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HOMOSEXUALITY IN GHANA

Although homosexuality is a crime in Ghana, like many others in Africa, it is practiced in both the provincial towns and communities and in the major urban centers. Generally the society is reticent about discussing sex, yet the national society is as over-sexualized as those societies that openly discuss sex. This paper investigates the incidence and prevalence of homosexuality and lesbianism in Ghana. Assessment was done on association among psychosocial background, sexual attitudes and homosexuality, including the use of paraphernalia in the sexual lives of the people.

Homosexuality and lesbian practices are prevalent in all socioeconomic classes and ages of society. The societal reticence about sexuality that exists among the population tends to distort sexual beliefs, and imposes fear and dishonesty in sexual identification. This situation may complicate interventions for sexually transmitted diseases, as well as sexual or mental health. The predominant sexual group in Ghana is those who describe themselves as heterosexual.

Several studies maintain that those who exhibit negative sexual attitudes to male homosexuality are more likely to be religious and attend church frequently. They also tend to follow conservative religious dogma and ideology. It is argued that the negative reaction towards male homosexuality is a defensive mechanism by the perpetrator to reinforce masculine stereotypes. The national homophobia stretches from university professors, lecturers, and students, to the clergy, government ministers and their respective bureaucracies, and the average person. Homophobic individuals are described as status-conscious, anal retentive, authoritarian, sexually-rigid persons, who see homosexuals as sick people. Those who have positive attitudes towards homosexual are more likely to have personal contact with homosexuals. Apart from the clergy and other people similarly

situated, many in the medical community also take a hostile attitude towards homosexuality. Such negativity also affects the health concerns of homosexuals. Due to homophobic tendencies among the medical profession, concerns have been raised about the health and treatment of homosexuals in many jurisdictions, where homosexuals are reticent about disclosing sexuality. Communication about sexuality between patients and doctors is strained or self-censored in the face of HIV and AIDS and associated high risk behaviors such as men who have sex with men and other practices such as anal sex between men and women, which are part of the repertoire of both heterosexuality and homosexuality.

The Consolidation of Criminal Code, 1960 (Act 29), Chapter 6 section 102 through 105 contains prohibitions against homosexuality. Ghana's official policy towards the gay male is homophobic and in consonance with the code. Considering the restrictions imposed on homosexuality by the Criminal Code, there appears to be the justification to bring homosexuals under the protective cover provided in Article 17 (1) through (3). Although male-to-male sex is illegal in Ghana, female-on-female sex is not and it is practiced by girls in boarding schools as a birth control mechanism to avoid having penile penetrative sex and thereby avoid pregnancy; adult lesbianism, like adult male homosexuality is also present in Ghana's society [1]. The only difference is that while adult homosexuality is taken seriously with adverse consequences on the gay man, female homosexuality is not. It is often reasoned that a lesbian is still capable of sex with a male partner. But such liberal assessment of the potential of sex with a lesbian is not returned to the male homosexual who also has the innate capacity to father a child. Such a double standard in Ghana in terms of male and female homosexuality, may, perhaps, be explained by the value the national culture places on virility and procreation. Many people in both developed and developing societies are reticent about discussing sexual matters in private, let alone, in public. Such reticence is not unique to Ghana but pervades the cultures of many nations and families, which is manifested even in private settings of family counselors and psychologists.

Religion also plays very significant roles in the lives of people. There are three main religions in Ghana, namely Christianity with (50% of the population), Muslim has (14%) and Traditional religion has (22%). Although other national experts have reported that Ghana is tolerant about

religion and that there is no evidence of religious intolerance, in a recent study of violence and harassment in public universities and professional training institutions of Ghana, the study found the incidence of ethnic, racial and religious violence to be higher in comparison to sexual harassment [2].

Religion plays very influential role in moderating sexual desires and activities among the members of a particular group. Religion may shape people's relationship to sexual activities such as masturbation, oral and anal sex, kissing and having multiple partners. Despite the role of religion in limiting sexual experimentation of a given religious group, there appears to be other socio-demographic developments in the national sexual landscape that needs to be understood. These include the relationship between education and sexual freedom, marital union and quality of life, homosexuality and education and autoerotic behaviors.

Homosexuality is a growing sexual behavior, which is trending among different societies; meanwhile there is a general homophobic attitude towards them in most African countries including Ghana. Also, because of the general belief systems across a country like Ghana, homosexuality is generally not tolerated. It is therefore imperative to encourage open and honest discussion of sex, sexuality and sexual activities in order to identify the gaps in the socio-cultural framework as well as in the legislative framework and address them. The sexual health of a transitional society like Ghana presents a complex matrix for analysis due to the sheer size and the belief systems of the social groups involved. Culturally, each group may have a different set of goals for its self-determination within the collective. Additionally, their quality of life issues are undercut by religion, socio-cultural norms and limitations as well as demographic differences.

In Ghana there is no clear articulation of what sexual health means and so I borrowed from the World Health Organization (WHO). In 2006, WHO defined sexual health as:

“... a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual

rights of all persons must be respected, protected and fulfilled.” (WHO, 2006) [1].

This provides the basis for the protection of both heterosexual and homosexual relationships. Embedded in the WHO definition are medical and mental health issues, aside of the ethical and legal protections that the definition and national laws impose on member states to honor. For example, the 1992 Constitution of Ghana, Article 14 (1) guarantees personal liberties of all persons. Article 17 (2) and (3) go further to protect citizens that may be “discriminated against on the grounds of gender, race, color, ethnic origin, religion, creed or social or economic status”. The constitutional protection appears to cover both the economic underclass, i.e. the poor and aged, but social underclass as well, i.e. homosexuals and lesbians. Sexual groups constitute social classes. This position is further strengthened by Article 17 (3) of the 1992 Constitution which states:

... “Discriminate” means to give different treatment to different persons attributable only or mainly to their respective descriptions by race, place of origin, political opinions, color, gender, occupation, religion or creed, whereby persons of one description are subjected to disabilities or restrictions to which persons of another description are not made subject or are granted privileges or advantages which are not granted to persons of another description.” [1]

A liberal reading of this suggests that different sexual groups such as homosexuals and lesbians should be accorded the same status as heterosexual groups since they fall into the “persons of another description” and are not to be subjected to disabilities or restrictions to which persons of another description are not made subject to...” Each sexual group has compelling and different sexual and medical health issues.

The declaration of sexual autonomy and independence would become more common as the Ghanaian society as well as those in Sub-Sahara Africa move from agrarian and parochial communities and settlements into the more urbanized, semi-industrialized and commercial entity within the globalized world. Communication about sexuality between patients and doctors is strained or self-censored in the face of HIV and AIDs and associated high risk behaviours such as men-on-men sex and other practices such as anal sex between men and women.

The trends identified by this study within the Ghanaian sexual mores are interesting and immense. The public health implications are unimaginable. It is therefore imperative to encourage open and honest discussion of sex, sexuality and sexual activities in order to identify the gaps in the socio-cultural framework as well as in the legislative framework and address them.

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CASES OF THE EMPLOYER'S MATERIAL LIABILITY FOR THE DAMAGE CAUSED TO THE EMPLOYEE

It is not a secret that Ukraine inherited labor legislation from the Soviet Union. That is why, unlike most European countries, its norms are primarily intended to protect the interests of the employee, not the employer. In spite of this, in Ukraine, factories, institutions and organizations are increasingly facing problems in respect of labor standards by employers. Several years ago, the problem of unemployment was acute in Ukraine, and as a result, employees closed their eyes on the employer's violation, and those who frankly ignored the rules of the law, felt safe. Today the situation in Ukraine has changed. With the active development of the labor market, employees began to feel safer and, in case of violations by employers, are increasingly turning to commissions on labor disputes, or to the court. However, this trend is not enough. Very often the level of legal education of our citizens is extremely low. In this article I would like to consider what is the material