

Exploration of Mental Health Needs and Support Systems among LGBT Population in Bangladesh

Dr. M. Kamruzzaman Mozumder Shale Ahmed



Funded by Share Net International







Contents of the Presentation

- ø Background
- Objectives of the study
- Study methods
- Study areas
- Ethical aspects
- Findings
- Recommendations
- Acknowledgment





Background

- Studies on global burden of disease clearly demonstrated the growing burden of mental health problems in public health
- Research suggest that the risk for psychological problems among LGBT population is greater than the risk among general population
- Only a handful of studies have been conducted on MSM and transgender mental health aspect in Bangladesh
- Overall, situation of LGBT population of Bangladesh was not available

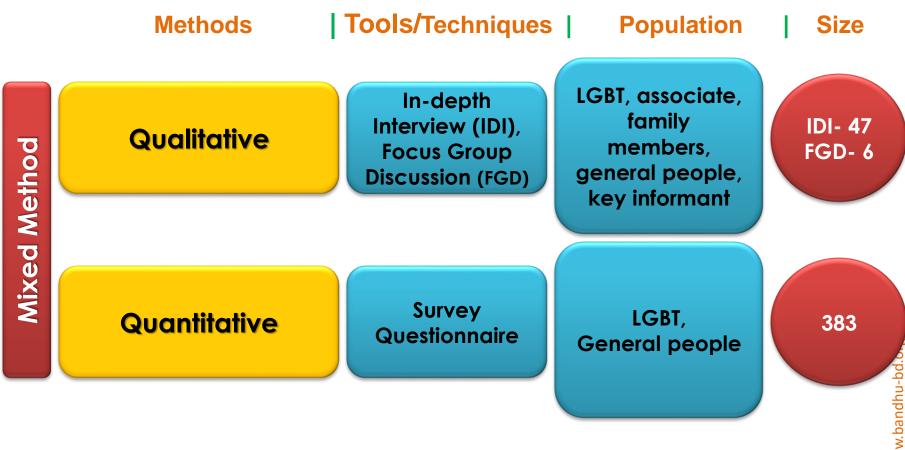




Objectives of the study

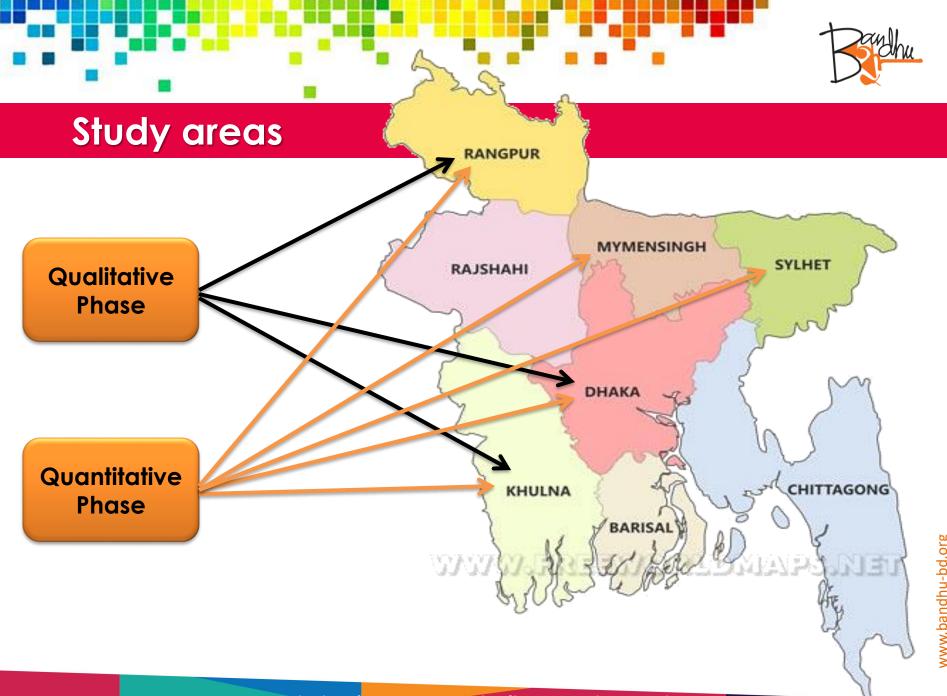
- A. Acquire in-depth understanding of mental health state of LGBT population.
- B. Explore available support systems for LGBT population.
- C. Generate recommendations to improve the mental health state of the LGBT population in Bangladesh.

Study methods





www.bandhu-bd



www.bandhu-bd.org





Privacy Confidentiality Compensation This study received ethical clearance from the ethics committee of the Department of Clinical Psychology, University of Dhaka before initiation of data collection

মনোবিজ্ঞান বিদ্যালয় (৫ম তলা) ০. বাংলাদেশ	E		TMENT OF CLINICAL PSYCHOLOGY UNIVERSITY OF DHAKA Arts Building (4th floor) Dhaka-1000, Bangladesh
Tel: 966	61900-73, Ext. 7801, Fax:	880-2-8615583, E-	mail: clinpsy@du.ac.bd
	Certificat	te of Ethical Appro	val
Project Numbe	er : IR151101		
Project Title	: Exploration of menta population in Bangla		support system among LGBT
Investigators	: Muhammad Kamruza	zaman Mozumder a	and Shale Ahmed
Approval Perio	od : 12 November 2015 to	o 11 November 201	16
Terms of Appro	oval		
sought app Committee 2. The investi any advers	proval by the investigator(before incorporating the gator(s) should inform the	(s) to the Departme e change. e committee imme t hampers wellbeinj	approval should be notified and nt of Clinical Psychology Ethics diately in case of occurrence of g of the participants or affect the
	ch project is subject to mo y Ethics Committee.	onitoring or audit b	y the Department of Clinical
4. The commi compromis		if ethical conductio	n of the research is found to be
	arch cannot be completed plication for an extension.	Contraction of the second s	ed period, the investigator must
6. The investi	igator must submit a rese	arch completion re	port.
-	condition: Suggested stra	ategies for distress	reduction have to be in place.

Bringing changes. Improving lives. Keeping promises.

University of Dhaka



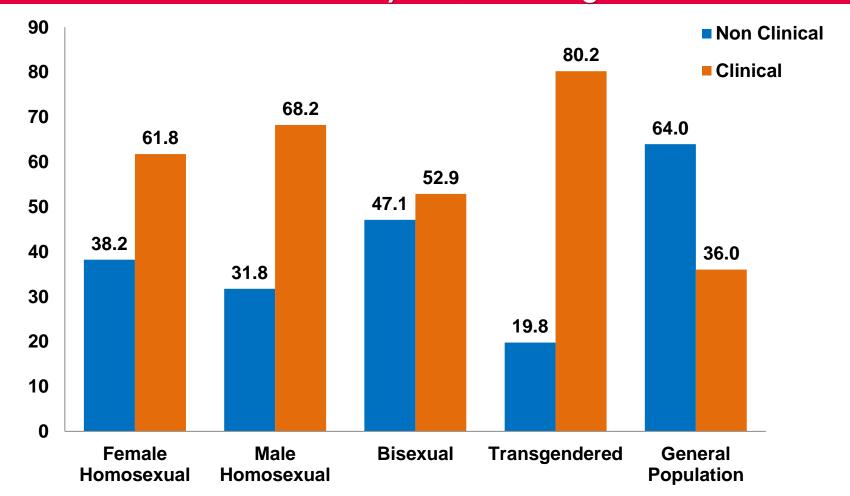


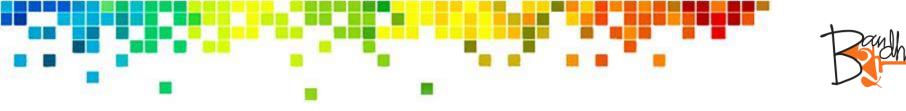
Key Findings

Mental Health State

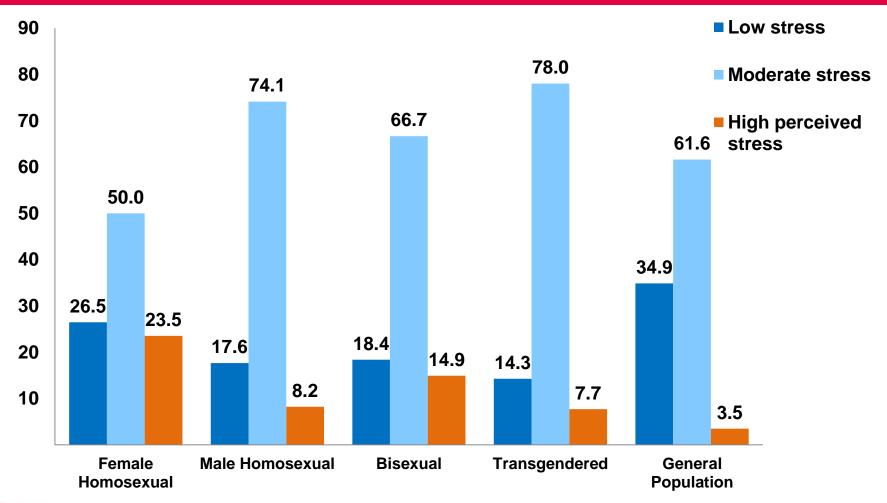


Percentage of Clinical and non clinical level of mental health problem as indicated by SRQ 20 among LGBT





Different levels of perceived stress among the LGBT





Coping Response

"What I do is to take a couple of Sedil (sleeping pill) forget thinking about her, all other thoughts and dive into sleep"

- (IDI, Lesbian)

 "When I am feeling bad, I engage into daily prayer, listen to religious speech, utter names of almighty and feel better with the grace of almighty"
 (FGD, Gay)





	<u> </u>	Lesbian % (n)	Gay % (n)	Bisexual % (n)	Transgender % (n)	General % (n)
Suicidal and	Deliberate self defeating behavior	61.8 (21)	42.4 (36)	40.2 (35)	39.6 (36)	22.1 (19)
suicidal and self injurious behavior among the LGBT and general population	Sex without Condom	29.4 (10)	69.4 (59)	73.3 (63)	73.6 (67)	67.1 (57)
	Deliberate physical Injury	55.9 (19)	22.4 (19)	18.4 (16)	28.6 (26)	9.3 (8)
	Death Wish	73.5 (25)	63.5 (54)	41.4 <mark>(</mark> 36)	71.4 (65)	20.9 (18)
	Suicidal ideation	52.9 (18)	50 (42)	29.9 (26)	51.6 (47)	22.1 (19)
	Suicidal attempt	38.2 (13)	41.2 (35)	17.2 (15)	35.6 (32)	10.5 (9)

www.bandhu-bd.org





	Way of Coping	Lesbian % (n)	Gay % (n)	Bisexual % (n)	Transgender % (n)	General % (n)
	Multiple Sexual engagement	23.5 <mark>(</mark> 8)	48.2 (41)	36.8 (32)	26.4 (24)	10.6 (9)
Coping response to psychological stress and negative emotional state among LBGT and general population	Angry outburst	79.4 (27)	60.7 (51)	65.5 (57)	54.9 (50)	6 0.5 (52)
	Self harm	52.9 (18)	40 (34)	25.3 (22)	34.1 (31)	15.1 (13)
	Spend time with like minded	91.2 (31)	91.7 (77)	90.8 (79)	92.3 (84)	82.6 (71)
	Pass time alone	91.2 (31)	92.9 (79)	<mark>83.9 (73</mark>)	87.9 (80)	84.9 (73)
	Cry	85.3 (29)	83.5 (71)	60.9 (53)	91.1 (82)	54.7 (47)
	Get busy in activities	100 (34)	80 (68)	80.2 (69)	86.8 (79)	90.7 (78)
	Engage in Religious activities	82.4 (28)	83.5 (71)	80.5 (70)	75.8 (69)	87.2 (75)





	Way of Coping	Lesbian % (n)	Gay % (n)	Bisexual % (n)	Transgender % (n)	General % (n)
	Roam around	76.5 <mark>(</mark> 26)	85.9 (73)	75.9 (66)	80.2 (73)	75.6 (65)
CONTINUES	Artistic engagement	50 (17)	67.1 (57)	51.7 (45)	83.5 (76)	45.3 (39)
Coping	Entertainment	97.1 (33)	96.5 (82)	94.3 (82)	96.7 (88)	87.2 (75)
response to psychological stress and negative emotional state among LBGT and general population	Self soothing activity	97.1 (33)	97.6 (83)	97.7 (85)	97.8 (89)	98.8 (84)
	Try to Solve	100 (34)	97.6 (82)	96.5 (83)	97.8 (89)	100 (86)
	Share with like minded	76.5 (26)	90.6 (77)	<mark>83.9 (</mark> 73)	93.4 (85)	86 (74)
	Share with loved one	78.8 (26)	89.2 (74)	<mark>81.6 (</mark> 71)	86.7 (78)	85.9 (73)
	Talk to family	61.8 (21)	61.2 (52)	68.6 (59)	69.2 (63)	88.4 (76)
	Take drugs	35.3 (12)	23.5 (20)	21.8 (19)	22.2 (20)	5.8 (5)





Attachment and Support

"It cannot be shared with family. Sometimes I feel so depressed thinking that no one understands me except my sister. They see these as if I am dramatizing, trying to convince them with these - otherwise there would be no reason for low mood all day long"

- (IDI, Gay)





The person who understands most

·	Lesbian n (%)	Gay n (%)	Bisexual n (%)	Transgender n (%)	General n (%)
Mother	10 (29.41)	47 (55.29)	43 (49.43)	37 (41.11)	38 (44.19)
Father	0 (.00)	1 (1.18)	0 (.00)	3 (3.33)	5 (5.81)
Brother	1 (2.94)	1 (1.18)	8 (9.20)	0 (.00)	5 (5.81)
Sister	1 (2.94)	9 (10.59)	7 (8.05)	11 (12.22)	2 (2.33)
Spouse	0 (.00)	1 (1.18)	7 (8.05)	0 (.00)	24 (27.91)
Lover or Partner	10 (29.41)	8 (9.41)	10 (11.49)	5 (5.56)	2 (2.33)
Community Friend	5 (14.71)	13 (15.29)	5 (5.75)	7 (7.78)	1 (1.16)
Community member	0 (.00)	1 (1.18)	1 (1.15)	15 (16.67)	0 (.00)
None	3 (8.82)	1 (1.18)	0 (.00)	2 (2.22)	1 (1.16)





Source of mental support

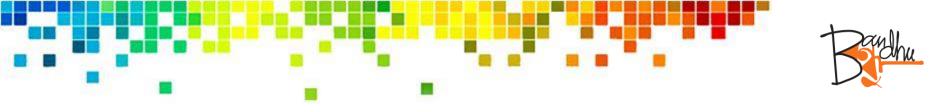
	Lesbian n (%)	Gay n (%)	Bisexual n (%)	Transgender n (%)	General n (%)
Mother	7 (20.59)	26 (30.59)	30 (34.48)	25 (27.47)	30 (34.88)
Brother	1 (2.94)	5 (5.88)	3 (3.45)	4 (4.40)	7 (8.14)
Sister	2 (5.88)	8 (9.41)	7 (8.05)	9 (9.89)	4 (4.65)
Spouse	0 (.00)	0 (.00)	5 <mark>(</mark> 5.75)	0 (.00)	21 (24.42)
Lover or Partner	11 (32.35)	8 (9.41)	11 (12.64)	4 (4.40)	3 (3.49)
Friend (Non LGBT)	2 (5.88)	3 (3.53)	9 (10.34)	4 (4.40)	3 (3.49)
Community Friend	4 (11.76)	26 (30.59)	11 (12.64)	12 (13.19)	4 (4.65)
Community member	0 (.00)	4 (4.71)	1 (1.15)	22 (24.18)	1 (1.16)





Selfless supporter in crisis situation

	Lesbian n (%)	Gay n (%)	Bisexual n (%)	Transgender n (%)	General n (%)
Mother	7 (20.59)	30 (35.29)	24 (27.59)	22 (24.18)	35 (40.70)
Father	1 (2.94)	3 (3.53)	9 (10.34)	4 (4.40)	4 (4.65)
Brother	1 (2.94)	5 (5.88)	14 (16.09)	4 (4.40)	13 (15.12)
Spouse	0 (.00)	0 (.00)	8 (9.20)	0 (.00)	17 (19.77)
Lover or Partner	13 (38.24)	7 (8.24)	7 (8.05)	8 (8.79)	4 (4.65)
Friend (Non LGBT)	1 (2.94)	2 (2.35)	9 (10.34)	3 (3.30)	2 (2.33)
Community Friend	5 (14.71)	16 (18.82)	5 (5.75)	10 (10.99)	0 (.00)
Community member	0 (.00)	7 (8.24)	1 (1.15)	28 (30.77)	1 (1.16)



Suitable person for LGBT identity disclosure in required

<u> </u>				
	Lesbian n (%)	Gay n (%)	Bisexual n (%)	Transgender n (%)
Mother	10 (45.45)	30 (51.72)	23 (31.94)	11 (37.93)
Spouse	2 (9.09)	0 (.00)	18 (25.00)	0 (.00)
In laws	1 (4.55)	5 (8.62)	5 (6.94)	9 (31.03)





Recommendations

- A. High prevalence of psychosocial stressors is obviously increasing vulnerability and coping strategies including suicidality and self harm. Action should be taken to stop this.
- B. Although there have been recent evidences regarding the connection between self growth and stressful life event. For LGBT the situation does not seem allow consorting to that idea. A high prevalence of overall and specific mental health problems indicates that the LGBT population is already paying to toll these stressors.





Recommendations cntd...

- C. The findings clearly indicate the dire need for provision of mental health support for LGBT populations. Perceived Stress Scale and General Health Questionnaire implies that many of them are likely to at a level which requires supports beyond counseling level and are needing psychotherapy service.
- D. It may not be an overstatement to recommend for incorporation of at least one psychological component in every development program targeted at LGBT community. Bandhu's existing link with the Department of Clinical Psychology at University of Dhaka can be utilized in this regard.





Recommendations cntd...

- E. Attention need to be given for ensuring sexual and reproductive health of the LGBT population. Limited number of catered services available through NGOs but not community friendly.
- F. Inter- and intra-community dialogue and team building activity can be considered to enhance communication and supportive relationship in the LGBT community.
- G. Awareness about resource within self and community are essential for ensuring growth. Our trial on "Tree of Life" exercise indicated a hope that the LGBT community is aware about the resources. Obviously this awareness can be further enhanced through this or other activities.





Acknowledgement

Our gratitude and thanks to;

- All the participants for their generosity, openness and brevity required for providing long interview on such sensitive topic.
- Bandhu and its staffs for their effort in organizing different activities including in-depth interviews, focus group discussions, field visits and meetings.
- Mr. Yeasin Munshi, Mr. Shyamol Kumar Mandol, Ms. Farida Begum, Mr. Md. Mizanur Rahman, Ms. Chandni Akter, Mr. Jahirul Haque Bhuiyan, Mr. Khokan Saha, Ms. Nadira Begum, for their cordial support and assistance both in qualitative and quantitative phase data collection.
- Mr. Md. Abul Hossain, Executive Director, Chinnomul Manab Kallyan Society, Khulna, for considering the task of helping the team. Ruma Khondaker, Rubina Jahan Rumi, Md. Amir Hussain, Liton Barua, Khadijatul Kobra, Mukti Biswas, Falguni Rani Das, Arobindu Dash, Depon Chandra Sarker, Kamolesh Biswas, Niger Sultana, Md. Raihanul Haque, Tarannum Musarrat Tusqa, Anindita Binte Jahan, Abdur Rahman, Morium Khanum, and Abida Sultana for collecting such a large amount of data.
- Sangitta Kundu, Shahana Parveen, Farzana Sultana, Saidul Islam and Farzana Zafreen, Md Feroz Sharif, Saiyeda Asea Asha, Pritom Das, Shead Ashraf and Sajjadur Rahman Khan for taking care qualitative data.
- Mr. Shahidul Alam was kind enough to take pain in thinking and guiding the researcher, and Mr. Mohammad Rofiqul Islam Royal for his cordial support from the beginning till the end.
- Finally, we are thankful to the project secretary Raihana Sharmin

