

EXPERIENCE OF MINORITY SEXUAL GROUP IN MALAYSIA: THE RELATIONSHIP BETWEEN PERCEIVED DISCRIMINATION AND PSYCHOLOGICAL WELL-BEING

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Abstract: *Even though same sex romantic relationship or homosexual relationship is not accepted in Malaysia, the numbers of homosexual males are expected to increase based on the participation of an annual sexuality rights festival named “Seksualiti Merdeka” which started in 2008. There are several studies in Malaysia that describe the challenges faced by sexual minority groups namely being discriminated upon which also put their psychological well-being at risks. The current study aims to identify the relationship between sociodemographic variables, perceived discrimination, and psychological well-being among homosexuals male in Malaysia. Based on purposive sampling, a total of 136 Malaysian gay men were purposively recruited through social media outlets, as well as email by responding to a link created for the online survey measuring perceived discrimination and presence of psychological distress. Pearson correlation analysis indicates a significant negative relationship between age and educational background with psychological distress while a significant positive relationship between perceived discrimination and psychological distress specifically symptoms of somatization, anxiety, and depression. Moreover, multiple regression suggests perceived discrimination to significantly predict the presence of psychological distress. These highlight the importance of exploring the experience of homosexuals male in Malaysia since the challenges of each sexual minority group is unique.*

Keywords: *gay, man, experiences, discriminate, mental health*

Introduction

Malaysia is a country which applies civil and Islamic laws in which the practice of homosexuality is rejected in Malaysia as stated in Section 377 A of the Malaysian Penal Code(Goh, 2014). The established cultural, legal and institutional arrangements that help to maintain normative assumptions in which only opposite-sex romantic and sexual relationships (heterosexual) are natural and acceptable in Malaysia (Schilt & Westbrook, 2009). It has also been reported that less than 10% of Malaysian respondents support homosexuality in a survey done across the country (Pew Research Center, 2013). Despite receiving strong rejection in the

community, the existence of sexual minority groups in Malaysia are gradually increasing (Hesamuddin et al., 2019). Since 18 years ago, most of the sexual minority groups were reported to be living in big cities such as Kuala Lumpur, Johor Baharu, Georgetown and Alor Setar (Baba, 2001), and their population is expected to increase and live in other places in Malaysia. They have organized an annual sexuality rights festival named “Seksualiti Merdeka” which started in 2008 with the aim of tying the rights of lesbians, gay men, bisexual and transgender (LGBT) individuals into the larger framework of human rights in Malaysia (Aw et al., 2011). However, they are still struggling and fighting to be accepted by Malaysians when there is a strong rejection within the community.

Several research reported challenges faced by homosexuals such as internalized homophobia (Meyer & Dean, 1998), (Semlyen & Rohleder, 2022), concealment of their sexual orientation (Pachankis, 2007), feeling and expectation of being rejected (Hatzenbuehler & Pachankis, 2016), (Quirino et al., 2021) and low self-esteem (Blais et al., 2014), (Canali et al., 2014). Indeed, experiencing challenges from the distal level which are challenges of social structures and the society and proximal level which are challenges that occur within the individual levels make the life of homosexual and bisexual individuals harder (Meyer, 2003). Due to the challenges, homosexual and bisexual individuals are expected to experience poor physical health (Fredriksen-Goldsen et al., 2013), (Frost et al., 2015) and mental health (Maatouk & Jaspal, 2022), (Pachankis et al., 2015), (Pachankis & Branstrom, 2018) so much so that they are also at risk of suicidal behaviours (Skerrett et al., 2015).

There are several studies in Malaysia that describe the challenges faced by sexual minority groups (Goh, 2014), (Brown et al., 2016), (Subhi et al., 2014). These groups who face rejection are called with inappropriate names, labelled as abnormal persons or sinners, denied rights to socialize among their members and receive poor support from their environment (Goh, 2014), (Baba, 2001), (Brown et al., 2016), (Subhi et al., 2014). In fact, results reported that sexual minority groups experience poor health when experiences of discrimination lead to psychological distress (Almeida et al., 2009), (Schmitt et al., 2014), (Walch et al., 2016).

The relative silence of epidemiological literature in Malaysia regarding the well-being of sexual minority groups may have been purposely aimed at avoiding a controversial issue. However, if this attitude remains, it may lead to an increased number of health problems and psychological disorders among them, especially for gay men. Studies reported stigma towards gay men is generally more severe than that directed towards other sexual minority groups (Ryan et al., 2015) and might lead to even worse health outcomes. Therefore, the current study aims to identify the relationship between sociodemographic variables and perceived discrimination experienced by homosexuals male in Malaysia consequently examining its association with their mental health.

Discrimination and psychological well-being

Based on Meyers (Meyer, 2003) Minority Stress Model, discrimination is a type of distal challenge. Several studies have reported that the prejudice and discrimination towards sexual minority groups exist since they were young, especially among those in educational settings (Rivers et al., 2011), (Robinson et al., 2014). Among sexual minority youth who did reveal their sexual orientation, they reported experiencing being excluded from peer groups, being a subject of false rumours, marginalization as well as public humiliation (Rivers et al., 2011), (Robinson et al., 2014). These experiences were not only coming from friends or other youth of similar ages but also from teachers and parents (Rivers et al., 2011), (Robinson et al., 2014). Due to the

prejudicial and discriminative behaviours, they were reported having problems concentrating, attending school and socializing with others in social spaces (Rivers et al., 2011),(Robinson et al., 2014). Some of them also reported being forced to change school, college or university, and performed poorly in their studies (Rivers et al., 2011) (Robinson et al., 2014) (Uhrig, 2015). Past studies have also found that homosexuals are significantly more likely to report discrimination related to treatment in healthcare settings (Naal et al., 2020)(Bostwick et al., 2014)(Cohen et al., 2013)(Dorsen, 2012). In a review of 17 studies on nurses' attitudes toward the sexual minority population, it was found that although eight studies were "positively leaning", every study found evidence of negative attitudes of nurses towards the population (Dorsen, 2012). Furthermore, homosexuals also experience prejudice and discrimination in the workplace (Drydakis et al., 2012), (Pichler et al., 2010). By using data from the 2008–2009 Athens Area Study (AAS), Drydakis (Drydakis et al., 2012) reported that sexual minority men were found to receive significantly lower monthly wages than heterosexual male workers after accounting for demographic and occupational characteristics.

In a meta-analytic review examining correlational data measuring both perceived discrimination and psychological well-being among varieties of stigmatized groups reported that perceived discrimination was negatively related to well-being across a range of stigmas (Schmitt et al., 2014). The researchers found that compared to discrimination based on gender or race, perceived discrimination was more strongly related to well-being for sexual minorities which was also supported by a study by Walch and colleagues (Walch et al., 2016).

Methodology

Participants

This is a cross-sectional study in which a total of 150 participants were purposively recruited for this study. Purposive sampling was applied due to the vulnerable nature of the population which is very few in numbers (Palinkas et al., 2016). The participants were invited through social media outlets, Facebook and Twitter, as well as email by responding to a link created for the online survey. In the online survey, several criteria were applied to the sample, which are: i) Malaysian; ii) 18 years old and above; iii) sexually orientated to the same sex only (gay/male-male) and practise lifestyle as gay men; and; iv) free from HIV. By answering and submitting the online survey, it was assumed that participants met the criteria. Due to a few missing data, only 136 participants met the criteria for inclusion resulting a response rate of 90.67 per cent. This research abides by the ethical standards of the Department of Psychology, International Islamic University Malaysia which was approved by the Postgraduate Committee and appointed examiners by the Department of Psychology and Departmental Postgraduate Thesis Committee (Reference: IIUM/301/DPGS/13/12/02).

Measurements

The Perceived Discrimination Scale by Noh and Kaspar (Noh & Kaspar, 2003) was adapted for this study. There were eight items used as in the original scale. Items were scored using a five-point Likert scale ranging from 0 which represents "Never" to 4 representing "All of the time" with higher scores indicating higher perceived discrimination. In the present study, the coefficient alpha for this measure is 0.88.

Psychological distress was assessed by the short version of the Brief Symptom Inventory, the Brief Symptom Inventory (BSI)-18 adapted from Galdón and colleagues (Galdón et al., 2008). The inventory was used because its conceptual definition of psychological distress covers

clinical symptoms of depression, anxiety and somatization which are often related to mental health conditions among sexual minority groups. The BSI-18 contains 6-item subscales for depression, anxiety, and somatization. The total score of 18-item represents the individual's overall psychological distress (the Global Severity Index [GSI]). For each item, respondents indicate on a 5-point Likert scale how much a particular symptom had distressed or bothered them during the past 7 days. The higher number of total score indicates that the respondent has higher tendency for poor mental health. In the present study, the internal consistencies for the psychological distress (18 items), depression (6 items), anxiety (6 items) and somatization (6 items), as measured by Cronbach alpha values (α) were 0.93, 0.86, 0.88 and 0.85, respectively.

Statistical Analysis

Any outliers were first identified and cleaned before descriptive statistics of each variable of interest were obtained. The assumptions of normality, multicollinearity, and independence of errors were then tested before proceeding with parametric test (Field et al., 2013). Finally, multiple regression analysis was used to identify significant interactions between the variables of interest.

Results

A total of 136 participants met the criteria for inclusion resulting a response rate of 90.67 per cent. Their ages ranged from 18 to 52 years with a mean of 27.32 years (SD=5.90) where about two-thirds (67.6%) of the participants were aged 28 and below. From the 136 participants, 117 were Malays (86%), 8 were Chinese (5.9%), 6 were Indians (4.4%) and others (3.7%). Most of the participants are from West Peninsular Malaysia (42.6%) while a few are from Malaysia Borneo which accounted for 2.9 per cent. Table 1 offers a thorough representation of the data related to each demographic variable in the current study.

Table 1: Sociodemographic Information of Participants

Sociodemographic Information	Mean (SD)
Age	27.32 (5.90)
Income	4243.73 (1057.15)
	n (%)
Race/Ethnicity	
Malay	117 (86 %)
Chinese	8 (5.9 %)
Indian	6 (4.4 %)
Others	5 (3.7 %)
Religion	
Muslim	117 (86 %)
Atheist	8 (5.9 %)
Christian	5 (3.7 %)
Hindu	3 (2.2 %)
Buddhist	2 (1.5 %)
Others	1 (0.7 %)
Location	
West Peninsular Malaysia	58 (42.6 %)
South Peninsular Malaysia	28 (20.6 %)
North Peninsular Malaysia	26 (19.1 %)
East Peninsular Malaysia	20 (14.7 %)

Sociodemographic Information	Mean (SD)
Malaysia-Borneo	4 (2.9 %)
Education Background	
Bachelor	71 (52.2 %)
Diploma	27 (19.9 %)
Master	20 (14.7 %)
STPM/A-Level/Matriculation	9 (6.6 %)
SPM/O-Level	6 (4.4 %)
PhD	3 (2.2 %)
Occupation	
Professional and Technical Skilled	62 (45.6%)
Unemployed/Student	44 (32.4%)
Semi-Skilled/Unskilled Jobs	30 (22.1%)

Pearson Correlation Analysis

Intercorrelations among variables in the present studies show that age is positively and significantly correlated with education ($r=0.33$, $p<0.01$) and income ($r=0.40$, $p<0.01$). In relation to other variables, age is negatively and significantly associated with psychological distress ($r=-0.24$, $p<0.01$) specifically somatization ($r=-0.21$, $p<0.05$) and depression ($r=-0.23$, $p<0.01$). Education is positively and significantly correlated with income ($r=0.28$, $p<0.01$) but is negatively and significantly associated with psychological distress ($r=-0.21$, $p<0.05$) specifically somatization ($r=-0.19$, $p<0.05$) and anxiety ($r=-0.22$, $p<0.01$). The results from the table also show that perceived discrimination was positively and significantly correlated with psychological distress ($r=0.50$, $p<0.01$). Other than the relationship with psychological distress, perceived discrimination was also positively and significantly correlated with depression ($r=0.48$, $p<0.01$) and anxiety ($r=0.55$, $p<0.01$). More information can be seen in Table 2.

Table 2: Pearson Correlation for Sociodemographic Information, Perceived Discrimination, and Psychological Distress

Variables	Mean (SD)	1	2	3	4	5	6	7
1. Age	27.32 (5.90)							
2. Education	1.28 (0.71)	0.33**						
3. Income	4243.73 (1057.15)	0.40**	0.28**					
4. Perceived Discrimination	5.17 (5.99)	-0.12	0.10	-0.10				
5. Psychological Distress	19.70 (14.96)	-.24**	-0.21*	-0.21	0.50**			
6. Somatization	3.93 (4.47)	-0.21*	-0.19*	-0.12	0.26**	0.78**		
7. Depression	9.00 (6.54)	-.23**	-0.15	-0.07	0.48**	0.91**	0.50**	
8. Anxiety	6.76 (5.85)	-0.19	-0.22**	-0.14	0.55**	0.95**	0.67**	0.82**

* $p<0.05$; ** $p<0.001$; *** $p<0.001$

Multiple Regression Analysis

The demographic backgrounds were entered at Step 1, explaining 7.7% of the variance in psychological distress. After entry of the perceived discrimination scale at Step 2, the total variance explained by the model as a whole was 29.5%, [F (1,130)=21.8, $p<.0001$]. More importantly, an increase in perceived discrimination was found to significantly predict an increase in psychological distress ($B=.474$, $p<.001$). This means that every increase of 5.77 score in the discrimination scale reported by homosexuals male in Malaysia will significantly predicts .474 increase in psychological distress score. A detailed result can be seen in Table 3.

Table 3: Multiple Regression Analysis between Sociodemographic Information, Perceived Discrimination, and Psychological Distress

Variables	R2	B	SE B	Beta
Step 1	0.077*			
Age		-0.474	0.227	-0.187*
Educational Background		-2.125	1.335	-0.144
Step 2	0.218**			
Perceived Discrimination		1.183	0.187	0.474***

* $p<.05$; ** $p<.01$; *** $p<.001$

Discussion

The objectives of this study were to identify the experienced of homosexuals male specifically with regards to perceived discrimination and their psychological well-being measured through the psychological distress reported by them. The findings show that there are sociodemographic information that are significantly associated to psychological distress in addition to the significant relationship between perceived discrimination and psychological distress.

The present study represent found negative association between age and discrimination, psychological distress, somatization, depression and anxiety. Specifically, the results report significant negative associations between age and psychological distress, depression and somatization. These indicate that the higher the ages of the gay men, the lesser chances for them to experience symptoms of psychological distress, depression and somatization. The result is consistent with the study by Fredriksen-Goldsen and colleagues (Fredriksen-Goldsen et al., 2013) which reports negative association between mental health and discrimination among older sexual minority adults. The study reports that sexual minority older adults have much in common with older adults in general (Fredriksen-Goldsen et al., 2013). These results also can be related to cross-cultural perspective. For East Asian cultures, the tradition of xiao (filial piety) impels people to respect, obey, care for and maintain contact with their elders, and this was reportedly applied in China, Hong Kong, Korea and Japan (North & Fiske, 2015). For South Asian cultures, the emphasis on respecting the elders is described in Hindu conception of the joint family system (Singh et al., 2005) and Islamic teaching on services to elders (Sung et al., 2009). The strong cultural values among Asian people, including Malaysians, in respecting the elders might influence their attitudes towards older people too, including older gay men.

The results of the present study also show that gay men who receive high discrimination also have high tendency to experience clinical symptoms of somatization, anxiety and depression. These findings do not only support but also extend the existing literature on discrimination and

health (Meyer, 2003), (Almeida et al., 2009)(Schmitt et al., 2014)(Walch et al., 2016), showing that this relationship holds irrespective of whether gay men are from Western or other countries and cultures. The existence of discrimination in Malaysia towards gay men is undeniable. Findings on discrimination in the present study show that gay men in Malaysia experience different kinds of discrimination from the society like being hit or handled roughly, insulted or called names, treated rudely, treated unfairly, threatened, refused services in a store or restaurant or subjected to delays in services, excluded or ignored and have had family members who were discriminated because of their sexual orientation. These negative events of discrimination pressures gay men and to some extent, can cause their well-being, especially health, to worsen.

Despite the positive relationship between discrimination and distress in the present study, the low mean score recorded on discrimination indicates that gay men in Malaysia rarely or seldom experience discrimination compared to gay men in other places (Quirino et al., 2021), (Canali et al., 2014), (Maatouk & Jaspal, 2022), (Bostwick et al., 2014). One of the possible explanations is it could be due to difficulties within the society to differentiate gay men and other heterosexuals, unless they know well individuals who are gay. This difficulty may reduce the chances for them to be discriminated by the majority heterosexuals in the society. Unlike transgender males, the physical characteristics of gay men are not really different from other heterosexual men and research reports transgender males are more likely to experience higher rates of discrimination compared to gay men in societies (Whitton et al., 2016). Moreover, looking into the cultural aspect, Asian people live in a cultural taboo whereby sexuality is a private matter and it is inappropriate to discuss sexual activities openly in conversation (Shelton & Barnes, 2016). Due to their physical appearance and cultural taboo within the society which can decrease the suspicion, gay men in the study may experience low discrimination.

By looking deeper, it can be identified that the demographic of the respondents involved in the present study was skewed in terms of race and religion whereby 86% of them described themselves as Malay Muslim gay men. As discussed, Malaysia is a country that is governed with a strong heteronormativity with more than half of the population dominated by Malay Muslims and the practice of homosexuality is also rejected in civil and Islamic laws, as stated in Section 377 A of the Malaysian Penal Code (Goh, 2014). Therefore, sexual prejudice towards those who are homosexuals and bisexuals is strong within the society and even worse for gay men who are Malay and Muslims. For Malay Muslim gay men in Malaysia, they might experience dilemma; having the privilege to live in as the majority group as Malays or facing even more burden after coming out as gays in a strong heteronormativity culture. In order to adapt to these situations, Malay Muslim gay men may engage in concealment behaviours by hiding their sexual preference in public and following the local norms to avoid backlash from the society (Pachankis, 2007)(Hatzenbuehler & Pachankis, 2016). As consequences of the behaviours, they may experience low, or, maybe no discrimination nor poor well-being. This is supported by Meyer's Minority Stress Model (Meyer & Dean, 1998) which highlights that minority status that consists of gender and race could be influence the distal level of minority stress. This possibility can be an explanation for the low mean scores recorded on discrimination and psychological distress among gay men in the present study.

Conclusion

In conclusion, the present study shows that gay men in Malaysia are similar to other gay men in most Western and Asian countries; they still face discrimination, which then affects their psychological distress. While the present study consists of only gay men, it is assumed that

individuals of other sexual minority groups might be equally affected by discrimination too. This sexual minority population is at particular risk not only for psychological distress, but also other mental and physical health conditions, given their lack of capacity to voice out their conditions and to protect their rights to live, which may lead to continued uncertainty and instability. Thus, one way of promoting the health of this group would be to screen their health progress continuously and to assist them in mental health clinics and organizations with the focus to reduce the distress they face in daily life.

As discussed previously, the results of the present study also highlight that the higher the age of the gay men, the lower chances for them to experience psychological distress and other symptoms related to depression and somatization. These also indicate that younger gay men in Malaysia might having greater risks to exposure to psychological distress, depression and somatization symptoms from the negative life events that they experience. Past studies have discussed low self-esteem, suicidal, substance abuse and bullying that occurred among youth of sexual minority groups. Therefore, it is highly recommended for future researchers to look at the unique negative life experiences and psychological well-being of younger gay individuals or youth and other sexual minority groups in Malaysia.

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