UNDERSTANDING PSYCHO-SOCIAL ISSUES ASSOCIATED WITH SUICIDAL ATTEMPT AMONG MALE HOMOSEXUALS

Submitted in partial fulfillment of the requirements for the Degree of Mphil in Clinical Psychology awarded by the University of Dhaka.

Submitted by

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DEDICATION

To my precious parents, Tahamina Begum and Md. Anwar Hussain (late) whose gave me life and have been my greatest source of encouragement , inspiration and inner strength. They have given the opportunity to have made my present identity.

I am also dedicating my paper to another mother like figure our beloved teacher and my previous supervisor of this research Professor Dr. Roquia Begum (late) who passed away during my thesis time. Without her cordial support, encouragement and inspiration my M.Phil research would not have been possible.

APPROVAL SHEET

This is to certify that I have read the thesis entitled "**Understanding Psycho-social Issues Associated with Suicidal Attempt among Male Homosexuals"** submitted byMd. Amir Hussainin partial fulfillment of the requirements for the degree of M.Phil. in Clinical Psychology and the research was carried out by his, under my supervision and guidance.

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ABSTRACT

Homosexuality refers to sexual interaction between individuals of the same gender. Many researchers, psychologists, and scientists have neglected to focus attention on heterosexual relationship growth and development because it is considered "normal". However, more attention and studies have been placed on homosexuality and identity formation among gays and lesbians because of the controversy that has always embraced such preferences. They were living in the society but not leading their life like mainstream peoples. Several studies found that being gay itself is not the cause of the increase in suicide; the increased risk comes from the psycho-social distress associated with being gay. Suicide attempts were found to have been significantly associated with psychosocial stressors such as gender non conformity, early awareness of being gay, victimization, lack of support, family problems, homelessness, substance abuse, feeling like a victim, feelings of rejections, loss, loneliness, bullying, verbally harassed ,discrimination, physical violence and other psychiatric disorders.

The present study was aimed at understanding psycho-social issues associated with suicidal attempt among male homosexualsand attempted to answer two questions. Firstly, why male homosexuals attempt suicide? Another one was -what psychosocial issues are associated with suicidal attempt among male homosexuals. . The findings of this study will provide a clear idea and will help to develop appropriate and clear picture of which psychosocial issues lead to suicide among homosexuals because there is not sufficient research on this area in Bangladesh. In this context, grounded theory approaches of qualitative design was used to explore what psychosocial factors associated with suicidal attempt among male homosexuals and to investigate the process among those factors.

In depth interviews were conducted with seven male homosexuals who had a history of at least one suicidal attempt in the last six months. Purposive sampling techniques wereused to reach respondents. Verbatim transcripts from the recorded interview were the main source of data for this study. Using NVIvo-8 , data analysis was completed through open, axial and selective coding which revealed 13 broad category namely-societal perception of gender, self-gender choice, role conflict, lack of protective support, families negative issues, relationship difficulties, societies negative issues, negative self-evaluation, unhelpful feelings, poor coping, overwhelming pain, thoughts leading to suicide, dropping the last hope. All of these 13 factors incorporating 31 emerged actors associated with suicidal attempt process. A conceptual model was developed through these factors which clearly showed why and how a male homosexual resort to suicidal attempt.

The present study has given a clear idea and broad picture of the hidden pain of these populations. It will also help to understand the process and factors leading to suicidal attempt among male homosexuals. It can highlight the potential areas and may promote the proper preventive and contribute to development strategies and services to prevent suicide among male homosexuals in Bangladesh. Lastly it can be said that as a scientist practitioner a clinical psychologist can play role in both individual and policy level to prevent suicidal attempt among male homosexuals using the knowledge derived from the findings of this research.

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Md. Amir Hussain

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CHAPTER 1

INTRODUCTION

Introduction

"*During his growing years Robin (not real name) gradually learnt that he is different from all other boys of his age. He was just not what the society called 'boyish'. Rather he was behaving more like 'girls of his age. He would rather enjoy spending times with girls than boys and rather than going out with boys he liked to play with girls. With time he found that his family members didn't like the way he was and was trying hard to correct him or make him like a 'boy' resulting in disciplined and sometimes very harsh and cruel treatment. As one of his brothers was transgender and he was treated in the same way. His family was very disturbed for both him and his brother. One of his brothers went to India for his transgender issues. Family assumed that Robin will also go anytime. They were totally rejected by their family and were felling embarrassment to disclose their identity to others as a son or family member. At one point Robin left his family because he was treated like a dirty thing by his family and others. He came Dhaka and was working in a shop and also some time selling sex. He had a boyfriend. He loved his boyfriend, loved him more than his life. He cooked, designed dress and made traditional Kantha for his boyfriend. In return his boyfriend was very greedy. Always sought money and gifts from him. Robin was bearing house rent and all those-but boyfriends never shared. Some time his boy friend threatened him to leave him for another one. But Robin silently accepted all things for the sake of his love. It was his boyfriend who gave him at least some value and recognition and most importantly some hope for better life. However his good fortune didn't last long and he was badly treated by his boyfriend. At this point Robin lost all his hopes and decided to end his sufferings. One fine day he jumped off the bridge and died leaving a suicide note." (Collected)*

The above case depicts the plight of a man who faced extreme hardship from family and community and later betrayed by his 'boyfriend'. Robin is not the only

example as there are many boys and men with same sexual orientation like Robin, and are also exposed to same or even bitter experiences leading them to think of committing suicide. The present research will focus on the issues which will attempt to provide an explanation on why and how a boy or a man with a homosexual disposition commits suicide.

1.1 Defining Sex

Sex refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia. (American Psychological Association, 2011).

Sex is not merely a physical act between two people, but incorporates many meanings, including the act itself, the process of reproduction, lovemaking, as well as defining every individual's concept of sexual identity and gender. Most of us think of sex as being a defining factor into who we are. After all, we're male or female, masculine or feminine. Unfortunately, it's not so simple, and biological sex has many sides, aspects, and dimensions (Katchadourian, H., 1989).

1.2 Defining Gender.

Sometimes it is hard to understand exactly what is meant by the term "gender", and how it differs from the closely related term "sex". **"***Gender***"** refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women. According to American Psychological Association, (2011) Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person's biological sex. Behavior that is compatible with cultural

expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

1.3 Defining Sexuality

In its broadest sense sexuality describe the whole way a person goes about expressing themselves as a sexual being. It describes how important sexual expression is in a person's life; how they choose to express that sexuality and any preference they may have towards the type of sexual partner they choose.

About sexuality WHO has given a working definition- "Basically sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors."(WHO, 2004)

Human sexuality involves much more than anatomy and sexual responses, but incorporates how we engage in relationships and behaviors that determine our desires and sexual identity as well as our overall sexual health, well-being, and our perceptions and expressions.

1.4 Types of sexuality.

There are many types of sexuality. However many of us only know of the four, such as Heterosexuality, Homosexuality, Bisexuality, and Tran sexuality etc. Detail description of this sexuality given next page:

Heterosexuality- Is the sexual attraction between members of the opposite sexes such as man attracts to woman and woman attracts to man sexually.

Homosexuality- is the sexual attraction between members of the same sexes such as man to man and woman to woman sexually.

Bisexuality- Is the sexual attraction to both the opposite and same sexes such as man to man and man to woman, woman to woman and woman to man.

Trans sexuality-Is when a person identifies themselves with a physical sex that is different to their own biological one, A medical diagnosis can be made if a person experiences discomfort as a result of a desire to be a member of the opposite sex for example a person may be born male, and is uncomfortable with their gender as a male and changes to a female, or a female may change to a male. It is a long process that they will go through and an expensive one too (Callum, 2010).

1.5 How sex, sexuality, and gender related to one another?

Sex is what we are, *sexuality* is how we act, and *gender* is how our culture wants us to act. A human cannot imagine without theses three components. All of these three component given identity and what role will play. Simply put, the term sex, refers to biological differences between males and females, particularly in regards the reproductive systems. Outside the somewhat rare occurrences of hermaphrodites, one is born with the sexual organs either of a male or female, and is medically identified as such. Sexuality refers to how one outwardly portrays him- or herself, either consciously or sub-consciously. While one's sex is indisputable, not enough evidence exists to support if sexuality completely is biological; but, it does at least play a small role in the form of hormones and genes. Researchers are discovering that early development and culture play an important role in influencing sexuality. The variety of global cultures, along with their

lack of universality, leads to a considerably wide array of definitions regarding sexuality, quite unlike the delineation between male and female sexes. Individuals with each culture have differing levels of flexibility in their sexual expression, yet a choice always exists. Gender and gender roles have no biological basis. Gender is a cultural label created to describe one as a female or male; or, how a culture believes either one is supposed to behave. The gender roles are those tasks and activities culturally ascribed to either sex; and, like sexuality, they vary widely throughout the world and do offer some degree of choice in their acceptance. In different cultures, males and females sometimes take on roles that the other was not designed for, such as infant childcare or hunting large animals. Beyond such few instances, the sexes often are assigned expected behaviors. Although both sexes can choose to deviate from the norm, the reaction towards such "anti-social" behavior often results in the deviant viewed in a negative light, though usually not in as harsh as one who goes against sexual conventions. Anthropology is the systematic exploration of human biological and cultural diversity. They explore who we are and how we have become this way through the diverse forces of nature and our surroundings. Through examining the relation of how one is born to how they act, and whether it is in accordance with how one's culture expects them to act, anthropologists can uncover the relative power of nature and nurture, and their interaction within a given culture. As has been evidenced throughout the text, humans and human development vary considerably throughout the globe, and few, if any, universalities exist (Osborne. D, 2010).

1.6 Defining Sexual Orientation

Sexual orientation generally refers to whether a person's attractions, longings, and fantasies are predominately for members of the same sex (lesbian or gay), the opposite sex (heterosexual), or both sexes (bisexual), regardless of sexual behavior. It is important to differentiate sexual orientation from sexual behavior because the

term sexual orientation is considered to be a fairly stable aspect of a per- son's identity, and sexual behavior is more changeable and responsive to shifting contingencies (Garnets & Kimmell, 1993).

American Psychological Association (2004) defined sexual orientation in this way: "Sexual orientation is an enduring emotional, romantic, sexual or affectional attraction to another person. It is easily distinguished from other components of sexuality including biological sex, gender identity (the psychological sense of being male or female) and the social gender role (adherence to cultural norms for feminine and masculine behavior). Sexual orientation exists along a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various forms of bisexuality. Bisexual persons can experience sexual, emotional and affectional attraction to both their own sex and the opposite sex. Persons with a homosexual orientation are sometimes referred to as gay (old men and women) or as a lesbian (women only). Sexual orientation is different from sexual behavior because it refers to feelings and self-concept. Persons may or may not express their sexual orientation in their behaviors."

1.7 Sexual identity

Sexual identity is how one thinks of oneself in terms of whom one is romantically or sexually attracted to. Sexual identity also consists of an individual's sexual orientation, preferences, gender roles, and how they define their individual sexuality.(Reiter L, 1989). So sexual identity is defined as an individual who has eventually identified him or herself as homosexual, heterosexual, bisexual and transsexual.Sexual identity and sexual behavior are closely related to sexual orientation.

Vivian Cass (1979) developed a model of identity formation of gays and lesbians that introduced a six-stage model of sexual development. Her six stage model included:

- Identity confusion

- Identity comparison
- Identity tolerance
- Identity acceptance
- Identity pride
- Identity synthesis

According to Cass, the *first stage* of homosexuality identity formation involves 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.

Second stage of identity comparison is- In this stage, the person accepts the possibility of being gay or lesbian and examines the wider implications of that tentative commitment. "May be this does apply to me." The self-alienation becomes isolation. The task is to deal with the social alienation.

Eventually, *third stage* identity tolerance is reached, when an individual accepts the fact that he or she is probably homosexual. The person comes to the understanding they are "not the only one". The person acknowledges they are likely gay or lesbian and seeks out other gay and lesbian people to combat feelings of isolation. Increased commitment to being lesbian or gay. The task is to decrease social alienation by seeking out lesbians and gays.

Fourth stage identity acceptance is- The Identity Acceptance stage means the person accepts themselves. "I will be okay." The person attaches a positive connotation to their gay or lesbian identity and accepts rather than tolerates it. There is continuing and increased contact with the gay and lesbian culture. The task is to deal with inner tension of

no longer subscribing to society's norm, attempt to bring congruence between private and public view of self.

In the *Fifth stage* identity pride stage, while sometimes the coming out of the closet arrives, and the main thinking is "I've got to let people know who I am!". The person divides the world into heterosexuals and homosexuals, and is immersed in gay and lesbian culture while minimizing contact with heterosexuals. Its depend on their quality to political/social viewpoint. The task is to deal with the incongruent views of heterosexuals.

The *last stage* in is identity synthesis- 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. The task is to integrate gay and lesbian identity so that instead of being the identity, it is an aspect of self.

During early adulthood, most homosexuals decide to either be open about their sexual feelings and orientation or seek to keep such dealings secret and hidden. In many situations, revealing one's homosexuality can endanger family relationships, friendships, jobs, and even careers. Society today can be extremely hostile, intolerant, and unsupportive of homosexuals.

Regardless of how any individual perceives him or herself as a sexual being, conflicts over such sexual identity often develop into forms of sexual dysfunctions, poor relationships, injured self-esteem, and often develop into chronic state of anxiety or depression.

1.8 Defining Homosexuality

The word *homosexual* is a (Greek and Latin hybrid with the first element derived from Greek *homos*, 'same' and Latin *homo*, 'man') romantic attraction between members of the same sex or gender. Simply stated, homosexuality is the emotional, romantic, sexual

and affectionate attraction primarily to members of the same sex (American Psychological Association, 2013).

Rupp L. (2009) define that Homosexuality is romantic or sexual attraction or behavior among members of the same sex. As a sexual orientation, homosexuality refers to "an enduring pattern of or disposition to experience sexual, affectional, or romantic attractions primarily to" people of the same sex; "it also refers to an individual's sense of personal and social identity based on those attractions, behaviors expressing them, and membership in a community of others who share them."

Although it would appear to be simple, on closer examination defining homosexuality is more complex. Young people writing to magazine problem pages seem to define homosexuality using three criteria:

- having *sexual feelings* towards other people of the same sex
- sexual *behavior* with people of the same sex
- and describing oneself as homosexual *identity.*

It can be helpful to think of these elements of a person's sexuality in a visual way. It is possible to conceive of sexual feelings, identity and behaviour as three circles which overlap to varying degrees depending on the individual.

In homosexuality some homosexuals were in feminine mind there called Kothi. The word *Kothi* (or *koti*) is common across India, similar in use to the use of Kathoey of Thailand. A *Kothi*, in the culture of the Indian subcontinent, is an effeminate man or boy who takes on a female gender role in same sex relationships, often with a desire to be the penetrated member in sexual intercourse (Reddy, G., & Nanda, S. 2009).

1.9 Prevalence of homosexuality.

Harry's telephone survey was based on a national probability sample of 663 males. The survey included a question about sexual attraction to members of the same sex. In the weighted data, 3.7% gave their orientation as bisexual or homosexual. (Harry. J ,1990).

Tom Smith looked at the sexual behavior data from the 1988 and 1989 National Opinion Research Center's (NORC) General Social Surveys, and classified 5-6% of adults as homosexual or bisexual since age 18 (with the percentage for exclusive homosexuality as less than 1%). The GSS is a probability sample of approximately 1500 people, and nationally representative; the results are based on a one-page self-administered questionnaire on sexual behavior in the last year and since age 18.(Smith, T.W, 1991).

Janus and Janus, in their cross-sectional (not random) nationwide survey of American adults aged 18 and over, stated that 9% of men and 5% of women reported having had homosexual experiences "frequently" or "ongoing." In another measure, 4% of men and 2% of women self-identified as homosexual. The authors used a questionnaire, supplemented by 125 interviews (4,550 questionnaires were distributed, 3,260 were returned, and 2,765 were usable). (Janus, S., & Janus, C, 1993).

A research team at the University of Chicago headed a project that conducted interviews in 1992 of a random probability sample of 3,432 men and women in the U.S. between the ages of 18-59 (National Health and Social Life Survey). Homosexuality was viewed as a complex of same-gender behavior, desire, and identity. 9% of men and 4% of women reported having engaged in at least one same-gender sexual activity since puberty. Given the identity category choices of heterosexual, homosexual, bisexual, or something else, 2.8% of men and 1.4% of women surveyed reported "some level of homosexual identity." (Laumann, et al, 1994).

A later article on the survey by self-reported data on both homosexual attraction as well as homosexual behavior. The figures reported were: 6.2% of U.S. males and 3.6% of U.S. females with "sexual contact with someone of the same sex only or with both sexes in the previous five years," and 20.8% of U.S. males and 17.8% of U.S. females with some homosexual behavior or some homosexual attraction since age 15. The percentage of respondents reporting sexual contact only with others of the same sex in the previous five years in the U.S. was below 1%.(Sell, R.L et al, 1995).

A stratified random sample of males in Calgary, Canada (a metropolitan region of .78 million) was questioned using a computerized response format and three measures of homosexuality. Based on one or more of the overlapping measures, 15.3% of males reported being homosexual to some degree.(Bagley C, & TremblayP, 1998)

1.10 Homosexuality in Other Cultures

In different cultures and geographic locations around the world, homosexuality is often considered either accepted or taboo. For example,The United States, like many Western industrialized nations, is home to a variety of social attitudes on homosexuality. Several states have recently passed gay marriage laws, many others have allowed civil unions for a number of years, and homosexuals are prominent in the public eye. However, many so-called "family values" advocates oppose the civil rights advances that homosexuals have made in recent years, and, as in many countries, violence against homosexuals is still a problem. A Gallup poll in 2008 showed that about 57% of Americans believe homosexuality should be acceptable while 40% believe it should not (Attitude towards homosexuality, 2014).

Attitudes towards homosexuality vary among different ethnic groups. An exit poll conducted showed that 70% percent of African Americans and 53% of Hispanic

Americans voted for Proposition 8 while 51% of Asian Americans voted against it (Attitude towards homosexuality, 2014).

In Japan, Japanese pop culture, from video games to anime and manga, has homosexuality as a common theme. Japanese society tends not condemn homosexuality on moral or religious grounds, and the country has no laws against homosexuality; Japan is thought by some to be more tolerant to gays and lesbians than many Western countries. (Attitude towards homosexuality, 2014).

In New Zealand, Gay marriage in New Zealand has been legalised, in the form of civil unions. New Zealand also has a transsexual Member of Parliament. (Attitude towards homosexuality, 2014).

Netherlands is considered to be one of the friendliest countries in the world towards homosexuals and was the first country to legalize same-sex marriage. Public acceptance of homosexuality and same-sex marriage is relatively high in the Netherlands (as well as being the highest supporters of same-sex marriage, but the country is also home to a significant Muslim minority, some of whom are less tolerant of homosexuality. (Attitude towards homosexuality, 2014).

In May 2009, Sweden legalized same-sex marriage. Gays and lesbian are also protected from all forms of discrimination in Sweden (Attitude towards homosexuality, 2014).

Uganda is socially very conservative and intollerant of gays, many gay Ugandans have fled claiming persecution. In February 2014 stringent new laws were passed including life imprisonment for aggravated homosexuality, ie homosexuals living consensually together, lesbianism also became illegal. The law was declared void after several donor nations cut aid. (Attitude towards homosexuality, 2014).

While many Sub-Saharan African countries have laws against homosexuality, South Africa is a unique case. The country legalized same-sex marriage in 2006, although, as is the case virtually everywhere where gay marriage has been legalized, opposition on the grounds of "family values" still persist among parts of the population. (Attitude towards homosexuality, 2014).

1.11 Homosexuality in Bangladesh.

Bangladesh remains a homo-normative society where displays of same sex affection in public is not only acceptable but is usually overlooked as nothing out of the ordinary, as long as the presumption is that such a display is platonic in nature. Conservatism in Bangladesh frowns on anything overtly sexual. The intolerance of society comes to the fore only when such a public display is made either overtly sexual or gendered. Any effeminate male would therefore be publicly shunned while privately engaged for sex. There remains very little space in society for public expression of sexuality. Homosexuality continues to be criminalized in Bangladesh . Being a conservative society steeped in traditional values, many sexual minorities do not publicly express theirs sexuality. This creates a situation where identification of who is a sexual minority become difficult. Their visibility is co-dependent not on the sexuality of individual, but on the gender role that the individual plays out in public. (Bondyopadhyay A, &Ahmed S, 2010.)

In our country homosexuality is considered as “carnal intercourse against the order of nature” and hence the practicers are liable to prosecution on grounds of their sexuality alone Although public display of affection between friends of the same sex in Bangladesh is commonly approved and does not raise any controversies, there appears to be a strong objection towards homosexuality as such. This hostile attitude results from religious tradition of the country, with Islam being professed by approximately 90% of the

population, and mentality of Bangladeshi society. There appears to be an intense social pressure to marry someone of the opposite sex, grounded in patriarchal model of the society. Non-family members, including police and religious fundamentalist groups, have been known to blackmail, harass and even physically attack LGBT (Lesbian, Gay, Bisexual, Transgender) people. Although all of the different identities within LGBT are often lumped together (and share sexism as a common root of oppression), there are specific needs and concerns related to each individual identity. These "morality minders" are not sanctioned by the government, but they take advantage of the absence of civil rights and hate crime laws for sexual and gender minorities.(Daily Star, 5th October , 2004).

In our country Gender-based violence (GBV) is a common picture. Gender-based violence (GBV) refers to "any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females."**(**Inter-Agency Steering Committee, 2005). Gender-based violence (GBV) is commonly thought of as an issue affecting primarily women and girls; however, stigma, discrimination and violence are also expressed toward men who have sex with men (MSM), male sex workers (MSW) and transgender (TG) individuals.

FHI 360 (2011), conducted a qualitative descriptive study using focus group discussions and in-depth interviews with MSM/MSW/TG community representatives and other key informants. The goals of that study were to explore the GBV-related issues; identify current programs, policies and donor funding as well as existing gaps; to explore potential interventions; and to provide recommendations for intervention design.

While GBV is commonly thought of as an issue which has affected primarily women and girls, a recent USAID report illustrates that stigma, discrimination and

outright violence are also expressed toward men who have sex with men (MSM), male sex workers (MSW) and transgender (TG) individuals because they contradict traditional male gender roles. Such forms of violence are based on and belief that men are superior to women (sexism). Thus, this manifestation of violence toward MSM and TG persons can also be considered a form of gender-based violence. (Betron, M& Gonzalez-Figueroa. E, 2009)

In the Asia Pacific region, violence and harassment among MSM, MSW and TG populations is monitored in some surveys, mainly through national HIV surveillance systems such as those in Indonesia, Laos, Cambodia, Bangladesh, Papua New Guinea and Thailand. While data are limited, what information does exist illustrates the magnitude of gender-based violence among MSM and TG populations: in Bangladesh, 36% of MSM, 28% of TG individuals (Hijras), and 45% of MSWs reported having been raped or beaten in the previous year; in Thailand, 18% of MSM/MSWs/TG individuals reported a history of forced sex; and in Pattaya (Thailand) 89% and 69% of TG people and MSM, respectively, reported having experienced violence as a result of their sexual identity and/or behavior.(Policy Research and Development Institute Foundation, 2008).

1.11.1 Socio-cultural context of homosexuality in Bangladesh

The Bangladesh Sexual Rights Initiative Report, (2009) notes that in Bangladesh there are subgroups of people who do not meet the western definition of gay, lesbian or bisexuals. Few have corroborated that sexual identity in Bangladesh can be hard to categorize. Also seen, especially in the HIV sector, is the use of the term men/males who have sex with men/males (MSM), rather than the term ‘gay’ to describe homosexual or bisexual men.

There are a small number of LGBT community groups in Bangladesh. Some commentators report LGBT organizations fear police raids on meetings in public spaces. For some MSM and transgender people, the internet has provided a safe space for meeting people. Whatever the identity marker, as long as such identity indicates homosexual behavior, the social attitude towards it tends to be negative and biased. Stigma discrimination and legal framework and enforcement law will give a picture of Bangladeshi homosexual's conditions.

1.11.1.1 Stigma and Discrimination. Homosexuality and bisexuality have been part of every society and every culture, at every point in human history, and have also been found in a wide range of non-human animal species. Different surveys around the world have found that between one and ten out of 100 people are sexually or romantically attracted to members of the same sex. Using the lower end of this range, we find that a minimum of 15 *lakh* people in Bangladesh are homosexual or bisexual. Despite this large number – which is roughly equivalent to the entire population of Qatar and could actually be up to ten times as high – LGB people are an invisible minority (Ebert. R, 2012).

Many homosexuals facing discrimination at school, university and their workplace, are denied access to health care and justice and, being torn between fear, confusion and guilt, find little support from family members and friends.

In 2002, Bandhu Social Welfare Societythe largest association working with men who have sex with men (MSM) in Bangladesh, surveyed 124 self-identified *kothis* (feminine homosexual) and bisexual men and arguably the most visual part of the local LGB community. One in two respondents stated that he had been the victim of harassment at school or college. Three in four respondents who told their relatives about their sexual orientation stated that "their family had reacted negatively with beatings, forced marriage,

disinheritance, throwing out of the house, taking them to doctors for curing them of homosexuality." Many had been sexually abused, raped or harassed by law enforcement agents, *mastaans* (local thugs), friends and family. Twenty-nine of the 80 respondents who reported harassment by law enforcement agents told BSWS that police officers had sexually assaulted or raped them. The others talked about beatings, extortion of money, obstruction of movement, threats and blackmail. Men in "Mymensingh, Dhaka, and Sylhet reported that they had been rounded up, taken either to police barracks or the police post and raped by groups of policemen. Such forced sex was always reported as being unsafe and often results in serious physical injury like a ruptured rectum, internal haemorrhage, etc. A 2003 *Human Rights Watch* (HRW) report shows that these incidences are not unusual but follow a pattern of violence against LGB people in Bangladesh (Ebert. R, 2012).

1.11.1.2 The Legal Framework and Enforcement of Law. Sex between consenting adults is an inherently private matter and should not be regulated by the government of a society that values tolerance and respect, yet Section 377 does exactly that. Section 377 contradicts the fundamental principles of dignity and equality, and violates international human rights law. It reinforces social stigma, encourages wrongful discrimination, undermines public health efforts and is based on nothing more than prejudice. A report published by the Bangladesh Ministry of Law, Justice and Parliamentary Affairs states that Section 377 "violates the constitutionally protected right to privacy under the expanded definition of right to life and personal liberty ." Even though Section 377 has rarely been used, it is for the LGB community what the sword was for Damocles and we should not wait until the bigoted and the intolerant discover it as a tool of repression against an unpopular minority. Repealing Section 377 is an integral step in the development of Bangladesh as a free and democratic nation. (Ebert. R, 2012)

Amnesty International (2010) mentioned that social attitudes are reinforced by the Penal Code of Bangladesh, derived from the British Penal Code during colonial occupation. Section 377 of the Penal Code of Bangladesh criminalizes homosexual acts: "Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with [imprisonment] for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine." It is broadly assumed that although this section is gender neutral, it is applied to men. However, the ambiguity in Section 377 means it could cover a wide range of sexual acts, including between a man and a woman. Amnesty International (2010) reported that "it is generally unsafe for homosexuals in Bangladesh to publicly reveal their sexual orientation, and they frequently marry persons of the opposite gender to give the appearance of heterosexuality." Amnesty International also reported that homosexuals whose sexual orientation is known encounter discrimination and ostracism; in addition, social barriers and stigma result in many homosexuals being unable to obtain employment and opting to sell sex.

1.12 Impact of homosexual behavior

The impact of homosexual behavior is already we have seen our previous section. Homosexuals are till now discriminated and stigmatize. So they are living in the society but not leading their life with like mainstream people. So, that reason it impact on their psychology, their social status and both psycho social aspect. It's given detail below:

- Psychological impact
- Social impact

1.12.1 Psychological impact.

Psychological research in this area includes examining mental health issues (including stress, depression, or addictive behavior) faced by gay and lesbian people as a

result of the difficulties they experience because of their sexual orientation, physical appearance issues, eating disorders, or gender atypical behavior. Bangladesh also has a negative impact on the mental health and well-being of LGB people. A recent study of 102 homosexual men conducted by University of Dhaka Professor Muhammad Kamruzzaman Mozumder et al. (2010) found that 32% of these men had a history of suicide attempt, while 47% reported that they had considered committing suicide at least once.Some psychological impact given below:

1.12.1.1 Psychiatric disorders. Concerning mental health and homosexuality, studies have long indicated that homosexualshave a substantially greater risk of suffering from a psychiatric problems (suicide, depression, antisocial personality disorder, and substance abuse). Many male homosexuals had pursued psychological counseling of some type, many for treatment of long-term depression or sadness. Sandfort, et al. (1999) found a Dutch study, gay men reported significantly higher mood and anxiety disorders than straight men, and lesbians were significantly more likely to experience depression (but not other mood or anxiety disorders) than straight women. Wilson (1985) found that gay youth become fearful and withdrawn. More than other adolescents, they feel totally alone often suffering from chronic depression, despairing of life that will always be as painful and hard as the present one.

1.12.1.2 Minority Stress. Stress caused from a sexual stigma, manifested as prejudice and discrimination, is a major source of stress for people with a homosexual orientation. Sexual-minority affirming groups and gay peer groups help counteract and buffer minority stress. LGBT discrimination is real and it has been felt in one way or another by almost every Lesbian, Gay, Bisexual or Transgender (LGBT) person. Bisexual, transgender, gay and lesbian discrimination can be seen in almost every aspect of life from

housing, to employment, to schooling to family and religion. This type of discrimination is driven by LGBT stigma and this type of stigma and discrimination often negatively impacts a person's mental health. Gay discrimination can harm a person's mental well-being, including their self-esteem. An elaboration of social stress theory, the notion of minority stress posits that conditions in the social environment, not only personal events or 'factors', are sources of stress that may lead to mental and physical ill effects (Mirowsky & Ross, 1989; Pearlin, 1999). According to Meyer (1995), the concept is based on the premise that LGBT people, like members of other minority groups, are subjected to chronic stress related to their stigmatization. Russell et al. (2001) reported a study involving 500 gay and lesbian adolescents in which it was found that 41% had experienced violence, and 46% of that violence was reported as being related to being gay. Gay and Lesbian Medical Association and LGBT health experts (2010) showed In addition to verbal harassment, many LGBT students report being physically assaulted 21% of LGBT students were physically bullied or assaulted due to their sexual orientation

1.12.1.3 Ego-dystonic sexual orientation. Conflict between religious identity and sexual orientation identity can cause severe stress, causing some people to want to change their sexual orientation. Sexual orientation identity exploration can help individuals evaluate the reasons behind the desire to change and help them resolve the conflict between their religious and sexual identity, either through sexual orientation identity reconstruction or affirmation therapies. Therapists are to offer acceptance, support, and understanding of clients and the facilitation of clients' active coping, social support, and identity exploration and development, without imposing a specific sexual orientation identity outcome. Ego-dystonic sexual orientation is a disorder where a person wishes their sexual orientation were different because of associated psychological and behavioral disorders. Minority stress and gender non-conformity and distress have also been

associated as risk factors in terms of a person's mental well-being (Meyer, 1995; Skidmore et al., 2006).

1.12.1.4 Drug and alcohol use. It is a common characteristics when someone fall depression taken drug for recover it. Gay men are not are not different from it. Rofes (1983) found that some gay and lesbian young people cope with the many problems they face by using alcohol and drugs. Substance use often begins in early adolescence when youth first experience conflicts around their sexual orientation. It initially serves the functional purposes of (1) reducing the pain and anxiety of external conflicts and (2) reducing the internal inhibitions of homosexual feelings and behavior. Prolonged substance abuse, however, only contributes to the youth's problems and magnifies suicidal feelings. Several clinical reports address methods of treating alcoholism in lesbian, gay, and bisexual clients specifically, including fostering greater acceptance of the client's sexual orientation.

1.12.1.5 Negative Coping Strategies. According to the Bowlby & Ainsworth (1991) the love between a mother and an infant is the result of an attachment bond formed during the first year of life. Interactions between a child and his or her mother form behavioral patters that are reflected in later relationships. An example of the development of personality as a result of this bond can be seen in the securely attached infant. As a result of sensitivity and responsiveness on the part of the caregiver, an infant may develop a "secure" attachment style (Rothbard & Shaver, 1994). Infants who develop "secure" personality types feel confident and at ease when relating to others. They learn how to take turns, how to lead and follow, and how to express and receive. The attachment bond serves as a prototype and provides the earliest pattern for warm and close relationships (McAdams, 1989,). Better coping depend on the proper upbringing. According to Bolwlby

it's clear that proper support, acceptance, social support play a great role to make the good coping style. But we have seen that the homosexuals were got always negligence and they were not got proper support from the society as a result many of them were not get scope to good coping skills. Gay youth are especially susceptible to substance abuse in trying to cope with the conflicts of the coming out process(Remafedi G,1985). Research finding also showed that lack of protective factor leads to poor cooping. Indeed with regard to psychological disturbance, a prospective longitudinal study undertaken by Aube and Koestner (1992) found that those males who break the gender-related stereotypes and engender more negative social reaction are likely to experience a poor self-concept, poor adjustment and have a greater dissatisfaction with life.

1.12.1.6 Negative effects on attitudes. Negative attitudes about homosexuality can lead to rejection by friends and family, discriminatory acts and violence that harm specific individuals, and laws and policies that adversely affect the lives of many people; this can have damaging effects on the health of MSM and other sexual minorities. These negative attitudes can:

- Limit MSM's ability to access high quality health care that is responsive to health issues of MSM
- Affect income, employment status, and the ability to get and keep health insurance
- Contribute to poor mental health and unhealthy behaviors, such as substance abuse, risky sexual behaviors, and suicide attempts
- Make it difficult for some MSM to be open about same-sex behaviors with others, which can increase stress, limit social support, and negatively affect health

The negative effects can be especially hard on adolescents and young adults. Young MSM and other sexual minorities are at increased risk of being bullied in

school. They are also at risk of being rejected by their families and, as a result, are at increased risk of homelessness (Centers for Disease Control and Prevention, 2010). A study publishedCaitlin Ryanet al (2009) compared gay, lesbian, and bisexual young adults who experienced strong rejection from their families with their peers who had more supportive families. The researchers found that those who experienced stronger rejection were:

- 8.4 times more likely to have tried to commit suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs
- 3.4 times more likely to have risky sex

1.12.2 Social impact.

The expression of gender identity is an innate characteristic cutting across all categories, and exclusion on the basis of gender identity can seriously affect human capital development and potential. For example, children who are born and raised as male but who might behave as females, are subject to teasing and ridicule at home and in school, and may drop out earlier. Females who are lesbian are subject to rape and violence and forced marriages.

LGBT report being verbally abused, beaten up, and excluded from school activities, family gatherings, and work opportunities. This rejection and exclusion leads to people leaving schools, families and hometowns at a relatively young age, thus eliminating a valuable source of social support: family and relatives. The lack of education and suitable work opportunities, coupled with discriminatory attitudes of

family, teachers, local leaders and law enforcers limits options for employment. (Human Rights Council & Rainbow Community Kampuchea, 2013).

1.12.2.1 Unsupportive Family Reactions. Homosexual's family members were not supportive with them. They were neglected them and not accepted them. Family reaction to disclosure most of the reactions from family are negative, or unsupportive.Russell, G. & Richards, J. (2003) showed among 80 respondents who had disclosed to their families, anger seems to be the most common reaction, (76%) followed by Sadness, (56%) Guilt was expressed by 31% and Denial by 21%. 48% said their families expressed Acceptance, but this happened after some time. 15% said they had been stopped from school or from going to work. Many family members think that they are influenced by their friends, or are "crazy" and "sick", or "possessed by a spirit". Thus being sent to traditional healers "kru khmer" and doctors or psychiatrists is a fairly common occurrence, reported by 12 to 15%.

Nathan (2012) stated that while many assume that family rejection is the leading cause of depression among LBGTI individuals, a new study has found that in fact the problem appears to stem predominantly from the higher incidence of relationship problems among homosexuals. A male homosexuals expressed his experiences of the family members were rejecting and unsupportive (Mabel & Kulick , 1998). This is reflected in statements like:

"They were angry, and dislike that I act as a male"

"My father told me that if I would be a kteuy, then I would have to leave the house… it seems that in my family they only love me 50% while they love the others 100%"…I have a lesbian sister, and she is treated like me also".

"My family is ashamed and scared that in the future no body (will) take care of me"

"My father cursed, he said If he knew he had a gay son when I was born, he would have killed me"

"My parents feel ashamed to have lesbian, gay or transgender children, it destroys the surname"

"They took me to Siem Reap, and tried to control everything I do to change my mind that loves the same sex"

"They do not allow me to dress like girl; they take my clothes and throw these out".

"I left home aged 14 because when my brother discovered I was having sex with my friend Paulo…he called me names, mistreated me, hit me, beat me…he even took me to a bordello, to a red -light zone, so that I could have relations with a woman." So it is clear that unsupportive family were impact their mental health.

1.12.2.2 Family Rejection. When family rejects their homosexual teen, they will face mental health problems later in life and if the homosexual teen already has a mental health problem, it could get worse. Support is very important for everyone in a child's developmental phase. A lack of family support can have a negative impact on that child. Add in that the teen is gay or lesbian and that they have a mental illness, and this lack of support increases the chances of greater psychological problems, including a possible suicide attempt.Homosexuality and suicide is a serious issue. The Family Acceptance Project's research has demonstrated that "parental acceptance, and even neutrality, with regard to a child's sexual orientation" can bring down the attempted suicide rate.

Almeida, J et al, (2009) study done a study with 224 LGBT adults it was found that:

- Teenagers that were rejected by their family were
  - 8 times as likely to attempt suicide
  - 6 times as likely to report serious depression
  - 3 times as likely to have unprotected sex
  - 3 times as likely to use drugs

Although this doesn't prove that a family's poor reaction to a child's sexuality causes problems later in life, social worker. When a parent is unavailable or rejecting, a child may become "avoidantly" attached, meaning that the child adapts by avoiding closeness and emotional connection. An ambivalently attached child experiences the parents' communication as inconsistent and at times intrusive. Insecure attachments influence the developing brain, which in turn affects future interactions with others, self-esteem, self-control, and the ability to learn and to achieve optimum mental and physical health. Rejection by the family, particularly at a young age before a child can be considered independent, is therefore a major factor leading to vulnerability. The many research shows that there are high levels of exclusion experienced by gays, lesbians and transgender, and this is manifested by being stopped from schooling, working, socializing, seeing friends, and being subject to various acts of violence—physical and emotional and its made them vulnerable for suicide. A study of 224 LGB youth found that family rejection was associated with increased rates of reports of attempted suicide, depression, and other risky behaviors (Ryan, C. et al, 2010). Another study involving 194 gay adolescents between the ages of 14 and 21, reported that 26% of fathers, 10% of mothers, and 15% of siblings rejected their gay Children (D'Augelli et al.,1998).

1.12.2.3 Domestic Violence. Already we have seen that being MSM homosexuals were extremely neglected from every where also their family. They were seriously suffered also domestic violence. Russell et al.(2001) reported a study involving 500 gay and lesbian adolescents in which it was found that 41% had experienced violence, and 46% of that violence was reported as being related to being gay. 60% of the respondents, or 89 persons out of 149, said they had experienced some form of domestic violence incidents. The survey specifically asked about the forms of violence experienced from family members and/or partners. Gay and Lesbian reported similar rates of domestic violence (57%) and transgender reported higher levels at 66%. Most respondents who experienced Domestic Violence noted several types, as well as different perpetrators within the family – parents, siblings, uncles, aunts, in-laws, grandparents, or partners.

1.12.2.4 Discrimination.Homosexuals were get always discrimination from the family and society and its severely impact their mind. Evidence from large studies of middle and high school students suggests that victimization and discrimination have an impact on the association between LGB status and suicidal behavior (Almeida J et al., 2009). A longitudinal study found that young Gay who experienced harassment and discrimination were twice as likely to think about suicide (Huebner D.M et al., 2004). It is clear that the exclusion and discrimination have major impacts on the lives of lesbian, gay and transgender persons. The result of discrimination given below:

- Dropping out of school earlier
- Leaving alone in home and family
- Unable to find regular jobs, have less options than others
- Being ignored in the community and isolated

- Mobility, Move to other areas, (such as the city and urban areas)
- Migrate to other countries for seeking safer livelihood and acceptanc
- Rejected from Religion (Esp. Muslim and some Christian Fundamentalist sects)
- Attempt suicide

In the end, Exclusion leads to a loss of valuable human capital, and therefore the potential to contribute to village, commune and national life is decreased. Some will turn to negative coping strategies in order to survive (such as leaving home and school; or joining gangs and engaging in illegal activities like stealing, drug selling, etc.), while others may sell sex, use alcohol and drugs. These coping strategies also have their own effects and impacts on the individual, community and society. Gay discrimination in the workplace has been studied and the results are staggering. Of gay and transgender workers:

- 15-43% have experienced some on-the-job discrimination
- 8-17% report having been passed over for a job or fired because of their sexuality or gender identity
- 10-28% have received a negative performance review or were passed over for a job
- 7-41% were verbally or physically abused or had their workspace vandalized(America's Mental Health Channels, 2013).

Another kind of discrimination of bullying. Bullyingof LGBT youth has been shown to be a contributing factor in many suicides, even if not all of the attacks have been specifically addressing sexuality or gender. Gay bullying or gay bashing may be name-calling, taunting, mocking and making jokes. Since a series of suicides in the early 2000s,

more attention has been focused on the issues and underlying causes in an effort to reduce suicides among LGBT youth. School bullying may be a factor contributing to minority stress in LGBT youth. A large Canadian study found that 70% of students heard homophobic expressions such as "that's so gay" in school every day, and 48% heard homophobic slurs daily. This study found that 74% of trans students and 55% of sexual minority students were verbally harassed about their gender expression, compared with 26% of their straight peers (Taylor, C. & Peter T, 2011).

So according to the discussion it's clear that homosexuals were neglected every cultures also Bangladesh. They were leading very challenging life. This challenging life decreases their quality of life and they were extremely neglected and deprived from everywhere which impact their psychological and social life and make vulnerable to suicide which suggest lots of study. Our next section is about suicide and its relationship with homosexuality.

1.13 Defining Suicide

Suicideis the process of purposely ending one's own life.Suicide is any form of self-killing, where self-killing is understood as acting in such a way as to bring about one's own death. Durkheim, E. (1897) definition of suicide is –"Suicide is the death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." Durkheim also distinguished between three types of suicide:

- ***Anomic Suicide***. Anomic suicide happens when the disintegrating forces in the society make individuals feel lost or alone. Teenage suicide is usually cited as an

example of this type of suicide, as is suicide committed by those who have been sexually abused as children or whose parents are alcoholics.

- ***Altruistic Suicide***. Altruistic suicide happens when there is excessive regulation of individuals by social forces. An example is someone who commits suicide for the sake of a religious or political cause, such as the hijackers of the airplanes that crashed into the World Trade Center, the Pentagon, and a field in Pennsylvania on 9/11/01. People who commit altruistic suicide subordinate themselves to collective expectations, even when death is the result.
- ***Egoistic Suicide***. Egoistic suicide happens when people feel totally detached from society. Ordinarily, people are integrated into society by work roles, ties to family and community, and other social bonds. When these bonds are weakened through retirement or loss of family and friends, the likelihood of egoistic suicide increases. Elderly people who lose these ties are the most susceptible to egoistic suicide

1.14 Defining Suicidal Attempt

The WHO/EURO (1986) given a definition of suicidal attempt: "An act with nonfatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage, and which is aimed at realizing changes which the subject desires via the actual or expected physical consequences."

Center for Disease Control (2010) given a definition of suicidal attempt. “Suicidal attempt is a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior.”

1.15 Causes of Suicidal Attempt

There aresome reasons for suicidal attempt. Researcher found that Risk factors at the individual level include previous suicide attempts is mental disorders, harmful use of alcohol, financial loss, chronic pain and a family history of suicide(Phillips, MR et al., 2002).

American psychologist Thomas Joiner (2005) states that three main factors cause someone to turn to suicide. They are:

- a perception that they are alone in the world and that no one really cares about them
- a feeling that they are a burden on others and that people would be better off if they were dead
- Life history - for example having a traumatic experience during childhood, such as a bereavement
- Mental health - for example developing a serious mental health condition, such as schizophrenia
- Lifestyle - people who misuse alcohol and drugs are at increased risk of suicidal thoughts
- Job - poor job security, low levels of job satisfaction or not having a job can increase a person's risk of dying by suicide
- Relationships - people who are socially isolated and have few close relationships with others have a higher risk of dying by suicide
- Stigma and Discrimination like bullying.
- Genetics and family history

Cole. J, Walter. H&De Maso (2011) People who try to commit suicide are often trying to get away from a life situation that seems impossible to deal with. Many who make a suicide attempt are seeking relief from:

- Feeling ashamed, guilty,
- Feeling like a victim
- Feelings of rejection, loss, and loneliness etc.
- Severe depression
- Borderline personality disorder

According to the above causes it is clear that lots of issues make a man to vulnerable including family , social and mental health issues. All of these factors, one or more stressful events may push a person "over the edge" and lead to suicidal thinking and behaviour.

1.16 Global Epidemiology of Suicide and SuicidalAttempts

An estimated 804 000 suicide deaths occurred worldwide in 2012, representing an annual global age-standardized suicide rate of 11.4 per 100 000 population (15.0 for males and 8.0 for females). However, since suicide is a sensitive issue, and even illegal in some countries, it is very likely that it is under-reported. In countries with good vital registration data, suicide may often be misclassified as an accident or another cause of death. Registering a suicide is a complicated procedure involving several different authorities, often including law enforcement. And in countries without reliable registration of deaths, suicides simply die uncounted. In richer countries, three times as many men die of suicide than women do, but in low- and middle-income countries the male-to-female ratio is much lower at 1.5 men to each woman. Globally, suicides account for 50% of all violent deaths

in men and 71% in women. With regard to age, suicide rates are highest in persons aged 70 years or over for both men and women in almost all regions of the world. In some countries, suicide rates are highest among the young, and globally suicide is the second leading cause of death in 15−29-year-olds. The ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally, but many other methods are used with the choice of method often varying according to population group. For every suicide there are many more people who attempt suicide every year. Significantly, a prior suicide attempt is the single most important risk factor for suicide in the general population. For both suicides and suicide attempts, improved availability and quality of data from vital registration, hospital-based systems and surveys are required for effective suicide prevention. Restricting access to the means of suicide is a key element of suicide prevention efforts. However, means restriction policies (such as limiting access to pesticides and firearms or putting barriers on bridges) require an understanding of the method preferences of different groups in society and depend on cooperation and collaboration between multiple sectors. (WHO, 2013).

1.17 Psychosocial Factors Associated with Suicide

Suicidal behavior occurs in response to interactions between biological, psychological, and socio-environmental risk factors, along with the relative absence of protective factors (Moscicki EK, 2001). Suicidal behaviours are undoubtedly linked to multiple causes, biological and psychosocial. Most studies purporting to elicit the risk factors for suicide, for example those involving psychological autopsies, have focused on the evaluation of pathological mental status or psychiatric disorders as potential risk factors. Information about the social and environmental correlates for suicide and suicidal attempt is relatively scarce (Gould MS, 1996). A number of psychosocial risk factors have

also been reported to be significantly associated with the risk of suicide. They include marital disruption, unemployment, lower socio-economic status, living alone, a recent migration, early parental deprivation, family history of suicidal behavior and psychopathology, poor physical health and stressful life events (Sainsbury, 1986; Heikkinen et al., 1994; Gould et al., 1996; Foster et al., 1999). Being gay in-and-of-itself is not the cause of the increase in suicide the increased risk comes from the psycho-social distress associated with being gay. Six studies reported by Remafedi (1999) found that Suicide attempts were significantly associated with psychosocial stressors, including gender non conformity, early awareness of being gay, victimization, lack of support, school drop out, family problems, acquaintances 'suicide attempts, homelessness, substance abuse, and other psychiatric disorders. Some psychosocial factors mediate suicidal attempt. These are discussed in below:

1.17.1 Abuse. The most common factors for responsible suicide attempt of abuse. Both abuse such as physical and sexual abuse, make vulnerable a person for suicide. Sexual abuse, in particular, has received the most attention. The association between child sexual abuse and suicide has been clearly established in several studies (Bagley C et al, 1994). In a Dutch cross sectional study, suicide attempts were reported to be five times more common in girls and 20 times more common in boys with previous sexual abuse in comparison to non-abused adolescents (Garnefski N et al., 1998). Family violence, abuse, and neglect have been associated with suicidal behavior especially in children and adolescents (Jacobsen LK et al., 1994). In a prospective register based study of Danish children, adolescents who had been hospitalized and professionally assessed as a result of being battered or neglected had an increased risk of suicide attempts with an odds ratio of 10.0 (Christoffersen MN et al.,2003).

1.17.2 Loss. Loss event is confirmed to be a significant riskfactor for suicide (Cheng AT et al , 2000). Particularly, the loss of a significant other would place the survivors in a high risk situation for suicide. Studies on bereavement have confirmed that mortality is increased in surviving spouses (Schaefer C et al., 1995). Necessarily, parental loss due to separation, divorce, illness, or death in children or adolescents would serve as a very potent risk factor for suicide. In a study investigating parental loss as a risk factor for suicide, the suicidal patients had experienced maternal loss significantly more frequently than the non-suicidal patients (Botsis AJ et al., 1995).

1.17.3 Family factors. Empirical research suggests that early andchronic life event stresses, particularly withinthe family context, are associated with suicidalbehavior (Maris RW,1997). Various types of problems inrelationships with close family members oftenprecede suicide. A controlled study indicatedthat low levels of communication between parents and children may act as a significant riskfactor.In this study, other factors such as family discord, lack of family warmth, and disturbed parent-child relationships were associated with child and adolescent psychopathology an especially important role insuicide (Gould MS et al., 1996).

1.17.4 Stressful life events. Stressful lifeevents often precede a suicide orsuicide attempt. The occurrence of recent lifeevents was very high, affecting up to 80% of thesuicide.The loss of one's home, failure instudies, unemployment, financial difficultiesand bankruptcy are common negative life eventsamong people who commit suicide (Kolves K et al, 2006). Likewise, the association between stressful life events and suicidal behavior was reported in children. A follow up study for suicide attempts among pre pubertal inpatients with suicidal ideation indicated that a high rate of stressful life events served as an important risk factor for further suicide attempts (Pfeffer CR et al., 1993).

1.17.5 Environmental influence. Suicide can be precipitated by exposure to realor fictional accounts of suicide, such as encountering news of another person's suicide and reading about a suicide portrayed in a romantic book. Vulnerable teenagers are particularlyat risk and it is reported that the risk lasts forapproximately two weeks after the exposure (Bollen KA et al., 1982).

1.17.6 Adjustmental factors. Impairment in social adjustment before a suicide attempt was introduced as one of the strongest risk factors for the re-occurrence of suicidal behaviors. Various indices of poor social adjustment were suggested to have an association with suicidal behavior in children and adolescents: dysfunctional relationships between children or adolescents and family members, poor social skills, poor leisure skills, etc (Jacobsen LK et al., 1994).

1.17.7 Psychological factors. Having a mental health condition is the most significant risk factor for suicide. It is estimated that 90% of people who attempt or die by suicide have one or more mental health conditions. Severe depression is where a person has severe symptoms of despair and hopelessness that interfere with their life. People with severe depression are 20 times more likely to attempt suicide than the general population. Factors contributing to "hopelessness", such as a negative view about one's own competence, poor self-esteem, and a sense of responsibility for negative events have been repeatedly found to be associated with suicidality. Inappropriate copying styles such as impulsivity or catastrophizing would also lead to suicidal behaviors (Brent DA, 1997). Borderline personality disorder is characterized by unstable emotions, disturbed thinking patterns, impulsive behaviour and intense but unstable relationships with other people. It is estimated that just over half of people with borderline personality disorder will make at least one suicide attempt.

People with a borderline personality disorder who have a history of childhood sexual abuse have a particularly high risk of suicide (Brown MZ, 2002).

1.17.8 Social integration. Living in a deprived area or single person household is generally associated with a high suicide rate. This phenomenon serves as a good example of social fragmentation as a strong predictor of suicide. In a national register-based study of adult suicides in Korea, lower social class was found to constitute a high risk for suicide, even after controlling for variables such as age, marital status, and area of residence (Kim MD et al., 2006).

According to the above studies and discussion it is very clear that socio demographic and psychosocial factors related to suicide attempts. Among psychosocial risk factors, mental health problems are prominent.

1.18 Homosexuality and Suicide

In the section of vulnerability of suicide here already has already showed that the homosexuals are also vulnerable for suicide. They are extremely vulnerable because of their lack of acceptance in the family and society. Researchers have found that attempted suicide rates and suicidal ideation among Lesbian, Gay, Bisexual, Transgender(LGBT) youth is comparatively higher than among the general population. LGBT teens and young adults have one of the highest rates of suicide attempts. Its impact their mental health. International epidemiological studies (Bagley & Tremblay, 2000; Sandfort et al., 1999) reported that gay and bisexual males are four times more likely to report a serious suicide attempt than their heterosexual counterparts. With regard to men, period prevalence rates indicate that gay and bisexual males between the ages of 17 - 29 years have a much higher suicide attempt rate than those men who have not declared themselves gay or bisexual

(Bagley & Tremblay, 1997 ; Cochran & Mays, 2000). Researchers have found that attempted suicide rates and suicidal ideation among lesbian, gay, bisexual, transgender(LGBT) youth is comparatively higher than among the general population. LGBT teens and young adults have one of the highest rates of suicide attempts (Curtis, D. & Victor. K ,1994). Depression and drug use among LGBT people have both been shown to increase significantly after new laws that discriminate against gay people are passed (Mark L. H, 2010). Bullying of LGBT youth has been shown to be a contributing factor in many suicides, even if not all of the attacks have been specifically addressing sexuality or gender. Since a series of suicides in the early 2000s, more attention has been focused on the issues and underlying causes of suicides among LGBT youth (Savin-Williams & Ritch C.1994). Homosexuality has been suggested as a risk factor for youth suicide (1999). They indicate that as a result of social stigma, Gay, Lesbian, Bisexual (GLB) youth encounter many of the environmental stresses related to suicide. As the rates of suicide among those age 15-24 has more than tripled over the last fifty years, one has to wonder how large a factor the shame associated with the causes of homosexuality is in adolescent and teen suicide (Garofalo et al, 1999).

However, pleasure and distress, arising from the same source, can co-exist and it has been suggested that it is impossible for a person to have a pattern of behaviour that is strongly condemned by the dominant culture, such as that of being gay and not experience feelings of insecurity, isolation and rejection (Coyle, 1992; Robertson, 1998; Johnson et al., 2007). Depression and drug use among LGBT people have both been shown to increase significantly after new laws that discriminate against gay people are passed. Risk factor domains which may contribute to suicidal behaviour include social and educational disadvantage; childhood and family adversity; psychopathology; individual and personal

vulnerabilities; exposure to stressful life events and circumstances; and social, cultural and contextual factors.

1.19 Literature Review

1.19.1 Empirical Quantitative Research.

For the past 25 years researchers have consistently reported high rates of suicidality among homosexual persons, particularly among adolescents and young adults (Garofalo et al., 1999; Remafedi et al, 1998). Epidemiological studies from North America, New Zealand and Europe demonstrate that gay and bisexual males are between two and eight times more likely to report a serious suicide attempt (Bagley & Tremblay, 2000; Fergusson et al., 1999; Sandfort et al., 1999). Garofalo et al. (1999) found that in the overall population, sexual orientation was a significant risk factor for predicting a suicide attempt.

Bangladesh also has a negative impact on the mental health and well-being of LGB people. A recent study of 102 homosexual men conducted by University of Dhaka Professor Muhammad Kamruzzaman Mozumder et al.(2010) found that 32% of these men had a history of suicide attempt, while 47% reported that they had considered committing suicide at least once.

Therefore an assumption cannot be made that those who have committed suicide without a diagnostic label, did not suffer mental illness and/or psychological disturbance. Indeed with regard to psychological disturbance, a prospective longitudinal study undertaken by Aube & Koestner (1992) found that those males who break the gender-related stereotypes and engender more negative social reaction are likely to experience a poor self-concept, poor adjustment and have a greater dissatisfaction with life. Other studies (Meyer, 1995. Reinherz et al., 1995 ;Skidmore et al., 2006) have reported a correlation between early age gender non-conformity and suicide ideation.

Serious suicidal ideation ranging from 24% to 41% havebeen reported, and suicideattempts ranging from 7% to 20% among adult gay men and lesbians. (Paul, J.P et al.,2002).

Being a gay adolescent is a significant risk factor for suicidal thoughts and attempts. More than15 different studies conducted With in the last 20 years have consistently showed significantly higher 623 rates of suicide attempts, in the range of 20 to 40%, among gay adolescents (Gould et al, 2003; Goldfried, 2001; Heimberg & Safren, 1999; Pauletal., 2002; Russell & Joyner, 2001; Lock & Steiner, 1999 ; Udry & Chantala, 2002).

Russell and Joyner (2001) were the first to use nationally representative data to support this association. In a study involving over 6,000 adolescent girls and over 5,000 adolescent boys, they concluded that adolescents with a same-sex orientation were more than twice as likely to attempt suicide

DAugelli (1996) found that 41% of those included in their study who had come out, had made a suicide attempt in comparison to 12% of those who had not yet come out. The elevated rates were linked to verbal and physical abuse by family members. Remafedi et al. (1998) also refute the discrimination and stigmatization theory. Their research identified sexual abuse, drug abuse, arrests for misconduct, more feminine gender roles, and/or adopting a bisexual or homosexual identity at a young age. as important correlates in those attempting suicide. Minority stress and gender non-conformity and distress have also been associated as risk factors in terms of a person's mental well-being (Meyer, 1995; Skidmore et al., 2006).

Yhidaka and D Operario (2006) of the 1025 respondents, 154 (15%) of the men reported a history of attempted suicide, 716 (70%) showed high levels of anxiety and 133

(13%) showed high levels of depression. 851 (83%) experienced school bullying and 615 (60%) were verbally harassed because of being perceived by others as homosexual.

A study of young homosexual men (18–27 years of age) in the US found that 37% of respondents had experienced verbal harassment, 22% had experienced discrimination and 5% had experienced physical violence in the recent past.(Rotheram-Borus M Jet al., 1994).

There is evidence of a strongassociation between suicide risk and bisexuality or homosexualityin males.Suicide attempts were reported by28.1% of bisexual/homosexual males, 20.5% of bisexual/homosexualfemales, 14.5% of heterosexual females, and 4.2% of heterosexualmales. (Remafedi et al,1998)

Of those adolescents who reported past suicide attempts, 23% reported both-sex attractions, 19% reported same-sex attractions, and 7% reported opposite-sex attractions (Langhinrichsen-Rohling, 2011).

Paul et al.(2001) examined lifetime prevalence of suicide attempts and psychosocial correlates in a large population-based sample of men who have sex with men (MSM). A telephone probability sample of US urban MSM (n = 2881) were interviewed between November 1996 and February 1998.Twenty-one percent had made a suicide plan; 12% had attempted suicide (almost half of those 12% were multiple attempters). Most who attempted suicide made their first attempt before age 25. Although prevalence of parasuicide (i.e., attempted suicide) has remained constant across birth cohorts, mean age at initial attempts has declined.

G Remafedi, et al. (1998) examined suicide attempts were reported by 28.1% of bisexual/homosexual males, 20.5% of bisexual/homosexual females, 14.5% of heterosexual females, and 4.2% of heterosexual males.

Fergusson DM et al. (1999) conducted a study which examines the data were also gathered on suicidal ideation and suicide attempts. They found that Gay, lesbian, and bisexual young people were at increased risks of major depression were 40%, suicidal ideation 54% , and suicide attempts 62%.Of the male participants, 28.1% of bi-/homosexual students reported suicide attempts, as opposed to the 4.2% of heterosexual males within the study (Remafedi, 1998).

Bell &Weinberg (1978) reported that 22% of first time suicide attempts occurred after the age of 25 years. About 43 percent of all first time suicide attempts associated with homosexuality issues were related to problems in a homosexual relationship. Suicide reattempting rates have remained high over the last 50 years, and may have risen a little, from 39% to 44% and 35% - are not related to negative events "negative homosexuality-related self-perception" issues.

The Remafedi et al. (1991) data indicates that gay/bisexual male youth who have engaged in prostitution, been sexually abused, have been runaways, and have been arrested have elevated suicide attempt rates. There is also a general "suicide attempt" risk decrease from males being "feminine," to males being "masculine," the former having a 4.4 times greater likelihood for having attempted suicide than their "masculine" counterparts 48% vs 11%.

1.19.2 Empirical Qualitative Research.

Whilst quantitative research relating to homosexuality and suicide abound, the literature is complemented by a small number of qualitative studies which have sought to document the experiences of young gay men (Epstein, 1994). However this evidence base is limited.

Johnson et al (2007) conducted a study exploring the experiences of suicidal distress and survival with mental health service users and young people who identified as lesbian, gay, bisexual and transgendered (LGBT). The study used a participatory-action research approach and in-depth qualitative analysis. Initially nine people participated in a focus group to generate interview questions and approve the final schedule. The themes generated by the group were seen as being relevant to LGBT people who experienced suicide distress. The findings of the study suggest that suicide distress is experienced in terms of feelings of worthlessness, hopelessness and acute isolation.

Another finding from Johnson et al. (2007) study emerged from the group who had mental health issues whereby they experienced a 'double stigma'. The people in this group felt alienated because of their mental health issues and isolated, and sometimes pathologiesed, within mental health services because of their being gay through stigmatization and discrimination.

In addition to explicating what factors might lead to suicidality among LGBT people, Johnson et al. (2007) also conducted a qualitative research. Findings explored the factors leading to suicide was distress, stigma, discrimination, gender conflict among young gay men.

Robertson (1998) was done a larger qualitative study which was explored the health needs of gay men in Lothian. Study was used grounded theory approach. The study was found to mental health problems among the majority of respondents and they

reported some experience of mental distress linked to their sexual orientation at some point during their lives. Additionally 25% had medical contact due to anxiety and/or depression associated with their homosexuality, with three participants having attempted suicide . Study also found that depression can often be associated with hostile and isolating environments; guilt and attempted suicide was linked to family discovery and subsequent rejection and the stress of hiding one's sexuality pre-empted alcohol abuse as a maladaptive coping strategy in managing sexuality.

Coyle et al.(1992) identified that constant fear and the felt need to hide their true self resulted in feelings of isolation and alienation in their research. The study led to compartmentalizing feelings when engaging with the heterosexual world, the consequence often being that they lost the ability to express their emotional self a consequence of not being able to express their emotions was unsatisfactory relationships and lower self-esteem.

Flowers & Buston (2001) found that the process of forming a gay identity occurred both psychologically and across social contexts, for example work and school, both of which are characterized by the normative nature of heterosexuality. They identified being defined by difference, inner conflict, living a lie, alienation and isolation, self-reflection, telling others and wholeness and integration as dimensions of gay identity that were a response to prevailing social attitudes.

Being defined by difference was unanimously described negatively by the men in their study, and when discussing the time at which their difference was named, the consensus was that it had major implications for the onset of mental health problems at a young age. Flowers & Buston (2001) showed in their study illustrate the interpretive nature of identity construction as retrospective accounts of childhood marginalization. They propose that it is the growing perception of being different and linking that

difference to a gay identity that leads to inner conflict. For Flowers & Buston (2001) the inner conflict the negative attributes associated with gay identity becoming a common psychological experience. For the men in Flower and Buston's (2001) study, such negative stereotypical associations led to experiences of alienation and isolation, seeing the self as both derided and worthless.

Coyle (1992) used quantitative methods, born out of qualitative studies, to explore gay identity experiences of a non-clinical group of 140 gay men living in the Greater London area. Two important findings emerged from this study; (1) psychological well-being was found to be significantly related to the extent to which the respondent perceived his being gay as advantageous and (2) the degree of involvement he has in the gay subculture. These study suggests that this could be linked to psychological dysfunction with regard to alienation, isolation, loneliness, guilt, low self-esteem and self-blame. As a way of counteracting the negative associations of being gay a number of respondents,

1.20 Rationale of the Present Study

Male have make sex with male (MSM) is a very burning and also a hidden issues of our country. All of we already aware about transgender group. But MSM are overlooked in our country. According to Family Health international (2011) satiation 40000-150000 MSM in Bangladesh and Government of Bangladesh was approved it. Some NGO's working their health risk like HIV STI and other. They had counseling services also. But all of them are come after taken suicidal attempt. Many sensitize meeting, symposium, and workshop has occurred about their rights. But In Bangladesh govt. not given the legality of MSM relation. Bangladesh is a society with strong traditional and cultural values. Same-sex activity is not an acceptable norm to any community in the country. The Penal Code of Bangladesh, derived from the British Penal

Code during colonial occupation. Section 377 of the Penal Code of Bangladesh criminalizes homosexual acts: *"*Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with (imprisonment) for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.*"* That reason they are living till now in a hidden world and not explored them as a MSM. That reason family and society not understand their expectations and values. For this reason many of them have not grown up good coping skills and that reason some of them are taken suicidal attempt which already we discussed in literature review section. The present study focused on that issues which psycho social issues are associated their suicidal attempt. The findings of this study will provide a clear idea and will help to develop appropriate and specific clear picture of which psychosocial issues lead to take suicide for the homosexuals. There is not sufficient research on this area in Bangladesh. So-

- This study has highlighted the potential areas for interventions and contributes in the development of strategies and services to prevent suicide among male homosexuals in Bangladesh.
- This study would also demonstrate the new field that explores the role of clinical psychologists to work with them.
- It is hoped that the present research will initiate further research in understating self-care strategies for preventing suicide among homosexual people.

1.21 Research questions

- What psychosocial issues are associated with suicidal attempt among male homosexuals?

1.22 Objectives of the study

The study is aimed at understanding psycho-social issues associated with suicidal attempt among male homosexuals.

1.22.1 Specific objectives are as follows

- To explore the specific psychological issues associated with suicidal attempt among male homosexual.
- To explore the social factors associated with suicidal attempt among male homosexual.

CHAPTER 2

METHOD

Method

2.1 Research Design

The present study followed qualitative research design adhering to the Grounded Theory model. The details of the methodology are given below. It will help to understand the conceptual issues which this research followed.

Qualitative research uses language as its raw material. Qualitative research is aimed at to study people's thought, experiences, feelings, or use of language in depth and detail. It also gaining a deep understanding of a specific organization or event, rather than a surface description of a large sample of a population. It generates data about human groups in social settings(Barker, C. et al., 2002).

Qualitative research does not introduce treatments or manipulate variables, or impose the researcher's operational definitions of variables on the participants. Rather, it lets the meaning emerge from the participants. It is more flexible in that it can adjust to the setting. Concepts, data collection tools, and data collection methods can be adjusted as the research progresses. The main advantage of qualitative methods is that they allow a rich description(Barker, C. et al., 2002).

There are several techniques or approaches for qualitative investigation, such as Case study, Interpretative Phenomenological Analysis, Narrative Study, Ethnography and Grounded Theory. Among all of these approaches, grounded theory method seemed to fit perfectly for get the best answer of the present research and also will be fulfill the present study's purpose.

2.2 Grounded Theory.

Grounded Theory (GT) is frequently considered to offer researchers a suitable qualitative method for in-depth exploratory investigations. It is a rigorous approach which provides the researcher with a set of systematic strategies (Charmaz, 1995; Strauss& Corbin, 1990). The unit of analysis for this method is to study a process, action, or interaction involving many individuals.

Glaser defined grounded theory as "*Grounded theory is the systematic generation of theory from data acquired by a rigorous research method. Grounded theory is not findings, but rather is an integrated set of conceptual hypothesis. It is just probability statements about the relationship between concepts*" (Glaser, 1998; p.3).The grounded theory approach, particularly the way Strauss develops it, consists of a set of steps whose careful execution is thought to "guarantee" a good theory as the outcome. Strauss would say that the quality of a theory can be evaluated by the process by which a theory is constructed.

Although not part of the grounded theory rhetoric, it is apparent that grounded theorists are concerned with or largely influenced by emic understandings of the world: they use categories drawn from respondents themselves and tend to focus on making implicit belief systems explicit.

2.3 How grounded theory works?

Grounded theory is a systematic methodology in the social sciences involving the discovery of theory through the analysis of data. The basic idea of the grounded theory approach is to read (and re-read) a textual database (such as a corpus of field notes) and "discover" or label variables (called categories, concepts and properties) and their

interrelationships. The ability to perceive variables and relationships is termed "theoretical sensitivity" and is affected by a number of things including one's reading of the literature and one's use of techniques designed to enhance sensitivity (Glaser & Strauss, 1967).

The research method of grounded theory operates almost in a reverse fashion from traditional social science research. The first step is data collection, through a variety of methods. From the data collected, the key points are marked with a series of *codes*, which are extracted from the text. The codes are grouped into similar *concepts* in order to make them more workable. From these concepts, *categories* are formed, which are the basis for the creation of a reverse engineered hypothesis. This contradicts the traditional model of research, where the researcher chooses a theoretical framework, and only then applies this model to the phenomenon to be studied .The basic idea of the grounded theory approach is to read (and re-read) a textual database (such as a corpus of field notes) and "discover" or label variables (called categories, concepts and properties) and their interrelationships (Glaser & Strauss, 1967).

2.4 Respondents.

Maximum variation of sampling was tried to be ensured regarding different socio-economic status, sexual choice, sexual partner, suicidal attempt history etc. In the present study a total 7 only MSM (Male having Sex with Male) participants were selected. The age ranges of participants' were20-35. Participants' were selected for interview session with the help of a leadingNGO named Bondhu Social Welfare Society (BSWS). They are working with MSM, MSW and (Male Sex Worker) and Hijra. They have some DICs (Drop in Centre) where they are providing them several types of support. Before starting the study several times were discussed with the respective organizations authority. They were cordially help me and also given the permission for taken interview from their

respective organizations. A written official application **(**Appendix-A) was provided for took officially permission from the executive director of BSWS. All interviews were conducted in Dhaka city. Among them two interviews were conducted in Mogbazar DIC while the rest of the five interviews were conducted in Mirpur DIC's.

A standard inclusion and exclusion criteria was set for selecting respondents which are:

2.4.1 Inclusion criteria.

Inclusion criteria for participation were as follows:

- Who are only male homosexuals.
- At least one suicidal attempt in last 6 months.
- Age above 18 years.
- Participants who can converse meaningfully.

2.4.2 Exclusion Criteria

Inclusion criteria for participation were as follows:

- Age below 18 years.
- Having any psychotic illness.
- Having involved in substance abuse .
- Those who are Heterosexual or Transsexuals.

2.5. Sampling.

In the present study purposive sampling was used to select respondents in this research.

2.6. Saturation.

Saturation can be simply defined as data satisfaction. It is when the researcher reaches a point where no new information is obtained from further data.

Saturation is the process of qualitative data analysis in which the researcher has continued sampling and analyzing data until no new data appear and all concepts in the theory are

well-developed. Categories are saturated when gathering fresh data no longer sparks new insight of data , nor revels new properties of these core categories (Charmaz, K, 2006). Saturation is not seeing the same pattern over again. It is the conceptualization of comparison of these incidents which yield different properties of the pattern, until no new properties of the pattern emerge. This yields the conceptual density that when integrated in to hypotheses mark up the body of the generated grounded theory with completeness (Glaser, 2001).

In the present study basic level of saturation is achieved when during interview a single participant is unable to give further new issues on the existing topic. After end of the interview with that participant and researcher move onto next participant for interview. Saturation ensures the completeness of the collected data for make theme.

2.7. Tools

In the present study the following tools were developed and used for interview. These are:

2.7.1. Screening tools.

A standards screening questionnaire was made to fulfill the desire of present study. The screening questionnaire was used to ensure appropriate participants for the present study by follow the both inclusion and exclusion criteria. It included questions on twelve. Among the twelve, eight questionswere for inclusion criteria and four was exclusion criteria. (Appendix-B)

2.7.2.Consent form.

A detail explanatory consent form was also made for ensures the ethical aspect and also validity for the present research. The consent form incorporated the issue of informed choice for participation in the present study, approval to record the interview, assurance of confidentiality, the possibility for second interview (if necessary) (Appendix-C).

2.7.3. Socio demographic information.

A socio demographic information also used in the present study. (Appendix- D).

2.7.4. Topic guide.

A Topic Guide was made to explore the psychosocial issues associate with suicidal attempt In-depth interview IDI using a predesigned topic guide ,step by step procedures was followed – *Brainstorming----Mind mapping------initial topic guide-------revise the initial topic guide*------developing the final topic guide.**(**Appendix-E)

Details of all tools were attached in Appendix section.

2.8. Procedure for Data Generation.

Detail procedure of the present study is discussednext page.

2.8.1. Data collection method.

In the present study data collected from several sources. These source was included "interview, observation or documents, or from a combination of these sources" (Stern,1995).

In depth interview was the main source of data for the present study. Total seven male homosexual individuals were interviewed. A topic guide was used when interview was conducted. All interviews with the respondents were conducted by the researcher to generate main data.

In the initial stage of data collection it was very important to build a trustworthy rapport between interviewer and interviewee. As the domain of MSM people is full of stigma and discrimination, a strong and trustworthy relationship was essential and it was emphasized to be maintained through non-judgmental attitude. Otherwise, it would not be possible to unfold the hidden story of suicide from the respondents. So the purpose of the interview would be hidden story of suicide the respondents and thus the purpose of the interview would be hindered.

All the interviews were recorded with digital recording equipment i.e. digital MP3 voice recorder. Each participant was interviewed for approximately 70 to 120 minutes. Before using the recorder both verbal and written permission were taken from the respondents' and also explained why recorder needed to use in the present study. Interviews were conducted in a secluded room provided by the assigned DIC's to prevent unwanted intrusion and to ensure adequate privacy. Afterthat objective of the present research was explained with the participants. After that consent from the respondent's was taken both verbally and also in written form.

2.8.2 Preparation for transcript.

In the present study all scientific procedure used and follows transcribing the interview data. All recorded interviews were transferred into computer after completion of whole interview procedure. After that all the files were transcribed in the form of text document by the researcher.

All interviews were transcribed by the researcher himself. Researcher also reviewed all transcripts to avoid error or missing any important issues.

2.8.3 Data analysis

All data were analyzed qualitatively using NVivo-8, a computer based software program which designed for qualitative data analysis. The analysis of data collected in research is often referred to as *'coding'*. Two types of coding used here. These are open and axial coding. Data analysis started with open coding. The data analysis for grounded theory is constant comparison method. Using this method data were analyzed during the data collection period and the emerging concepts from the analysis was gaining depth of understanding of the phenomena in later data collection. The whole data generation process was guided by data analysis process of grounded theory and in-depth interviews were continued until the data saturated.

2.8.3.1Constant comparison with data

The constant comparative method involves breaking down the data into discrete 'incidents' (Glaser and Strauss, 1967).In the constant comparative method the researcher simultaneously codes and analyses data in order to develop concepts; by continually comparing specific incidents in the data, the researcher refines these concepts, identifies their properties, explores their relationships to one another, and integrates them into a coherent explanatory model (Taylor & Bogdan,1984).It does this through a process of data collection that is often described as inductive in nature (Morse, 2001), in that the researcher has no preconceived ideas to prove or disprove. Rather, issues of importance to participants emerge from the stories that they tell about an area of interest that they have in common with the researcher.

Following the grounded theory procedure open coding, first interview was completed with the transcript. Based on that coding the second respondent was searched guided by data. Open coding for the second interview was done unlike the first one. Based on further emerging categories, third respondent was tried to be identified. Thus interactive data analysis had been going on while the data generation through interviewing and initial analysis through open coding had been continuing simultaneously. Data were compared in a constant manner during open coding and intermediates coding merging or remaining any code. Constant comparison was going on within a case as well as between the cases.

2.8.3.1 Open coding.

Open coding is the initial step of analysis, developing codes from the data. This form of coding ends when it locates a core category (Glaser, 1992). In the open coding examines the text (e.g. transcripts, field notes, documents) for salient categories of information supported by the text.It is the initial stage in data acquisition and relates to

describing overall features of the phenomenon under study. Variables involved in the phenomenon are identified, labeled, categorized and related together in an outline form. (Strauss & Corbin, 1990).In open coding the raw data are broken down so that ideas and concepts are identified and labeled. During open coding the researcher codes all the data and places code in as many categories as appropriate.

In the present study, during this phase of open coding, line by line coding was completed. Line by line coding means naming each line of data (Glaser, 1978) .The views of participant's realities were coded almost in an accurate manner because participant's words were highlighted exactly as line by line coding was completed. Open codes help to separate data in to categories and to see process. As soon as the coding of the first transcript was begun the process of writing was started.

2.8.3.2 Axial coding.

Axial coding relates categories to subcategories, specifies the properties and dimensions of a category, and reassembles the data fractured during initial coding to give coherence to the emerging analysis (Charmaz, K, 2006). The purpose of axial coding is to sort, synthesize, and organize large amounts of data and reassemble in new ways after coding. Axial coding is to link categories with subcategories and ask how they are related (Creswell, 1998).

In the present study from the open coding axial coding emerges where the data are reassembled so that theresearcher may identify relationship more specifically. Some categories were done from the open coding. Data were sorted and synthesized for make category. Categories are followed in greater depth on the way to the identification of core categories and ultimately to the explanation of phenomena. Through the axial coding process the codes were analyzed on the follow to the research question, and categorized according to the relationships of data with each other.

2.8.3.3 Model.

In this stage after explore the casual relationship of categories, researcher making connections between themthrough a model. The model helps to understand to get a clear picture and detail story by a frame work.

In order to incorporate all of the interview by the researcher data were analysed throughout the appropriate data collection process. The open coding given an initial idea about the data and axial coding helps to make categories to subcategories,sort, synthesized and organized of existing data. Through these analysis researcher organized the codes were total 13 categories and 31 subcategorized.

Through the data analyses a conceptual diagram has found which help to understand the suicidal attempts process of male homosexuals. The model is drawn in the discussion section (Chapter 4). Microsoft office VISIO-2007, a computer based software program was used for draw the model on suicidal attempt process of male homosexuals.

2.9. Ethical Considerations

The guidelines of American Psychiatric Association (2002) were followed to maintain ethical standard of the present research. Some of the major issues have been presented in the following:

2.9.1. Consent form and explanatory statement report.

Before conduction the IDI, some ethicalconsiderations need to be ensured for the respondent's. Consent form covered all the information which could protect the respondent's right.

All participants were provided detailed information about the nature, purpose and possible future utilization of the present research findings so that they could have clear understanding on it.

2.9.2. Confidentiality and privacy.

In the present study privacy and confidentiality of the respondents was also given a high priority to guard the sensitivity of data and confidential information. All interviews were conducted in a secured organized and clam place which approved by the respondents.

All interview were taken to consider highest confidentiality and maintained privacy.During transcribing the audio recorded filesresearcher obtain permission both verbal and written consent from all respondents. An individual code number was used in the demographic data sheet for each respondent to ensure the privacy. The audio recording of all seven interview sessions were kept in protected personal computer and for the research purpose they will be preserve for 5 years for future reference. They will all be destroyed afterwards.

2.9.3. Wellbeing of the participants.

Consideration of the wellbeing of the respondents was given highest priority during the data collection. It was believed that the interview process would not cause any severe distress amongst the participants' and thus the study could not cause any severe or long term harm. It should be noted that a small remuneration was provided to all participants' for the time they have provided in the research process.

2.9.4 Right to withdrawal

Lastly it was clearly explained to the respondents that they have the right to withdraw from the research at any stage of the interview.

CHAPTER 3

FINDINGS

Findings

In the present study all of the data collected through interviews and transcribed. Datawere analyzed qualitatively using NVivo-8, a computer based software program which designed for qualitative data analysis. Open and axial was used to classify the data into meaningful underlying themes. The steps of analysis have been described in details in the methodology section. After finalize the analysis total 13 factors found which incorporating 31 emerged factors which associated with suicidal attempt process.Findings are discussed detail in following section.

3.1 Societal Perception of Gender.

After being born as biologically male, all participntssaw that society has some perception about gender. Society defines gender by male and female in some criteria which is visibale. There are set of rules for what a male do and what a female do. The respondents shared that after their birth they looked like male but their thought patterns and desires are like that of a female. Participnts experienced that family and society expected from them male like behavior which a male can do but participnts were experienced painful.

"Oursocietyacknowledgesawomanasadistinctperson.Theyhavetheirwayofdress upandmanalsohavetheirownwayofdressuplikewearingshirtsandpants.Thatmeanssocietyma deaguidelinewhatamanandwomanwoulddressup.Thosewhodonotfollowthisareviewednegati velylikewearebeingviewedinanegativeway."

Another respondent mentioned that.

"A man will have sex with a women and that is what society approves. It is normal and natural. But I am outside of this natural trend. A man having sex with a man is considered an abnormal thing in our society. A boy will marry a girl and that is normal. But you see when a boy talks with a girl intimately or rides on a rikshaw together people

comments and tease. A boy holding a hand of another boy intimately is something we can't think of."

3.2 Self Gender Choice.

All Participants' mentioned that they were born as a male in this world but their mind was like a female but they enjoyed it. They were feeling like the way a girl should and like all activities that are considered girls' activities. They mentioned that they were feeling comfortable to act and feel like a female and they desire the company of a male rather than a female. All respondents mentoned that they were puzzled and confused when they started to know the world as biologically they are male but they desire the company of male as their sex partner. They felt comfortable to think of themselves as female. This confusion is reflected from the some of the statements of the participants.

"I like a man and that I want it from my heart and my mind. Emotionally we are like women. A boy starts to have feeling for girls during his adolescence but in our case we start to have feelings for a boy instead a girl."

Another participnts mentioned that.

"Even though our physical structure is like a man but there is something missing in us that make us feel as if we are woman. For example when I was 10, I didn't want to play football or run in the playground that other boys of my age used to do. I wanted to spend more time with the girls in the house, to play with them, to dress up like them. I also wanted to have company with girls rather than boys and all my sexual feelings were directed towards the boys rather than girls.

3. 3 Role Conflict.

All of the 7 respondents expressed that they were confused with their roles and identities. They were puzzled because the conflicting gender perception between societal and their personal view. This identity crisis started from their family and they faced it

everywhere. They expressed that they looked like male but their thoughts and feelings were like female. It was creating internal conflict of gender and gender based role which they need to follow. They were leading their life through this bitter experience of this role conflict.They felt confused because their parents expcted male like behavior from them but theywanted to play female roles and it'sbrought them extreme pain and conflict.

"My father and mother tried to convince me positively by saying if you behave like this, it will create a bad impact on our family; everyone will say that our son has become a half lady or a "transvestite". When they do this I feel very helpless. What I do? Which role I will play? I ask god why he made me like this. Neither could I listen to my family nor couldthey understand me. It is really painful and I grew up fostering this pain."

The following statement from anotherrespondent reveals their bitter experience of conflict.

"Externally I am a man but my thoughts, consciousness; feelings are all like of a woman. Sexually I desire a man.It's extremely conflicting for me also painful because I don't decide which role I need to play."

3.4 Lack of Protective Factor

All of the 7 respondents mentioned that they were deprived from major support from family and society which they needed for own positive development. Lack of protective factors was found from their interview. They mentioned that they were being treated extremely unfair and hardly got proper support. The lack of protective factors which were reported lack of attachment, lack of caring, lack of confidant, lack of acceptance, and lack of social support. All of theses major components were absence from their childhood because of their female and MSM behavior and which pushed them to make unhealthy coping and negative self images.

3.4.1 Lack of attchment

All particpnts mentioned that they never got love and warmth from their family because of their female behavior.Parents did not give them value and attention. Partents always tried to stay separate from them and they missed proper attachment from them. They did not get their parents beside them for any of their need and felt insecured. It was really painful for them. One respondent mentioned.

"*It is a matter of regret that my parents never attended any of my activities. I received very little amount of love, fondness, and affection from my family members and that because of my female like attitudes. Sometimes I thought that whether my birth was a sin for which I didn't get no one at my side? From childhood I was lonely and always I think myself as a lonely one.*"

3.4.2 Lack of acceptance.

Total 6 participants mentioned that they were more rejected than accepted by their family members from their childhood because of their female behavior and expectations. It created a lot of pain for them. Familly memebrs were always behaved cruelly with them.The following stement of one of the respondnts is revealed his feelings about lack of acceptance in the family.

"I was a controversial issue for the family. There were quarrels and disputes with my brother regarding me. They couldn't accept me even. Nothing of me seemed okay to them. My identity was not acceptable to them. Because I was like female and they couldn't accept that. They used to scold me all the time and anything felt good no longer. I didn't enjoy doing anything including work and education. I used to think only why ALLAH (God) has made me?"

3.4.3 Lack of caring.

Total 4 Paticipants mentioned that they did not get proper caring from their family

because of their female behavior. For their female behavior parents always neglected them and did not give proper attention.They were exremly deprived and rejected from their proper caring which they needed from their parents. This has brought them pain and feeling unwanted in the world.The following statements of one of the reposndents reflected this issue-

"*We were solvent. There were no sufferings of food but suffered for cloths. Why they used to do they didn't tell. I used to wear same cloth for a longer period which had gone torn and dirty but they didn't look which they did for my other siblings. They had very little concern in my every aspect. I was hurt heavily because they reared up me with high negligence. I felt very much helpless".*

3.4.4 Lack of confidant.

All of the 6 participants mentioned that they didnot get proper space of sharing of their pain or anything with parents and others from child hood. They felt helpless and alone in the world because nobody gave them value, mistrusted them and also not interested to talk with them. If they got into any problem and were hurt by others, they couldn't express and share it with others. They thought that if they share it they will again be blamed and misunderstood. The following statement from one respondent reveals their bitter experience-

"To share something of my life with someone, is a great opportunity for me because I was born as a human being in this world but I am different from others. For that reason I can't share the pains, happiness, pleasure, joys, with all others when I wish".

The following statement of another partcipant mentioned that-

"I was feeling very much helpless and lonely. I was thinking that there was no one for me in this world. I couldn't feel interested to any one's speech. I used to remain depressed all the time. Actually what I can say, if I loved a girl then I would be able to say

that the girl had cheated me. But is it possible to say that I am too much disturbed for a boy? It is such a situation that can't be explained in words. Even I can't share my bad feelings. I thought to die. What a life is this!!! I could not share my pain!!!"

3.4.5 Lack of Social Support.

Total 5 participnts mentioned that they were extremely neglected by society. They did not get love, caring, support from the society since childhood for their female behavior.They always treated negatively by their neighbours, mates, relatives and its given them extremel pain and they felt helpless. The following statement from one respondent reveals pain.

"*My neighbors used to address me by making many useless comments such as I was like a girl. They used to communicate with me through pinching. They didn't like my company and used to laugh at me. They joked, ridiculed and teased me. I was extremely disheartened and always thought that why all behave this way to me?"*

Another participnts also mentioned the same experiences.

"People of these siciety don't give us importance; when we go anywhere we are rejected. Whether we go to market or doctor we are not treated as well as other. They do insulting and jesting to me. We can't move peacefully anywhere. Even when we visit doctors, they don't address me well."

3.5 Families Negative Issues.

All of the 7 participants mentioned that they were treated cruelly by their family in every sector for their MSM behavior. When family observed the MSM issues in their behavior they were abused both emotionaly and physicaly, treated as burden and embarrassment and pressurized for marriage. All of this negative issues gave them extreme stress and pain.

3.5.1 Physical and emotional abuse.

All of the 7 participants experienced verbal, emotional abuse and cruel beating for their MSM behavior in familly. They were always shouted at by their family memebrs. They were regularly insulted by others. Family member's always expected the male like behavior from them and not like their male friends but it was not possible for them to show male like behavior. For this reason they were always betean and verbally abused and it was extremely painful for them. The following statement from one respondent reveals their bitter experience which indicates their pain.

"One day, I was wearing a three piece and my mother and sister started to abuse me verbally. I cannot even say the words they used to abuse me. They tied me with a date palm tree and then I was severely beaten."

Another respondent expressed the same pain.

"Let me tell you about my family when I was young, I always wanted to have romantic relationship with boys and that they never understood. They could never understand that I didn't want to have a relationship with a girl and that I was born differently. My parents were always very scornfull and punitive towards me".

3.5.2 Treated as a burden and embarrassment.

All 7 participants were also treated as burden and embarsment issues for the family members. When going outside with family, family membes felt embarrassed because of the respondents' female like behaviour and avoided going out with them. It was really painful for the respondents. Relatives also criticized them for their female approaches. They considered it as a disorder and thought that if MSM people take treatment they will recover. Participant's also mentioned that nobody tried to think that it's not in their hands, its natural.The following quotation is expressing their pain.

"I felt really woeful when I was labeled as a Hijra in front of my siblings. They also felt embarrassment. After coming to home my siblings used to tell me that it is impossible to go out with you and also to walk with you outside."

The following statement from another respondent reveals his bitter experience.

"I was regularly beaten by my father and my elder brother. Once I went to dance in a Hindu religious festival and they beat me up for that. The places where I used to visit, they never approved that. My brother was humiliated within his known circle because of my dress up and behaviour so I was not allowed to visit anyplace with him as it would hurt his status. I was kept separated from my siblings for this.''

3.5.3 Pressure for marriage.

Total 6 respondents expressed that they were pressurized by their family to get married. Family thought that if they get married they will start behaving like a male and will also give up all of their male partners. But it was a great pain for the respondents because they desire a male for their sex partner rather than a female. Families not try to understand their pain. Its given extreme pain. The following statement from the respondents reveals their pain about pressure for marry.

"I told my mother that you are killing me and I am going to die. My sexual pleasure doesn't come from my front (Penis) but from my backside (anus). I can't bear long without having anal sex."

Another particpint stated that-

"After starting to live back in my family, new problems started. They want to arrange a marriage for me. They thought a marriage will 'fix' me. They started pressurizing me. They hardly had any concern about what I want. They think my feelings and wishes are not at all important and should be considered. So I choose to take the path of suicide."

3.6 Relationship Difficulties.

Relationship difficulties found among all 7 participnts. Issues that made conflict and difficulties with their partners and were betray rejection and separation. All of these issues brought them serious pain and it was also the one of the main reasons for their suicide attempts. They were deprived from everywhere and sometimes they made last hope with their partners but when they got unexpected painand negligence from their partners they were fallen extreme depression. All of them experienced that it was not tolerable for them. Detail description given below.

3.6.1 Partners' betrayal.

Total 6 respondents shared that their partners betrayed with them and that is one main reason they were extremely disheartened. This made them extremely depressedand resulted in suicidal idea in their mind. They trusted their partners and gave them highest value in their life. When they betrayed they did not tolerate it and became depressed and hopeless. The following statement from one respondent reveals their bitter experience:

"My partner fell in love with a girl named X. Some how I came to know about this. I felt the whole world have broken down over my head. I thought that my lover was with another person.Oh my god, I am finished!!! I am totally finished!!!"

The following statement from another respondent is supporting the same idea.

"*In 2008, I had another relationship with a married guy. One day he wanted 4000 for make driving license. After that once I went to his home in village. After reaching there I became crack-brained seeing that he was also married. I was shocked extremly. Again Deception!! Thus how many times I will be deceived? With heavy pain I went back to Dhaka."*

3.6.2 Rejection from partners.

Total 6 respondents shared that they were rejected by their partners. Some time partners forgot them and tried to reject them citing social and family reasons which brought them extreme pain because they tried to live in the world with their partners. This was anotherreason of their suicidal thoughts. The following statement of one of the respondents which indicates the pain which they got from partners.

"Like you see, I am absent for these days but he didn't try to find me. I called him up but he didn't listen to me and I got too much hurt that he was not calling me back. I think of myself as women. He didn't give me attention and importance. I became shocked heavily and felt that what are the values of my life?"

The following statement from another respondent is supporting the same idea.

"He went to get married. He told me that "look; every man would get married. Today or tomorrow every man would get married". I asked him that "You admitted me as your wife so long. Didn't you?" Didn't you do those with me as your wife?" He told me that "yes I did. You are a different kind of part of my life and I am another kind of different, the love between us is intact. But I have to please my parents, to appear in society and I won't be able to appear in society with you." After two or three days of that when our conversation was over and he went to get married, I hanged myself by rope. I could not tolerate that a woman would be replaced in place of mine. How I will live without him? Then it came into my mind that the world had broken down over my head. Eyes became dazed, nothing sounded well, and darkness came around. It was like that there was no benefit of being alive.''

3.6.3 Separation from partner.

Total 5 respondents expressed that they were feeling very initimate with their partner's and they could not tolerate the separation with them and it's given them extreme

pain. When family and others tried to separate them they were extremely disheartened and were shocked. Its' given them extreme pain. The following statements of one of the respondent's reveal their pain experiences-

"I came to meet with one of the elder brothers of my area whom I called "Dada". Later gradually we got into sexual relationship. So whenever I went to park, nothing sounds well without him. When afternoon began to turn, I felt that I must need him at that time. The world was one side and he was at another side. His shout seemed to be more melodious than those of the parents. Then all means who were like me told me that "Here you are! You have fallen in love" and he is your Parikh, your husband". Gradually hearing this husband husband, I started to think myself as a wife. His brothers wanted to take him back to village from the city. I was completely shocked after listening that. Yet I have got great pains in my life but nothing is more painful than losing lover. After that I become mad. I decide to suicide because he was everything for me and I would not be able to live without him. I stopped going in his house because I can't see him leave. I didn't visit him for days and thought again and again why god gave me so much pain"

Another Participant's experiences also support this idea.

"No one tolerated and liked my partner. He was the issue of disharmony of my family. I couldn't tolerate bad comments about him. Family warned me to cut the relationship with him. It shocked me."

3.7 Societies Negative Issues.

All of the 7 participants were experienced some negative issues from societies for their female approaches which leads the existing cultural values. In our society MSM are not accepted and that reason they were faced many difficulties and negative perception from societies. They mentioned that they faced stigma and discrimination and got bullying from everywhere such as in their family, school, market, workplace, hospitals etc. All of

them experienced that they were very unexpected and unwanted in the society and they had no right to get any good things and also no right to live in society like others. In everywhere treated them as sinner, valueless, as a mental patient which given them extreme pain and sometimes they tried to commit suicide for relief this kind of negative perceptions. Its hurts them and decreased their self-esteem.

3.7.1 Stigma.

All 7 particpints mentioned that they were stigmatized from everywhere. It was hurt them and also brought pain.They were stigmatized from everywhere because of their MSM issues. Nobody treated them as a human being. Everybody treated them as a criminal, sinner and as like as insects. It's given them extreme pain and they felt themselves different from themainstream people in the societies. The following statement from one respondent reveals their bitter experience which indicates their stigmatized condition.

"We are considered as the sewer rat. We are not treated as human.''

Another participnts also experienced the same idea:

"*Religion, society, family; nobody supports this.Everybody treated us like a mad.All considers homosexuality is as an abnormal thing and also a curse or a mental disorder."*

3.7.2 Discrimination.

All of the 7 participants mentioned that they were extremely discriminated in every steps of their life.They didn't get opportunities and respect because of their MSM issues. They were discriminated in schools, markets, doctors, hospitals everywhere. Nobody gave them opportunity like as a mainstream heterosexual person. Its' given them hopeless feeling and also decreased their self confidences.

One particpints mentioned that.

"When there is any special kind of a problem (disease), we can't speak out frankly to the doctor because if we express ourselves they don't prescribe us. Once I got infected by Gonorrhea and I took injection. When I told this to my doctor he was not interested to prescribe me. He told me that "take treatment from other source" but it was written in his signboard that he was the specialist of that disease. If there is a special problem we cannot express it because if we express they don't prescribe us."

The following statement from another respondent is supporting the same idea.

"Although I was praised at one of the music competition, I was scorned for my female behavior. In that contest I got 2nd position only for feminine behavior. They didn't give me the 1st position. Then I was hurt to a great extent. But all of the judges were educated persons. If they perceive us in this way then how the society and illiterate people will perceive us. Thinking about this I became distressed."

3.7.3 Bullying.

All of the 7 respondents mentioned that they were always bullied everywhere such as in their family, school, relatives, friends, workplace, etc for their female behavior. They were often treated in a negative way. It was an issue of extreme humilitation and embarrassment for them. The following statement from one respondent reveals their bitter experience.

"I was teased and bullied in the school. The boys used to tease me by saying "here comes the half lady, the transvestite. It was extremely insulting for me."

The following statement from another respondent is supporting the same idea.

"While I was crossing road, I was teased and reproached by people and they were calling me- hag, hermaphrodite, moga, mofiz, and bull. I felt insulted and sad"

3.8 Negative Self-Evaluation

All of the 7 respondents experienced negative self evalution among themselves such as low self-acceptance, low self confidence and low self esteem. They carried strong negative self image and concept and their confidence was very low. They mentioned that for their female behavior and MSM issues they were treated extremely negatively and did not got proper support from family and society.

3.8.1 Low self-acceptance.

Total 4 participants reported that their self acceptance was low because of their female behavior as they were neglected and rejected from society and felt they were not accepted. They were depressed and hopelss because of this neglect. They felt that they were unwanted by the family and society.One participant mentioned his painful feeling:

"Never did I get any respect from my family. I was a curse. When a boy acts like a girl; it is a curse."

Another participnts also got the same painful thinking about himself-

"I used to get pain and sorrows and think that am I male or female? In family there was always unrest and turmoil occurred for me. Parents used to quarrel and I used to think that am I a curse?"

3.8.2 Low self confidence.

Total 5 participants found that their self confidence was very low because of their MSM issues, their identity crisis and negative evaluation from soourundings. They were worried about their future and present and they guessed that they will not to do anything better in their life.They belived that they will not do anything good in their future.

One participnt expressed the following statement of their low self confidence.

"I am different from others. I have no future and I will not be able to live with others in the society. There's no point for me to become educated."

Another participant mentioned his low self confidence isseus.

"I m all alone in the world, and there is no one for me so what will I do by staying alive? Nobody loves me and helps me and I don't get love, fondness and support from anyone. I am unlovable in the world"

The following statements also supported the same experiemces about low self confidence.

"A man's life has no value when always underestimated because of homosexuality. For this homosexuality he will not get opportunity for study, and job and eventually become financially unstable, not live graciously in the society, not interact with others and family and society. This brings desire to die and perceive self as a burden leading to thoughts of committing suicide."

3.8.3 Low self-esteem.

Total 6 respondents reported of low self esteem. They always received negative feedback from everywhere and also treated negatively. It hurts them and day by day they lose their self esteem and also feel low self worth. They found that they are no hope about future and upcoming life. They belived that they will not do anything good in their future.

"I am just a hopeless person. I feel like a stupid and inferior. If I die no one will be affected. It is better that I leave."

The following statement from another respondent is supporting the same idea

"I feel so low and inferior because I was born as a man. I behave like a women and that makes me abnormal to others. That is why they see me as a value less person."

3.9 Unhelpful Feelings.

All of the 7 participants experienced that they hardly felthappy. They always felt devalued, alienated, guilty, valueless, helpless, and hopeless. All of these feelings came as

they were not accepted by society and family because of their MSM behavior. Nobody accepted them for their MSM issues and always neglected them.

3.9.1 Devalued.

Total 5 participants experienced that they were devalued in all times. Family and society hardly gave them value and treated them negatively. They felt that they were not evaluated like the mainstream people. No body appreciated their achievements because everybody treated them as an unproductive and valueless person. They were surprised if they everachieve any success. It gave them pain and decreased their motivation to do something good.The following statement from one respondent reveals their bitter experience which indicates their pain-

"My parents didn't believe when I did well in my S.S.C exam. Nobody believed that I got GPA 4.81. They were asking how I could do it. There's no one except me who could believe in me. It was so painful to be treated that way. Am I such an awful person who doesn't even have the right to do well in the exam? My father went to check my result just to confirm that I was not lying. Other people started to question my ability and thought that I did it through unethical ways. I was so hurt. I thought "what's the point of performing well when no body even trust you"

The following statement of another respondent represent the bitter experience of not being valued.

"My family used to leave me out of any family discussion. They were always saying that I wouldn't understand or it is no use for me. My opinions were of no importance and I was treated as if I lack intelligence. I was treated as if I am a person with intellectual disability. They thought that is no use for me to study as I am different and I wouldn't be able to compete with other students or perform well in the class. I never received much importance from my parents as other children used to get."

Another respondent was stating the following statement.

"Society devalues me, people devalue me, and my parents also devalue me. Nobody appreciates me. What kind of a life it is!!!Where nobody shows any respect. Nobody wants to give me autonomy or value my rights. Nothing is more painful that this."

3.9.2 Feeling extreme valueless.

Total 6 participants mentioned that they always felt valueless because of the unfair treatment received from family members, society, relatives for their female behavior. It was really very disappointing issue for them because any where they did not got value and respect. They were treated as a dust but not as a human. The following statement of one of the participants revelas their sxtreme valuless feelings-

"I try to placate me saying that I am like a paper flower. The flower with no fragrance but only has a shape. I cannot smell the fragrance of love."

Another participant expressed the same feelings that.

"Everyone wants to live happily in the family. But I was not happy during my childhood at all. I was called whore and Hizra; teased, humiliated and beaten frequently. Even dirt has a value as people clean it. But I didn't have any value. Everyone ridiculed me."

3.9.3 Feeling alienated.

Total 6 participants mentioned that they were different from others and alone in the world. These feelings came in their mind because of hoplessnes. Friends, family, others hardly gave them importance for their female and MSM behavior and that reason they were rejectedfrom everywhere.That reason they felt that they were alone in the world.
The following statement is revealing alienated feelings for one respondent-

"I was born as a human being but I am different from others. That is why I cannot share my sadness, pain, happiness and pleasure with none."

The following statement from another respondent is supporting the same idea-

"I was feeling that there is nothing left for me in this world. I am hopeless, alone and have nothing. Where will I go? What will I do?"

3.9.4 Feelings of guilt

It was found among the 6 respondents mentioned that sometimes they were feelt guilty for their female behavior as they were always treated negatively for their MSM issues. They felt guilt because they were different from mainstream people. For their MSM issues nobody gave them value and love leading them to feel guilty and suicidal thinking. The following statement is revealing guilt feelings for one respondent-

"I feel inferior as society sees us negatively. When I walk in the streets I heard people commenting at me saying that "this boy is raped by other boys". I pretend not to hear these or pay attention as I am a bad person, a guilty person. I like sex in a way that is against the natural law and that makes me a guilty person."

3.9.5 Feeling hopelessness.

All of the7 respondents expressed their hopelessness. They found negative and cruel attitude from everywhere it made them hopeless. They felt they had no value in this world and no hope for future and they assumed that happiness will never come into their life. It's decreased their hope day by day and thoughts about suicide came into their mind.

"*When no one stands by a person in good times and bad times and no one supports for overcoming the mental agony of sufferings then what he will do by remaining alive in this world?"*

Another particinpt stated that:

"I am alone in this world; what's the point of living? I am hopeless, valueless, and alone.Nothing has reamin for me. Where will I go? Nobody loves, support and cares me when I stay alone. What will I do living alone in this world?"

3.9.6 Feeling helpless.

All of the 7 Participnts mentioned that they felt helpless because of their MSM issues.They never get value, support and always treated negatively and cricitsed from everywhere. They felt insecured and totally helpless. One of the participants mentioned that-

"I felt so helpless. If I were women he would have married me rather than marrying someone else. Oh God; why you have made me?What I am? Why haven't you made me a full woman or a full man?"

Another particpnts also experienced the same feelings-

"When someone have no one for love or care or a confidant that time feeling extremely hopeless because who can provide support in troubled times? So it is no using to alive anyone in this world."

3.10 Poor Coping.

All of the 7 participants expressed that when they felt depressed and pain they tried to resolve their pain by taking some drugs, stop interaction with others, telling false and sometimes attempting suicide. They did not think positive way to cope with their problem because they were extremely depressed and hopeless and getting no support from others. They had limited space to share their pain and others do not accept them or be empathic towards them.

The following statement from one respondent reveals his process of coping -

"With so much pain it was hard to live a normal life. I started taking sleeping pills, smoked cigarettes and cannabis, drank alcohol. There were times I walked on the street like a vagabond and didn't know where I was going. I forgot where my home was. I lost all sense."

The following statement from another respondents reveals their experience which indicates their pain.

"Every time I was beaten, I was drowned in depression and tried to commit suicide. I cut out the friendships. I used to cry a lot, felt awful, stopped eating and became stubborn.I decided to have sex with everyone who wanted to have sex with me. This way I will not feel any empathy for others, this way I will not feel bad."

3.11 Overwhelming Pain.

Total 6 participants expressed that when their pain gone out of control and they couldn't tolerate the pain they found solution and relief by attempting suicide. The following statement from one respondent reveals their pain.

"*When my pain went beyond control, then I tried to commit suicide. Because the ability to tolerate mental pressure wasn't too much. When there remains no space to store pain after storing and storing pains then people chose the way of committing suicide. Actually when my "pot of sorrows" storing and storing pains and fully filled with sorrows that timeI tried to commit suicide."*

Another participnts also share the same pain.

"*Look what happened to me!! I got insult and humiliation from family, society and everywhere. I am not either male or female. I have no identity in society. I have no right to love someone. Because if I love someone everybody resist, insults and teased me. Therefore is there any desire to survive when these insults, reproach, discriminations begins to be crystallized within the mind? Is there exist any other ways rather than to be died?*"

3.12 Thoughts Leading to Suicide.

Among the all 7 participants it was found that some thought about himself which leading them to take attempt suicide. They told that when all of the pain goes to out of control and not got solution that time some suicidal thought came their mind. These are- when they feeling right less, when feeling maltreated by others, blaming to self, humiliated, when they feel no one cares them also not understand them, think insignificant and also insignificant. All of these issues described following below.

3.12.1 Right less.

Total 6 participants found that they have the thoughts that they had no right to expect some good things, no right to make love with someone, no right to enjoyfreedom like mainstream people and that reason lost hope and tried to escape from the world by committing suicide. The following statement from one respondent reveals their pain.

"When my secret issues became known I was beaten and clogged by chain at home. I was extremely disheartened because everyone will lead their life at their own choice but I can't, and it is not acceptable. There was a bottle of aerosol and I took it for suicide."

Another Participant stated the same issues.

"*I can't do anything according to my choice. I have to do everything according to others choice. What I will do alive? I have no other way without death .Their is no other way remain death.*"

3.12.2 Humiliated.

Total 6 participants found that they were humiliated when family members and others were insultd them for their MSM issues and also exposed their secrets in front of others and it led them for suicidal cognition. The following statement from one respondent reveals their pain.

"*Look, every person has some personal issues. I am like a girl which is known to all of my family members. But when my brother scorned me, called me as Maigga, Hijra in front of others in street then I felt extremely insulted. I felt pain because he insulted me and broke my privacy in front of everyone. Then I thought it's better to die than stay alive."*

3.12.3 Maltreated.

Total 6 participants expressed that they were maltreated by everybody and it was very insulting form them. When they felt they would be treated negatively and nobody would trust them that time they wanted to eascape this situation by suicide. The following statement from one respondent reveals their pain:

"*After today everyone of that institution will be informed that I do sex with male and then everyone will reproach me and will ridicule about me. So it's better to die. Because there is no value of mine at anywhere.*"

Another participant stated that.

"For an exampley if I do sex with you (researcher) and caught by hand and appeared in public then everyone will reproach about me. Then everyone will tease me, laugh at me and evaluate me as worst person. How will I appear in the society? Its better I commit suicide."

3.12.4 Self blame.

Total 6 participants expressed that sometimes when they felt extreme depression and guilt, they blamed themselves and tried to commit suicide. This statement from one participant reveals their pain.

"*My head became down in shame because they respected me so much, have supported me so far and I have broken their trust!! Therefore I decided to commit suicide in mental agony.*"

Another participant stated that.

"With a broken mind I planned that I would go to room and would not keep this life anymore because I gave pain to those people who has given me the shelter."

3.12.5 Insignificant.

Total 6 participants found to have evaluated themselves as totally valueless and insignificant in their family and sometime with his partenrs. Sometimes they did not get hope from life and they found the solution by death. The following statement from one of the participants is expressing his thought.

"My love is valueless. So what is the benefit of living with incompleteness of love? What are the significance of this life? At that moment I hung up myself using a towel (Gamcha) in throat?"

Another participant stated that:

"He (partner) didn't give me importance. I became shocked extremly. It came to my mind that for whom I would remain alive. That time I thought that there is no value of my life."

3.12.6 Rejected.

Total 6 participants thought that they were rejected from everywhere and that reason they attempted suicide. One participant mentioned that.

"*I think of myself as a woman. My partner did not give me any importance. I was shocked. It came to my mind that for whom I would remain alive. That time I thought that there is no value of my life. After that I planned again to commit suicide. I managed sleeping pills through searching several shops/pharmacies and took 18 sleeping pills.*"

Another participant stated.

"I could not tolerate that a woman would be replaced in place of mine. How will I live without him.With a broken mind I planned that i will die."

3.12.7 Despondetnt.

Total 6 participants expressed that when they get pain from everywhere specially from their partners and when it went out of control that time they found themselves helpless and despondent because they didn't see any hope or consoled by anyone. The following statement from one respondent reveals their pain.

"*They went to bring the bride. It felt that the world has broken down over my head. Eyes became dazed, nothing sounded well, and darkness came around completely. I was thinking of myself as helpless and thought what's the benefit of being alive? The room was vacant and I hanged myself to commit suicide"*

3.12.8 No one understand me.

Total 5 participants expressed that nobody understood them. Especially family memebrs hardly tried to understand them and they asked themselves why live in this world no body not tries to understand them because of their MSM issue. The following statement from one respondent reveals their pain.

"*When I began to stay at my family home again then new problem started appearing. Everyone wanted to arrange a marriage for me. Their idea was that I would recover from MSM after marriage. They forced me for marriage but they didn't understand the tone of my heart. They only bothered about their wishes. There is no necessity to consider my willingness-unwillingness. Whatever again I tried to commit suicide".*

Another participant stated that:

"Family and society do not understand me. It is better to die. Because there is no value of mine at any where."

3.13 Dropping the last hope.

All 7 respondents, found to have this concept. All of them mentioned that when all hopes were lost because of their family, friends and society they felt emptiness inside. They mentioned that they felt extreme depression when their partner, family and others avoided them and left them that time they lost their hope and tried to found solution by death.

The following statement from one respondent reveals their bitter experience which indicates their pain.

"I felt that I have no longer belonged to this world. I am fnished. I left my family, my brothers and sisters for him and he left me for a girl!!! I left all to live with you, I started to have my own life for you and you left me for a girl. How could you forget me? I don't want to live this life. I hanged myself "

The following statement from another respondent is supporting the same idea.

"When you have no one by your side to support you in your bad times and to cherish you in your good times; when your own family rejects you then there is no point of living in this world."

CHAPTER 4

DISCUSSION

Discussion

The current study aimed to understand the psychosocial issues associated with suicidal attempt among male homosexuals in Bangladesh. Findings indicated that male homosexuals of Bangladesh were experiencing many psychosocial issues which sometimes a reason for their suicidal attempt.Total 13 categories and 31 subcategorized found from their life experience which made vulnerable them for suicide. Among all the categories some are psychological and some are social factors. Some challenges were also found from the participants which also influencing issues to think suicide. The detail description is given below:

4.1 Societal Perception of Gender.

Every society has some different views about the gender perceptions. Society has some established gender based rules and perception which it expects that everybody will follow. In our present study it was found that participants were not treated positively and society also perceived them negatively. Society tends not to accept any diversity of gender role such as female like behavior and Hijra.

Several researchers found that male homosexuals may experience the highest rates of suicide attempts because males have more rigid gender expectations placed upon them by society than do females. The cost of breaking such expectations, therefore, may be considerably heavier. As result, homosexual males may experience increased levels of chronic guilt and chronic shame, which, as previously stated, may increase the likelihood of suicide among these adolescents (Bybee et al., 2009).

Saghir & Robins (1973) suggested that the difference between the childhoods of most male homosexuals and heterosexuals was not only in the particular behavior patterns of the homosexuals during childhood, but also in their physical appearance, the perception of their physical appearance by others, and their perception of how their physical

appearance was perceived by others. Bell, et al. (1981) looked at numerous factors (i.e., family relationships) in attempting to determine how individuals develop a homosexual or heterosexual orientation. They provide evidence that this awareness of being different is related to the social roles of the child. During latency age years, the family often reinforces those roles, behaviors, attributes, and interests that are stereotypically associated with being a male or a female in our society. For example, boys are expected to play outside more than girls and girls are expected to stay close to the house more than boys. Bell, et al.(1981) found that gay males and lesbians in their study tended to have atypical social roles in childhood that did not conform to gender expectations while heterosexuals tended to have typical social roles. Far fewer homosexual (11%) than heterosexual (70%) men reported having enjoyed boys' activities (e.g., baseball, football) very much. Fewer of the homosexual (13%) than heterosexual (55%) women said they enjoyed typical girls' activities (e.g., playing house, hopscotch) very much.

4.2 Personal Choice of Gender.

Personal choice of gender means that which gender a person wants to belong to. In the present study it's a critical finding because society has set perceptions of male and female. But the participants' experienced was different. They were born biologically a male but they felt and thought like female and they were felt comfortable in the role of a female. Bell, A., Weinberg, M. & Hammersmith, (1981) mentioned that individuals may be predisposed to their sexual orientation from an early age. A gay or lesbian orientation in adolescence is not just a phase the youth is going through. They also found that sexual orientation is likely to be formed by adolescence even if the youth is not yet sexually active.

The present study found that male homosexuals chose themselves mentally as a female but he was biologically male female and society has also a gender base role. This

triangle (Biologically gender, Societal perception about gender and Personal choice of gender) made a critical situation for the participant's which fallen them a role conflict situation. It was a extremely painful situation for them and it was also the one of the main issues for their suicidal attempt.

4.3 Role Conflict.

Role conflict is a situation in which a person is expected to play two incompatible roles. Role conflict occurs when people are confronted with incompatible role expectations in the various social statuses they occupy. Conflict may also occur when people disagree about what the expectations are for a particular role or when someone simply has difficulty satisfying expectations because their duties are unclear, too difficult, or disagreeable.

In the present study findings showed that after their birth when they in adolescents they felt that they were male but their mind was like female and they were feeling comfortable in female role. They observed that they looked like male but their mind is like female. This internal conflict made a triangle situation (their biological identity, female like mind and sexual interest with male) and complicated feelings in their mind. It was extremely critical situation for them and they were totally confused their roles and identities. It created depression and loneliness in their mind and some time they wanted to die to get relief from this conflict. Several research findings showed that role conflict lead to suicide in homosexuals.

D'Augelli, A. et al. (2001) found that among the latter, 65% of male youth and 45% of female youth considered their attempt to be related to their sexual orientation. Mattson, S. R. (2012) in his study of 139 young gay and bisexual males in Ontario, found that more than half had considered suicide, and 30% associated such thoughts with their

sexual identity. One participant in 6 had attempted suicide, and 9% viewed their attempt as related to their sexual identity.

Some resrecher have reported their study a correlation between early age gender non-conformity and suicide ideation(Meyer& Reinherz et al.,1995); Skidmore et al.,2006).

For all above the several research and findings showed that role conflict or identity non conformity is the one of the leading cause of their depression and leading factor of suicideattempt.

4.4 Lack of Protective Factors.

A child needs support from family for proper development. This support enhances a person's healthy psychological development. Warm attachment, proper sharing, acceptance, safety etc. is very important factors. According to the Bowlby and Ainsworth (1991), the love between a mother and an infant is the result of an attachment bond formed during the first year of life. Interactions between a child and his or her mother form behavioral patterns that are reflected in later relationships. Infants who develop "secure" personality types feel confident and at ease when relating to others. They learn how to take turns, how to lead and follow, and how to express and receive. (McAdams, 1989, pp. 140-143). Insecure attachments responsible for low self-esteem ,inability to deal with stress and adversity / poor coping, lack of self-control , alienation from and opposition to parents, caregivers, and other authority figures, antisocial attitudes and behaviors ,aggression and violence ,negative, hopeless, pessimistic view of self, family and society, depression and apathy

In the present study we have seen participants experienced deprivation of support, lack of acceptance, lack of attachment, lack of sharing and also social support because of

their MSM behavior. This made them vulnerable for suicide. This was supported by the following research which found strong evidence of relationship between families negative perceptions and suicidal attempt –

Wandrei, K(1985) reported that family problems are probably the most significant factor in youth suicide. Youth derive their core sense of being cared about and belonging from their families. Gay youth may attempt suicide after being rejected by their families. For gay and lesbian youth forced to leave home, the loss of parental love and support remains a critical issue for them.Several research and findings showed that lack of family and social support are lead to take attempt to suicide of male homosexuals.

Eisenberg, M. E., & Resnick, M (2006) from the 2004 Minnesota Student Survey, found that family connection, caring adults, and school safety protect against suicidal ideation and attempts

Remafedi (1999) found that suicide attempts were significantly associated with psychosocial stressors, including gender non conformity, early awareness of being gay, victimization, lack of support, school drop out, family problems, acquaintances 'suicide attempts, homelessness, substance abuse, and other psychiatric disorders.

Nelson (1997) points out that gay adolescents who report a history of a suicide attempts score significantly lower on scales of family support, self- perception and self-esteem, and extra-familial social support when compared to similar adolescents without a reported history of suicidal ideation or suicide attempts.

4.5 Families Negative Issues.

Family is the fundamental institution for a man. Family functions decide how a man play their role in future. In the present study, several factors were highlighted as the source of their pain from family. These factors (Physical and emotional abuse, pressure for marriage and treated as burden and embarrassment) did not play role in a sequential manner. It comes by rotations from family member's attitude toward MSM. Findings showed that when they were growing up in family, they were not treated normally because of their female behavior and they were routinely abused both emotionally and physically. They were also made to feel as a burden and embarrassment. They were shouted at often and received cruel physical punishment Considering them as a sick person and pressurizing for marriage to 'fix' them brought a lot of unhappiness among them.

Following research supported this which found strong evidence of relationship between families negative perceptions and suicidal attempt-

Caitlin Ryan ,et al. (2009) found that strong rejection from their families commit suicide 8.4 times.

Another research D'Augelli,et al. (2005) found that, family rejection is significantly associated with poorer health outcomes for LGBT youth. A study of 528 LGB youth found that those who report family rejection were over 8 times as likely to attempt suicide, almost 6 times as likely to be depressed. Psychological abuse and efforts to discourage gender-atypical behavior were associated with increased risk of suicide attempts.

Ryan, et al. (2010) in a study of 224 LGB youth found that family rejection was associated with increased rates of reports of attempted suicide, depression, and other risky behaviors

Gold fried (2001) reported that among gay people one out of every three were verbally abused by family members, one out often were physically assaulted by a family member, and one out off our had experienced physical abuse at school.

Huckleberry (1982) House in San Francisco, a runaway shelter for adolescents, found that gay youth reported a higher incidence of verbal and physical abuse from parents and siblings than other youth.

4.6 Relationship Difficulties with Partner's.

In the present study it was found that MSM were experienced relationship problem or difficulties from partner. These were betrayal, rejection and sometimes family members' were separated from each other's. MSM bring to the relationships with their partners by extreme dependency. These dependency was the result of their pain.They were neglected and deprived from their family. That reason they were felt more comfort and see as a last hope of their partner. But when their relationship ends, they felt as though they have lost everything. They fear that they will always be alone, that no one cares for them, and nothing is worth living for. Society places extreme hardships on these relationships that make them difficult to establish and maintain. So breaking up with their lover is one of the most frequent reasons for their suicide attempts.

This was supported by the following research which found strong evidence of relationship difficulties and suicide attempt -

Bell &Weinberg (1978) found that relationship problems were the single most frequently cited reason for the initial suicide attempts of lesbians (62%) and gay males (42%).

Dr. Delaney Skerrettled a team of researchers from the Australian Institute for Suicide Research and Prevention (AISRAP) in studying suicides in Queensland. He found that a leading cause of suicide among Lesbian, Gay, Bisexual, Transgender, (LGBTI) people is stress from their romantic partners.(Johnson.B, n.d.).

4.7 Societies Negative Issues.

In our society homosexual's is a banned issue. MSM are not accepted in our culture and that reason they faced many difficulties and negative perception from societies. Although public display of affection between friends of the same sex in Bangladesh is commonly approved and does not raise any controversies, there appears to be a strong objection towards homosexuality as such.

The respondents of this study, all of them shared that they were evaluated extremely negatively in their all sectors in life. They are living in this society like insects. They were also stigmatized, discriminated and bullied everywhere. They felt that they were not in the mainstream and thus deprived from all benefits and respects from the society. This led them to think of committing suicide.

Several researches findings supported the present study According to research gathered by Garofalo, Wissow, Woods, & Goodman (1999) homosexuality has been suggested as a risk factor for youth suicide . They reported that as a result of social stigma, Gay, Lesbian, Bisexual,(GLB) youth encounter many of the environmental stresses related to suicide.

Almeida, J.et al. (2009) stated that evidence from large studies of middle and high school students suggests that victimization and discrimination have an impact on the association between LGB status and suicidal behavior.

Nuttbrock, et al. (2010) found that those who have survived Gay violence are at high risk of suicide. A study of Gay in New York City found that half (51%) of those who were bullied, harassed, assaulted, or expelled from school because they were Gay attempted suicide, compared with 41% of their gay peers. Suicide attempt rates rose dramatically when teachers were the perpetrators: 59% of those harassed or bullied by teachers had attempted suicide, as had 76% of those physically assaulted by teachers and 69% of those sexually assaulted by teachers.

D'Augelli, A. R, et al.(2002) stated that the rates of LGBT youth reporting harassment in general vary from 57-92% with one study finding that half of sexual minority youth have been verbally harassed.

Negative experiences from society can result in mood disorders, lower self-esteem, post-traumatic stress symptoms, substance abuse, and suicide. (Gouldetal.,2003; Paul et al.,2002; Nelson,1997;Russell ., et al., 2001; Savin-Williams, 1994).

Y hidaka and D Operario (2006) stated that among the 1025 respondents, 154 (15%) of the men reported a history of attempted suicide, 716 (70%) showed high levels of anxiety and 133 (13%) showed high levels of depression. 851 (83%) experienced school bullying and 615 (60%) were verbally harassed because of being perceived by others as homosexual.

4.8 Negative Self-Evaluation.

It is very important that how a person's evaluate him or herself. A predisposing factor in suicidal feelings among many gay adolescents is negative self-evaluation or low self-esteem. Poor self-image contributes substantially to a lack of confidence in being able

to cope with problems. The images of homosexuals as sick and self-destructive have impact on the coping skills of MSM people which make them helpless and unable to improve their situation. MSM who have internalized a message throughout their lives of being worthless and unable to cope from abusive and chaotic families are at even greater risk. This leads them to make a poor self-esteem and poor coping skills making them particularly vulnerable to suicidal feelings when confronting a problem for the first time. Finally, those MSM who faced continuous conflict with their environment, they remain vulnerable to suicide because they face these extreme pressures with a more fragile sense of self-worth and ability to cope with life than other youth.

In the present study it was found that most of the participants had low self-esteem, low self-acceptance and low self-confidence. Theyexperienced from the surroundings that they are abnormal, mental patient, hijra , maigga etc. and did not get proper family support which they needed for healthy mental development. Based on the experiences they had in life, and the messages that these experiences have given them about the kind of person who they are .They thought himself that they were curse, worthless and nothing cannot do in future and always blamed to god for why God made themselves like that .

Several researches supported this issue where found the negative appraisal from society and family are leading to negative self-evaluations and make vulnerable for suicide –

Nelson (1997) points out that gay adolescent who report a history of a suicide attempts score significantly lower on scales of family support, self- perception and self-esteem, and extra-familial social support when compared to similar adolescents without a reported history of suicidal ideation or suicide attempts.

Gock, T (1984) found that Gay and lesbian youth are strongly affected by the negative attitudes and hostile responses of society to homosexuality The resulting poor self-esteem, depression, and fear can be a fatal blow to a fragile identity.

For all above the several research and findings showed that negative life experiences were made to evaluate himself by negatively and its leads to poor coping and also vulnerable for attempting suicide. They feel that they are the burden for the society making them to think about suicide.

4.9 Unhelpful Feelings.

In our present study most of the respondents expressed bad feeling because homosexuals are perceived extremely negatively in our society. They always received bad experiences from everywhere. They shared that they were feeling devalued, valueless, guilt, helpless, hopeless and alienated.

Several researchers found the strong relationship between unhelpful feelings and suicide which also supported the findings from the present study.

A study conducted by Yhidaka and D Operario (2006) reproted that among the 1025 respondents, 154 (15%) of the men reported a history of attempted suicide, 716 (70%) showed high levels of anxiety and 133 (13%) showed high levels of depression.

Another research findings from Wilson (1985) indicated that Gay youth become fearful and withdrawn. More than other adolescents, they feel totally alone often suffering from chronic depression, despairing of life that will always be as painful and hard as the present one.

A qualitative study was conducted by Johnson et al. (2007) for exploring the experiences of suicidal distress and survival with mental health service users and young people who identified as Lesbian, Gay, Bisexual and Transgendered (LGBT). The study used a participatory-action research approach and in-depth qualitative analysis. The

themes generated by the group were seen as being relevant to LGBT people who experienced suicide distress.

Garofalo, et al (1999)found the rates of suicide among those age 15-24 has more than tripled over the last fifty years, one has to wonder how large a factor the shame associated with the causes of homosexuality is in adolescent and teen suicide.

Brian Mustanski& Richard T. Liu.(2012) found that Depressive symptoms and hopelessness mediated the r elation between multiple risk and resilience factors and suicide attempts. Suicide attempt history was the strongest predictor of prospective suicide attempts. Participants who attempted suicide 31.6% who had more suffers in hopelessness.

So the above findings of the study suggest that MSM people suicide distress is experienced from their life experiences in terms of unhelpful feelings like feelings of worthlessness, hopelessness, helplessness and acute isolation.

4.10 Poor Coping.

Coping skills are those skills that we use to balance with disadvantages in day to day life. Coping skills can be seen as a sort of adaptation. Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master,minimize or tolerate stress or conflict. A common example of a negative coping skill is the abuse of alcohol or drugs and suicide. In the previous section (negative self-evaluation) already we have seen that how made the coping poor to a person. We have seen that the poor coping is the result of low self-esteem.

In the present study we have seen that after birth the participants experienced that they were extremely negatively evaluated by family and society. They were deprived from love and warmth. They had no scope of sharing their pain with others. They were rejected as a result they were found negatice solution of their problem. Respondents were

internalized a harshly negative image of being bad and wrong and neglect or abuse from, school, society, religion, family, and peers.

Several researches supported the findings of the following research which found that negative appraisal from society and family lead to poor or unhealthy coping and make vulnerable for suicide–

Rofes (1983) found in a review of the literature, that, Lesbians and gay men are at much higher risk than the heterosexual population for alcohol abuse. Approximately 30 percent of both the lesbian and gay male populations have problems with alcoholism. Rofes also found that lesbians and gay men have a higher rate of substance abuse than heterosexuals and found this to be correlated with increased suicidal feelings and behavior.

Morrison, M(1985) some gay and lesbian young people cope with the many problems they face by using alcohol and drugs.

Remafedi, G. (1985) Fund that Gay youth are especially susceptible to substance abuse in trying to cope with the conflicts of the coming out process.

So to consider all findings and others research showed that negative life experiences were made to evaluated himself by negatively and its leads to poor coping and also vulnerable for attempt suicide.

4.11 Overwhelming Pain.

Living with extreme psychological pain creates risky situation. In the present study already we have seen and discussed that the respondents' have survived in this society and family. They stated that when their pain had gone out of control that time only suicide was the solution. After birth they started to face the problem and whole life they suffered only for their gender identity. Itresulted inextreme depression and they lost all hope and tried to get relief from suicide. Several research found that overwhelming pain can lead to suicide.

Christie et al (1988) found that stress and strain from everyday life; severe, prolonged, or unmanageable, were strongly associated with suicide

Gibson, P. (1983) found that gay youth face extreme physical and verbal abuse, rejection and isolation from family and peers. They often feel totally alone and socially withdrawn out of fear of adverse consequences. As a result of these pressures, lesbian and gay youth are more vulnerable than other youth to psychosocial problems including substance abuse, chronic depression, school failure, early relationship conflicts, being forced to leave their families, and having to survive on their own prematurely. Each of these problems presents a risk factor for suicidal feelings and behavior among gay, lesbian, bisexual and transsexual youth.

So to consider the research findings it can be say that overwhelming pain is one of the leading source of MSM suicide attempt.

4.12 Cognition Leading to Suicide.

The general reason of suicide is feeling ashamed, guilty, feeling like a victim, feelings of rejections, loss, loneliness and feelings of becoming a burden to others etc. In the present study MSM people had also experienced all of these feelings through their life experiences and already discussed the process how they were made vulnerable to suicide As a result of gone always through continuous unhelpful feelings some thought come their mind. These are rightless, humiliated, maltreated, self-blame, insignificant, rejected, and despondent and no one understands them. All of these fallen them to depression .Suicidal behavior can be regarded as the consequences of an interaction between a persistent vulnerability and stressor-induced state–depended characteristics. This vulnerability consists of distal risk factors such as low self-esteem. Depression and hopelessness and can be considered core features of suicidal behavior. The feeling of hopelessness that may

lead to suicidal behavior is commonly induced by psychosocial stressor that can be divergent in nature but may share common characteristics. (Cantor C ,2000).

Several research is also found that there are strong relationship of negative thoughts and negative feelings which are also vulnerable for depression and which lead to think them commit suicide.

Bagley, C. & Tremblay, P. (1997) found a study that a random sample of young men in Calgary found that gay men who were not sexually active had the highest risk for depression and suicidal thoughts, and 15.5% of them had made a serious suicide attempt.

Brian Mustanski &Richard T. Liu (2012) found that Depressive symptoms and hopelessness mediated the relation between multiple risk factors to suicide attempts. Suicide attempt history was the strongest predictor of prospective suicide attempts. Participants who attempted suicide 31.6% who had more suffers in hopelessness.

Y hidaka and D Operario (2006) they stated that among the 1025 respondents, 154 (15%) of the men reported a history of attempted suicide, 716 (70%) showed high levels of anxiety and 133 (13%) showed high levels of depression.

So after consider the research findings it can be say that strong unhelpful feelings and negative thought toward themselves made a person in depression and also suicide.

4.13 Dropping the Last Hope.

This is one of the important components found from the respondent. We know that when a person lost his or her hope he/she fall into depression and everything seems meaningless. In the present study all participants have experienced this. They shared that in society they had no value for their homosexual behavior. They always got pain from

everywhere. Sometimes they tried to found hope from their lover but when they were betrayed by their partnersthey lost all hope from life. When all hopes are lost and they find no positive meaning from their life often they tried to commit suicide.

Several researches show the relationship between lost hope with suicide.

Gibson, P. (1983) found to some gay youth, relationships become a way of filling needs for love and belonging missing from family and peers. When the relationship ends, the youth feel as though they have lost everything. They fear that they will always be alone, that no one cares, and nothing is worth living for.

4.14 Development of the Model on suicidal attempts of male homosexuals.

According to the discussion a general model was drawn from the data of present research which will help to understand the suicidal attempts process of male homosexuals. The model is displayed in figure next page:

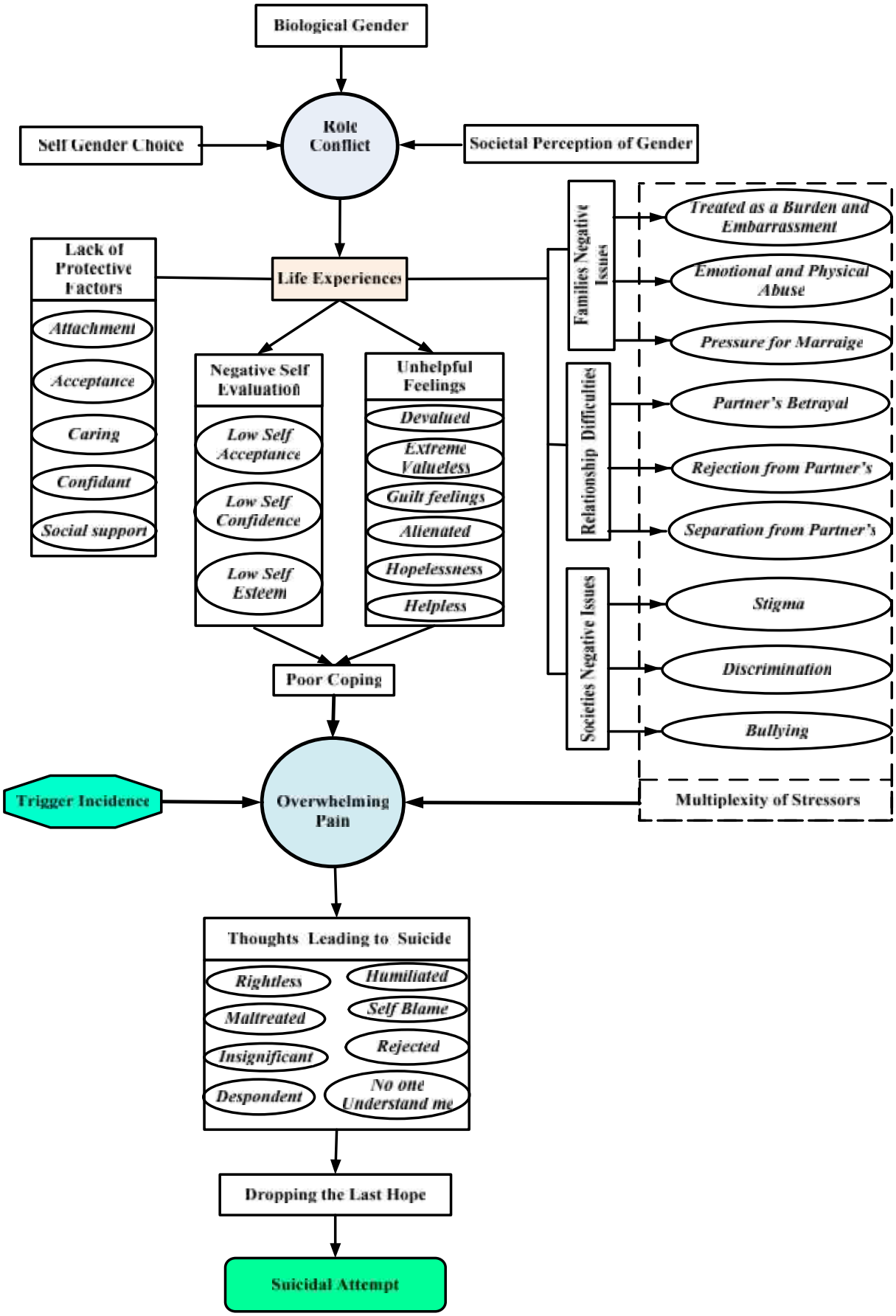

Figure 1 Basic model on suicidal attempt process of male homosexuals

The proposed model shows the process of how an MSM make a suicide attempt. Their problem started after their birth. When they were growing up in the family, role conflict was started because of the clash occurred between their homosexual mind and societal perception. They experienced strong conflict about who they actually are. This conflict became stronger when they were deprived from positive family support needed for better development. Family and society treated them negatively and it led them to evaluate themselves as unwanted and their self-esteem and self-confidence were decreased every day. Criticism, judgment, negligence, low social capital and negative perception toward homosexuals increased negative self-evaluation about themself. Through the negative life experiences unhelpful feelings developed along with poor coping skills. Families and societies negative issues and their several relationship difficulties made a multiple effect of stressor which also plays a vital role for committing suicide.

Suicidal trigger was activated when they lost their fight against negative life experiences. Multiplexity of stress, poor coping and suicidal trigger were made overwhelming pain and its suicide thinking. When they saw their whole life experiences was full of hopelessness, helpless and nothing on their favor and dropping their last hope (from family, society and partner) that time they were taken attempt suicide for relief their pain.

Lastly the process may be concluded by Christie et al. (1988) study where they mentioned that stress and strain from everyday life, severe, prolonged, or unmanageable stress were strongly associated with suicide.

4.15 Compare the proposed model with other suicide theories.

The proposed model of suicide attempt process is made more stronger by empirical theories of previous suicide theories.

4.15.1 Psychological pain theory.

Shneidman (1993) provided this theory of suicide. The *Main theme of this theory is* unmet psychological needs cause torturing mental pain that leads to suicide as the only option.

Shneidman's Theory of *Psychache*. Shneidman (1993) defined ten common factors (''communalities'') of suicide: seeking a solution, cessation of consciousness, intolerable psychological pain, frustrated psychological needs, hopelessness and helplessness, ambivalence towards life and death, constriction of viable alternatives, flight from life itself, communication of intent, and dysfunctional lifelong coping patterns. He suggested that suicide is caused by psychache (Shneidman, 1993, p. 51), an intense and intolerable emotional pain that is different from depression and hopelessness. The tortured individual seeks relief for his/her pain until there is no solution but death.

According to this psychache model there is similarity with this proposed MSM suicide attempt model in respect of psycache issues. The present study also showed that intolerable psychological pain like overwhelming pain, hopelessness and helplessness and dysfunctional lifelong coping patterns which leading to suicide attempt.

4.15.2 Arrested flight model.

Williams (1997) provided this model. The main theme *of* this model issuicidal ideation develops from feelings of entrapment due to defeat in stressful situations.

Williams (1997) posited that suicide is a product of feelings of defeat in response to humiliation or rejection which trigger perceptions of entrapment, combined with a failure to find alternative ways to solve the problem. This model draws upon the concept of arrested flight reported in the animal behavior literature and which has been suggested to account for depression in humans (Gilbert & Allan, 1998). Williams & Pollock (2000,

2001) suggested that when individuals perceive their attempts at solving problems to be unsuccessful, they feel powerless to escape from the situation. It emphasizes the potential interactions between emotions and cognitions in the road to suicide, and highlights the role of entrapment and hopelessness in the development of suicidal ideation and behavior .

According to this Arrested flight model there is similarity with this proposed MSM suicide attempt model with regard tofeelings of entrapment due to defeat in stressful situations. The present study also shows intolerable psychological pain humiliation, rejection, hopelessness and helplessness which the respondents' experienced from their stressful life experiences and lastly find alternative ways to solve the problem like dysfunctional coping patterns by suicide attempt.

4.15.3 Suicide is an escape from self.

Baumeister (1990) provided this theory. The main theme is unbearable state of distorted self-awareness cause's cognitive deconstruction and a search for a means to escape.

First, there is a discrepancy between expected standards and perceived reality. Too-high expectations or setbacks frustrate goals and lead to personal failure. Second, the individual interprets the failure as a function of his own characteristics, qualities, or skills, leading to self-blame. Third, an aversive state of distorted self-awareness leads to unforgiving comparison of the self with unachieved standards. Fourth, this self-awareness evokes painful negative emotions. Fifth, the individual attempts to escape into a relatively numb state of cognitive deconstruction, characterized by his /her focusing on concrete sensations and movements and targeting only immediate goals.

According to the Suicide is an escape from self-theory there is similarity with this proposed MSM suicide attempt model in respect of distorted self-awareness, painful negative emotions, self-blame etc. The present study also showed unhelpful self-

evaluation like low self-confidence, low self-esteem, unhelpful feelings and emotions like alienated, hopelessness, guilt feelings etc which led to suicidal cognition for escape from self.

4.15.4 Cognitive theories.

There are some cognitive theories about suicidal attempt was provide. Which are similar with the present proposed model.

4.15.4.1 The comprehensive cognitive model.

Beck, Brown, Berchick et al. (1990) provided this theory. Main theme of this theory is Suicide schema of biases in attention, information processing, and memory impairs the individual's ability to recall reasons for living or being hopeful about life. They suggested that hopelessness plays a major role in suicide by disrupting all components of the classic cognitive triad of beliefs about self, others, and the future. Wenzel & Beck (2008) formulated a comprehensive model of suicide wherein the interaction among three main constructs lead to suicidal act: dispositional vulnerability factors, cognitive processes associated with psychiatric disturbance, and cognitive processes associated with suicidal acts.

According to the comprehensive cognitive model there is similarity with this proposed MSM suicide attempt model in respect of hopelessness and all three interacting issues. The present study also found hopelessness strongly and both unhelpful feeling and cognition lead for suicide attempt.

4.15.4.2A CBT model of suicide

John D. Matthews (2013) provided a CBT model of suicide. This model emphasizes that an individual considers suicide if he or she sees no solutions to the problem that is creating pain that is perceived as intolerable, inescapable, and

interminable. Thus, the focus of CBT in the depressed suicidal patient is to: identify the perceived unsolvable problem; reduce cognitive distortions and errors in logic with regards to his or her views of self, others, and future; improve problem solving skills; increase motivation to problem solve; reduce perceived emotional pain; and encourage acceptance of emotional pain as part of everyday life.

According to theMathews' cognitive model of suicidean individual considers suicide if he or she sees no solutions to the problem that is creating pain that is perceived as intolerable, inescapable, and interminable.. The present study also found that respondents' of MSM experienced strong rejection and pain from family and society throughout their life. That reason their self was vulnerable and they didn't find any hope from their life.

4.15.5 Interpersonal theory.

The interpersonal-psychological theory of suicidal behavior (Joiner, 2005) proposes that an individual will not die by suicide unless s/he has both the desire to die by suicide and the ability to do so. Feelings of non-belongingness and burdensomeness lead to a desire for death. The realization of this desire is determined by one's acquired capability for self-harm.

The present study also shows that MSM were strongly feel that they had no value, they were unexpected and had no right to belong the society as a human. They were also felt that they are not resources for both family and society they are only burden for everybody and find solution by suicide. So there is strong similarity is shows with this model in this point.

4.15.6 Fluid Vulnerability model.

The Fluid Vulnerability model (Rudd, 2006) proposes that Cognitive, behavioral, physiological, and affective characteristics of the suicide mode predict vulnerability to triggers and the severity and duration of suicidal crises.

The present study also found the cognition which lead to suicide (maltreated, no one understand them, humiliation, right less, self-blame, rejection, hopeless etc.) effective issues (alienated, hopeless, helpless, guilt feeling, devalued, values etc.) and behavioral(attempt suicide, taking drug etc.) triggers which leads them suicide.

4.15.7 Social Problem-Solving Vulnerability.

Schotte & Clum (1987) refers this model. The main theme of the model is deficit in interpersonal problem-solving increases the risk of suicidal behavior as a reaction to stress.

The proposed model also showed that the how a MSM's poor problem solving were developed through their life experiences. Its decreased their positive coping skills and leads them to take attempt suicide.

4.15.8 Cultural Model of Suicide.

According to the Cultural Model of Suicide by,Chu et al. (2010) the life stressor related to suicide attempts, the interpretation of that event by the individual, suicidal ideation, intent , plan, even the attempt all are affected by culture. This cultural theory gives less importance on the psychological factors.

There is a similarity with this model in respect of social factors related to suicide. In advance this present study wants to show the individual psychological factors relevant to suicide.

4.16 Challenges of male homosexuals.

Homosexuals in our country facing challenge in everywhere. By, from society, from family everywhere they are facing challenges and surviving. Bangladesh is perceived to be one of the few Islamic states which exercise considerable tolerance towards the issue of homosexuality. The instances of utilizing Governmental instruments for persecuting Homosexuals is rare. But practicing homosexuality is strictly prohibited by the law underSection 377 A of the CrPC (Criminal Penal Code).The law says- "Whoever voluntarily has carnal intercourse against the order of nature with any man, woman, or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall be liable to fine." It is unfortunate that homosexuality, a practice so harmless and personal in practice, have been criminalized in our country. People involved with gay issues have estimated about 5 to 10 percent of the population as homosexual. That would mean a sizeable population prefer same sex relationships. However no serious discussions take place on this subject even within progressive circles as Homosexuality is grossly equated as Perversion. The gay people prefers to let the society ruin their lives rather than risk humiliation which is sure to follow any revelation of their forbidden love.Most of them are afraid to experience the trauma and harshness.Most of the homosexuals have to conceal their relationships very carefully from any public scrutiny. Often the family members react in shock and despair after discovering the sexuality of their offspring and force them into marriages or quaky medications which may include the same electro-shock procedures utilized to neutralize insane patients.

In our finding section here we have seen on of the statement of a respondent's there he expressed the extreme traumatic challenges which he facing in his everyday life. This challenge sometime leads them to commit suicide which he mentioned.

The following statement is revealing challenges for one respondent.

"A MSM's has lots of challenges. Every moment of his life is challenges. From birth to death whole life is challenging. The challenges starts in family after birth because my looks and shape is look male but my behavior is like female. Just think the challenge that by behavior is like female but I cannot do the female attitude because I'm male. I cannot do anything which my mind expects. I will do everything which others expect. This kind of living itself as a challenge. No body understand our pain that how it is difficult to live to wear musk. You are talking about society? What will be saying about society? When I go outside I listened MAIGGA, HIJRA etc. Where I will go? Everywhere I have faced stigma and discrimination. Once I was go in a office for a job they follow my foot walk and told me that they not recruited HIJRA. If any boyfriend come to my house family member's guess that may I will make sex with him and that reason I invite them in my house. If go to doctor not possible to share all issues because if I share they will not prescribed me. Once I have suffered by Gonorrhea. When I have shared it with doctor he told me that he not given treatment about this disease. And he suggest me to go other hospital but I have seen his signboard he clearly written that he is the specialist of this disease. Actually all literate and illiterate people in our society not like and except the male to male sex. Everybody treated us like a mad or abnormal. Nobody can understand our pain and challenge if they not in our place."

4.17 Strengths of the Study

The present study followed the pre-planned methodological design appropriately. Besides this, two major strengths of this qualitative investigation can be mentioned here which are as follows.

1. Research findings and data were found through pure qualitative grounded approaches.

2. The research was very timely oneand generated a new knowledge in homosexual field in Bangladeshi culture.

4.18 Limitations of the Study

The present study had also some drawbacks which is the scope for improvisation in future studies.

1) Maximum variation of sampling could not be ensured in a satisfactory level because of the unavailability of homosexual and social barriers to homosexual issues.
2) One big limitation of this research is that all of these participants were male homosexuals who viewed themselves as female. It was really difficult to found those who were homosexuals and viewed themselves as male.
3) Another important limitation was that it was really difficult to find only homosexual instead of bisexuals. Most of the participants' were married to a female but they got married due to social pressure and not willingly.
4) If a quantitative part could be provided with the research, it would be easier to test the findings more strongly.

4.19 Implications of the Study.

This study has great implications:

1. The findings and model can provide a clear idea and specific picture of the hidden life of this population. It will also help to understand the process and factors leading to suicidal attempt among male homosexuals.

2. This study can highlight the potential areas and may promote the proper preventive and contribute to development of strategies and services to prevent suicide among male homosexuals in Bangladesh.

Findings from this study have also important implications for planning an effective psychological intervention.

4.20 Role of Clinical Psychologist to Prevent Suicidal Attempt.

It is clear from the proposed model and discussion that how a homosexual attempt suicide. The model has explained clearly the process and the leading factor of suicide. After consider the model a clinical psychologist can play different role to prevent suicide such as provide counseling, psychotherapy, awareness program, further research and also policy level. The present study help to get a clear picture how internal & external factor lead to suicide process of a male homosexual. This process can making a clear plan to prevent suicide of not only male homosexuals but also all homosexuals. As a scientist practitioner a clinical psychologist can play role both individual level and policy level. The present research has shown that which factors makes one vulnerable and how these factors lead homosexual male and female to suicide.

CHAPTER 5

CONCLUSION AND RECOMENDATIONS

Conclusion and Recommendations

The lack of knowledge about the process including psycho-social issues of suicidal attempt among male homosexual in Bangladesh have created obstacles to get proper support for this vulnerable population. Homosexuals in Bangladesh are facing lack of social support, infrequent positive events, and chronic stress and it is associated with a variety of psychological problems and pressures.As a result of these pressures, all sexual minorities are more vulnerable than heterosexuals.

The present qualitative study explored the process ofBangladeshi male homosexuals' suicidal process. Grounded theory approache was used to generate knowledge on this challenging area. Through analysis 13 factors (societal perception of gender, self-gender choice, role conflict, lack of protective support, families negative issues, relationship difficulties, societies negative issues, negative self-evaluation, unhelpful feelings, poor coping, overwhelming pain, thoughts leading to suicide, dropping the last hope) which incorporating 31 emerged factors associated with suicidal attempt process . Each of these problems leads to a risk for suicidal feelings and behavior among homosexuals.

All of the respondents' of the present study sent a message; they wanted to share that they were extremely neglected by the society and family. They thought that everybody just treated them as an MSM not a human being,the reason which made their life complicated. If the society, family and state know about them properly and give them the recognition they would not attempt suicide or lead miserable life.

Recommendation for Future Research

There were some number of important learned from this challenging study. The weaknesses and limitations of present study have indicated the following areas as recommendations for further work.

1. In the present study maximum variation was not possible. All of the participants were male homosexuals but feminine mind. So further study can be designed both feminine and masculine mind homosexuals. So it will cover both group and can get a complete picture about suicidal attempt issues.
2. We know in homosexuality there were not only male homosexuals but also lesbian (female homosexuals) and bisexuals. So future research can be design where will represent both male, female homosexuals and bisexuals. Hope that will give a broad picture about suicidal process of homosexuality.
3. Suicide attempt were mostly related with depression. But present study was full qualitative designed. So not possible to take quantitative measures about depression, hopelessness etc. So if further exploration can covered both quantitative and qualitative measure it will give a robust picture of suicidal attempt among homosexuals.

"We wish everyone would accept us in the way we are and be aware about our problems and needs. Then we wouldn't have to think of committing suicide. If there are more places like this where we could share our feelings, listened to without being judged, express ourselves freely like we did during counselling we could have had a lot more positive thoughts. It is a fact that we will always have the pain of living in this society where we will always be treated as if we were criminals. But counselling support can be extremely helpful for us to have some meaning and direction in our life."

CHAPTER 5

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REFERENCES

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APPENDICES

Appendix A: Official application for took officially permission from the executive director of BSWS.

To

Executive Director

Bondhu Social Welfare society (BSWS)

99, Kakrail

Dhaka, Bangladesh.

Subject: Prayer for the permission of data collection for M. Phil research.

Dear Sir

With due respect I beg to state that I am an M. Phil researcher of University of Dhaka, supervised by Kamal Uddin Ahmed Chowdhury, Associate Professor, Dept of Clinical Psychology, University of Dhaka. I am going to conduct an exploratory research for the partial fulfillment of my M.Phil degree in Clinical Psychology. My research title is "**UNDERSTANDING PSYCHO-SOCIAL ISSUES ASSOCIATED WITH SUICIDAL ATTEMPT AMONG MALE HOMOSEXUALS**". Main objective of this research is to Understanding the process of Suicidal Attempt among Male Homosexuals. I will use clinical interview with the following of APA (American Psychiatry Association) ethical guideline for this research. For data collection phase of this research if I feel emergency to need psychotherapy of any interviewer I will refer them to appropriate professional. The tentative period of data collection phase may range from May, 2012 to September, 2012 to five months. But if my methodology need more time then it will be extended. In this circumstance, I need your kind permission.

I pray and hope that you would be kind enough to grant my application and give permission to collect information from your organization and thus support me to conduct my research.

Sincerely yours,

Md. Amir Hussain

M.Phil Researcher

Dept. of Clinical Psychology.

University of Dhaka.

Supervisor:

……

Kamal Uddin Ahmed Chowdhury,
Associate Professor Dept. of
Clinical Psychology, University
of Dhaka.

Appendix B: Questionnaire for screening appropriate respondent's for study.

গবেষণায় অন্র্ভুক্তি বিষয়ক নির্বাচনী প্রশ্নমালা (অংশগ্রহণকারীর জন্য)

আমি মোঃ আমির হোসেন, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা মনোবিজ্ঞান বিভাগের এম.ফিল পর্যায়ের একজন প্রশিক্ষনার্থী ও গবেষক। বর্তমানে আমি কামালউদ্দীন আহমেদ চৌধুরী সহযোগী অধ্যাপক, চিকিৎসা মনোবিজ্ঞান বিভাগ এর অধীনে "পুর"ষ-সমকামীদের মধ্যে আত্মহত্যামূলক প্রচেষ্টার সাথে সম্পৃক্ত মনো-সামাজিক বিষয়সমূহের অনুধাবন" বিষয়টি নিয়ে গবেষণারত। এই লক্ষ্যে আমি আপনার সাথে কিছু সময় ধরে কথা বলতে আগ্রহী। উক্ত গবেষণায় সাক্ষাৎকার প্রদানকারী নির্বাচনের জন্য আমি কিছু প্রশ্ন নির্বাচন করেছি যা আমার গবেষণার মূল উদ্দেশ্য অর্জনে সহায়তা করবে যার ভিত্তিতে আমার গবেষণার সাক্ষাৎকার প্রদানকারী নির্বাচন করব। প্রশ্নগুলো খুবই সংক্ষিপ্ত।

১। আপনার যৌনসঙ্গী সম্পর্কে কিছু বলবেন? বর্তমানে আপনার যৌনসঙ্গী কারা?

২। যৌন কাজ করার সময় আপনার ভূমিকাটা কি থাকে? অথবা
সঙ্গীর সাথে যৌনমিলনের ক্ষেত্রে সাধারনতকে উদ্যোগী হয়ে শুর" করেন?
ক) নিজেই খ) সঙ্গী

৩। আপনি কি কখনো আত্মহত্যার চেষ্টা করেছেন?
ক) হ্যাঁ খ) না

৪। যদি করে থাকেন তবে শেষ কবে আত্মহত্যার চেষ্টা করেছেন?
ক) ------দিন পূর্বে খ) --------মাস পূর্বে গ) -------- বছর পূর্বে

৫। এই পর্যন্ড় আপনি কতবার আত্মহত্যার চেষ্টা করেছেন?
---------- বার।

৬। কিভাবে বা কোন পদ্ধতিতে আত্মহত্যার চেষ্টা করেছেন?

৭। আপনি কি কখনও মাদক জাতীয় দ্রব্য গ্রহণ করেছেন?
ক) হ্যাঁ খ) না

৮। আপনি কি বর্তমানে মাদক জাতীয় দ্রব্য গ্রহণ করেন?
ক) হ্যাঁ খ) না

৯। যদি করেন শেষ কবে ব্যবহার করেছেন?

১০। কি কি মাদক জাতীয় দ্রব্য আপনি গ্রহণ করেন? (নিম্নে মাদকের নামের পাশে আপনার ব্যবহৃত মাদকের টিক দিন)

ক) গাঁজা খ) ইয়াবা গ) ইনজেকশন ঘ) হেরোইন
ঙ) ফেন্সিডিল চ) কোকেইন ছ) এ্যালকোহল

১১। আপনি কি নারী পুরুষ উভয় লিঙ্গের প্রতিই যৌন আকর্ষণ অনুভব করেন?/ অথবা

আপনি কি নারী পুরুষ উভয় লিঙ্গের সাথেই যৌন সম্পর্ক করতে অভ্যস্থ?

ক) হ্যাঁ খ) না

১২। আপনি কি শুধু পুরুষের প্রতিই যৌন আকর্ষণ অনুভব করেন? /যৌন সম্পর্ক স্থাপন?

ক) হ্যাঁ খ) না

১৩। যৌনতার যে বিভিন্ন ধরন আছে এর মাঝে আপনি কোন ধরনের যৌনতার সাথে সম্পৃক্ত?

ক) সমকামী খ) উভয়কামী গ) বিষমকামী ঘ) রূপান্তর মূলক

Appendix C: Consent form

গবেষণায় অংশগ্রহণের সম্মতিপত্র

আমি মোঃ আমির হোসেন, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা মনোবিজ্ঞান বিভাগের এম.ফিল পর্যায়ের একজন প্রশিক্ষনার্থী ও গবেষক। বর্তমানে আমি কামালউদ্দীন আহমেদ চৌধুরী সহযোগী অধ্যাপক, চিকিৎসা মনোবিজ্ঞান বিভাগ এর অধীনে "পুর"ষ-সমকামীদের মধ্যে আত্মহত্যামূলক প্রচেষ্টার সাথে সম্পৃক্ত মনো-সামাজিক বিষয়সমূহের অনুধাবন" বিষয়টি নিয়ে গবেষণারত। এই লক্ষ্যে আমি আপনার সাথে কিছু সময় ধরে কথা বলতে আগ্রহী। এতে আপনার ৬০-৯০ মিঃ সময় ব্যয় হতে পারে। যে সকল বিষয়ে আমি আপনার সঙ্গে কথা বলব এবং আপনি যেসব তথ্য প্রদান করবেন তা সম্পূর্ণ গোপন রাখা হবে। কোথাও আপনার নাম ঠিকানা লিপিবদ্ধ বা উলে-খ করা হবে না। তবে আমাদের এই কথোপকথন আমি একটি ডিজিটাল রেকর্ডারে রেকর্ড করতে চাই। রেকর্ডকৃত কথোপকথনই হবে আমার গবেষণার মূল উপাত্ত। গবেষণাকর্ম শেষ হয়ে যাবার একটি নির্দিষ্ট সময় পর কথোপকথনের সম্পূর্ণ অংশ মুছে ফেলা হবে এবং গবেষণা ছাড়া অন্য কোথাও এই উপাত্ত ব্যবহার করা হবে না। যে বিষয়ে আমি আপনার নিকট অঙ্গীকারবদ্ধ। গবেষণার প্রয়োজনে আপনার সাথে আরও দুই একবার কথা বলার প্রয়োজন হতে পারে। সে ব্যাপারে আপনার সহযোগীতা পাবার আশা করছি। ইচ্ছা করলে এই সাক্ষাতকারের যে কোন পর্যায়ে আপনি সাক্ষাৎকার প্রদান করা থেকে সাময়িকভাবে বিরত থাকতে পারেন বা নিজেকে এই গবেষণা থেকে সম্পূর্ণভাবে প্রত্যাহার করতে পারেন।

যদি এই গবেষণায় অংশগ্রহণ করতে আপনার কোন আপত্তি না থাকে তাহলে অনুগ্রহ করে নিচে সম্মতিসূচক স্বাক্ষর কর"ন।

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(অংশগ্রহণকারীর সম্মতিসূচক স্বাক্ষর) তারিখঃ

----------(গবেষকের স্বাক্ষর)

Appendix D: Socio Demographic information sheet

Socio-Demographic Information

১। বয়সঃ.....

২। শিক্ষাগত যোগ্যতাঃ ক) স্বাক্ষর জ্ঞানহীন খ) স্বাক্ষরজ্ঞান সম্পন্ন
গ) পঞ্চম শ্রেণী পর্যন্ড় ঘ) অষ্টম শ্রেণী পর্যন্ড়
ঙ) এস.এস.সি এবং এইচ.এস.সি
চ) গ্রাজুয়েশন এবং এর উপর

৩। পেশাঃ ক) চাকুরী খ) ব্যবসা গ) অন্যান্য .....

৪। ধর্ম ঃ ক) মুসলমান খ) হিন্দু গ) খ্রিষ্টার্ন ঘ) বৌদ্ধ

৫। বৈবাহিক অবস্থা ক) বিবাহিত খ) অবিবাহিত গ) বিবাহিত কিন্তু পৃথক বসবাস
ঘ) তালাকপ্রাপ্ত ঙ) বিপত্নীক
চ) সমকামীতার জন্য তালাকপ্রাপ্ত/ আলাদা হয়ে যাওয়া

৬। বিবাহের ব্যাপ্তিঃ .....

৭। সন্ড়ান সংখ্যা ঃ.....

৮। আর্থ-সামাজিক অবস্থাঃ ক) উচ্চমধ্যবিত্ত খ) মধ্যবিত্ত গ) নিু মধ্যবিত্ত

৯। মাসিক আয় (নিজে) ঃ .....

১০। মাসিক পারিবারিক আয় ঃ.....

১১। কোন বয়স থেকে আপনি পুর"ষের প্রতি যৌন অনুভুতি অনুভব করেন?
ক) ৫-১০ বছর খ) ১০-১৫ বছর গ) ১৫-২০ বছর

Appendix E: Topic Guide

Topic Guide:

"UNDERSTANDING PSYCHO-SOCIAL ISSUES ASSOCIATED WITH SUICIDAL ATTEMPT AMONG MALE HOMOSEXUALS."

Research question: What psycho-social factors contribute in suicidal behavior of Male homosexual?

Objective: The study is aimed at understanding psycho-social issues associated with suicidal attempt among male homosexuals.

Specific objectives are as follows:

- To explore the specific psychological issues associated with suicidal attempt among male homosexual.
- To explore the social factors associated with suicidal attempt among male homosexual.

1. **Detail on Upbringing**
    - Upbringing
    - Family style
    - Relatives
    - Significant sexual experience in child hood

2. Details on Homosexual experiences:

- Attitude towards self , world and future
- *Life involvements:-*
    - Relationship (with family, lovers, spouse, friend, colleague sex partner, etc)

- Significant life events

- *Self-conception*
  - Of self
  - Of Society

- *Social attitude and views :*

Details on most Challenging issues in Homosexual practice/ for a person with homosexuals:

a. From family

b. From Social

3. Why have you tried to commit suicide?

- Details on suicidal attempts
- Can you please describe that moment, I mean, details of your procedure of attempt suicide?
- Conditions that brought about idea to attempt suicide.

4. Factors influencing the suicide.

a. Internal

b. External

5. Ways to handle those challenging issues?

- How did you manage your past upsetting situations?
- Coping strategy to handle own emotional feeling (Depressed and anxiety state, etc).