Exploring How Stigma Against the LGBTQ+ Community Influences the Members' Health in India

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ABSTRACT

The aim of the study was to explore the impact of stigma on the mental health of members of the LGBTQ+ community in India and provide recommendations to reduce this impact based the use of qualitative data through interviews and surveys. The content of the data was analysed for emerging themes of which the most prominent were. This study recruited 14 non-heterosexual individuals (bisexual, homosexual and transsexual.) The results showed that 78.6% of the individuals experienced dejection of which 57.1% overall met the criteria for clinical depression. 71.4% of the participants have combatted fear as a result of constant taunts from others. 64.3% of the participants felt lonely due to abuse by their families and communities. 50.0% of participants felt ashamed of their sexualities. 50.0% of the participants were also helpless when they discovered their sexualities. 28.6% of the participants reporting or attempting suicidal (thoughts.) It appears that mindset changes are necessary to eliminate prevalent heterosexism and stigma against the LGBTQ+ community. This will ensure better mental well-being for members. This can be done through education and awareness coupled with community support and additional mental health services to support members of the LGBTQ+ community.

INTRODUCTION

When people are viewed in a negative way due to distinguishing characteristics or personality traits, they are known to be stigmatised.[i] The psychosocial repercussions of stigma cause immense suffering to those who are stigmatised (Kaur & van Brakel 2002; Nyblade et al. 2003; Jacoby et al. 2004.) The link between stigmatization and mental health has been extensively evaluated in psychological literature. This includes the concept of stereotype threat[ii] which involves the confirmation of threat for those being stigmatized when they are present around individuals performing the acts of stigmatization. Stigmatized groups are usually minorities and can face repercussions due to a lack of support and solidarity. Being stigmatized against can be can have numerous negative consequences in all aspects of life— the familial, the social and even in the workspace— and hence stigma seeps into all parts of one's life, impacting one's mental health. In countries where heterosexism is a prevalent ideal, the mindset belittles and stigmatises all non-heterosexual forms of behaviour, identity, relationships and communities. Since negative stereotypes have socio-cultural roots there is a direct link between what is socially acceptable and what is stigmatized. These ideas of right and wrong take centre stage when it comes to the laws of the land, which are often in conflict with ideal of a nation. India for example is a democratic country with its constitution yet some of the laws still reflect India's colonial past and have not been addressed. One such law was section 377 wherein homosexuality was considered an unnatural offence. In the constitution of India, article 14[iii], all human beings are guaranteed equality under the eyes of the law. Yet, for many years ,this Indian law (section 377) was state sanctioned stigma against sexual orientations that defied the binary. However in 2014, transsexual individuals were acknowledged as the third gender as well as in 2018, rights to homosexual intercourse were passed in India through the revoking of some aspects of section 377[iv]. Moreover, Heterosexist attitudes, once considered the norm, are believed to have changed over time in many social and institutional settings[v]. Despite this, sometimes norms are not at par with laws and years of being taught to discriminate,

has led to the persistence of social stigma and stereotypes in the mentality of some citizens. This is reinforced by the viewpoints of multitudes of religious and community leaders[vi] that reflect the continued existence of widespread prejudice against deviations from heterosexuality in India. Homosexuality continues to be categorised as 'immoral' or 'unnatural' (Yip, 2005.) This acts as a major source of conflict in Indian society for the LGBTQ+ community. Stigmatization in the face of these repressive social norms can take 2 forms— felt and enacted. Felt stigma includes the shame and expectation of discrimination that prevents people from talking about their experiences and stops them seeking help. Enacted stigma refers to the experience of unfair treatment by others. Associations between felt and enacted stigma cause discrimination, in verbal or physical form, that affect many domains including work life, housing needs and familial relationships. Non-heterosexuals bear the psychological burden of depression, chronic loneliness, abuse and suicidal thoughts to name a few. This is an investigation of how being stigmatized impacts the health of those stigmatized using qualitative methodology. The research included multiple methods including surveys, follow up interviews with the participants and content analysis to establish the dominant themes. This simultaneously ensured greater breadth of coverage. This insights from this paper aim to help spread awareness of the impacts of stigmatization and considers ways to reduce its occurrence.

METHODOLOGY

In order to understand the psychological impacts of discrimination on the LGBTQ community, the participants belonged to non-heterosexual orientations, identifying themselves as homosexual, bisexual or transsexual, and had different socio-economic backgrounds. Given the sensitive nature of the investigation and the awareness of stigmatization, the 14 participants were recruited through word of mouth using a snowball sample. It is, additionally, a practical mode of tracing suitable respondents. Participants were made to sign a consent form (Appendix I) prior to the study which explained their right to withdraw, guaranteed that their anonymity would be maintained and their data would remain confidential, in that they would not be individually identifiable (even though they would be quoted) and reinstated that their participation is completely voluntary. If the form remained unsigned, the participant's data was excluded from the analysis. The interviews were viewed and transcribed by the only researcher (a detail the participants were made aware of) as well as the participants are represented through numbers in the report to maintain anonymity. Moreover, at the beginning of the semi-structured interviews, the participants' oral consent was obtained. These were both done to reduce the stereotype threat experienced by participants. There was no deception implemented since the participants were completely aware of the nature and aim of the study. Additionally, the participants were debriefed on concluding the entire study wherein they were reminded of their right to withdraw from the study. The researcher ensured that each interview concluded on a positive note, with each of the participants feeling hopeful and optimistic, to ensure that the participants were protected from any undue stress or harm.

This study consisted of multiple methods across three phases. In the first phase of the survey, participants were asked to fill out an online survey. This was done to familiarise the participants with the types of questions in the second phase in order to protect them against undue stress and harm. This stage also enabled the researcher to interview those participants who expressed facing stigmatization, either perceived or enacted. These forms were sent to participants via personal email to ensure their confidentiality. After reviewing the survey data, those participants whose self-reports included perceiving stigma went on to phase 2. Others were thanked for their participation and debriefed. The second phase included semi-structured interviews conducted virtually, over Zoom calls, to ensure the safety of all of the participants during the COVID-19 pandemic. The interviews were conducted in two different languages- English and/or Hindi- based on the comfort levels of the participants. They were based on the participants' memories. The interviews, with the written and oral consent of the participant, were recorded for reliability. Finally, analysis of the data was conducted to look for common themes. This analysis included a combination of a priori coding as well as emergent coding. A priori coding was employed since the categories were roughly established prior to analysis based on theoretical knowledge of the possible impacts of stigmatization on mental health

including fear, depression and so on. Yet, emergent coding was simultaneously used wherein the categories were finally established following preliminary examination of the data. The content analysis[vii] occurred in a systematic manner in that responses to each question was analysed individually. Raw themes were isolated from the interview transcripts. The raw themes were then grouped into higher order themes. Raw themes like feeling left out or isolated were grouped under the higher order theme of loneliness. Feeling nervous about family or anxious at school was grouped under fear. This was implemented to form the other higher order themes. They were exhaustive in that all of the examples fit the category since certain parameters were set for every theme. They were also mutually exclusive because they were defined precisely which meant that there was no overlap wherein one response fit more than a single theme. For instance, an effect of stigmatization was only considered to be depression when participants met the clinical diagnosis for it and/or sought help for it. This was different from dejection which is a more general feeling of sadness or disappointment but not such that participants sought help. Loneliness was defined as the distressing feeling endured by participants when they interpret that their social requirements are not being met by the quality of their social relationships. Helplessness, stemming from being unaware of non-heterosexual possibilities, is a mental state wherein the participants are forced to escape sustained encounters with aversive stimuli. Shame is the deep-rooted fear that someone would discover their sexual preferences. Fear is the strong, unpleasant emotion caused by the, real or imagined, threat of harm from their society, families or friends. Lastly, suicidal thoughts is defined as having recurring ideas of ending one's own life due to their sexualities. These higher order themes were then further employed to write interpretations of the interviews.

RESULTS

TABLE PORTRAYING THE DESCRIPTIVE STATISTICS

EMOTIONAL RESPONSE	PERCENTAGE OF THE PARTICIPANTS (%)
DEPRESSION	57.1
LONELINESS (CAUSED BY ESTRANGEMENT)	64.3
DEJECTION	78.6
HELPLESSNESS	50.0
SHAME	50.0
FEAR	71.4
SUICIDAL THOUGHTS	28.6

Figure 1: Table portraying processed data, i.e. % of the participants experiencing certain emotional responses to being stigmatized.
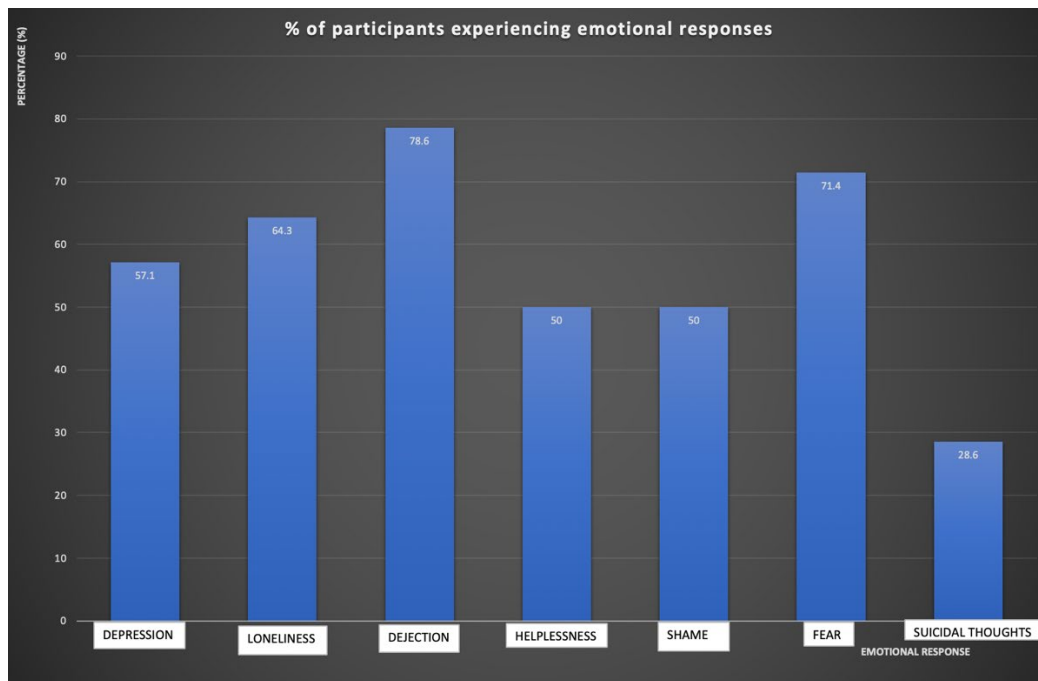
BAR GRAPH PORTRAYING THE DESCRIPTIVE STATISTICS

Figure 2: Graph showing raw data, i.e., the number of participants experiencing certain emotions and thoughts

ANALYSIS

In order to understand the effects of stigma and the particular emotions felt by those stigmatised the mean calculated was focused on the psychological reactions (thoughts and feelings) of participants. The mean was selected since it indicates the central tendency and considers the entirety of the collected data. The mean was then used to calculate the % of participants experiencing that emotion. 78.6% of the participants reported feeling dejected due to rejection by their family members or society of which 57.1% overall indicated that they felt clinically depressed. 71.4% of the participants spent a significant amount of time living under the fear of judgement or abuse from another individual or a group. 64.3% of the participants suggested that they felt lonely either due to a lack of a romantic partner or generally. 50.0% of the participants as most conveyed that they were only ashamed because of the opinions of others. Some also highlighted how they were embarrassed because they were unaware of non-heterosexuality. 50.0% of the participants spoke of feeling helpless since they weren't aware of why they felt different from within. Finally, a striking 28.6% of the participants reached the extreme of experiencing suicidal thoughts. This highlights how prominent these emotions are since for 83.3% of them, the percentage of participants experiencing them exceed or meet 50%. It is also important to consider the direness of suicidal thoughts (the only one experienced by below 50% of participants.)

DISCUSSION

IMPACTS OF STIGMA ON MENTAL HEALTH

The results of the analysis did confirm the belief behind the research that stigma does have deleterious effects on mental health and well-being of individuals facing this stigmatization. In accordance with the results, the largest

percentage (78.6%) of individuals faced long, sustained-periods of dejection primarily due to a lack of acceptance from impactful agents and individuals in their lives. Insights into the flow of each interview suggest that this initial rejection-induced dejection builds up to further mental-health problems. Belonging to Indian culture which is relatively collectivist[1], considering that people live in joint families, cultural dimensions[2] suggest that being unable to conform to the norms of society and hence being considered an anomaly can be more drastic for Indians. Amongst the participants that experienced loneliness, most of the participants experienced estrangement from their parents, especially their fathers. In many cases, (42.9%) contact between them and their fathers completely ceased to occur. A participant expressed deep hurt upon not being visited by the father in the hospital while suffering from a serious injury. Multiple participants were upset since they claimed that familial support was their basic expectation and they were deprived of it. Furthermore, some participants were victims of verbal and physical abuse (85.7%), by their family.

In some cases, (21.4%) the participants were beaten up so brutally that they ran away from their homes. This abuse was also seen in their academic environments. One participant communicated the inability to visit the washroom during recess because of the high levels of taunting. This demonstrates how participants faced anxiety-provoking situations at schools and hence there is a need for awareness programs at academic institutions. A few participants were challenged on a community level. Based on the oral interviews, this occurred in two ways. In the first manner, participants were made to work as 'devadasis'[3] wherein their lives were dedicated to worship and they had to beg to earn basic necessities which is almost a form of enslavement. In the other, participants were harassed by their community, for example they were unable to rent homes in certain areas, and made to be outcasts in the localities where they reside or in schools (64.3% of the participants indicated that they feel lonely.) This exclusion occurred from a financial lens wherein non-heterosexuals with qualities believed that they were deprived of jobs they deserved as well as were denied promotions and hence had to tackle financial crises along with the stigma that they already endured (35.7%). A couple participants (28.6%) discussed how they change their attire while outside their friends from the LGBTQ+ community and live two distinct lives. The element of fear was extremely prominent and is something that participants claim to experience till this day. The deep-rooted nature of this stigma caused the 50.0% of the participants to feel ashamed and guilty of their sexualities. One participant had to endure backlash since in this participant's community, it is essential for the oldest child to get married first. Moreover, 50.0% of the participants were helpless since they were unaware of the spectrum of sexualities and conveyed that all they knew was that they felt "different" from inside. This suggests a need to increase education and awareness of the LGBTQ+ community.

HOW SOCIO-ECONOMIC STATUS INFLUENCES STIGMA:
Finally, participants discussed how education and the breaking of traditional mindsets plays an important role in acceptance. Another theme emerging from the analysis is how economic differences are linked with stigma. A clear disparity between the participants of higher socio-economic class and those of a lower one, in terms of how accepted they felt, could be noted. This could be since those from financially weaker backgrounds belonged to small communities where they felt more pressurized to conform to certain orthodox norms.

ROLE OF COMMUNITY:
Another striking observation was the role of social support and pro-LGBTQ+ communities in mitigating and combating the impact of stigma to instil a sense of hopefulness and positivity in those stigmatized. They made memorable changes such as being open about their sexualities and hence these pro-LGBTQ+ communities, such as 'Lakshya

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[1] A culture that emphasizes the desires of a group over the needs and wants of the individual.

[2] The extent to which cultural groups are discovered to differ from each other empirically and on the basis of psychological conventions including values, beliefs, etc.

[3] a girl 'dedicated' to a deity in a temple for worship and service of the deity for the rest of her life.

Trust' [4] [viii]and '*Humsafar Trust*'[5][ix], seem to act as remedies to their previous negative emotions and thoughts. This underscores how aiding and ensuring the presence pro-LGBTQ+ communities can potentially make members feel more included into society and increase mental-wellbeing.

STRENGTHS AND LIMITATIONS:

There are certain strengths and limitations to this study that must be acknowledged. Commencing with the sample size, 14 participants is a relatively small sample size which may affect the generalizability because it influences how representative the sample is of the target population of the LGBTQ+ community in India, leading to potential biases. Despite this, since the interview and survey are qualitative methods of research, the small sample size enabled depth of the case-oriented analysis providing specific results in greater detail to draw conclusions. While a snowball sample better ensured that participants were aware of the nature of the study and is better suited for the sensitive nature of this research question, there is a possible sampling bias since the snowball sampling means that the participants are from a relatively similar socio-economic status and demographic region. Even though this was not true for all participants, it applied to the majority. This limits the transferability of the results to the demographic participants were chosen from and may not apply to the entire country of India—other states or regions of the country. Most of the participants were also affiliated with each other through their community of LGBTQ+ members and they potentially had similar living and social situations which might even influence how transferrable the findings are outside that community. However, similar trends of behavior, both by society and the participant, were noticed for the participants belonging to other religious, ethnic or geographic communities which increases the reliability of the results since they were replicated in this manner. The participants also had different English proficiencies. The interviews conducted in Hindi had to be translated to English, due to the researcher's Hindi proficiency, which is not 100% accurate and may have obstructed this researcher's ability to fully understanding what the participants were attempting to convey. On the other hand, the differences in English Proficiency can be advantageous since it is indicative of the idea that despite the school/ academic routes the participants took, they were stigmatized indicating the widespread nature of this stigma. It also underscores the need for awareness programs in all educational institutions. In addition to this, since member checking was employed by requesting the participants to check their transcripts before they were analyzed for data to prevent inaccuracy. Method triangulation was implemented by the usage of both semi-structured interviews as well as surveys so that the findings were consistent across different data collection sources which increased the credibility. Yet, an improvement area, to the same effect, would be to also use data and researcher triangulation in terms of coding. Data triangulation would ensure sustained or similar results over various sources of information while researcher triangulation would help prevent researcher bias by confirming that the analysis of the results is objective. This is required since the researcher's personal beliefs and values may interfere with their interpretations of the results. All of these would help strengthen the credibility of the results. Although researcher triangulation was not used, peer review was wherein a researcher working in the same field evaluated the report in order to minimize the interference of personal views. In an attempt to be reflexive, at the start of the research, this researcher listed the potential ideas that could cause researcher bias (personal reflexivity— Appendix 2) Moreover, the nature of the research methods leave scope for leading questions— when the manner in which the question is asked influences the response. This would affect the validity of the results. In an attempt to reduce this, the questions in both the interview and the survey were checked by a psychologist. However, since the interview was a semi-structured one, the deviations required spontaneous questioning from which some questions may have been leading. This is also due to the skill level of the researcher. A more experienced researcher may have been able to handle these deviations to prevent leading questions better. Since the responses depended on the memory of the participants, they are subject to the reliability of memory

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[4] A non-governmental, pro-LGBTQ+ NGO in India.

[5] A non-governmental, pro-LGBTQ+ NGO in India.

such that the participants may have misremembered or cognitively altered the intensity of an experience or emotion which would tamper with the validity of the results. However, in the case of perceived stigma, participants' feelings, no matter how exaggerated, are valid. This is because, regardless of how magnified, the impacts of the stigma have been felt. There was also an ascertainment bias in that heterosexual individuals were deliberately excluded from the study. A growth area for this study would be to include heterosexuals as an interesting dimension of comparison since possible existence of a disparity would postulate extremity of the effects of stigma. Another limitation was that not all were included because others who didn't report facing stigmatization were not included in the second phase which limits the range of responses. Understanding how they had navigated through these negative sociocultural experiences could potentially be an essential point of comparison and help the researchers highlight what coping mechanism they used as a remedy for others facing this stigmatization. The content analysis assumed that the words mentioned most reflected the greatest concerns of participants. While this may be true, it is important to consider factors like usage of synonyms for stylistic reasons in the document that may have led the researcher to underestimate the significance of a concept. Moreover, not each word used by the participants may fit into the category equally well and currently, no well-developed weighting procedure exists. We must consider that not all participants are equally able to express themselves fluently or with the same confidence. So, even if the same objective parameters are employed by the researcher, there will always be variability caused by participants. Having established this, content analysis does also depend on coding and categorization of data and the data is mutually exclusive and exhaustive (data language represents all recording units without exception) which makes this technique rich and meaningful. There was, nonetheless, a lack of inter-rater reliability because only one coder examined the data. A further consideration is to involve 2 or more coders to check reproducibility. Finally, this researcher speculates that participants often held back and were not reporting how seriously they had been impacted. This is particularly for participants that felt shame. However, to protect the participants from undue stress or harm, the researcher did not probe the participants further. Allowing them to take lead as to how much information they were comfortable with revealing.

CONCLUSION

To conclude, as an assertion to the themes developed via priori coding, the results demonstrate how individuals from the LGBTQ+ community are deeply impacted by stigma. This results in both persistent feelings including dejection, loneliness, fear and helplessness as well as clinical disorders like depression which can cause the people stigmatized to feel hopeless and worthless. It can even reach an extreme of suicidal thoughts. In some areas, the socioeconomic context has no validity. For instance, the levels and types of stigmas seemed to remain constant in the familial and academic conventions for all participants. However, the supported demonstrated by friend groups as well as the general outlook of the community on non-heterosexuality is drastically affected by the socioeconomic context. It was observed that individuals from financially stronger and more educated backgrounds felt more supported. This sheds light on the importance of education and awareness. However, this is not solely applicable to schools and families. Religious and traditional communities require education and awareness to minimize effects such as the members feeling like outcasts. This is also because it was noticed that those stigmatized found solace in communities and were more positive and hopeful. Hence, building a refuge for members within their own religious, ethnic and geographic communities can be highly beneficial. Additionally, community outreach programs for the LGBTQ+ community can be a great remedy for the impact of stigmatization on their mental health by inspiring country-wide and state supported (since Indian laws were changed in 2014 and 2018) efforts to bring about a mindset change.

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