



THE RELATIONSHIP BETWEEN SEXUAL IDENTITY AND DEPRESSION AMONG YOUTH IN INDIA

Balvant Parimal, Ph. D.

*Assistant Professor, Department of Psychology, Faculty of Education and Psychology
The Maharaja Sayajirao University of Baroda*

Abstract

The objective of the research is to explore the relationship between depression and sexual identity among university students. Depression is a mental illness in which a person feels unhappy most of the time and may be unable to carry out daily activities. Sexual identity is understood in terms of how an individual identifies his/her gender and also his/her sexual preference. Individuals may identify themselves as a part of LGBTQ+ community. Survey questionnaire (Beck's Depression Inventory II) and a structured interview of social disapproval to explore the society's perspectives towards the community, was used to collect the responses from the university students of Vadodara and Mumbai city. 200 responses were collected from Vadodara and Mumbai It was derived from the results that LGBTQ+ community has higher prevalence of depression as compared to Heterosexuals because of social stigma, stereotypes and discrimination prevailing in the society and hence, mental health of LGBTQ is a concern for the society. Decriminalisation of section 377 for LGBTQ+ is one way of accepting LGBTQ people in the society.

Keywords: *Depression, Social Disapproval, Sexual Identity, Social Stigma*

INTRODUCTION

The objective of this research is to explore if there stands a relationship between Sexual identity and Depression. The main focus is to understand how social stigma leads to the suffering of members of this community. Through this research we try to throw light on the mental health of people belonging to LGBTQ+ Community.

LGBTQ Community

LGBTQ is an acronym that stands for *Lesbian, Gay, Bisexual, Transgender* and *Queer*. LGBTQ emphasize a diversity of sexuality and gender identity-based cultures and also recognize anyone who is non-heterosexual or non-cisgender instead of exclusively to people who are lesbian, gay, bisexual, or transgender. A letter Q was added for those who were queer and are questioning their sexual identity as LGBTQ, recorded since 1996. Sexual identity reflects an identity of an individual in terms of their sexual self-concept. Sexual identity can change throughout an individual's life, and may or may not align with biological

sex, sexual behavior or actual sexual orientation. In the 21st century, LGBTQ community is being acknowledged and accepted by the governments of many countries.

Adams (2017) in CBS News article describes emerging identity terms identification as follows,

- **Sex:** The classification of a person as male or female at birth. Infants are assigned a sex, usually based on the appearance of their external anatomy.
- **Gender identity:** A person's innermost concept of self as man, woman, a blend of both, or neither – how individuals perceive themselves and what they call themselves. Gender identity can be the same or different from one's sex assigned at birth.
- **Lesbian:** A lesbian is a homosexual woman who is romantically or sexually attracted to other women..
- **Gay:** It is generally used to refer to homosexuality. It is used for a man who is romantically or sexually attracted to other man.
- **Bisexual:** Is used for a person who is sexually attracted to both men and women.
- **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural and social expectations based on the sex they were assigned at birth.
- **Transsexual person:** A generational term for people whose gender identity is different from their assigned sex at birth, and seek to transition from male to female or female to male. This term is no longer preferred by many people, as it is often seen as overly clinical, and was associated with psychological disorders in the past.
- **Agender:** A term for people whose gender identity and expression does not align with man, woman, or any other gender. A similar term used by some is gender-neutral.
- **Androgynous:** Identifying and/or presenting as neither distinguishably masculine nor feminine.
- **Bigender:** Someone whose gender identity encompasses both man and woman. Some may feel that one side or the other is stronger, but both sides are present.
- **Binary:** The gender binary is a system of viewing gender as consisting solely of two identities and sexes, man and woman or male and female.
- **Gender dysphoria:** Clinically defined as significant and durational distress caused when a person's assigned birth gender is not the same as the one with which they identify.

- **Gender expression:** The external appearance of a person's gender identity, usually expressed through behaviour, clothing, haircut or voice, and which may or may not conform to socially defined masculine or feminine behaviours and characteristics.
- **Gender fluid:** A person who does not identify with a single fixed gender, and expresses a fluid or unfixed gender identity. One's expression of identity is likely to shift and change depending on context.
- **Gender non-conforming:** A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
- **Gender questioning:** A person who may be processing, questioning, or exploring how they want to express their gender identity.
- **Genderqueer:** A term for people who reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as genderqueer may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
- **Non-binary:** Any gender that falls outside of the binary system of male/female or man/woman.

The Status of Sexual Identity

Before the sexual revolution of the 1960s, there was no common non-derogatory vocabulary for non-heterosexuality; the closest such term, "third gender," traces back to the 1860s but never gained wide acceptance in the United States. The first widely used term, homosexual, was thought to carry negative connotations and tended to be replaced by homosexual in the 1950s and 1960s, and subsequently gay in the 1970s. As lesbians were forged more public identities than the phrase "gay and lesbian" became more common (Jajal, 2015). While homosexual intercourse was not sanctioned, it was treated as a very minor offence, and several kinds of heterosexual intercourse were punished more severely. India has come a long way regarding understanding different sexual orientation. Shankuntala Devi, a child prodigy, wrote and published *The World of Homosexuals* in the year 1977. This was the first study which was based on homosexuality in India.

Although in Indian culture, heterosexuality has been openly considered the norm, there is much evidence, both historical as well as recent, showing that men in India have and continue to engage in different types of sexual or other relationships. Ancient Indian scriptures as well as more secular texts provide evidence of same-sex (i.e. male-male or

female-female) relationships. The Ayurvedic texts, Susruta and Caraka Samhitas, dating from the first century detail taxonomies of gender and sexual variations, including same-sex desire. Scriptures such as the Puranas and Mahabharata among others also provide references of same-sex relations and behaviour. (Vanita and Kidwai, 2001)

The stigma that has become attached to such relationships and behaviours, has been attributed in part to colonial influences, family and community attitudes towards marriage and having children, and somewhat more recently to Hindu nationalism rather than religious inscriptions itself per se. One source of this stigma included the addition of section 377 to the Indian penal code by the British in 1860, which still exists in Indian law. Colonial influences imported a much more repressive attitudes towards sexuality than what had perhaps existed in pre-colonial India. This law criminalized same sex behaviour and has been an ongoing source of discrimination and harassment and has also hindered prevention efforts to combat HIV/AIDS. Recently, the Delhi High Court had ruled against section 377, which would help HIV prevention efforts. Same sex behaviour and relationships in India tend to be much more fluid and the associated sexual identities do not always fall into distinctive categories (i.e. heterosexual, homosexual, or bisexual) as these often do in Western cultures. (Patel, Mayer, & Makadon, 2012)

Homosexual intercourse was a criminal offence until 2009 under Section 377 of the Indian Penal Code, 1860. This law was struck down by the 2009 Delhi High Court decision *Naz Foundation v. Govt. of NCT of Delhi*, which found Section 377 and other legal prohibitions against same-sex conduct to be in direct violation of fundamental rights provided by the Indian Constitution. This made it an offence for a person to voluntarily have "carnal intercourse against the order of nature." After which it was again criminalized in the year 2013.

Defining Depression

According to Psychiatric Association(2013), Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. American heritage (n.d.) defines depression as a mood disorder characterized by an inability to experience pleasure, difficulty in concentrating, disturbance of sleep and appetite, and feelings of sadness, guilt, and helplessness. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

Relationship with Depression with Sexual Identity

LGBTQ individuals are almost 3 times more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder. This fear of coming out and being discriminated against for sexual orientation and gender identities, can lead to depression, posttraumatic stress disorder, thoughts of suicide and substance abuse. LGBTQ people must confront stigma and prejudice based on their sexual orientation or gender identity while also dealing with the societal bias against mental health conditions. Some people report having to hide their sexual orientation from those in the mental health system for fear of being ridiculed or rejected. Some hide their mental health conditions from their LGBTQ friends. As a community, LGBTQ individuals do not often talk about mental health and may lack awareness about mental health conditions. The social stigma and discrimination faced by the individuals in the community often makes them susceptible to depression. This sometimes prevents people from seeking the treatment and support that they need to get better.

Social Disapproval

The lesbian, gay, bisexual, transgender and queer (LGBTQ) community faces mental health conditions just like the rest of the population. However, they may experience more negative mental health outcomes due to prejudice and other biases. Social disapproval is defined as the rejection and condemnation of a person for an action or behaviour the group sees as wrong (Nugent, 2013). Individuals who do not conform to heterosexuality often face disapproval from their family, friends, places they work at or study and the surrounding area. This social rejection leads to conflict and in turn, affects the mental health of those to recognize themselves as a part of the community.

Exempting Other Sexual Identities as a Psychological Disorder:

Factors both outside and within American Psychiatric Association (APA) have led to a re-conceptualization of homosexuality's place in the 5th version of Diagnostic and Statistical Manual of Mental Disorders. APA started considering the question whether homosexuality should remain as a psychiatric diagnosis. In 1973 APA annual meeting, a conference was held where members debated on the question, "Should Homosexuality be in the APA Nomenclature?". Robert Spitzer, who chaired a subcommittee looking into the issue, reassessed what constituted as mental disorders and arrived at a conclusion that all mental disorders cause subjective distress and impairment in social, occupational, academic and other areas of functioning. Thus, the Nomenclature committee accepted that homosexuality could not be considered as a mental illness. Several other APA committees

and deliberative bodies then reviewed and accepted their work and recommendations. As a result, in December 1973, APA's Board of Trustees (BOT) voted to remove homosexuality from the DSM.

Review of Literature

Dejun, Jay, Christopher, Athena, Megan, Diana, Regel and Jason (2016) conducted a research to understand whether and to what extent transgender identity was associated with elevated odds of reported discrimination, depression symptoms, and suicide attempts. Results indicated that transgender identity was associated with higher odds of reported discrimination, depression symptoms, and attempted suicides when compared with non-transgender individuals. Self-acceptance of LGBT identity was associated with substantially lower odds of reporting depression symptoms. Lack of self-acceptance of LGBT identity was associated with depression symptoms among transgender individuals.

Frost, Parsons and Nanin (2017) examined how perceived sociocultural factors influenced the relationship between psychosocial variables and sexually transmitted infections (STIs) among gay men. The survey was conducted on five hundred and forty-nine gay men. Results suggested that concealment partially mediated the relationship between stigma and depression and depression partially mediated the relationship between concealment and sexually transmitted infections. Controlling for sociodemographic factors, symptoms of depression explained more varied histories of sexually transmitted infections.

Steele, Curling, Gibson, Green, Williams and Ross (2017) studied unmet need for mental health care and untreated depression between four groups: heterosexual cisgender (*i.e.*, not transgender) women, cisgender lesbians, cisgender bisexual women, and transgender people. Trans participants and bisexual people reported an unmet need for mental healthcare as cisgender heterosexual women. Trans participants were also more likely to report untreated depression. These differences were not seen after adjustment for social context factors such as discrimination and social support. It was concluded that there are higher rates of unmet need and untreated depression in trans and bisexual participants that are partly explained by differences in social factors, including experiences of discrimination, lower levels of social support, and systemic exclusion from healthcare.

According to Polders (2009), factors affecting vulnerability to depression among gay men and lesbian women in metropolitan Gauteng, South Africa were explored. Risk factors consistently cited in the literature on depression among gay men and lesbian women are self-esteem, social integration, hate speech, physical victimisation, fear of victimisation and alcohol and drug abuse, which were examined to determine their ability to predict

vulnerability to depression. A total of three hundred and eighty-five sample was collected. It was concluded through multiple regression analysis that self-esteem and hate speech were the only significant predictors of vulnerability to depression.

In a sample of lesbian and bisexual girls, youth reported better mental health if they had both parental support and did not lose friends as a result of disclosing their sexual orientation (D'Augelli, 2003). Friend support had the strongest positive effect on one's disclosure of his or her sexual orientation, and family support was the strongest predictor of one's self-acceptance of his or her sexual orientation. Both family and friend support were the strongest predictors of well-being indicating both unique and overlapping effects on youths' adjustment. (Snapp, Watson, Russell, Diaz & Ryan, 2015)

Marshal, et. al. (2011) conducted a research on suicidality and depression disparities between sexual minority and heterosexual youth. The results indicated significantly higher rates of suicidality and depression symptoms amongst sexual minority youth as compared with the heterosexual youth. Disparities in suicidality and depression may be influenced by negative experiences including discrimination and victimization.

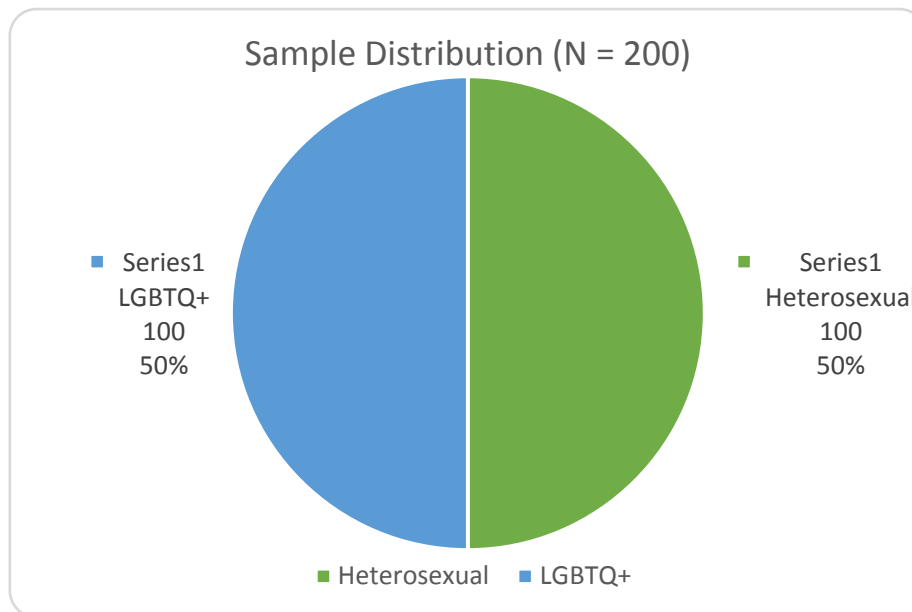
The National Survey of Midlife Development in the United States, conducted a survey on individuals self-identifying as homosexual or bisexual or heterosexual about their lifetime and day-to-day experiences with discrimination. Sample was nationally representative and consisted of individuals aged twenty to seventy-four years. Results indicated that Homosexual and bisexual individuals reported both lifetime and day-to-day experiences with discrimination more frequently than heterosexual persons .It was concluded that there exists elevated anxiety, depression and other stress-related mental health problems in LGB adults who reported personal experiences with discrimination (Mays & Cochran, 2001)

Objectives of the study

- To study the relationship between sexual identity and depression.
- To analyse the difference in depression scores within the LGBTQ+ community.
- To throw light on the mental health of the LGBTQ+ community.

METHOD

Sample



Total 200 people from Gujarat and Maharashtra participated in the research from the age of 14 to 50 years through snowball sampling. Structured Interview was used only for LGBTQ+ community and responses were audio recorded in a standardised form. Sample was collected from Gujarat and Maharashtra

Tools

Following tools were used for data collection;

1) **Beck's Depression Inventory (BDI-II)**, developed by Aaron. T Beck in the year 1968. It is a 21 question multiple-choice self-report inventory. It is a 4-point scale from 0 (symptom absent) to 3 (severe symptoms). The construct validity is 0.92.

2) **Structured Interview for Social Disapproval** - Semi-structured interview was developed keeping in mind the social disapproval. Social Disapproval is defined as the rejection and condemnation of a person for an action or behaviour the group sees as wrong. For this research, a list of eleven questions were prepared which were given only to the participants of LGBTQ+ community. The questions intended to understand whether an individual's identity was readily accepted in the society or was their stigma and discrimination against it. Dimensions like acceptance and treatment from others, revelation to others, pretention of being a heterosexual, comfort in sharing their identity, deprivation of any opportunity because of their identity and lastly, the representation of LGBTQ+ community in media and thoughts on section 377 were asked.

Data Collection

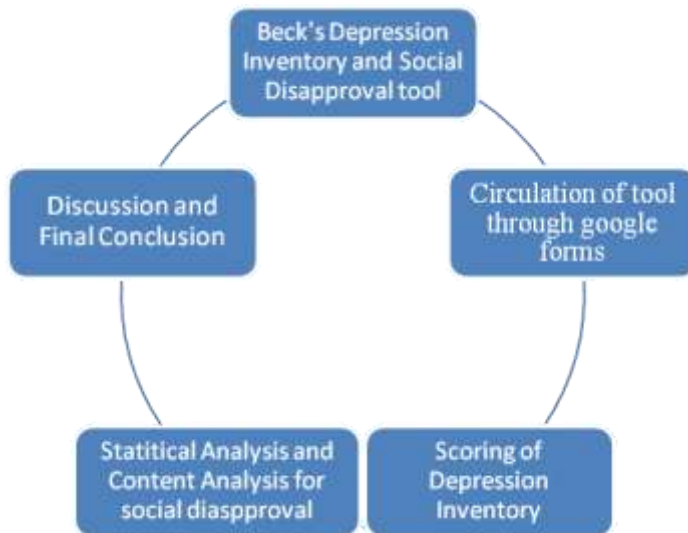


Figure 2. Flow Chart of Procedure

FINDINGS

Descriptive statistics was used to find the difference between the depression scores of LGBTQ+ community and Heterosexuals. Qualitative result consists of content analysis which was done to analyse the social disapproval responses. Results are divided into two categories:

Quantitative Findings

Table 1. Independent variable t-test between Depression and Sexual Identity

Sexuality A	Mean	Std. Deviation	Df	T	Sig.
Heterosexual	15.47	11.777	198.000	2.86	0.01
LGBT	20.64	13.666			

There is significant difference found among the responses of LGBTQ+ community and Heterosexuals in terms of Depression. ($t(198) = 2.86, P < 0.01$), which also explains that depression is higher in LGBTQ+ community ($m=20.64$) as compared Heterosexuals.

Table 2. Analysis of Variance

Sexual Identity	Mean	Std. Deviation	df	F	Sig.
Heterosexual	15.47	11.777	4, 195	2.54	0.04
Lesbian	16.82	18.392			
Gay	20.88	12.874			
Bisexual	21.11	12.998			
Others (TPPAQ)	22.45	11.608			
Total	18.06	12.986			

Note: Others includes Transgender, Transsexuals, Pansexual, Asexual, and Queer.

There is significant difference found among the responses of Heterosexuals and the LGBTQ+ community in terms of depression. ($F(4, 195) = 2.54, P < 0.01$) which explains that

depression is the highest in others which includes Transgender, Transsexuals, Asexual, Pansexual, and Queer followed by Bisexuals, Gay, and Lesbian. Heterosexuals are comparatively low on Depression.

Table 3. Cross Tabulation to show difference in Depression within the LGBTQ+ community

BDI	Types of Sexuality					Total
	heterosexual	Lesbian	Gay	Bisexual	Others (TTPAQ)	
Normal	41	9	4	12	5	71
	20.5%	4.5%	2.0%	6.0%	2.5%	35.5%
mild to moderate	28	1	4	9	3	45
	14.0%	0.5%	2.0%	4.5%	1.5%	22.5%
moderate to severe	18	4	5	13	9	49
	9.0%	2.0%	2.5%	6.5%	4.5%	24.5%
Severe	13	3	4	10	5	35
	6.5%	1.5%	2.0%	5.0%	2.5%	17.5%
Total	100	17	17	44	22	200
	50.0%	8.5%	8.5%	22.0%	11.0%	100.0%

Note: Others includes Asexual, Transgender, Transsexuals, Pansexual and Queer.

From the cross-tabulation of categories of BDI and types of sexuality, it was derived that, Within the LGBTQ+ community about 6% Bisexuals fall into the normal category of followed by Lesbians (4.5 %), then 2.5% and lastly Gay (2 %). For Mild to Moderate category of Depression, about 5% are Lesbians and 1.5% are Others. Moderate to Severe Category of depression is the highest in Bisexuals (6.5%) and the lowest in Lesbians (2%). Severe form of Depression is the highest in Bisexuals (5%) and lowest in Lesbians (1.5%). The overall result shows that Depression is high in LGBTQ+ community compared to Heterosexuals.

Qualitative Findings

Structured Interview was carried out on the individuals belonging to the LGBTQ+ community. The interview consisted of 11 items covering social interactions with regard to their sexual identity. Thematic Content Analysis was carried out on the responses.

1. Revelation of sexual identity to others as well as on online platform.

56% of the participants have revealed their sexual identity to their close friends they found it easy and less risky than revealing to their family members and experience an unwelcoming environment the means of revealing were through digital mobile messaging, talking face to face. 19% of the participants are open about their identity to their family as

well as friends, in family the participants were more comfortable with their cousins and siblings along with a very few number in telling their parents, mostly their fathers.

4% have revealed it to their counsellors, teachers etc. apart from family and friends. 11% are openly out of the closet i.e. they are open about their sexual identity. 9% are completely inside the closet they are open about their sexual identity. 26% were not comfortable about revealing their identity online under any circumstance. 69% were comfortable to share and be open online out of which 45% were anonymously comfortable. The fear is ingrained so much, that members of this community are afraid to be themselves in an online community.

2. Reason of being inside the closet i.e. not being open about their sexual identity to all.

51% did not reveal completely to all and/or family due to fear of rejection, abandonment, unacceptance as well as fear of being harassed in context of their true sexual identity. Few members, 10% have not revealed their sexual identity as they are not ready and/or comfortable in revealing their identity. Whereas 12% feel that it is very unimportant to reveal their identity.

3. Reactions received on revealing their sexual identity from respective personnel.

It can be assumed that members of the community would expect a negative reaction due to various assumptions based on varied observation in media, personal experiences. 38% Of people had expected a negative reaction from the people they had revealed about their sexual identity but indeed received a warm and accepting reaction. 29% expected negative reaction and had received unwelcoming or indifferent as well as negative reactions. 28% were sure of the acceptance from the people they revealed it to. This category mostly includes friends and less of family members. Whereas the above two categories mostly included people who have revealed their identity to their families and other people like teachers, cousins.

4. Masked their true sexual identity by pretending to belong to other socially accepted sexual identity.

In a society filled with unacceptance, many members of the community pretend to be of other sexual identity. This masks their true self causing distress in their interpersonal and interpersonal spheres of being. 57% of members have pretended as it is easier to be accepted but causes distress within them whereas 43% of member of the community are out of the closet without pretending.

5. Perspective towards representation of community in media.

15% people are satisfied with the representation in a way they feel whatever is shown is a step towards recognition and it at least acknowledges community as a significant part. 79% of people find that the representation in the media is very negative. The representation is very stereotypical and in a very insulting which nurtures the taboo. Media influences and nowadays shapes the perspective of the society due to which it is hard for inculcating acceptance and open mind as well as warmth.

6. Events of bullying and/or humiliation and physical and/or sexual abuse with regard to their sexual identity.

33% have been bullied in context of their sexuality. Gay men and transgender have been mocked for being "too feminine". Lesbians have been mocked by stating they haven't met "real men".

"Many times. People have laughed on my face many times for my mannerisms (including teachers, friends, classmates, relatives and some elders, but not my family). My actions and voice have been mockingly imitated in front of me."

27% reported that they have been sexually and mentally assaulted for belonging to the community by people who either belong to the heterosexual community and/or on by persons on random occasions on public transport. People belonging to this community regard the laws of constitution as well as certain beliefs which disregard the essence of humanity as mental assault to themselves.

Views on section 377 of the Indian constitution.

Section 377 of Indian Penal Code states that, " *Unnatural offences: whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.*" Most of the participants reflected that the law does not justify the basic essence of being a free human as well find the law to invade their privacy as well as violate their basic human rights.

"Section 377 is a draconian law. It shouldn't even have been there after our independence. The British don't have it anymore but we still do. and for what? Our country has a rich history and culture of LGBTQ including Hinduism. The reasons for people not accepting it are ridiculous. A rapist can get bail or get out in a few years but if you love someone you are arrested for more time? People behave as if it is a crime that their children should not know of and as if it is negative. Section 377 is the law but people's mindset is a lot like it in a lot of places. If the law does change maybe it can finally be accepted by the people too."

DICUSSION

The Objective of this paper is to explore the potential relationship between sexual identity and depression. The first objective is to study the relationship between sexual identity and depression. Significant difference describes that LGBTQ+ community has scored higher on depression scale compared to Heterosexuals. Compared to heterosexuals, LGBT individuals had poorer mental health (higher levels of psychological distress, greater likelihood of having a diagnosis of depression or anxiety, greater perceived mental health needs, and greater use of mental health services), more substance use (higher levels of binge drinking, greater likelihood of being a smoker and greater number of cigarettes smoked per day), and were more likely to report unmet mental healthcare needs. LGBT individuals were also more likely to report having experienced a major incident of discrimination over the past year than heterosexual individuals.(Burges, Lee, Tran and Ryn, 2008)

It can be inferred from Table. 2, that depression scores are the highest in Others (Transsexual, Transgender, Pansexual, Asexual, and Queer), followed by Bisexuals, Gays, and Lesbians respectively. Table.3 indicates that in all the categories of depression (Mild to Moderate, Moderate to Severe, and Severe), Bisexuals scored highest. In mild to moderate category, gays scored the second highest, followed by others and then lesbians. In moderate to severe category, Others scored the second highest followed by gays, lesbians respectively. Lastly, in the severe category of depression, Others scored the second highest, followed by gays and lesbians.

It was concluded from the social disapproval scale that most of the members of the community were comfortable in sharing their sexual identity with their close friends rather than others (including family members). Most of the participants were comfortable sharing their sexual identity on online platforms anonymously. Many participants are not completely out of the closet due to fear of rejection, abandonment, and negative radical reactions, therefore, to avoid this situation member of this community pretend to belong to a category of socially accepted sexual identity. The participants who have revealed their identity had expected a negative reaction but were accepted positively, but this does not cloud the fact that many others experienced indifferent and unwelcoming responses after the revelation.

Even though most of the participants deny facing sexual, physical, mental abuse and/ or discrimination regarding their sexual identity, it does not cloud the fact that participants have faced intense psychological trauma due to events of abuses. The representation in media, according to the participants, is very negative as it nurtures stereotypical thoughts about the community and ignores the importance of awareness.

CONCLUSION

Social stigma, Discrimination, and Stereotypes leads to higher prevalence of depression within the LGBTQ+ community.

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