

Understanding psychosocial issues faced
by Lesbian, Gay and Bisexual (LGB)
Youth in urban India and its health/mental
health effects

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Background – Indian Context

- Increasing priority to sexual health (HIV related services, research, awareness campaign)
- MSM has emerged as a 'risk group'
- Movement for decriminalization of homosexuality (IPC Sec. 377). Increased visibility to the issue
- Despite these changes, prejudicial treatment continues and mainstreaming is difficult (Rx of homosexuality using aversion therapy; disregard to international standards, APA, 1973. Medical education and training includes these practices)

Health Issues, MSM and HIV

- 5.2 million adults aged 15–49 years were living with HIV in 2005 (AIDS Update, 2006)
- Little research on MSM and HIV (data from 2 states, 6.8% and 9.6% prevalence among MSM in Mumbai and Chennai); 12% prevalence among VCTC attendees in Mumbai and 18% in 10 clinics in AP
- Bangalore study shows poor knowledge among MSM, 3 in 4 MSM did not know how HIV is transmitted and engaged in unprotected sex

Health Concerns – moving beyond HIV

- US Dept of health and human services, IOM report (1999) on lesbian health indicates, L women much less likely to receive Pap Smears or access RCH services as compared to heterosexual women (cervical/breast cancer detection and Rx) . L women less likely to be pregnant or use OC, greater risk for ovarian, breast, endometrial cancer
- More L women than heterosexual women report smoking thus increasing risk of lung cancer and cardiovascular illnesses
- Other negative health consequences may arise from effects of violence, discrimination, identity issues

Mental Health

- Community surveys show sexual minority status is a risk factor for LG adolescents mental health
- These youth face greater life events and lesser support than their heterosexual counterparts
- Special stressors include:
 - invisibility/lack of LGB images for identification causing hindrances in identity development
 - sense of alienation (difference) from family and friends, especially during growing-up years
 - internalised homophobia and self-loathing during identity formation
 - sense of rejection/fear of rejection from family and friends after disclosure
 - emotional, verbal and physical victimisation, which are known to exacerbate psychiatric morbidity as well as mortality

Mental Health Outcomes

- LGB youth are at greater risk for major depression, generalized anxiety disorder, substance abuse, suicidal behaviors, sexual risk taking and poor general health maintenance than their heterosexual peers
- Reported suicide attempts among lesbian and gay youth range from 20-42%, compared to estimated rates of 8-13% among general high school students
- Higher use of MH services among LGB youth (62% L in a national survey, age 17-24 yrs; 72% G youth, age 15-19 yrs. SIECUS Report, Vol.29, No.4, April/May, 2004)

Methodology

Research Question:

- What are the psychosocial stressors faced by lesbian, gay and bisexual youth and what effect do they have on their health (including mental health)?

Objectives:

- To study psychosocial issues faced by LGB youth in urban India
- To study the health effects of the same

An observational cross-sectional design would be used in the current study

Data Collection

- Data would be collected from the following groups:
 - LGB community
 - Health/mental health providers [gynecologists, dermatologists, sexologists, urologists, psychiatrists, psychologists]
- Study Site: 4 metropolitan cities; Mumbai, Delhi, Kolkata, Chennai (availability & accessibility)

Sample

- Sample size:
 - 100 LGB from each site
 - Max of 50 professionals per site
 - Total sample size = 400 LGB; 200 Providers
- Sampling
 - Purposive
 - Respondents across class, caste, education and professional backgrounds would be included
 - Strategies to reach the population

Tools

- Semi-structured interview schedule for the LGB community as well as professionals sample
- Internalized homophobia scale, 20-item, 5-point Likert scale (Wagner, G 1994. New York State Psychiatric Institute)
- Time-line – 2 years long study

Project Advisory

- Members of the LGBT community
- Researchers and academics in the area of sexuality, gender studies etc.
- Representatives of human rights organizations working on issues of sexual orientation

Ethical Considerations

- Anonymity and confidentiality
- Informed Consent
- Referral Services
- Training of research team to ensure no further stigmatization
- Use of research findings for health promotion and not further stigmatization

Logistics

- Research Team – 1 PI, 2 supervisors (full-time) at main site, 6 field researchers (2 each in 3 sites, preferably 1 male, 1 female, if possible from the LGB community) for 6 months i.e. period of data collection
- Project would be based at the Center for health and mental health studies, TISS, Mumbai or South and south-east Asia center for sexuality, TARSHI, Delhi



THANK YOU!