CHAPTER 4
RELEVANCE AND OBJECTIVES OF THE STUDY

Many mainstream societies in world do not accept homosexuality and homosexuals are still objects of mockery, ridicule and harassment. This minority population is comparatively hidden and difficult to reach (Haas et al., 2011). Most of the GLBT experience discriminative socio-cultural practices, poverty, less employment opportunities, illiteracy and limited resources throughout their life, which might force them to adopt path of high risk behaviors such as sex work, involving unsafe practices. They do not disclose their orientation out of fear and keep struggling with their confusion and identity crisis. This type of surrounding not only deters homosexuals from identifying and accepting their sexual orientation but also limit their access to health services because health practitioner’s attitude may be biased towards them. Due to this, unlike general population, homosexuals prefer to go to friends or other community people for health problems rather than doctors and psychiatrists.

GLBT are also normal human beings and very much part of our society. Deprivation from their rights, confused developmental changes and uncooperative attitude of society creates problems for them. Like all other teenagers, they not only deal with physical changes but also bear the burden of unacceptable sexual orientation and repressed desires. In most of the situations, even parents fail to understand their child’s dilemma and react negatively to their orientation (Savin- Williams and Ream, 2003). This unsupportive attitude of parents and loved ones leads to various physical and mental health problems in GLBT (Willoughby, Doty and Malik, 2008).

This scenario takes a heavy toll on their life and mental health. Their various physical, social and mental health problems remain hidden and unsolved, which further worsen their situation. Furthermore, this lack of information discourages policy makers and researchers from finding out needs of MTH community and may led them to avoid funds and resources needed to tackle their problems.

Besides, most of the programmes related to MTH people are HIV/AIDS specific and do not address their mental health concerns. One should understand that if one is not mentally healthy, has low self respect, than he will not be able to take care of him and may indulge in
risky practices. So, success in these HIV/AIDS programs will be incomplete if we will ignore mental health issues of GLBT. It is true that we do not mind seeking help when there is a physical problem but we, generally, hesitate when there is a mental health problem. Till now, by ignoring the problems and injustice faced by GLBT people, researchers and health practitioners are contributing in perpetuating them indirectly.

Furthermore, earlier, educators and researchers were apprehensive about the interpretation of same sex relationship by readers, parents, media etc., resulting in ignoring the GLBT issues. Most of the studies conducted on GLBT are disease (HIV/AIDS) specific. There is lack of research on various gay issues, other than HIV. The persistent stigma, heterosexism, prejudice, stereotypes, and taboo about the same sex relationships are the major barriers for research and intervention among homosexual population. Educationist and researchers have ignored the mental health problems of GLBT as they have developed the tendency of viewing their problems in a restrictive framework and blaming their homosexual orientation for any other problem (such as if he is depressed, sad then it is because of his homosexuality).

Homosexuality is a wide concept and importance should be given to their social-psychological factors, involved in perpetuating their risk behavior. There is a need for better understanding of sexuality of GLBT, effect of bullying, GLBT rights, marriage, adoption issues, prejudice, health issues and process of coming out as they have unconventional and unacceptable sexual orientation.

Both, education and health sector can help GLBT community by developing services which are relevant, practical and crucial for homosexual people. Researchers, in particular, can help by sensitizing people and developing anti bullying policies, attitude and mindset of its reader, especially younger generation.

Like other major societies, homosexuality is not accepted in Indian society. Irrespective of low tolerance of homosexuality in the Indian society, it is nonetheless, coming more and more to the surface. In metro cities, gay nightlife and culture is more open, active and visible at some particular places as a number of bars and clubs are operating in these areas. In these places GLBT community can easily hang out with each other and at some places, one or two nights are reserved for GLBT’s parties only.
However, as we go into the roots, in smaller cities and towns, the situation is quite different. Other than conservative surrounding, various hangout places which are easily available in bigger cities like bars, clubs etc. are totally absent in smaller town. Due to this homosexual find it difficult to come out, join each other in celebrations and express themselves freely. Either, they hide the truth from the society on their own or their family forces them to do so. In most of the cases, they marry individuals of the opposite sex out of family pressure, resulting in a frustrated life for themselves as well as their partners and family.

Recently, case of repulsion of article 377 is going on in Indian constitution. Section 377 of the Indian penal code of 1860, treats same sex acts as crime, unnatural and punishable. This section refers that, ' whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life or imprisonment of either description of a term which may extend to ten years and shall also be liable to fine.’ This law made GLBT more vulnerable to police aggravation and harassment.

In Indian context, very little is known about homosexuals, their sociosexual networking, context, sexual behaviors, self esteem, anxiety, negative affectivity, wellbeing, sexual health and coping strategies. In the present study, attempt will be made to explore the personal challenges and mental health problems of homosexual population. It aims to observe obstacles, physical problems, sexual problems, psychological tensions, trauma and agony faced by gay and bisexual males due to their sexual orientation.

A pilot study was carried out in tricity (Chandigarh, Panchkula and Mohali) on a sample of 50 homosexuals (only males) in order to have an insight about their life, problems and challenges faced by them because of their sexuality. Results of the study revealed that gays and bisexuals are significantly higher in stress, alcohol and other psychological problems. A semi structured interview revealed different shades of their life. During these interviews different viewpoints emerged regarding origin of homosexuality. Some GLBT told that since birth they are homosexuals i.e. having homosexual’s feelings and tendencies while others said that it happened during their developmental phase. But till date origin of homosexuality is not known.

Various studies have been done in this regard, but one single factor did not emerge as origin of homosexuality. Bailey and Pillard (1991); Bearman and Bruckman (2002) conducted genetic studies of twins to see their concordant for homosexuality. They could not find valid
results and it was concluded that other than genetics, various other factors also contribute in sexual orientation. Hamer, Hu, Magnuson, Hu, and Pattatucci (1993) found a gene of homosexual which seemed to be linked maternally and he called it ‘Gay gene’.

Some studies (Hamer et al., 1993; Sanders, Cao, Zhang et al., 1998) found that gay men have more homosexual relatives on the maternal side as compared to paternal side but another studies (Bailey et al., 1999; Mcknight and Malcolm, 2000) failed to find same findings. LeVay (1991) conducted study on the postmortem brains of heterosexual and homosexual young males and found reduced size of cluster of neuron, known as INAH 3 in the hypothalamus (which is also considered responsible for regulation of male typical sexual behavior) in homosexuals. Irrespective of these studies, origin of homosexuality is still unknown. Many studies consider it result of genetics, hormonal and environmental influences (Frankowski, 2004).

The pilot study highlighted physical and mental health problems faced by homosexuals and gave an insight into some variables which call for more attention. Being an explorative study, the main objective of the present investigation will be to explore internalized homophobia, self esteem, sexual health, depression, anxiety and well being among gay, bisexual and heterosexual males. Besides, the study aims to understand different coping strategies used by homosexuals to deal with these problems.

As per the need of the study, the following research questions were framed:

Will there be any difference among gay, bisexual and heterosexual males on internalized homophobia, anxiety, depression, self esteem, negative affect, sexual relation and coping strategies ?

Will there be any relationship between variables viz self esteem, negative affect, internalized homophobia, anxiety, depression, well being, sexual relation and coping ?

What will be the predictors of self esteem, well being and coping in all the three groups ?
On the basis of review of literature following hypotheses were proposed:

It was expected that gays, bisexuals and heterosexuals would differ on (H1) internalized homophobia, (H2) negative affect, (H3) well being, (H4) self esteem, (H5) sexual relationship, (H6) depression, (H7) anxiety.

It was expected that gays as compared to bisexuals would be higher on (H8) internalized homophobia and (H9) negative affect.

It was expected that heterosexuals would be higher on (H10) well being and (H11) self esteem as compared to gays and bisexuals.

(H12) It was expected that gays, bisexuals and heterosexuals would use differential coping strategies.

It was expected that there would be a positive relationship between (H13) self esteem and well being, (H14) sexual relations, (C.S.R.+E.S.R.) and IHP, (H15) IHP and negative affect, (H16) depression and anxiety, (H17) IHP and coping, (H18) depression and coping, (H19) anxiety and coping, (H20) negative affect and coping, (H21) sexual relations and coping, (H22) sexual relations and well being, (H23) sexual relations and self esteem, (H24) self esteem and coping, (H25) negative affect and depression in all the three groups.

It was expected that there would be a negative relationship between (H26) anxiety and well being, (H27) depression and well being, (H28) negative affect and well being, (H29) IHP and well being, (H30) anxiety and self esteem, (H31) depression and self esteem, (H32) negative affect and self esteem, (H33) IHP and self esteem, (H34) sexual relations and depression, (H35) IHP and anxiety, (H36) IHP and depression in all the three groups.

An attempt was made to find out the predictors of self esteem, well being and coping in all three groups.