

The Impact of Social Stigma on the Mental Health of LGBTQ Community

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Abstract

LGBTQ+ community people experience and worries of sexual stigma that affects their mental health. This study investigates the relationship between social stigma and mental health outcomes among LGBTQ+ individuals in India. Utilizing data from a diverse sample of 400 participants, comprising males, females, and non-binary/genderqueer individuals, gathered through an online questionnaire, the research examines the impact of social stigma variables including Rejection, Inferiority, Support Loved Ones and Social Perception Isolation and Loneliness Emotional Resilience parameters such as Unhappiness, Nervousness, and Suicidal Thoughts. Statistical analyses, conducted using SPSS, reveal moderate to moderately strong correlations between experiences of social stigma and adverse mental health outcomes, highlighting the urgent essential for targeted interventions toward reduce stigma then enhance rational healthiness support within LGBTQ+ communities in India and beyond. These findings underscore the importance of fostering inclusive environments and tailored interventions to promote the well-being of LGBTQ+ individuals.

Keywords: LGBTQ+, Social Stigma, Mental Health, Queer

1. INTRODUCTION:

The LGBTQ+ community faces unique challenges related to sexual stigma that significantly impact their mental health and well-being. Across various contexts, individuals within this community encounter discrimination, rejection, and social isolation due to societal heteronormativity. These experiences can lead to adverse mental health outcomes, including depression, anxiety, and suicidal thoughts. In India, as in many other parts of the world, LGBTQ+ individuals confront social stigma and discrimination, which are exacerbated by cultural and societal norms. Despite growing recognition of LGBTQ+ rights, issues related to acceptance, inclusion, and support persist, contributing to mental health disparities within this population. To address these challenges, it is imperative To comprehend the connection between social stigma and psychological wellbeing results amongst LGBTQ+ individuals in India. This study aims to investigate this relationship by examining various dimensions of social stigma, including rejection, inferiority, support from loves ones, and supposed societal isolation besides loneliness, and their impact on psychological well-being

parameters such as unhappiness, nervousness, and suicidal thoughts. Drawing on the Intersectional Ecology Model of LGBTQ Health (IEM) and existing literature on LGBTQ+ mental health, this research seeks to contribute to a deeper understanding of the factors influencing mental health outcomes among LGBTQ+ individuals in India. By utilizing data from a diverse sample of 400 participants, including males, females, and non-binary/genderqueer individuals, gathered through an online questionnaire, this study aims to provide insights into the experiences and concerns of LGBTQ+ individuals regarding sexual stigma and its effects on their mental well-being.

Through statistical analyses conducted using SPSS, this research will explore the correlations between experiences of social stigma and adverse mental health outcomes, highlighting the vital necessity for targeted interventions toward reduce stigma besides enhance psychological wellbeing support within LGBTQ+ communities in India and beyond. By shedding light on the complexities of LGBTQ+ mental health in India and emphasizing the importance of fostering inclusive environments and tailored interventions, this study aims to contribute to hard work meant at promoting the well-being of LGBTQ+ people and advancing social justice and equality for all.

2. Literature Review

The Intersectional Biology Perfect of LGBTQ Well-being is proposed to address health disparities experienced by sexual minorities, highlighting the impact of societal heteronormativity on health outcomes (Mink et al., 2014). Family rejection experienced by LGBTQ young adults leads to various negative consequences, necessitating tailored support services and further research (DeChants et al., 2022). Peer and family belongingness play significant roles in the mental health of Black LGBTQ+ youth, highlighting the need for more research on protective factors for this population (Watts et al., 2023). Parent-LGB child ties evolve over time and require attention in research to understand family negotiations post-disclosure (Lo et al., 2023). Family acceptance and rejection, as well as community context, influence disordered eating behaviours among LGBTQ+ youth, underscoring the need for interventions at multiple levels (Paceley et al., 2023). Gratitude may act as a protective factor against minority stressors on mental health among LGBTQ students (Smetana, 2022). Minority stressors impact self-concept, mental health, and motivations for disclosure among non-gay identifying, [behaviourally] bisexual, and “other” marginal LGBTQ+ men (Merlino and David, 2023). The discourse surrounding LGBTQ mental health in Ireland needs to expand beyond victimhood narratives and address the complexities of LGBTQ identities (Bryan, 2019). Created families serve as resilient social networks for African American LGBTQ youth, mitigating the effects of social isolation and rejection (Hailey, 2020). Marginal anxiety is connected with different suicidal experiences between sexual besides gender minority youth through multiple mental health symptom pathways (Fulginiti et al., 2020). Social isolation significantly affects the well-being of LGBTQ youth, necessitating interventions that address social, cultural, and structural dimensions (Garcia et al., 2019). Sexual and gender minority communities experience higher physical and psychological symptoms during the COVID-19 pandemic, requiring longitudinal studies to inform interventions (Moore et al., 2019). Perceptions of social attitudes toward LGB issues impact mental health, with self-acceptance mediating the effects, emphasizing the need for affirmative policies (Huang et al., 2020). Comparative meta-analysis shows higher rates of loneliness among

sexual minority individuals compared to heterosexual individuals, highlighting the need for further research (Gorczynski and Fasoli, 2021). LGBTQ older adults experience social and health disparities, requiring culturally competent care and supportive policies (Inventor et al., 2022). Loneliness levels predict depression and anxiety among LGBTQ+ adolescents, suggesting the importance of addressing social isolation in interventions (McDanal et al., 2021). LGBTQ identity pride mediates the associations between discrimination, social support, and depressive symptoms among LGBTQ youth (Cindy J et al., 2021). Future research and interventions should consider the life course perspective and heterogeneity of LGBTQ youth experiences to address mental health disparities (Fish, 2020). Adolescent LGBTQ people who attend schools with positive cultures report reduced symptoms of depression and suicidality, emphasizing the role of supportive environments (Ancheta et al., 2021). Proud and Empowered: An Intervention in Schools, aims helping teenagers who identify as sexual or gender minorities deal with the stresses of being a minority, addressing mental health concerns (Goldbach et al., 2021). Marginal strain is connected with suicidal ideation besides attempts amongst sexual besides gender minority adolescence through multiple mental wellbeing symptom pathways (Fulginiti et al., 2020). Actionable steps within schools, families, communities, and healthcare settings can support LGBTQ+ youth in coping with mental health challenges and promoting well-being (Madireddy and Madireddy, 2021). The Health-care Services Experienced and Anticipated Sexual Stigma Scale (EASSSiHS) assesses sexual stigma Among homosexual males, bisexual guys, highlighting the need for educational ability in healthcare (Huang et al., 2022). The COVID-19 pandemic affects the nervousness, unhappiness, and societal support of LGBTIQ people, necessitating psychological support interventions (Das and Govindappa, 2023). LGBTQ+ individuals experience higher levels of mental health problems during COVID-19-related social distancing, highlighting the importance of addressing social isolation and support (Firk et al., 2023). Cumulative minority stress experiences significantly increase suicide risk among LGBTQ youth, emphasizing the need for suicide prevention efforts targeting marginalized individuals (Green et al., 2021).

3. Research Methodology

3.1. Individuals Involved and the Methodology Employed

The requirements for participant inclusion encompassed individuals aged 18 or older who identified as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, etc.). The study aimed to understand the effect societal of stigma on the psychological wellbeing of LGBTQ+ individuals. A total of 400 participants were recruited for the study, comprising 210 males, 140 females, and 50 non-binary/genderqueer individuals.

Recruitment methods involved the dissemination of an online questionnaire across various social media platforms and LGBTQ+ communities from March 2024 to April 2024. Advertisements were strategically placed on platforms such as LinkedIn, Instagram, and LGBTQ+ forums to reach a diverse range of participants across India.

Interested individuals were directed to access the online questionnaire through a provided link. Before taking part in the activity, participants received detailed material regarding the education's aims, actions, confidentiality measures,

and their rights as participants. Informed consent was obtained electronically after all contributors previously they commenced the questionnaire.

Participants were told to answer the questions honestly and as completely as possible abilities. The questionnaire was designed to be completed anonymously, ensuring the confidentiality of participants' responses. Data collection was conducted anonymously and electronically to ensure the privacy and confidentiality of participants

3.2. Measures

3.2.1. Rejection

LGBTQ individuals, particularly youth, often face rejection from family, peers, and societal institutions, leading to profound emotional and psychological distress (DeChants et al., 2022). Family rejection, characterized by discrimination, conflict, and neglect, significantly contributes to psychological wellbeing disparities amongst fleshly and gender minorities (Mink et Al., 2014). Moreover, societal heteronormativity perpetuates stigma and marginalization, exacerbating feelings of rejection and isolation (Merlino and David, 2023). These experiences correlate with increased rates of depression, anxiety, and suicidal ideation among LGBTQ individuals, highlighting the vital necessity for supportive interventions and inclusive environments.

3.2.2. Inferiority

LGBTQ individuals often internalize societal biases and expectations, leading to feelings of inferiority and self-doubt (Lo et al., 2023). The pressure to conform to heteronormative standards contributes to internalized homophobia and transphobia, negatively impacting self-esteem and mental well-being (Garcia et al., 2020). Anticipated stigma from healthcare providers further reinforces feelings of inadequacy and may hinder individuals from seeking essential care (Huang et al., 2020).

3.2.3. Support from Family and Friends

Peer and family support play crucial roles in mitigating the adverse effects of rejection and minority stress among LGBTQ individuals (Watts et al., 2023). Positive relationships with family and friends provide acceptance, validation, and emotional sustenance, fostering resilience and well-being (Paceley et al., 2023). However, family rejection and social ostracism disrupt these support networks, leading to increased vulnerability and feelings of loneliness (Goldbach et al., 2023).

3.2.4. Perceived Social Isolation

LGBTQ individuals often experience perceived social isolation due to a lack of acceptance and understanding within their social circles (Burton et al., 2020). This isolation contributes to heightened stress and exacerbates mental health

challenges (Garcia et al., 2020). The absence of supportive networks and inclusive environments further compounds feelings of loneliness, increasing the hazard of opposing psychological wellbeing consequences (Moore , 2021).

3.2.5. Loneliness

Feelings of loneliness are prevalent among LGBTQ individuals, particularly youth, due to social rejection and lack of acceptance (Garcia et al., 2020). LGBTQ youth frequently report experiencing loneliness as a consequence of perceived societal separation and a sense of not belonging within their communities (Gorczyński and Fasoli, 2022). The absence of supportive relationships and inclusive environments exacerbates feelings of loneliness, contributing to mental health disparities and increased risk of adverse outcomes (Hinton et al., 2022).

3.2.6. Depression Among LGBTQ+ Individuals

Depression remains a significant concern within LGBTQ+ communities, often stemming from various sources of minority stress and social stigma (Madireddy and Madireddy, 2022). LGBTQ+ youth, in particular, face elevated rates of depression due to experiences of family rejection, discrimination, and social isolation (DeChants et al., 2022). The lack of acceptance and support from family, peers, and healthcare providers exacerbates depressive symptoms among LGBTQ+ individuals. Moreover, the COVID-19 epidemic takes further amplified spirits of depression within LGBTQ+ communities, as social isolation and stressors have intensified (Huang et al., 2020).

3.2.7. Anxiety Within LGBTQ+ Communities

Anxiety is prevalent among LGBTQ+ individuals and is often fuelled by minority stressors and experiences of discrimination (Mink et al., 2014). LGBTQ+ youth, in particular, face heightened levels of anxiety due to family rejection, bullying, and societal stigma (Madireddy and Madireddy, 2022). Discrimination within healthcare settings further exacerbates anxiety among LGBTQ+ individuals. The COVID-19 pandemic has exacerbated anxiety within LGBTQ+ communities, as uncertainties and disruptions to daily life have intensified feelings of distress (Huang et al., 2020).

3.2.8. Suicidal Thoughts Among LGBTQ+ Individuals

Suicidal thoughts and behaviours are alarmingly prevalent within LGBTQ+ communities, often as a result of the cumulative effects of minority stress and social stigma (Mink et al., 2014). LGBTQ+ youth, in particular, are at heightened risk of suicide due to experiences of family rejection, bullying, and internalized stigma (DeChants et al., 2022). The deficiency of societal sustenance and acceptance from family also peers significantly increases the risk of suicidal thoughts also acts in LGBTQ+ individuals. Moreover, The COVID-19 epidemic has made people's emotions worse.

of social isolation and distress, further elevating the risk of suicidal thoughts within LGBTQ+ communities (Huang et al., 2020).

3.2.9. Demographic characteristics

The assessed participant demographics included their age, and sexual, gender orientation and Relationship Status.

4. Results

The analysis was conducted using the SPSS, given the complexity of the data set comprising five variables for social stigma and three variables for mental health. Descriptive statistics were initially computed to summarize the distribution of responses for each variable.

To explore the association amongst social stigma and psychological wellbeing consequences amongst LGBTQ+ individuals in India, correlational analyses were performed. Pearson correlation coefficients were calculated to assess the strength and direction of associations between social stigma variables (Rejection, Inferiority, Support from Family and Friends, Perceived Societal Loneliness and Aloneness) and psychological wellbeing variables (Sadness, Nervousness, Unhappy Thoughts).

Furthermore, multiple regression analyses were conducted to examine the predictive value of social stigma variables on mental health outcomes while controlling for potential confounding variables. Separate regression models were constructed for each mental health outcome variable, with social stigma variables entered as predictor variables.

The results of our correlation analysis reveal significant associations between various dimensions of social stigma and mental health outcomes among LGBTQ+ individuals in India. Our findings underscore the profound impact of societal rejection, feelings of inferiority, lack of family support, social isolation, and loneliness on the mental well-being of this community. Specifically, experiences of rejection and inferiority exhibit moderate to strong positive correlations with depression, anxiety, and suicidal thoughts, highlighting the pervasive influence of perceived social rejection and internalized stigma on psychological distress.

Figure 1 below shows the correlation between each variable that are been used in our research.

Figure

1

		Correlations							
		REJECTION	INFERIORITY	FAMILY SUPPORT	ISOLATION	LONELINESS	DEPRESSION	ANXIETY	SUCIDAL THOUGHTS
REJECTION	Pearson Correlation	1	.733**	.394**	.430**	.425**	.451**	.361**	.423**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400
INFERIORITY	Pearson Correlation	.733**	1	.410**	.405**	.453**	.451**	.386**	.469**
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400
FAMILY SUPPORT	Pearson Correlation	.394**	.410**	1	.461**	.445**	.443**	.428**	.429**
	Sig. (2-tailed)	.000	.000		.000	.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400
ISOLATION	Pearson Correlation	.430**	.405**	.461**	1	.552**	.529**	.435**	.488**
	Sig. (2-tailed)	.000	.000	.000		.000	.000	.000	.000
	N	400	400	400	400	400	400	400	400
LONELINESS	Pearson Correlation	.425**	.453**	.445**	.552**	1	.565**	.457**	.484**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000	.000
	N	400	400	400	400	400	400	400	400
DEPRESSION	Pearson Correlation	.451**	.451**	.443**	.529**	.565**	1	.552**	.574**
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.000	.000
	N	400	400	400	400	400	400	400	400
ANXIETY	Pearson Correlation	.361**	.386**	.428**	.435**	.457**	.552**	1	.537**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000		.000
	N	400	400	400	400	400	400	400	400
SUCIDAL THOUGHTS	Pearson Correlation	.423**	.469**	.429**	.488**	.484**	.574**	.537**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	
	N	400	400	400	400	400	400	400	400

** . Correlation is significant at the 0.01 level (2-tailed).

The regression analyses for depression, anxiety, and suicidal thoughts among LGBTQ+ individuals in India unveiled significant predictors within each model, reflecting a notable influence of social factors on mental health outcomes. For depression, loneliness and isolation emerged as prominent predictors, with standardized coefficients of 0.297 and 0.220, respectively, underscoring their substantial impact on depressive symptoms. Additionally, family support exhibited a notable coefficient of 0.127, suggesting its significant role in reducing depression levels (Figure 2). In the case of anxiety, loneliness and isolation showed strong predictive power, with coefficients of 0.210 and 0.165, respectively, indicating their considerable association with heightened anxiety levels. Notably, family support also played a vital role, with a coefficient of 0.195, suggesting its impact on alleviating anxiety symptoms (Figure 3). Similarly, for suicidal thoughts, loneliness and isolation emerged as significant predictors, with coefficients of 0.189 and 0.216, respectively, highlighting their profound influence on suicidal ideation. Family support showed a notable coefficient of 0.145, indicating its protective effect against suicidal thoughts (Figure 4).

Figure 2

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	287.465	5	57.493	60.272	.000 ^b
	Residual	375.832	394	.954		
	Total	663.297	399			

a. Dependent Variable: DEPRESSION

b. Predictors: (Constant), LONELINESS, REJECTION, FAMILY SUPPORT, ISOLATION, INFERIORITY

Coefficients ^a						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	.445	.142		3.139	.002
	REJECTION	.092	.047	.112	1.951	.052
	INFERIORITY	.086	.054	.093	1.604	.109
	FAMILY SUPPORT	.125	.045	.127	2.804	.005
	ISOLATION	.226	.050	.220	4.546	.000
	LONELINESS	.307	.050	.297	6.113	.000

a. Dependent Variable: DEPRESSION

Figure 3

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	187.863	5	37.573	35.425	.000 ^b
	Residual	417.887	394	1.061		
	Total	605.750	399			

a. Dependent Variable: ANXIETY

b. Predictors: (Constant), LONELINESS, REJECTION, FAMILY SUPPORT, ISOLATION, INFERIORITY

Coefficients ^a						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	.862	.150		5.763	.000
	REJECTION	.031	.049	.039	.619	.537
	INFERIORITY	.103	.057	.116	1.812	.071
	FAMILY SUPPORT	.184	.047	.195	3.899	.000
	ISOLATION	.162	.053	.165	3.081	.002
	LONELINESS	.208	.053	.210	3.919	.000

a. Dependent Variable: ANXIETY

Figure 4

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	211.511	5	42.302	46.923	.000 ^b
	Residual	355.199	394	.902		
	Total	566.710	399			

a. Dependent Variable: SUICIDAL THOUGHTS

b. Predictors: (Constant), LONELINESS, REJECTION, FAMILY SUPPORT, ISOLATION, INFERIORITY

Coefficients ^a						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	.636	.138		4.612	.000
	REJECTION	.031	.046	.041	.679	.498
	INFERIORITY	.178	.052	.206	3.397	.001
	FAMILY SUPPORT	.132	.043	.145	3.031	.003
	ISOLATION	.205	.048	.216	4.233	.000
	LONELINESS	.181	.049	.189	3.701	.000

a. Dependent Variable: SUICIDAL THOUGHTS

4. Discussions

The study investigated the association amongst social stigma and psychological wellbeing consequences amongst LGBTQ+ individuals in India. The results of this training underscore the significant impact of societal stigma on the mental health of LGBTQ+ individuals in India. The analysis revealed moderate to moderately strong correlations amongst knowledges of social stigma and adverse psychological wellbeing outcomes. Specifically, individuals who described developed stages of social stigma also described complex levels of depression, anxiety, and suicidal thoughts. These results emphasize the urgent need for focused measures and regulations meant to lower social stigma and educating mental health support within LGBTQ+ communities in India.

Furthermore, the study highlights the importance of considering diverse gender identities within the LGBTQ+ population and tailoring interventions to address their specific needs. Non-binary and genderqueer individuals, in

particular, may face unique challenges related to social stigma and mental health, which must be addressed through inclusive and culturally competent interventions.

While this study contributes valuable insights into the association amongst social stigma and psychological wellbeing consequences amongst LGBTQ+ individuals in India, it has several limits. A constraint is the dependence on self-report metrics, which might be vulnerable to response favoritisms and inexactness. Moreover, the online survey method may have introduced selection biases, as individuals without internet access or who are less comfortable disclosing their LGBTQ+ identity online may have been underrepresented in the sample. Despite these limitations, this study provides a foundation for future research in this area. Further research could explore additional factors influencing mental health outcomes among LGBTQ+ individuals, such as access to healthcare, socioeconomic status, and intersectional identities. Additionally, longitudinal research may offer insightful information on the long-term consequences of social stigma arranged mental health and the effectiveness of interventions over time.

In summary, this study highlights the urgent need for focused measures and regulations meant to lower social stigma besides educating mental health support within LGBTQ+ communities in India. By addressing social stigma and promoting mental health resilience, we can work towards creating more inclusive and supportive environments for LGBTQ+ individuals to thrive in India and globally.

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