Behavior and experience of male homosexuals in Bangladesh

Muhammad Kamruzzaman Mozumder,1 Md Ashikul Haque,2 Umme Habiba Jasmine,3 Rofiqul Islam Royal,4 Raihana Sharmin5

1Associate Professor, Department of Clinical Psychology, University of Dhaka, Bangladesh; 2Clinical Psychologist, Ministry of Health, Botswana; 3Lecturer, Department of Psychology, University of Rajshahi, Bangladesh; 4Deputy Manager, Counseling and Training, Bandhu Social Welfare Society, Bangladesh; 5MPhil Researcher, Department of Clinical Psychology, University of Dhaka, Bangladesh.

Introduction

Sexual behavior is a normal part of our biological and psychosocial entity but it has always been a matter of secrecy and taboo in almost all cultures and all parts of the world. Where the normal sexuality is tabooed, it is easily understandable how people may react to variation in sexual interest and behavior such as homosexuality. Francoeur and Perper1 defined homosexuality as “the occurrence or existence of sexual attraction, interest and genitally intimate activity between an individual and other members of the same gender.” Despite the long history of the existence of same-sex behavior among humankind, homosexuality has generally been construed as a deviation.2,3 Peoples’ view about homosexuality and the homosexuals are highly prejudiced and concentrated with negative connotations such as, dirty, bad, immoral, criminal, careers of disease especially Human Immunodeficiency Virus (HIV) infection and mad.4,5 Even the worldwide acceptable Diagnostic and Statistical Manual of Mental Disorders (DSM) used to classify homosexuality as a mental disorder till 1973.

Stigma and discrimination are common phenomena in the life of male homosexuals. They often isolate themselves from the mainstream society to avoid stigma and rejection.6 Research literature consistently reported that individuals from sexual minority population encounter more psychological, physical, and sexual victimization than heterosexual individuals.7,8 Wong et al.9 classified the types of violence faced by the male homosexuals and transgender in Bangladesh into four categories physical, sexual, verbal, and others (like stigma, discrimination, harassment and humiliation). They found all these to be a common experience among their study participants. Stress generated from stigma and discrimination has been linked with the development of psychological morbidity among sexual minority population.10, 11

Although some recent works have been done in connection to mental health and social aspect of male homosexuals,12-14
published data on male homosexuals in Bangladesh are limited and are mostly focused around HIV infection and sexually transmitted diseases. This lack of data has made it difficult to design and implement services for this sexual minority population. The present study was aimed at broadening understanding on this hard to reach population by exploring sexual behavior and relevant history as well as discrimination and victimization experience of them.

**Materials and methods**

This was a cross sectional study done during the period from March, 2009 to June, 2009. For this purpose, 102 male homosexuals were enrolled in the study by purposive sampling method. Due to hidden nature of this population, data were collected through two Dhaka based field offices of a non-government organization working with male homosexuals including male sex workers. Interviews with 102 male homosexuals revealed several aspects of their life. Participants were interviewed individually by two of the authors. A custom built survey questionnaire with open and close ended questions was used to explore several psycho-social aspects including socio-economic features, sexual behavior, sexual history and discriminatory experiences. The questionnaire was prepared by the research team members after extensive brainstorming on the topic. Due to sensitive nature of the data, verbal informed consent was taken instead of written consent. This study conformed to the ethical principles including autonomy, benevolence, non male faience and justice as delineated by ethics guidelines for medical research. Descriptive and co relational analyses of the data were carried out by Predictive Analytics Software (PASW) 18.

**Results**

The results showed that all of the participants were biologically male with age ranged from 14 to 48 years with mean age of 24.5 years. The average age of first homosexual exposure for the participants was 11.75 years with a range from 4 to 27 years. Among them 32.4% had multiple sources of income and 52.9% attained class V to SSC level of education (Table 1). In the current study, family history of homosexuality was present in 14.7% of respondents. The majority (56.9%) of the male homosexuals reported experiencing heterosexual intercourse and a half (24.5%) of them were engaged in heterosexual marriage. A high rate of sexual victimization history in childhood (64.7%) as well as in adulthood (49%) was reported. Many (33.3%) of them also mentioned about the experience of having sex with under aged minors (age < 14yrs) at their adult age (Table 2).

Coercive sexual experience in adulthood was significantly correlated with sexual activity with minor while controlling the effect of coercive sexual exposure in childhood. However, significant correlation was not found between coercive sexual exposures in childhood and sexual activity with the minors (Table 3).

In most of the indicators of discrimination and victimization, the majority (52-80%) of the male homosexuals reported of never having these experiences (see Table 4). A great portion of the participants reported different discriminatory experiences including stigma and discrimination (48%), humiliation in public (49%), being cheated by male partner (60.8%), and exclusion from family (21.6%) because of their homosexual identity. However, sizable proportion of them reported regularly experiencing discrimination (19.6%) and humiliation in public (20.6%) (Table 4).

---

**Table 1: Socio-economic characteristics of the participants (n=102)**

| Socio-economic features   | Number | Percentage |
|---------------------------|--------|------------|
| Occupation                |        |            |
| Not having a regular income | 9      | 8.8        |
| Gainfully employed        | 26     | 25.5       |
| Sex work                  | 21     | 20.6       |
| Multiple sources          | 33     | 32.4       |
| Not reported              | 13     | 12.7       |
| Educational attainment    |        |            |
| Illiterate                | 6      | 5.9        |
| Class I-V                 | 23     | 22.5       |
| Class V-SSC               | 54     | 52.9       |
| Class XI-HSC              | 8      | 7.8        |
| Above HSC                 | 11     | 10.8       |

**Table 2: Sexual behavior and related history among male homosexuals (n=102)**

| Sexual behavior and experience | Number | Percentage |
|--------------------------------|--------|------------|
| Family history of homosexuality | 15     | 14.7       |
| Heterosexual intercourse       | 58     | 56.9       |
| Married to female partner      | 25     | 24.5       |
| Fixed male partner             | 62     | 60.8       |
| Victim of coercive sex in childhood | 66     | 64.7       |
| Victim of coercive sex in adulthood | 50     | 49.0       |
| Intercourse with under aged minor (age < 14yrs) | 34     | 33.3       |
Behavior and experience of male homosexuals in Bangladesh Mozumder MK et al.

Discussion
An in-depth understanding of the male homosexuals was felt needed before designing and implementing intervention targeting towards this population. Male homosexuals were considered a sexual minority population hidden in the plain eyesight. This paper aimed to shed some light on this population to orient researchers and policymakers on their unique nature and life experiences. One of the most common questions regarding homosexuality that intrigued researchers and common people alike was - why people became homosexual. Nature-nurture debate regarding gender identity was still on. Findings of the present study indicated family history of homosexuality among 14.7% of the participants. Bailey et al.\textsuperscript{16} reported 7.3\% to 9.7\% concordance rate of homosexuality among siblings while others reported higher rate (up to 13\%) when 'family' was extended to maternal cousins.\textsuperscript{17} Although many researchers used that rate to support the genetic theory of homosexuality, many others argued for social learning theory. In the present study, the participants' reported age of first homosexual exposure started from 4 years with a mean age of first exposure at 11.75 years. Thus, study findings suggested that the role of exposure from early childhood in determining homosexuality could not be ruled out.

The majority (60.8\%) of the male homosexuals had fixed homosexual partner. As homosexuality was socially unacceptable, many male homosexuals were forced to or chose to get married into heterosexual relation to appear normal.\textsuperscript{18} They also engaged in sexual activities with females out of curiosity or as a way of preparing for heterosexual marriage. More than half (56.9\%) of the participants reported experience of heterosexual intercourse which was consistent with findings from other studies conducted in Bangladesh.\textsuperscript{19} One-fourth of the participants in this study were married to female partners. Heterosexual marriage of the homosexual males in Bangladeshi context had also been reported in qualitative study findings by Khan\textsuperscript{20} Heterosexual activities of homosexual males had implications regarding sexual transmission of diseases related to unprotected polygamous relation.

Sexual abuse or coercive sex in childhood was very common (64.7\%) among male homosexuals, many of them (49\%) also reported sexual abuse in adulthood as well. The cycle of child sexual abuse was a well-known phenomenon, the victim of child sexual abuse often became perpetrator themselves.\textsuperscript{21} In the present study, 33.3\% of the homosexuals reported having sex with minors below age 14 years at their adult age, which clearly qualified for sexual abuse. Further analysis using partial correlation method revealed significant correlation of numbers of coercive sexual exposure in adulthood with number of coercive sexual exposure in childhood and with numbers of sexual activity with minors. However, no significant relation was indicated between coercive sexual exposure in childhood and sexual activity with minors. Correlation between sexual abuse in childhood and adulthood was suggestive of continuation of vulnerability and powerlessness of the male

Table 3: Partial correlation between coercive sexual exposures and sexual activity with the minors (n=100)

| Variables of interest | Control variable                  | Partial r | P    |
|-----------------------|----------------------------------|-----------|------|
| Number of coercive sex in childhood and number of coercive sex in adulthood | Number of sexual activity with minor | 0.250**   | 0.012 |
| Number of coercive sex in adulthood and number of sexual activity with minor | Number of coercive sex in childhood | 0.279**   | 0.005 |
| Number of sexual activity with minor and number of coercive sex in adulthood | Number of coercive sex in adulthood | 0.023     | 0.824 |

Table 4: Discrimination and victimization experience among male homosexuals (n=102)

| Experiences                        | Regularly | Occasionally | Rarely | Never | No-response |
|------------------------------------|-----------|--------------|--------|-------|-------------|
| Deprived from accessing rights     | 10(9.8\%) | 9(8.8\%)     | 6(5.9\%) | 75(73.5\%) | 2(2\%)      |
| Experienced stigma and discrimination | 20(19.6\%) | 14(13.7\%)  | 15(14.7\%) | 53(52\%) | 0(0\%) |
| Humiliated in public place         | 21(20.6\%) | 17(16.7\%)  | 12(11.8\%) | 52(51\%) | 0(0\%) |
| Being threatened                   | 10(9.8\%) | 22(21.6\%)  | 8(7.8\%)  | 61(59.8\%) | 1(1\%) |
| Physically tortured                | 4(3.9\%)  | 12(11.8\%)  | 13(12.7\%) | 72(70.6\%) | 1(1\%) |
| Being cheated by male sexual partner | 14(13.7\%) | 22(21.6\%)  | 22(21.6\%) | 40(39.2\%) | 4(3.9\%)  |
| Excluded from family activities    | 7(6.9\%)  | 11(10.8\%)  | 3(2.9\%)  | 80(78.4\%) | 1(1\%) |

Discussion
An in-depth understanding of the male homosexuals was felt needed before designing and implementing intervention targeting towards this population. Male homosexuals were considered a sexual minority population hidden in the plain eyesight. This paper aimed to shed some light on this population to orient researchers and policymakers on their unique nature and life experiences. One of the most common questions regarding homosexuality that intrigued researchers and common people alike was - why people became homosexual. Nature-nurture debate regarding gender identity was still on. Findings of the present study indicated family history of homosexuality among 14.7\% of the participants. Bailey et al.\textsuperscript{16} reported 7.3\% to 9.7\% concordance rate of homosexuality among siblings while others reported higher rate (up to 13\%) when 'family' was extended to maternal cousins.\textsuperscript{17} Although many researchers used that rate to support the genetic theory of homosexuality, many others argued for social learning theory. In the present study, the participants' reported age of first homosexual exposure started from 4 years with a mean age of first exposure at 11.75 years. Thus, study findings suggested that the role of exposure from early childhood in determining homosexuality could not be ruled out.

The majority (60.8\%) of the male homosexuals had fixed homosexual partner. As homosexuality was socially unacceptable, many male homosexuals were forced to or chose to get married into heterosexual relation to appear normal.\textsuperscript{18} They also engaged in sexual activities with females out of curiosity or as a way of preparing for heterosexual marriage. More than half (56.9\%) of the participants reported experience of heterosexual intercourse which was consistent with findings from other studies conducted in Bangladesh.\textsuperscript{19} One-fourth of the participants in this study were married to female partners. Heterosexual marriage of the homosexual males in Bangladeshi context had also been reported in qualitative study findings by Khan\textsuperscript{20} Heterosexual activities of homosexual males had implications regarding sexual transmission of diseases related to unprotected polygamous relation.

Sexual abuse or coercive sex in childhood was very common (64.7\%) among male homosexuals, many of them (49\%) also reported sexual abuse in adulthood as well. The cycle of child sexual abuse was a well-known phenomenon, the victim of child sexual abuse often became perpetrator themselves.\textsuperscript{21} In the present study, 33.3\% of the homosexuals reported having sex with minors below age 14 years at their adult age, which clearly qualified for sexual abuse. Further analysis using partial correlation method revealed significant correlation of numbers of coercive sexual exposure in adulthood with number of coercive sexual exposure in childhood and with numbers of sexual activity with minors. However, no significant relation was indicated between coercive sexual exposure in childhood and sexual activity with minors. Correlation between sexual abuse in childhood and adulthood was suggestive of continuation of vulnerability and powerlessness of the male
homosexuals from childhood to adulthood. Correlation between being a victim and being a perpetrator at the adult age supported the idea that child sexual offenders were often emotionally vulnerable and were engaged in sexual activity with children to reassured themselves as of potency, power and control.22 Contrary to the widespread view regarding discrimination towards homosexuals, the majority of the participants in the present study reported no discriminatory experience on most of the indicators of discrimination. However, the number of homosexuals reporting discriminatory experience constituted a sizeable portion of total participants. One-third of the participants reported occasional to regular experience of stigma and discrimination. Half of the participants reported experience of humiliation in public places; among them, an alarmingly high portion (20.6%) reported this to be a regular phenomenon. Being threatened and being cheated by male partner had also been reported by a large portion of the male homosexuals. Many of them also reported the experience of physical torture and exclusion from family activities. Although discriminatory experience reported in this study was not as pervasive as reported by Wong et al.,9 the findings clearly presented a dire picture of the human right situation and unequal treatment for the male homosexuals in our society. Alam14 reported that 14% of the male homosexuals in Dhaka did not even know if they were stigmatized or not. This raised the possibility of an even worse actual picture of stigma and discrimination among male homosexuals than reported by the participants in the present study.

Conclusion
This study presented descriptive data on behavior and experiences of male homosexuals. It is believed that the findings will help researcher and policy maker to understand this hard to reach population. The presence of childhood sexual offense around male homosexuality is a major concern to work on. Additionally, strategies need to be devised to curb the high incidents of discrimination among the male homosexuals.

References
1. Francoeur RT, Perper T. A descriptive dictionary and atlas of sexuality: Greenwood Press; 1991.
2. Weeks J. Discourse, desire and sexual deviance: some problems in a history of homosexuality. In: Parker RG, Aggleton P, editors. Culture, society and sexuality: A reader: Psychology Press; 1999. p. 119-42.
3. Skinner MB. Sexuality in Greek and Roman culture. 2nd ed. Oxford: Blackwell; 2014.
4. Herek GM. Beyond “Homophobia”. J Homosex1984;10(1-2): 1-21.
5. Boxhill I, Martin J, Russel R, Waller R, Meikle T, Mitchell R. National survey of attitudes and perceptions of Jamaicans towards same sex relationships2011. Available from: http://ufdcimages.uflib.ufl.edu/AA/00/00/31/78/00001/Final_ATTITUDES_boxhillreport.pdf.
6. Pachankis JE. The psychological implications of concealing a stigma: a cognitive-affective-behavioral model. Psychol Bull2007;133(2):328-45.
7. Burrowes N, Horvath T. The rape and sexual assault of men: A review of the literature2013. Available from: http://www.thesurvivorstrust.org/wp-content/uploads/2012/10/The-rape-and-sexual-assault-of-men_-A-review-of-the-literature.pdf.
8. Mays VM, Cochran SD. Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. Am J Public Health 2001;91(11):1869-76.
9. Wong C, Noriega S. Exploring gender-based violence among men who have sex with men, male sex worker and transgender communities in Bangladesh and Papua New Guinea. FHI 360, 2013.
10. Hatzenbuehler ML. How Does Sexual Minority Stigma “Get Under the Skin”? A Psychological Mediation Framework. Psychol bull 2009;135(5):707-30.
11. Meyer IH. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychol bull2003;129(5):674-97.
12. Mozumder MK. Validation of Bengali perceived stress scale among LGBT population. BMC psychiatry 2017;17(1):314.
13. Hussain MA, Chowdhury KUA. Understanding psychosocial issues associated with suicidal attempt among male homosexuals. Bang Psychol Studies 2017;27:9-20.
14. Alam S. Stigma and health care among the Men with the experience Sex with men in Dhaka city[Thesis].Dhaka:University of Dhaka; 2015.
15. ESRC (Economic & Social Research Council). Framework for Research Ethics2015 14 September 2016. Available from: http://www.esrc.ac.uk/files/funding/guidance-for-applicants/esrc-framework-for-research-ethics-2015/.
16. Bailey JM, Pillard RC, Dawood K, Miller MB, Farrer LA, Trivedi S, et al. A Family History Study of Male Sexual Orientation Using Three Independent Samples. Behav Genet 1999;29(2):79-86.
17. LeVay S, Hamer DH. Evidence for a Biological Influence in Male Homosexuality. Sci Am1994;270(5):44-9.
18. McKeown E, Nelson S, Anderson J, Low N, Elford J. Disclosure, discrimination and desire: experiences of Black and South Asian gay men in Britain. Cult Health Sex2010;12(7):843-56.
19. Chan PA, Khan OA. Risk factors for HIV infection in Males who have Sex with Males (MSM) in Bangladesh. BMC Public Health 2007;7(1):153.
20. Khan SI, Hudson Rodd N, Saggars S, Bhuiya A. Men who have sex with men’s sexual relations with women in Bangladesh. Cult Health Sex2005;7(2):159-69.
21. Glasser M, Kolvin I, Campbell D, Glasser A, Leitch I, Farrelly S. Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. Br J Psychiatry 2001;179(6):482-94.
22. Hilton MR, Mezey GC. Victims and perpetrators of child sexual abuse. Br J Psychiatry 1996;169(4):408-15.