siblings (Bateson, 1978). This has been interpreted as a mechanism that prevents inbreeding – a biologically-promoted incest taboo.

There is, however, one sex difference that *is* pertinent to EBE theory: Women's sexual orientations are more fluid than men's. Many studies, including a national random survey of Americans (Laumann, Gagnon,

Michael, & Michaels, 1994), have found that women are more likely to be bisexual than exclusively homosexual, whereas the reverse is true for men. Non heterosexual women are also more likely to see their sexual orientations as flexible, even “chosen,” whereas men are more likely to view their sexual orientations in essentialist terms, as inborn and unchangeable ( Whisman, 1996). For example, men who come out as gay after leaving heterosexual marriages or relationships often describe themselves as having “finally realized” their “true” sexual orientations. Similarly situated lesbians, however, are more likely to reject the implication that their previous heterosexual relationships were inauthentic or at odds with who they really were: “That’s who I was then, and this is who I am now.”

The greater fluidity of women’s sexual orientations is actually anticipated by EBE theory. As noted earlier, Figure 1 is not intended to describe an inevitable, universal path to sexual orientation but only the modal path followed by most men and women in a gender-polarizing culture. This qualification is key, because women in our society grow up in a phenomenologically less gender-polarized world than do men. Compared with boys, girls are punished less for being gender nonconforming, and, as the data in Table 1 reveal, they are more likely than boys to engage in both sex-typical and sex-atypical activities and are more likely to have childhood friends of both sexes. This implies that girls are less likely than boys to feel differentially different from opposite-sex and same-sex peers and, hence, are less likely to develop exclusively hetero erotic or homoerotic orientations.

Accordingly, many of today’s non heterosexual women may be giving us a preview of what sexual orientations might look like in a less gender-

polarized future. It is possible that we might even begin to see more men and women who, instead of using biological sex as the overriding criterion for selecting a partner, might base their erotic and romantic choices on a more diverse and idiosyncratic variety of attributes.

Because EBE theory proposes that an individual's sexual orientation is more directly the result of childhood experiences than of biological factors, it has prompted concerns that it could aid and abet an antigay agenda of prevention and "cure." In particular, the theory appears to suggest that parents could prevent their gender-nonconforming children from becoming gay or lesbian by encouraging sex-typical activities and discouraging sex atypical activities.

Of course our society hardly needed EBE theory to suggest such a strategy. The belief that childhood gender nonconformity leads to later homosexuality is already so widely believed that many parents (especially fathers) already discourage their children (especially sons) from engaging in gender-nonconforming behaviours lest they become homosexual. And, if EBE theory is correct that both homosexuality and heterosexuality derive from the same childhood processes, then it is clear that a gender-polarizing society such as ours is already spectacularly effective in producing heterosexuality: 85–95% of all men and women in the United States are exclusively heterosexual. But this same figure suggests that children who persist in their gender nonconformity despite such pressures must have their sex atypicality strongly rooted in their inborn temperaments—as EBE theory proposes. Requiring such children to engage in sex-typical activities and to avoid sex-atypical activities is unlikely to diminish their feelings of being different from same-sex peers—

it may even enhance such feelings—and, hence, is unlikely to diminish their later erotic attraction to those peers.

Empirical support for this conjecture emerges from the longitudinal study of gender non-conforming boys, cited earlier (Green, 1987). About 27% of these boys had been entered by their parents into various kinds of therapy, including behavioural therapy specifically designed to prevent a homosexual orientation from developing. Interviews with these parents revealed that they were more anxious about their sons' later sexuality than were parents of other gender-nonconforming boys in the sample, and they had probably tried to actively discourage their sons' gender nonconformity in other ways as well. All of this effort was for naught: 75% of these boys emerged as homosexual or bisexual, slightly more than the percentage of boys who had not undergone therapy.

### **Management for Adolescent Homosexuals**

Adolescent gay and lesbian individuals encounter multiple challenges as they grow as homosexuals including social, psychological and health challenges both at school, home and the community at large. This condition have prevented most of them from coming out. However, properly handled efforts to change the homosexual tendency - especially in teenagers - have a much higher chance of success than the public realizes. Even ways to prevent the condition from developing in the first place, is an approach that can save much heartache all around. Exodus International a group formed by a coalition of church ministers believes that they can help people give up their homosexual identity (Spitzer, 2003; Byrd and Nicolosi, 2002). But the American Psychological Association opposes the use of reparative therapy,

arguing that homosexuality is not a mental disorder and that there are possible harmful effects of the therapy on homosexuals (APA, 1997). The American Medical Association is also against the use of conversion therapy and state that this is immoral and rarely successful in changing the behaviour of homosexuals (AMA, 1994, December 22).

Counsellors at school and family members at home have a great deal of work to do to assist these individuals from possible rejection, isolation, drug abuse, promiscuous life style and getting infected with diseases such as HIV/AIDS and other STDs. The availability of resources and supports in school for lesbian, gay, bisexual and transgender students is another dimension of school climate to help manage homosexuality. The 2011 national school climate survey by Kosciw, Greytak, Bartkiewicz, Boesen and Palmer (2012) on the experiences of lesbian, gay, bisexual and transgender Youth asked students about several resources that may help to promote a safer climate and more positive school experiences for students; it was found that student clubs that address issues for lesbian, gay, bisexual and transgender students (such as Gay-Straight Alliances or GSAs), school personnel who are supportive of lesbian, gay, bisexual and transgender students, lesbian, gay, bisexual and transgender inclusive curricular materials and school policies for addressing incidents of harassment and assault could help.

Students who attended schools with a gay school associations and a lesbian, gay, bisexual and transgender inclusive curriculum were much more likely to report that their classmates were somewhat or very accepting of Lesbian Gay Bisexual and transgender people (Kosciw, Greytak, Bartkiewicz, Boesen & Palmer, 2012). Attending a school in which one's peers are

accepting may allow Lesbian Gay Bisexual and transgender students to feel more comfortable being themselves at school.

Lesbian Gay Bisexual and transgender students who believed that their peers were accepting of Lesbian Gay Bisexual and Transgender(LGBT) people were more likely to be out to other students at school about their sexual orientation or gender identity: 70.1% of students in accepting schools were out to most or all of their peers, compared to only 57.2% of students who attended schools where their peers were not accepting of Lesbian Gay Bisexual and transgender students (Kosciw, Greytak, Bartkiewicz, Boesen & Palmer, 2012). Having accepting peers at school was also related to a greater sense of belonging to the school community. Educating students to respect all people, regardless of sexual orientation, gender identity, or gender expression, is a key component of creating safer and more affirming schools for lesbian, gay, bisexual and transgender youth.

Kosciw et al. (2012) also established that school staff members serve a vital role in ensuring a safe learning environment for all students. One of the most important actions they can take is to respond to biased language and bias-based victimization, which signals to students and other members of the school community that such behaviour and language are inappropriate and unacceptable. When staff members intervened in homophobic remarks and negative remarks about gender expression, students were less likely to feel unsafe and less likely to have missed school for safety reasons. The 2011 national school climate survey by Kosciw et al. (2012) on the experiences of lesbian, gay, bisexual and transgender Youth also reports that 70.8% of students in schools where staff never intervened or only intervened some of



the time in homophobic remarks said they had felt unsafe because of their sexual orientation or gender expression, compared to 51.2% of students in schools where staff intervened most or all of the time. One in three (35.9%) students in schools where school staff only sometimes or never intervened in homophobic language had missed school due to feeling unsafe, compared to only 19.2% of students in schools where staff members intervened most or all of the time (Kosciw et al 2012 ).

Another research by Ryan (2009) shows compared with lesbian and gay young people who were not rejected or were only a little rejected by their parents and caregivers because of their gay, lesbian identity, highly rejected homosexual children were:

1. More than 8 times as likely to have attempted suicide;
2. Nearly 6 times as likely to report high levels of depression;
3. More than 3 times as likely to use illegal drugs; and
4. More than 3 times as likely to be at high risk for HIV and STDs.

Many gay and lesbian youth and those who question their identity feel like they have to hide who they are to avoid being rejected. Many hide so that they won't hurt their parents and other family members who believe that being gay is wrong or sinful. But hiding has a cost. It undermines a gay and lesbian adolescent's self-esteem and sense of self-worth.

Being valued by their parents and family helps children learn to value and care about themselves. But hearing that they are bad or sinful sends a deep message that they are not a good person. Also, hearing this negative message affects their ability to love themselves and care for themselves. It increases risky behaviours, such as risk for HIV or substance abuse. It also affects their

ability to plan for the future, including their ability to have career or vocational plans. Again, it makes them less likely to want to have a family or to be parents themselves. As with risk for suicide, gay and transgender young people with high levels of family rejection were more than 3 times as likely to use illegal drugs compared with gay and lesbian young people from families with little or no rejection. Their use of illegal drugs was cut in half when families were moderately rejecting.

Families are motivated to learn how to support their gay or transgender children when they realize that their words and actions have a powerful impact on their gay and lesbian children's survival and well-being. Education, accurate information, and peer support help parents and families deal with their concerns and learn how to help their children and themselves. According to Ryan (2009), family behaviour that reduce your gay and lesbian children's risk for health and mental health problems and help promote their well-being, providers who work with gay and lesbian children, youth, and families should: First identify community and online resources for gay and lesbian youth and families to teach parents and caregivers how to help their gay and lesbian children. Parents and caregivers need access to positive family role models to help learn new ways to support and care for their gay and lesbian and gender-variant children.

Secondly, provide supportive counselling, as needed, and connect youth with gay and lesbian community resources and programs. Thirdly, refer and follow up with families, as needed, to provide education and family counselling.

Fourth step, tell parents that negative reactions to their adolescent's gay and lesbian identity can have a serious impact on their child's health and mental health. Parents and caregivers should be encouraged to decrease rejecting behaviours that increase their gay and lesbian children's risk for health and mental health problems. Families should be helped to identify supportive behaviours that help protect against risk and help promote their gay and lesbian children's well-being.

### Summary of the Literature Review

In the literature it was established that both biological and social oriented researchers have examined many causes of homosexuality and no one theory or experiment leads to a definitive answer. According to Freud (1958), a child who fails to progress successfully from the oedipal complex stage is likely to become homosexual. Freud emphasizes that irregularities in the family socialisation such as domineering mother or a distant father may also predispose the child to homosexuality. Even though Freud's theory has been under serious criticism, it is still one of the important theories in explaining homosexuality. Some theorists believe that homosexuality is learned.

Social constructivist theory is one of the theories which opine that homosexuality is learned through the help of more knowledgeable or experienced person. This theory stipulates that young adolescent are schooled to the point where they also become masters of the practice. With respect to biological theories, homosexuality is as a result of biological make-up of the individual. They assert that people are born with homosexual orientation. They further state that this orientation is as a result of hormonal and genetic difference in their human physiology. According to the biological theory, a

male with his genetic systems similar to that of a female will behave like a female and is attracted to men instead of females.

With respect to social cognitive theory, it was found that homosexuality practices occur among adolescent when they perceive that it is rewarding. People will reinforce this practice if the practice is satisfactory. In other words people will exhibit this type of behaviour if it provides the satisfaction and the self-worth they desire.

In reviewing the labelling theory, it was revealed that deviance is not inherited. However, it is as a result negatively label by the majority of the society. The theory is concerned with how the self-identity and behaviour of individuals may be determined or influenced by the terms used to describe or classify them. It is associated with the concepts of self-fulfilling prophecy and stereotyping. In other words the individuals' behaviour is as a result of the influence from the application of negative or stigmatizing labels (such as "gay"). This promotes deviant behaviour becoming a self-fulfilling prophecy, i.e. an individual who is labelled has little choice but to conform to the essential meaning of that judgment.

The longer the oppression lasts, the more profoundly it affects him (the oppressed). It ends by becoming so familiar to him that he believes it is part of his own constitution, that he accepts it and could not imagine his recovery from it.

In the literature reviewed, it was however found that there is no one answer to the cause of homosexual orientation, it is however, caused by a complex interaction between environmental, cognitive, and anatomical factors, shaping the individual at an early age.

Regardless of the extent to which social and biology influences one's sexual identity, lesbians, gays, and bisexuals should be afforded protection against discrimination arising from their sexual orientation. In fact, the promise of a quick technological fix for the problem of discrimination against homosexuals distracts us from the larger societal issue. Homophobia and discrimination exist, and it is naive to think that a biological explanation of homosexuality will change that.



## CHAPTER THREE

### METHODOLOGY

This chapter discusses the methodology used for the study. It outlines the research design, the population, the sample size and the sampling technique used in the study, research instrument, pilot testing, data collection procedure and the data analysis.

#### Research Design

The descriptive research design was adopted for the study. Descriptive research sets out to describe and to interpret what is (Cohen, Manion & Morrison, 2007). Best (cited in Cohen et al.) posits that descriptive research is concerned with conditions or relationships that exist, practices that prevail; beliefs, points of views, or attitudes that are held; processes that are going on; effects that are being felt; or trends that are developing. At times, descriptive research is concerned with how what is or what exists is related to some preceding event that has influenced or affected a present condition or event. (p. 205).

According to Best and Kahn (1989), descriptive survey is concerned with the conditions or relationships that exist, such as determining the nature of prevailing conditions, practices and attitudes, opinions that are held, processes that are going on or trends that are developed.

Again, in the opinions of Osuala (2001), Ary, Jacobs and Razavieh (1990), and Oladele (2000), descriptive research studies are designed to obtain



information concerning the current status of phenomena. This means that they are directed towards determining the nature of a situation, as it exists at the time of the study. Moreover, Fraenkel and Wallen (2000), have asserted that at the heart of survey research, of which descriptive research is a part, is obtaining answers to a set of carefully designed and administered questions from a large group of people.

The research set out to describe and interpret what is happening (current status) in the schools as far as homosexual practices (phenomena) are concerned. The schools also make up a large group. For these reasons, descriptive research design was thought of as the best research design to use.

According to Fraenkel and Wallen (1995), descriptive research has the advantage of being able to provide information obtained from quite a large number of individuals. Ary et al. (1990); Fraenkel and Wallen (1995); and Osuala (2001) have also stated that the design is highly regarded by policy makers in the educational research because data gathered in descriptive research represent field conditions.

A flaw of descriptive research, however, is that in studies requiring interpretation, subjectivity may arise where there is no standard. This affects the generalizability of the results. In addition, Fraenkel and Wallen (1995) have stated that in using descriptive research design, there is the difficulty of ensuring that questions to be answered or statements to be responded to are clear and not misleading. This is because survey results can vary significantly depending on the exact wording of questions or statements. Moreover, the results produced from descriptive research may not be trustworthy, especially

when issues of concern in the study are quite private to the respondents (Fraenkel & Wallen, 1995).

### **Population**

The population for the study were students in senior high schools in the Cape Coast Metropolis. The accessible population were forms three and four students. Forms three and four students were selected for this study because they were mature in age and had stayed in the senior high schools long enough to know whether or not homosexuality is practised by students in schools. In all, three schools were selected out of eleven senior high schools in the Metropolis. The schools were selected such that it included a mixed school and two single sex schools, that is a male and a female schools. The total target population was 5,456 students.

### **Sample and Sampling Procedure**

Three Senior High Schools were purposively selected to include a male school, one female school and one mixed school. Purposive sampling technique was used for the selection of the schools because it allows the researcher to adhere to the objectives of the study by selecting the respondent who can answer the questions (Twumasi, 2001). The researcher can select the populations that are judged to typify the views of the group. In many cases purposive sampling is used in order to access 'knowledgeable people', i.e. those who have in-depth knowledge about particular issues, maybe by virtue of their professional role, power, access to networks, expertise or experience (Ball as cited in Cohen, Manion & Morrisson, 2007). Students were selected by the simple random technique, using table of random numbers.

In each school, the table of random numbers was employed to select the respondents from each of the form three and four classes. In all, a sample size of 357 students was obtained from a population of 5456. According to Cohen, Manion and Morrison (2007), a representative sample for a population of 5,000 ranges between 357 and 964 at 95% confidence level hence the sample size used.

**Table 1: Population and Sample of the School used for the Study**

Name of the school	Population	Sample
Mfantsipim school	2462	142
Wesley Girls school	1551	91
Ghana National college	1443	124
<b>Total</b>	<b>5456</b>	<b>357</b>

Source: Field data 2013

### **Instrument**

Questionnaire was used to gather data from the respondents. According to Wilson and McLean (1994) as cited by Cohen, Manion and Morrison (2007), questionnaire is a widely used and useful instrument for collecting survey information, providing structured, often numerical data, being able to be administered without the presence of the researcher, and often being comparatively straightforward to analyse.

The questionnaire consisted of five sections. The first section, section “A” considered personal data of respondents. The second section, section “B” focused on finding out homosexual practices in schools. The third section, section “C” dealt with causes of homosexuality. The section “D” which is the

fourth section, addressed the attitudes of students towards homosexuality and the fifth section considered the ways of managing homosexuality among the students. The types of questions and responses in the instruments (questionnaire) were likert-type scales and dichotomous type. The researcher decided on dichotomous and likert-type scale because they are useful in generating frequencies of response amenable to statistical treatment and analysis. Such questions and responses also enabled comparisons to be made across groups in the sample (Osuala, 2001).

### **Ethical Considerations**

Because the topic under study was very sensitive in nature, all ethical issues were considered in terms of confidentiality, informed consent, and the decision to withdraw from the study solely left for the respondent. I explained the objectives of the study to the participants. The participants were informed that there were no physical or psychological risks involved and that their participation in this study was voluntary. The respondents had the freedom to decline or withdraw from the study at any time they deemed fit. They were also assured of anonymity, confidentiality and non-traceability of their responses, and they were not required to write their names on any of the research instruments used in data collection.

Meanwhile, the researcher convincingly encouraged respondents to complete the questionnaire even though they had the right to withdraw from the study at any time.

### **Pilot Test of Instrument**

Questionnaires used in the main study were pilot-tested before its adoption in the actual study. Oppenheim (1992) as cited in Cohen, Manion and

Morrison 2007 p.341 remarks, ‘everything about the questionnaire should be piloted; nothing should be excluded, not even the typeface or the quality of the paper’. Morrison 1993 cited in Cohen, Manion and Morrison 2007 p.341 state, a pilot testing has several functions, principally to increase the reliability, validity and practicability of the questionnaire. Pretesting ensures that the main questions are clear, eliminate ambiguity and difficulties in wording, and identify omissions, redundant and irrelevant items. It also gives feedback on leading questions, layout, type and format of questions as well as time to complete the questions.

The instrument was pilot tested using 89 students, from three schools namely; Mfantsiman Girls in Saltpond, Aggrey Memorial Zion school in Cape Coast and St Augustine’s College in Cape Coast. These schools were chosen because it shares similar characteristics with the schools for the study. The table of random numbers was used for the selection of respondents in each school. After analyses of the questionnaire a Cronbach’s alpha reliability was used to test its reliability and it recorded 0.730. Even though this figure means the instrument is reliable, the researcher identified some ambiguous statement and made the necessary changes.

For example questions like unsatisfactory relationship with my father and mother were changed to socialisation and family irregularities.

### **Data Collection Procedure**

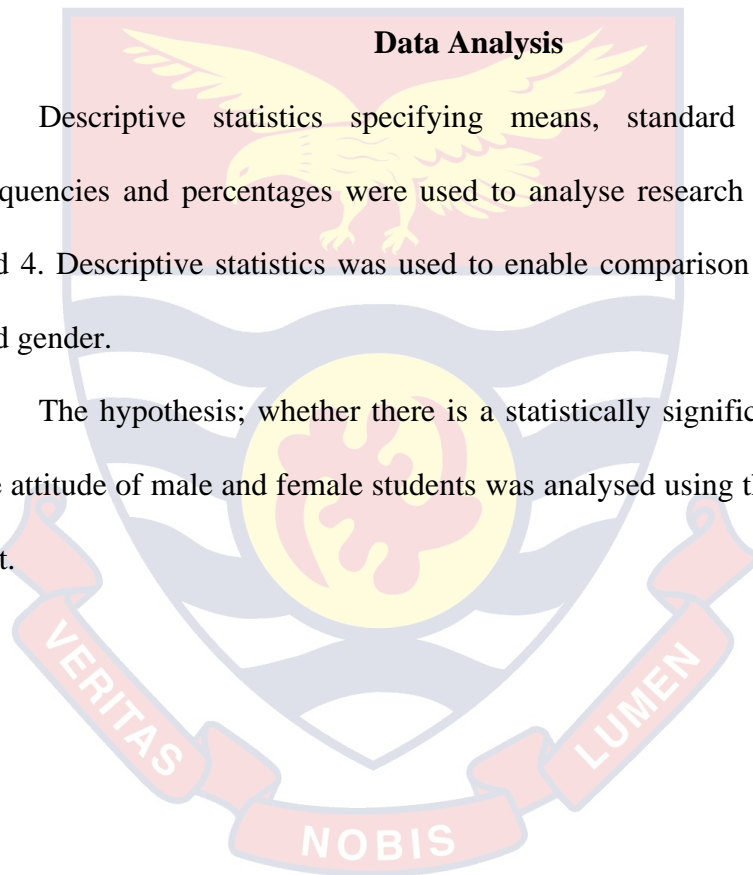
Introductory letter from the Department of Educational Foundations, University of Cape Coast was sought and sent to the various schools for permission from the heads of the senior high schools to undertake the study. The data collection took place on 15<sup>th</sup> March 2013 at Mfantsipim School and

on 19<sup>th</sup> March 2013 at Wesley Girls and Ghana National College. In all the schools, the respondents for the study were assembled and the topic and the nature of the study and the instrument as well were explained to them. Students were given the option to leave the study if they so wish. He administered all the questionnaire forms himself. Students were given the opportunity to seek clarification if any of the items were not clear to them and this was well executed.

### Data Analysis

Descriptive statistics specifying means, standard deviations, and frequencies and percentages were used to analyse research question 1, 2, 3, and 4. Descriptive statistics was used to enable comparison among variables and gender.

The hypothesis; whether there is a statistically significant difference in the attitude of male and female students was analysed using the independent t-test.





## CHAPTER FOUR

### RESULT AND DISCUSSION

The chapter focuses on the results and the discussions for the study. The findings are presented with their interpretations which answer the research questions and the basis for rejecting or failing to reject the hypothesis.

#### Background Data of the Respondents

The gender, age distribution and the school type of the respondents were analysed in order to have clear understanding of the characteristics of the respondents. This was also important because it will enable analysis of the differences and similarities of the male and female student view on attitudes towards homosexuals in the senior high schools. The analysis of these background data are shown in tables 2, and 3

**Table 2: Gender Distribution**

Gender	No.	%
Male	203	57.8
Female	148	42.2
<b>Total</b>	<b>351</b>	<b>100.0</b>

Source: Field data 2013

**Table 3: Age Distributions**

Age	Male		Female		Total
	No	%	No	%	
16-19	198	56.4	147	41.9	345
20 and above	5	1.4	1	0.3	6
<b>Total</b>	<b>203</b>	<b>57.8</b>	<b>148</b>	<b>42.2</b>	<b>351</b>

Source: Field Data 2013

As shown in table 2, 203 (57.8%) of the students of the total sample were males and 148 (42.2%) were females.

Table 3 also indicate that a total of 345(98.3%) students were within the range of 16 -19 years out of which 198 (56.2%) were males and 147 (41.9%) were females. Again table 3 also shows that a total of 6 (1.7%) students were within the age range of 20 and above, out which 5 were male and 1 female.

This age ranges are crucial in student’s life because it falls within the adolescent stage, a period of sexual exploration and experimentation with sexual fantasies and realities and incorporating sexuality into one’s identity (Christopher, 2001). According to Freud’s (1958) psychosexual development theory, this age (16-19) is the genital stage, a time of sexual re-awaking where sexual pleasure is targeted at someone outside the family. It also a period where adolescent behaviour is the outcome of unresolved conflict with parent. When these conflicts are resolved the individual is capable of developing a mature loving relationship and function independently as an adult. Another implication of the ages of the respondents is that, since it is believed that students enter the senior high school by the age of 15 (Bancroft & Reinisch 1990), by the age 16-19 it is possible the student is aware of his school

environment and that he or she might have come to know or seen or may be encountered or experience the homosexual practice in his or her school. And so students at this age (16-19 and 20 and above) are at the right people to be used for the study.

**Table 4: Type of School**

School	No	%
Mfantsiman Girls school	91	25.9
Mfantsipim Boys school	145	41.3
Ghana National College	115	32.8
<b>Total</b>	<b>351</b>	<b>100.0</b>

Source: Field Data 2013

From table 4 the distribution from the school shows that that 145(41.3%) are from boy's school, 115(32.8%) from mixed school, and 91(25.9%) from girls school.

### Research Question One

#### What is the View of Senior High School Student on the Practices of Homosexuality in their School?

The first research question was to find out from the students whether homosexual practices really exist or go on in the senior high schools in the Cape Coast Metropolis. The result of the responses is presented in table 5.

**Table 5: Homosexual Practices in Schools (in percentages)**

Item	Responses	
	Yes	No
Homosexuality is practiced in my school	82.6	17.4
I have a friend who is a homosexual	26.5	73.5
I practice one myself	1.4	98.6

Source: Field Data 2013

The result in Table 5 shows that 82.6% of the participants believe that homosexuality is practiced in their schools as against 17.4% participants who think homosexuality is not practiced in their schools and 26.5% of the respondent also said they have a friend who is in the practice.

Again 1.4% of the respondent also said they are into the practice. This result indicates that homosexual practices really exist in the senior high schools in the Metropolis and confirms the general perception that homosexual practice is going on in the senior high schools. The result is line with that Kodero, Misigo, Owini & Mucherah (2011) that homosexual practices exist in the senior high school in Kenya.

It is not surprising that homosexual practices can be found among students at this level because according to Diamond (2003), most gays and lesbians recognize that they are gays or lesbians in mid adolescence. Stronski and Remafedi (1998) recognize that significant number of youth identify themselves as homosexuals. During puberty, many lesbians and gays begin to recognize that they may be homosexual (Cates, 1987; Mercier & Berger, 1989; Reiter, 1989). Sorenson (1973) surveyed a group of 16 to 19 year-olds and reported that 6% of females and 17% of males had at least one homosexual experience.

**Research Question Two**  
**What are the Causes of Homosexual Practices among Senior High School Students?**

**Table 6: Causes of Homosexuality in Senior High School (in percentages)**

Causes	Responses	
	Yes	No
Socialisation and family irregularities	63.2	36.8
First sexual experience was with the same sex	59.0	41.0
Genetic or biological factors inherited from parents	20.8	79.2
Spiritual causes	83.8	16.2
I cannot relate well with the opposite sex	51.3	48.7
Introduced to the practise by older seniors	81.2	18.8
Uncontrollable sexual feelings	78.6	21.4
To satisfy emotional needs	69.5	30.5
Excessive masturbation	86.6	13.4
Western cultural influences	78.6	21.4

Source: Field Data 2013

The result in Table 6 indicate that 86.6% of the students perceived excessive masturbation, 69.5% perceive spiritual causes, while 83.8% perceive introduction to the practice by seniors and 78.6% perceive uncontrollable sexual feelings a major causes of homosexual practices among students in senior high schools. Other causes include Western cultural influences- 78.6%, Genetic or biological factors inherited from parents- 20.8%

The finding that excessive masturbation is perceived to cause homosexuality is confirmed by a report from the Watchtower (May 15 1970,

p. 315) that masturbatory practices may lead to homosexuality. This is because masturbation when practiced in groups among same sex may lead to homosexual practices.

The finding that spiritual causes are perceived to be a cause of homosexuality in senior high schools is similar to the findings of Kodero et al. (2011) who reported in their survey in Kenya on the root cause of homosexuality in secondary schools, that homosexuality is perceived to be caused by demons or Satan. This finding is an indication that the very cause of homosexuality is unknown to most people including senior high school students. They fail to understand any biological or environmental factors that might be the cause of homosexuality. To the average, student the idea is either puzzling or repugnant hence something spiritual must be the reason.

Again the finding that the homosexual practice is introduced by seniors already in the practice is in line with that of Klassan, William and Levitt (1989) who reported that in US about 37% of males and 9% of females reported having been approached for homosexual sex (65% of those doing the inviting were older). Likewise the finding also agrees with Vernell (1990) who from a study of over 400 London teenagers reported that "for the boys, their first homosexual experience was very likely with someone older: half the boys' first partners were 20years or older; for girls it was 43%". Bell and Weiberg (1978), Cameroon, Cameron and Proctor (1989) also report that a quarter of homosexuals have admitted to have sex with children and under aged teens, suggesting that homosexuality is introduced to youngsters the same way other behaviours are learned.



According to social constructionist theory by Vygotsky (1978) all learning is as a result of social interaction and that meaning is socially constructed through communication, activity, and interaction with others. Vygotsky maintained that learning is achieved through an assistance provided by an instructor or a more experienced person who makes adjustment as learning progresses. He saw cognitive development as more like an apprenticeship than a journey of individual discovery. This theory confirms the result that experienced older students or seniors in senior high schools serve as initiators who gradually pull the new comers into the practice. As how this is done Bandura social cognitive theory explains that people who are dependent or have low self-esteem are likely to be influenced into the practice when they are made to feel worthy or supported by these experienced seniors.

The results that homosexuality is caused by Western influences disagrees with that Kodero et al. (2011) who reported students in senior secondary in Kenya did believe that homosexuality is caused by Western cultural influences. However this finding support the general claims that homosexuality is mainly caused by the influence of the Western culture.

According to Bandura when a person perceives behaviour to be rewarding, he/she is reinforced to behave likewise. Students who are exposed to these foreign cultures or celebrate of foreign countries and perceive their action as worth practicing will follow their steps. Another aspect of this is that since Cape Coast is noted for high influx of tourist, students might come into contact with people who lured them into the practice.

Again the finding that students may also engage in the practice for satisfaction of their emotional needs agrees with Nicolosi and Nicolosi (2002)

who opine postulate that homosexual experimentation may result from feeling emotional dependency, need for belonging, and search for pleasure or simple curiosity. They further add that a youngster who feels socially inadequate, overwhelmed by the pressures of dating, or in conflict about his heterosexual impulses may resort engaging in homosexual behaviour by default. According Payton et al. (2000), even though promiscuity, depression, drugs and alcohol are sometimes symptoms of normal teen experiment, they may also be indication of teens with poor emotional health. Teens with good emotional health may be in more control of their thought, feelings and behaviour. They tend to feel more positive about themselves and have good relationships.

The result in table 6 which shows that students perceived socialisation and irregularities in family as a cause of homosexual practices in the senior high schools is confirmed by a research by Socarides and Volkan as cited in McAnulty and Burnette (2003) that males who desire males failed to separate from their mothers in early childhood, grew up in dysfunctional homes, and had dominant and over protective mothers and passive and distant fathers. Also, females who desire females were thought to have rejecting or indifferent mothers or distance or absent fathers (Wolff as cited in McAnulty & Burnette, 2003). Socarides, Volkan and Wolff as cited in McAnulty and Burnette (2003) believe that homosexuals have unnatural or perverse desires as a result of poor familial associations in childhood or some other trauma. Another study involving 322 gay men and women by Robinson, Skeen, Flake-Hobson and Herman, (1982) revealed that 4% never or hardly ever felt loved by their mothers, and 11% did not feel loved by their fathers. Kinsey 1940 and 1970 studies report that 15% of the respondents had poor relationship with their

mother while 14% said they had poor relationship with their fathers. It can therefore be said that negative family relationship may be significant factor in the background of some male and female homosexuals.

Interestingly the finding that homosexuality is not caused by biological factors inherited from parent as perceived by most students disagrees with LeVay (1991) that certain group of neurons or nerve tissues in the brain known as the hypothalamus which ultimately controls an individual's body temperature and sex drive is responsible for homosexual behaviour in people. The findings also disagrees with Rosenthal (1970) and Fuller and Thompson (1978) who have acknowledged that homosexuality arises through the interaction of particular genetic propensities with specific rearing environments and Ehrhardt, Meyer-Bahlburg, Rosen, Feldman, Veridiano, Zimmerman and McEwenet (1985) that abnormal levels of some prenatal hormones can lead to an increased chance of homosexuality in an individual.

However this result is confirmed by a Kenyan research on the secondary school student perception about the root cause of homosexuality (Kodero, et al., 2011) which reports that only 3.1% of the participants think homosexuality is as a result of genetic factors.

### **Research Question Three**

#### **What is the Attitude of Students towards Homosexuals in the Senior High School?**

This research question was asked to determine students' general attitudes towards homosexuals in the school. A theoretical mean of 2.0 was established to guide in deciding whether students' attitudes are positive or negative towards homosexuals, based on the guideline for the interpretation of means given by Cohen (1988). For each item, a mean response score above

2.0 indicates that the student’s attitudes are positive. An average response score of less than 2.0 is an indication that student attitude is generally negative towards homosexuals in senior high schools. The responses from the participant were scored and the results are presented in the table 7.

**Table 7: Attitudes of Senior High School Students towards Homosexual (in percentages)**

Statements	Mean	Std. Dev.
Homosexuality is not sinful	2.9117	.37895
I will not mind having a homosexual friend	2.4672	.78808
Homosexuals not be discriminated against	2.1225	.90037
Homosexuals are sick	1.6610	.85299
Homosexuals should be forced to change their orientation	1.4387	.73763
Homosexuals just can’t fit into our society	1.3761	.71386
Homosexuality indicates a decline in morals	1.1909	.54566

Source: Field Data 2013

The findings in table 7, shows that the standard deviations are moderate (less than 1.0 but greater than 0.3) and close to each other. The standard deviations found to be close to one another means that the group (respondents) is homogenous, making the use of means in interpreting the results appropriate.

Again it can be noted from the table that three of the items have means above 2.0 indicating a positive attitude towards homosexuals. These are;

homosexuality is not sinful (2.9117), I will not mind having a homosexual friend (2.4672), homosexuals should not be discriminated against (2.1225). However, four items have means less than 2.0 showing a negative attitude towards homosexuals in schools. Comparing the means of the items to determine the general attitudes of students towards homosexuals, it was found that students are generally negative in their attitude towards homosexuals.

This finding is similar to Herek (1988) who reported that attitudes of heterosexual peers toward lesbian and gay students have not been favourable. The finding is also in line with the 1999 Massachusetts Youth Risk Behaviour Survey (Youth Risk Behaviour Survey 2000), that the vast majority of lesbian, gay, bisexual and transgender students are nearly three times as likely as their heterosexual peers have been assaulted or involved in at least one physical fight in school, three times as likely to have been threatened or injured with a weapon at school, and nearly four times as likely to skip school because they felt unsafe. The reports further stated that many gay and lesbian youth are targeted for harassment and violence by their peers because of their actual or perceived sexual orientation or gender identity; in many instances, teachers, administrators, and other staffs fail to protect them from such harassment (Bochenek & Brown, 2001).

#### **Research Question Four** **How can Homosexuality in Senior High School be Managed?**

The last research question seeks to find out the views of students on the best ways they think homosexuality can be managed in schools. The results are presented in table 8.

**Table 8: How Homosexuality can be Managed in Schools (in percentages)**

Statements	Responses		
	Agree	Undecided	Disagree
School counsellors, teachers, and parents should be oriented to understand and be able to deal with issues of homosexuality	92.9	2.5	4.6
Student who are homosexuals should be allowed access to information about their sexuality through sex education, workshops	72.9	11.4	15.7
Supportive counselling services should be provided for homosexuals in schools	82.3	5.4	12.3
Homosexuals should be involved in all school activities	50.7	22.2	27.1
Families, schools authorities and school mate should show acceptance and reduce negative reactions towards homosexuals	36.8	19.3	43.9
Homosexuals should be given quality health care	60.7	17.9	21.4
Adolescent homosexuals should be provided with reorientation therapy to change their sexual identity	76.1	9.1	14.8

Source: Field Data 2013

From Table 8 it can found 92.9% students agree that school counsellors, teachers, and parent should be oriented to understand and deal with issues of homosexuality, 82.3% also agree that supportive counselling services should be provided for homosexuals in schools, 76.1% agree that adolescent homosexuals should be provided with reorientation therapy to change their



sexual identity and 72.9 agree that Student who are homosexuals should be allowed access to information about their sexuality through sex education and workshops.

The finding that counsellors should be oriented to understand and be able to deal with issues of homosexuality is in line with the reports by American Psychological Association, (2001) that counsellors should be familiar with the issues their lesbian, gay, bisexual and transgender students face and be able to refer them to appropriate resources. Dempsey is quoted by Bochenek (2002) as saying “We need to have educational programmes on diversity and sexuality,” and “I think all counsellors should have to go through that kind of workshop to let them know what it is. Its sexuality, not just something we’re doing to get attention” (p.20).

Bochenek (2002) also reported that school counsellors need more sociological training to deal with young trans people and the issues they are facing. Because youth are grappling with issues of sexual orientation and gender identity in the fourth or fifth grade, elementary school counsellors must be prepared to address these issues in age-appropriate ways.

Furthermore, the finding that providing supportive counselling services for homosexuals in schools is another way to manage homosexuality in school confirmed by Ryan (2009) who reported one of the ways for families to support homosexuals is by providing supportive counselling, and connecting youth with gay and lesbian community resources and programs as well providing education and family counselling. This finding also agrees with Kosciw et al. (2012) that availability of resources and supports in school for

lesbian, gay, bisexual and transgender students is another dimension of school climate to help manage homosexuality.

However 76.1 % think that homosexuals should be given the opportunity to change their orientation. This finding is in line with Exodus International a group formed by a coalition of church ministers who believe that they can help people give up their homosexual identity (Spitzer, 2003; Byrd & Nicolosi, 2002).

Notwithstanding that, this finding disagrees with the American Psychological Association which opposes the use of reparative therapy, arguing that homosexuality is not a mental disorder and that there are possible harmful effects of the therapy on homosexuals (APA, 1997). The findings again contradict that of the American Medical Association which also reported that conversion therapy is immoral and rarely successful in changing the behaviour of homosexuals (AMA, 1994, December 22).

The result in table 8 also shows that 72.9% of the respondent agreed that homosexual should be allowed access information about the sexuality. This way will help homosexual students understand themselves better and be able to make informed decisions.

### **Hypothesis**

**H<sub>0</sub>: There is no Significant Difference between Male and Female Student Attitude towards Homosexuals in the Senior High School.**

One of the purposes of the study was to explore the differences in attitude among male and female students towards homosexuals in the senior high schools. An independent t-test was conducted to examine the differences in attitude among students with an alpha level of 0.05.

In order to quantify the differences also and to know the margin of the differences, the eta square values were calculated for the differences if any.

Table 9 presents the result.

**Table 9: t-Test Comparison of Adolescent Male and Female attitude towards homosexuals**

Items	Gender	N	Mean	Std. Dev.	t-value	p-
						value
Homosexuals just can't fit into our society	Male	203	1.360	.699	-.505	.614
	Female	148	1.399	.735		
I will not mind having a homosexual friend	Male	203	2.498	.780	.843	.400
	Female	148	2.426	.800		
Homosexuals should not be discriminated against	Male	203	2.207	.888	2.066*	.040
	Female	148	2.007	.907		
Homosexuality is not sinful	Male	203	2.867	.464	-2.907*	.004
	Female	148	2.973	.200		
Homosexuality indicates a decline in morals	Male	203	1.217	.574	1.061	.289
	Female	148	1.155	.505		
Homosexuals are sick	Male	203	1.67	.859	.231	.818
	Female	148	1.649	.848		
Homosexuals should be forced to change their orientation	Male	203	1.404	.721	-1.035	.301
	Female	148	1.487	.760		

Source: Field Data, 2013.

The results show that there was statistically significant difference on the statement – homosexuals should not be discriminated against in the attitude of males ( $M=2.207$ ,  $SD =.888$ ) and females ( $M= 2.007$ ,  $SD= .907$ );  $t=2.066$ ,  $p<0.05$ . The actual difference in mean scores among the groups was close. The effect size calculated using eta square, was .012 (1.2%).

The results from the table also indicate that there was statistically significant difference on the statement – homosexuality is not sinful, in the attitude of male ( $M=2.867$ ,  $SD =.464$ ) and females ( $M= 2.973$ ,  $SD= .200$ );  $t= -2.907$ ,  $p<0.05$ . The actual difference in mean scores among the groups was close. The effect size calculated using eta square, was 0.236 (23.6%).

On the basis of these two items, males significantly differ from females in their attitudes towards homosexuals. This is in line with Reinhardt (1997) who found that male college students were more homophobic than female students and that all were more likely to be homophobic toward gay men than toward lesbian women.

However, the table indicated that there was no statistically significant difference in the attitudes of male and female students on five of the items on the instruments. This contradicts many studies which reports men generally differ from women in their attitudes towards homosexuals. D'Augelli and Rose (1990) and Simoni (1996) reported that heterosexual men hold more negative feelings than heterosexual women toward gay men and lesbian women. In two studies done with resident assistants (RAs), male RAs held significantly more negative attitudes than did female RAs toward gay men (D'Augelli, 1980a; Sanford & Engstrom, 1995).

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter discussed the summary, conclusions and recommendations of the study. Areas for further research were also highlighted.

#### Summary

##### Overview of the Study

The main emphasis of the study was to explore the existence of homosexuality, attitudes of students towards homosexuality, and various causes that have influence homosexuality practices among senior high school in the Cape Coast Metropolis. Specifically the study was to investigate whether homosexuality practices go on in the senior high schools in the Cape Coast Metropolis.

The descriptive research design was adopted for the study. A total of 357 students were sampled from a population of 5456 students from three senior high schools in the Cape Coast Metropolis. The simple random sampling method was used to sample the respondent for the study. A self-constructed likert scale and dichotomous type of questionnaire was used for the study.

Descriptive statistics (means, standard deviations, and percentages), and independent t-test were employed in the data analysis.

## Key Findings

The analysis revealed the following findings;

1. Homosexuality practices go on in the senior high schools in Cape Coast Metropolis.
2. Prominent among the causes of homosexual practices in the senior high schools are excessive masturbation, spiritual causes, introduced by seniors at school and to satisfy emotional needs.
3. Attitudes of student towards homosexuals in the senior high were generally negative.
4. Homosexuality can be managed through the following; orienting counsellors, teachers and parents to understand and be able to deal with issues of homosexuality, providing supportive counselling services for homosexuals in schools and providing adolescent homosexuals with reorientation therapy to change their sexual identity and providing quality health care.
5. There is no statistically significant difference in the attitude of male and female student towards homosexuals in the senior high school even though on two items out of seven items on the instrument, there was statistically significant difference in the attitude of males from that of the female students towards homosexuals in the senior high schools.

## Conclusions

The study concluded that homosexuality practices go on in senior high schools in in the Cape Coast Metropolis. Prominent among the causes that have influence homosexuality practices in the senior high school include:



Excessive masturbation, spiritual Causes, introduced by seniors at school and to satisfy emotional needs.

Attitude of student towards homosexuals in the senior high school is generally negative. Adolescent homosexuality in schools can be managed by orienting counsellors, teachers, parents and friends to understand deal with issues of homosexuality properly. Again, supportive counselling services should be provided for homosexuals in schools. The management ways also include providing adolescent homosexuals with reorientation therapy to change their sexual identity and lastly by providing quality health care.

Adolescent male and female have similar attitude towards homosexuals.

### **Recommendations**

Following the findings and the conclusions made for the study, some recommendations were suggested.

1. Counsellors and counselling centres in senior high schools should be resourced to be able to handle issues of student sexuality including homosexuality.
2. Training workshops on sexual orientation should be intensified for teachers as well as schools administrators for them to be well informed with current trends such as homosexuality in schools.
3. Student accessibility to appropriate and accurate information regarding students' sexuality should be increased at early stages through library and Internet resources as well as workshops and forums.
4. Families with adolescent homosexuals should reduce negative remarks and ultimate rejection to such individuals and rather make the necessary referrals to appropriate centres for assistance.

5. Sex education for junior and senior high schools should also target at increasing knowledge based on sexual orientations and the Ghanaian culture to help students at these levels to make decisions and choices that are in line with the expectation of our society.
6. Educational psychologist and educators must also accept their role as mentors who help to define reality for those they are educating, and they must commit to redefining that reality as dictated by demands for social justice and equity. To ignore these continually emerging requirements means that educators will quickly become out dated and ineffective at best, and damaging and socially unjust at worst, neither of which acceptable outcomes are for those who are truly committed to the profession. As teachers and educators we can no longer afford to teach or do anything at all in isolation in a fast changing sexual, social, religious, ideological, religious, political isolation and technological world. We are recognizing the multidisciplinary nature of virtually every field and education is no exception.

#### **Suggestions for Further Research**

Further research may also find out about the effect of homosexual practice on the student in terms of health, school performance and emotions. Again further research may seek to find out differences in the causes of homosexuality for male and females.

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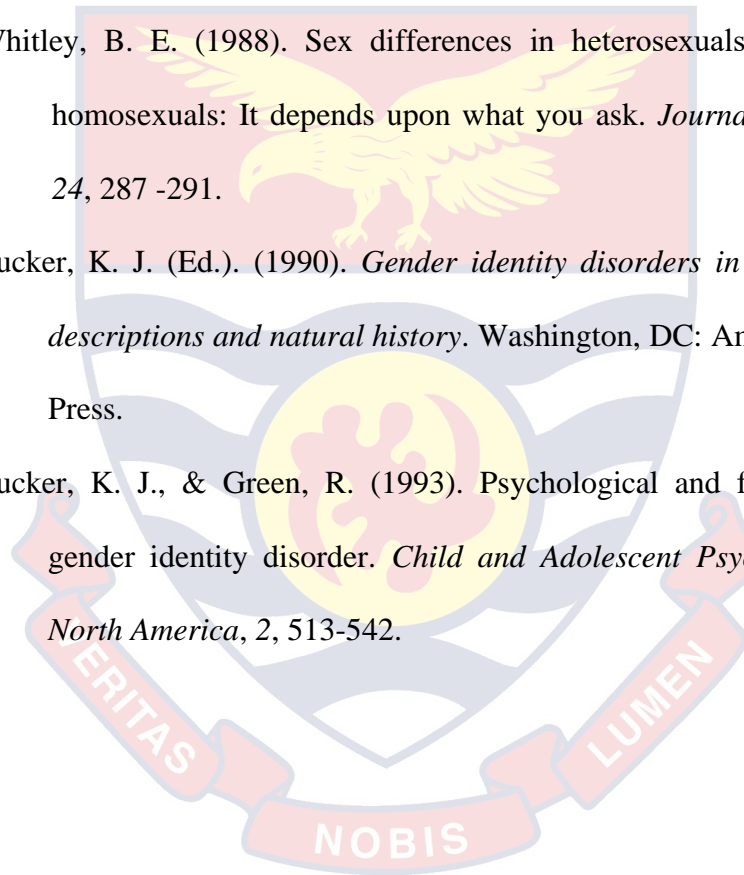
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**APPENDICES**



APPENDIX A

QUESTIONNAIRE FOR PILOT STUDY

UNIVERSITY OF CAPE COAST

FACULTY OF EDUCATION

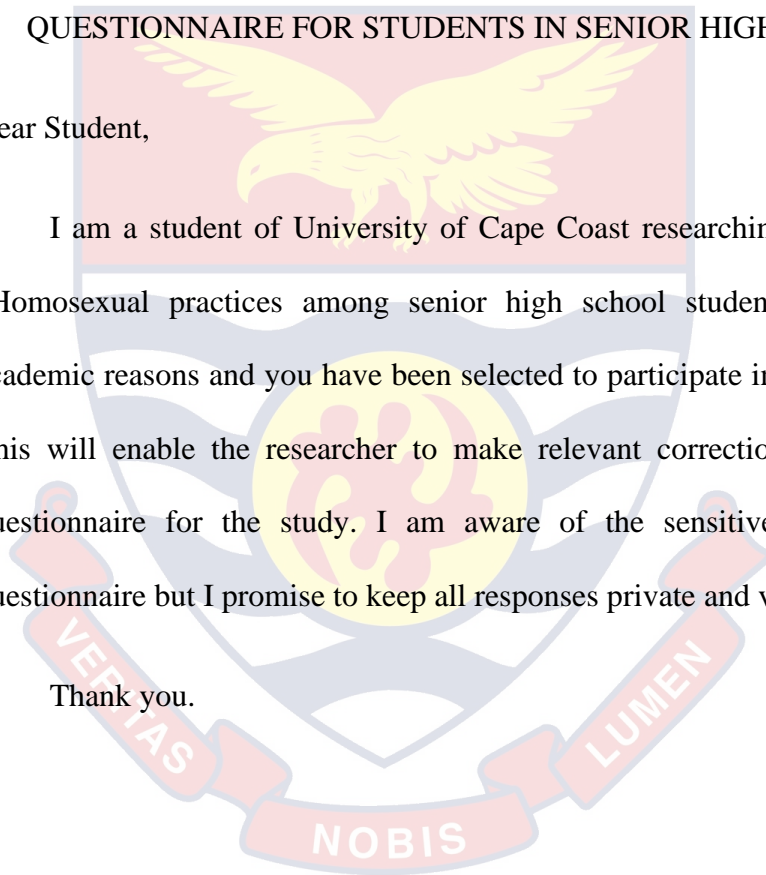
DEPARTMENT OF EDUCATIONAL FOUNDATION

QUESTIONNAIRE FOR STUDENTS IN SENIOR HIGH SCHOOLS

Dear Student,

I am a student of University of Cape Coast researching into the topic, “Homosexual practices among senior high school students”. This is for academic reasons and you have been selected to participate in this pilot study. This will enable the researcher to make relevant corrections for the main questionnaire for the study. I am aware of the sensitive nature of this questionnaire but I promise to keep all responses private and very confidential.

Thank you.



## SECTION A. PERSONAL DATA

Please respond to each of the items in this section by ticking [] in the box provided.

1. Gender Male [] Female [
  
2. Age 13-16 [] 16-19 [] 20 and above [
  
3. Parental marital status  
Divorced [] Separated [] Married [
  
4. Do you think homosexual (gay or lesbian) practices go on in your school?  
Yes [] No [
  
5. Do you have a friend who is in the practice (same sex)?  
Yes [] No [
  
6. Do you practice one yourself (same sex)? Yes [] No [
  
7. Who do you practice with?  
Seniors [] juniors [] Class mates [] Workers [
  
8. Do you want to stop the practice? Yes [] No [

## SECTION B. - CAUSES

Below are statements on factors that have cause students to engage in homosexual practices. Please indicate whether you agree or disagree by ticking. Please respond to each item.

9. Unsatisfactory relationship with my mother Yes [ ] No [ ]
10. Unsatisfactory relationship with my father Yes [ ] No [ ]
11. My first sexual experience was with the same sex  
Yes [ ] No [ ]
12. I have no access to heterosexual partners Yes [ ] No [ ]
13. I like having sex with my fellow friend of the same sex  
Yes [ ] No [ ]
14. I think I was born a homosexual Yes [ ] No [ ]
15. I was afraid of getting pregnant/impregnating Yes [ ] No [ ]
16. I cannot relate well with the opposite sex Yes [ ] No [ ]
17. I was introduced to the practice by seniors at school  
Yes [ ] No [ ]
18. Please state in your own view other factors not stated above to be a cause of homosexuality in your school.

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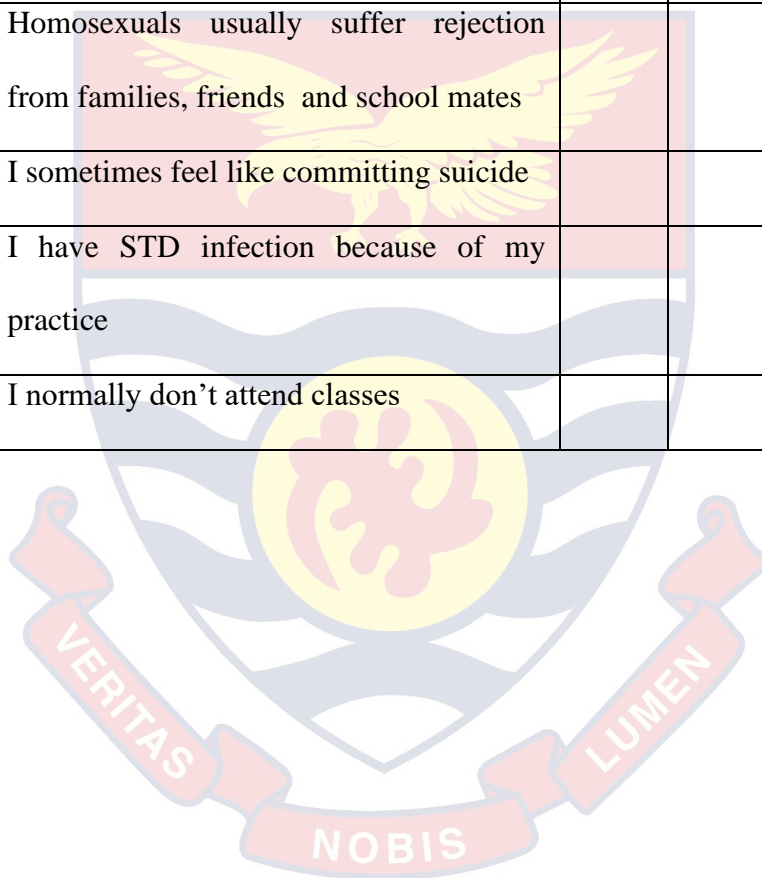
**SECTION C - ATTITUDE**

Below you will find a series of statements about attitude towards homosexuals. Please indicate whether you agree or disagree by ticking. Please respond to each item.

Statement	Agree	Undecided	Disagree
Homosexuals just can't fit into our society.			
I will not mind having a homosexual friend			
Homosexual identity should not be a cause for discrimination in any situation.			
Homosexuality, as far as I am concerned is not sinful			
The growing number of homosexuals indicates a decline in morals.			
Homosexuals are sick			
Homosexuals should be forced to change their orientation			

**SECTION D – Effect**

Statement	Agree	Undecided	Disagree
People usually attacked me verbally and call me names because I am a Homosexual			
I usually take drugs or drinks to cover myself			
Homosexuals usually suffer rejection from families, friends and school mates			
I sometimes feel like committing suicide			
I have STD infection because of my practice			
I normally don't attend classes			



**SECTION E – Management**

Statement	Agree	Undecided	Disagree
School counsellors, teachers, friends and parents should be trained to understand and deal with issues of homosexuals properly			
Students who are homosexuals should be allowed access to information about their sexuality through sex education, workshops etc.			
Supportive counselling services should be provided for homosexuals in school			
Homosexuals should be involved in all school and family activities			
Families, school authorities and mates should show acceptance and reduce negative reactions towards homosexuals			
Homosexuals should be given quality health care			
Adolescent homosexual should be provided with reorientation therapy to change their sexual identity			

Thank you very much for your participation.



**APPENDIX B**

**QUESTIONNAIRE FOR MAIN STUDY**

UNIVERSITY OF CAPE COAST

FACULTY OF EDUCATION

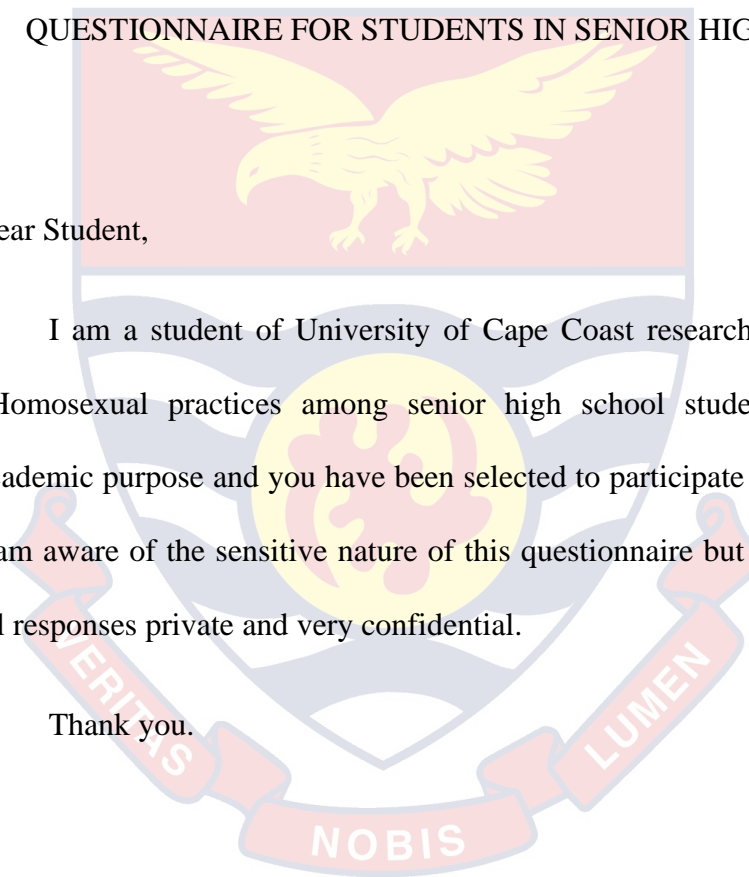
DEPARTMENT OF EDUCATIONAL FOUNDATIONS

**QUESTIONNAIRE FOR STUDENTS IN SENIOR HIGH SCHOOLS**

Dear Student,

I am a student of University of Cape Coast researching into the topic “Homosexual practices among senior high school students”. This is for academic purpose and you have been selected to participate in the main study. I am aware of the sensitive nature of this questionnaire but I promise to keep all responses private and very confidential.

Thank you.



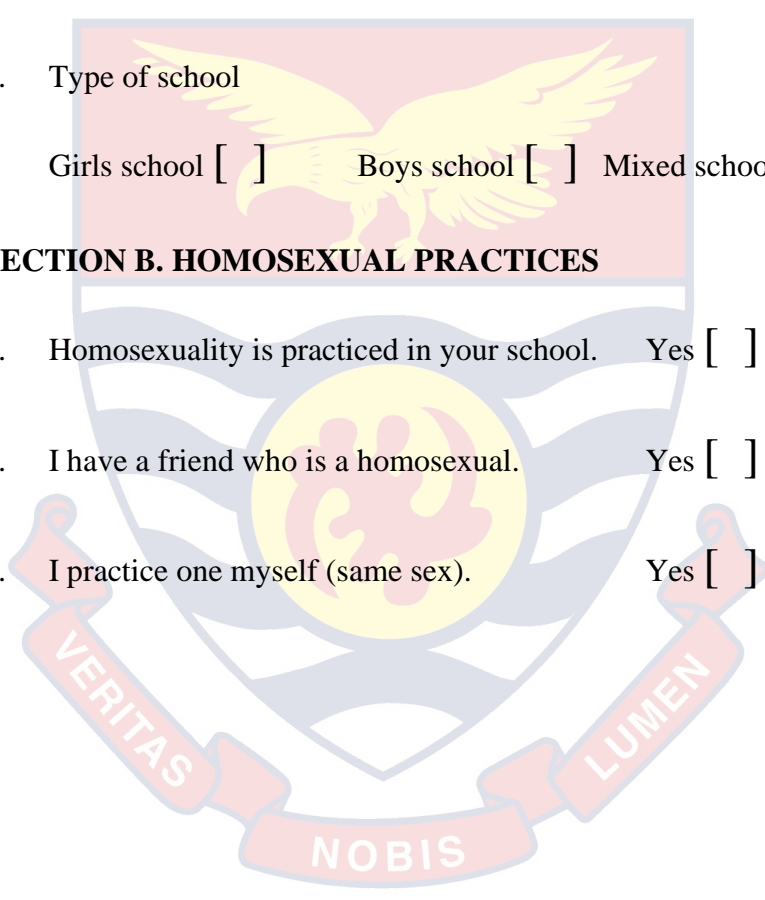
### SECTION A. PERSONAL DATA

Please respond to each of the items in this section by ticking [] in the box provided.

1. Gender            Male []            Female []
  
2. Age                13-16 []            16-19 [] 20and above []
  
3. Type of school  
Girls school []            Boys school []            Mixed school []


### SECTION B. HOMOSEXUAL PRACTICES

4. Homosexuality is practiced in your school.    Yes []            No []
  
5. I have a friend who is a homosexual.            Yes []            No []
  
6. I practice one myself (same sex).            Yes []            No []



### SECTION C. CAUSES

Below are statements on factors that are possible causes of homosexuality practices in your school. Please indicate whether you agree or disagree by ticking. Please respond to each item.

- 
7. Socialisation and family irregularity Yes [ ] No [ ]
8. First sexual experience was with the same sex Yes [ ] No [ ]
9. Genetic or biological factors inherited from parent Yes [ ] No [ ]
10. Spiritual causes Yes [ ] No [ ]
11. I cannot relate well with the opposite sex Yes [ ] No [ ]
12. Introduced to the practice by seniors at school Yes [ ] No [ ]
13. Uncontrollable sexual feeling Yes [ ] No [ ]
14. To satisfy their emotional needs Yes [ ] No [ ]
15. Excessive exposure to pornography and masturbation Yes [ ] No [ ]
16. Western cultural influences Yes [ ] No [ ]

**SECTION D - ATTITUDE**

Below you will find a series of statements about attitude towards homosexuals. Please indicate whether you agree or disagree by ticking. Please respond to each item.

Statement	Agree	Undecided	Disagree
Homosexuals just can't fit into our society.			
I will not mind having a homosexual friend			
Homosexuals should not be discriminated against.			
Homosexuality is not sinful			
Homosexuality indicates a decline in morals.			
Homosexuals are sick			
Homosexuals should be forced to change their orientation			

**SECTION E – MANAGEMENT**

**The statements below indicate how best homosexuality can be managed in schools. Please indicate whether you agree or disagree by ticking.**

Statement	Agree	Undecided	Disagree
School counsellors, teachers, friends and parents should be trained to understand and deal with issues of homosexuals properly			
Students who are homosexuals should be allowed access to information about their sexuality through sex education, workshops etc.			
Supportive counselling services should be provided for homosexuals in school			
Homosexuals should be involved in all school and family activities			
Families, school authorities and mates should show acceptance and reduce negative reactions towards homosexuals			
Homosexuals should be given quality health care			
Adolescent homosexual should be provided with reorientation therapy to change their sexual identity			

Thank you very much for your participation.

APPENDIX C

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST  
FACULTY OF EDUCATION  
DEPARTMENT OF EDUCATIONAL FOUNDATIONS

Telephone: 233-3321-32440/4 & 32-480/3  
Direct: 0332136037  
Telex: 2552. UCC, GH  
Telegram & Cables: University, Cape Coast



UNIVERSITY POST OFFICE  
CAPE COAST, GHANA

Our Ref:

Your Ref:

8<sup>th</sup> February, 2013

THESIS WORK

LETTER OF INTRODUCTION

Please, we introduce to you Mr. Emmanuel Ofori an M.Phil Educational Psychology Student from the University of Cape Coast, Department of Educational Foundations.

As part of the requirements for successful completion of the programme, he is expected to present a thesis at the end of his Study.

He has opted to make a study at your establishment for the project. We would be most grateful if you could provide the opportunity for the study. Any information provided will be treated as strictly confidential.

Thank you.

*[Signature]*

(Dr. Koawo Edjah)  
HEAD

By

*Seen & approved*  
INFANTSIAH SCHOOL  
*[Signature]*  
Asst. Headmaster (Acad.)  
14/03/13

