A STUDY OF HOMOSEXUAL MALE YOUTH AMONG THE MIZO

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Abstract
The study examined Homosexual male youth and compared the two age groups of 15-21 and 22-28 by using the psychological scales of Depression and psychological well being. (Homosexual = 80, two age groups of 15-21= 40 and 22-28 = 40 years of age). Kinsey heterosexual homosexual rating scales were used to screen out the level of sexual orientation, Depression(Becks), psychological well being scale along with the demographic profile were employed. Results showed that Age difference emerged to be positively related to dependent measures and predicted the adjustment problems in the targeted population.

Key words: 1.Homosexual, 2.depression, 3.psychological well being scale, 4.Kinsey heterosexual-homosexual rating scale.

Introduction:
Homosexuality refers to the practice of same sex behavior. According to the formal definition by Merriam Webster, (July 2004) the term “Homosexual” is defined as “of relating to or characterized by a tendency to direct sexual desire toward another of the same gender”. Freud said, “Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness…” (Freud, 1935 as cited in Bayer,1987). Nevertheless, the American Psychiatric Association included homosexuality under the grouping of sociopath personality disturbances in the first edition of the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-I, American Psychiatric Association, 1952). By the time of the second edition of the DSM (DSM-II, American Psychiatric Association, 1968), the diagnosis of homosexuality was moved under the general heading of sexual deviations. Research was emerging in the 1950s, demonstrating that homosexuality, per se, did not constitute a mental disorder. The pioneering work of Evelyn Hooker (1957) demonstrated that homosexual males were similar to heterosexual males on tests of psychopathology.

Youth is generally the time of life between childhood and adulthood (Macmillan 1981). In this period of transition the feelings of identify confusion usually develop at this stage, bodily changes influence both externally and internally, therefore this period is usually termed as ‘storm and stress’. Age between “15-29” is defined as “Youth” according to the commonwealth (Commonwealth Secretariat, (2011).

Depression is a serious illness that negatively affects how people feel, think, and act, depression is a very common disease. Currently, depression is the fourth most common cause of disability worldwide. It is estimated that by the
year 2020, depression will be the second most common cause of disability in the developed world, and the number one cause in the developing world (APA 2000 & Culbertson 1997). Depression can cause life miserable and can be a huge amount of suffering. It is a major reason for people taking time off work, causes great problems in peoples’ home lives, and can lead to death from suicide or from self-neglect (Australian statistics 1995). Suicide is a significant mortality risk factor for men of all ages and races. Men are around 3 to 4 times more likely to kill themselves than women in all age categories. The mortality rate for men by suicide is four times the rate of women but women are hospitalized for attempted suicide at 1.5 times the rate of men.

Gender role conflict refers to identity confusion, means that those who are not fully aware of their gender identity regarding to female or male. It is expected that gay men as compared to their non gay counter experience more gender role conflict and that conflict may effect their psychological well being. Studies have typically found gender role conflict to be negatively related to psychological well-being (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good et al., 1995; Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998; Sharpe & Heppner, 1991). Well-being has been defined as “Playing an active role in creating their well-being by balancing different factors, developing and making use of resources and responding to stress (Bradshaw et al. 2007).

Statement of the Problem
Homosexuals experience difficulties when it comes to accepting their sexual orientation (Friedman, 1991; George & Behrendt, 1988; Pilkington & D’Augelli, 1995). Additionally, some studies carried out with homosexuals have proved that the combined effect of bullying and difficulties in accepting one’s sexual orientation is related to the onset of a number of mental health problems (Rivers, 2004). Therefore in order to avoid rejection and hostility, homosexual youths are pressured to hide their sexual identities. This fact compounds the anticipated normal developmental concerns of youths, and can create unique problems for the homosexual youths. Homosexuality can place them at risk for social stigmatization, isolation, depression, suicide, abuse, and rejection by their families and friends. Anyone struggling with identity may confront the problem of announcing that identity to potentially hostile others (cf., Erikson, 1968; Marcia, 1994). Gay identity is particularly well suited to an exploration of articulating and publicizing identity. Degree of outness has been found to correlate positively with SWB (Luhtanen, 1996) and may be an important factor in physical health as well (e.g., Cole, Kemeny, Taylor, & Visscher, 1996, but cf., Col Kemeny, & Taylor, 1997).

There is no previous study on the issues of homosexuality among the mizo’s. Christianity is the religion practiced in the state of Mizoram, as in Christianity believed homosexuality is a sin and are denounced as homophobic, intolerant and even hateful. Therefore there is a common presumption in the Mizo society that MSM (mens having sex with men) is more vulnerable and prone to psychological problems as compare to heterosexual.

Objectives: The objectives of the study are

1. To determine higher depression scores during first age group (15-21), then second age group (22-28)
2. It is expected higher scores of psychological well being during second age group (22-28), then first age group follow.

Methods and Procedures:
Eighty (80) subjects were selected out by following purposive random sampling procedures from the different parts of Mizoram. To screen out homosexual male youth, a tools of Kinsey heterosexual-homosexual were employed. Only those who have showed high scores on Kinsey Homosexual-Heterosexual scales were selected for the samples. Only 80 mizo homosexual male youth were selected for the sample with due care of the equal representation of the two age groups (15-21and 22-28).
Psychological Tools and Procedure:

1. **Kinsey Heterosexual-Homosexual Rating Scale (KRS; Kinsey et al., 1948).** The KRS is a 7-point, Likert style scale used to assess sexual orientation along a continuum such as exclusively heterosexual with no homosexual, predominantly heterosexual, only incidentally homosexual, predominantly heterosexual, but more than incidentally homosexual, equally heterosexual and homosexual, predominantly homosexual, but more than incidentally heterosexual, predominantly homosexual, only incidentally heterosexual, exclusively homosexual. Participant has to report their behavioral experiences and sexual arousal from “exclusively heterosexual” to “exclusively homosexual.” The “Kinsey Scale,” was developed by Alfred Kinsey and his colleagues to assess their sexual orientation for psychological evaluation and research purpose.

2. **Psychological Well-being Scale (GWS; Veit & Ware, 1983; Heubeck & Neill, 2000)** consists of 20 items where items 5, 7, 9, 11, 13, 14, 16, 17, 19, 20 measure Psychological Distress (PD) and items 1, 2, 3, 4, 6, 8, 10, 12, 15, 18 measure Psychological Well-Being (PWB). The scale consists of 20 items and measures in a 6 point scale. In items that measure Psychological Distress (PD) the scores are reversed whereas in items that measure Psychological Well-Being, the scores are scaled in a positive direction where higher scores reflect positive well-being.

3. **Becks Depression Inventory (BDI-11: Aaron T. Beck, Robert A. Steer and Gregory K. Brown1996):** The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63. Special attention must be paid to the correct scoring of the Changes in Sleeping Pattern (Item 16) and Changes in Appetite (Item 18) items. Each of these items contains seven options rated, in order, 0, 1a, 1b, 2a, 2b, 3a, 3b, to differentiate between increases and decreases in behavior or motivation. If a higher rated option is chosen by the respondent, the presence of an increase or decrease in either symptom should be clinically noted for diagnostic purposes.

**Results and Interpretation:**

Firstly, the descriptive statistics were computed including the mean, standard deviation, Skewness, kurtosis, Alpha, linearity of the Scales/Sub Scales in checking the normal distribution of scores for the scales and subscales of the behavioral measures (1) Well-being Scale (Veit & Ware, 1983; Heubeck & Neill, 2000) (2) Satisfaction with life scale (Diener et al, 1985); (3) Becks Depression Inventory-11 (Beck et al, 1996).

<table>
<thead>
<tr>
<th>Sources of Variables</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Linearity</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD</td>
<td>39.08</td>
<td>5.23</td>
<td>.07</td>
<td>.91</td>
<td>.44</td>
<td>.57</td>
</tr>
<tr>
<td>PWB</td>
<td>42.96</td>
<td>4.03</td>
<td>.04</td>
<td>.79</td>
<td>.04</td>
<td>.59</td>
</tr>
<tr>
<td>BDI</td>
<td>45.36</td>
<td>5.91</td>
<td>.07</td>
<td>.66</td>
<td>.42</td>
<td>.72</td>
</tr>
</tbody>
</table>

Reliability indices emerged to be robust at each level of analysis and that determined applicability of the scales of the behavioral measures for the present study. The reliability coefficients emerged to be robust signifying the trustworthiness of the test scale for measurement purposes in the project population of the homosexual male youth.
Table 2: Mean and Standard Deviation values for ‘Age’ on the behavioral measures for the whole samples.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Distress</th>
<th>WB</th>
<th>BDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homo 15-21</td>
<td>Mean</td>
<td>45.09</td>
<td>38.23</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>3.09</td>
<td>3.09</td>
</tr>
<tr>
<td>Homo 22-28</td>
<td>Mean</td>
<td>40.94</td>
<td>41.74</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>3.22</td>
<td>3.22</td>
</tr>
<tr>
<td>Homosexual Total</td>
<td>Mean</td>
<td>43.01</td>
<td>39.98</td>
</tr>
</tbody>
</table>

Fig 1: Mean scores of Age Group of the whole samples on the dependent measures.

The result (Table 2) revealed that homosexual 1st age group scores (M = 45.09) higher in Psychological distress as compared to the 2nd age group (M = 40.94). In psychological well being score, the 2nd age group (22-28) score higher (M= 41.74) than 1st age group (M= 38.23). In Depression scores the 1st age group score higher (M= 48.49) as compared to 2nd age group (M= 42.79). The results show that 2nd age group is well adjusted in their sexuality as compared to 1st age group. Degree of outness has been found to correlate positively with SWB (Luhtanen, 1996) and may be an important factor in physical health as well (e.g., Cole, Kemeny, Taylor, & Visscher, 1996, but cf., Col Kemeny, & Taylor, 1997). Studies have typically found gender role conflict to be negatively related to psychological well-being (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good et al., 1995; Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998; Sharpe & Heppner, 1991).

Table 3: Bivariate Correlation between the scores of the scales / Sub scales (PD,PWB, BDI -11) for the whole samples.

<table>
<thead>
<tr>
<th>Variables</th>
<th>PD</th>
<th>PWB</th>
<th>BDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distress</td>
<td>1</td>
<td>-.68**</td>
<td>.18**</td>
</tr>
<tr>
<td>Well being</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BDI</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed)
*Correlation is significant at the 0.05 level (2-tailed)
The behavioral measures between the scales/subscales were significantly correlated with each other. The result Table-3 clearly revealed that Psychological Distress indicated positive relationship with Depression, at the same time wherein emerge negative relationship with psychological Well being.

The result findings indicate that the 1st age group (15-21) shows higher scores in Psychological Distress and Depression than the 2nd age group (22-28), while the 2nd age group (22-28) shows higher score in Psychological well being than the 1st age group.

**Conclusion:** In this study, the homosexual male youth of mizo 1st age group (15-21) are more distress in their sexual orientation, confusion of gender identity seems to have a negative effect on their Psychological well being. The results also indicate that the 2nd age group (22-28) are well adjusted in their sexual orientation as compared to the 1st age group (15-21). This study shows that Age difference emerged to be positively related to different measured and predicted the adjustment problems in the targeted population.

**References:**


