Depression Among LGBT Adults in Relation to Societal Stigma and Discrimination

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ABSTRACT

This study has conducted a comprehensive analysis of the association between depression and 13 social stigma and discrimination among LGBT adults from India. The data was conducted using the Google form, a user-friendly and dynamic online data collection tool, to collect data from 46 adults between the ages of 21 and 30 years old. The discrimination and stigma scale DISC-12, which evaluates the extent to which an individual is subject to prejudice and stigmatization based on sexual orientation, was used to measure the prevalence of depression in the study population. The aim of the study is to gain a better understanding of the relationship between discrimination and stigma and depression in the LGBT community. This research has revealed a strong correlation between depression and unfair treatment, halting self-reflection and depression, stopping self-and unfair treatment, overcoming stigma and depression, and positive treatment and stigma. The findings of this research have implications for individuals, healthcare professionals, policy makers, and society at large.

Recommendations for future research include long-term longitudinal studies, intersectionality, cultural considerations, mental health promotion strategies, social support groups and parental support groups.

Keywords: Depression, Discrimination, Societal stigma, Lesbian, gay, Bisexual, Transgender, LGBT.

CHAPTER I
INTRODUCTION
1.1.Depression and Stigma
"Depression is a complex and multifaceted psychological condition characterized by a range of cognitive, emotional, and behavioural symptoms."
- Dr. Aron T. Beck, 1961.

Depression is a serious mental health issue that affects millions of people worldwide. Among the population most affected by this condition are LGBT adults, who experience high rates of depression and anxiety. This research will explore the relationship between depression among LGBT adults and societal stigma and discrimination. Social stigma and discrimination refer to the negative attitudes, beliefs, and actions directed towards individuals based on their sexual orientation or gender identity. It encompasses the social and structural factors that perpetuate bias, prejudice, and unequal treatment towards LGBT individuals, leading to experiences of stigma and discrimination. Studies have shown that LGBT adults experience higher rates of depression than the general population. In fact, research has found that LGBT individuals are two to three times more likely to experience depression and anxiety than their heterosexual counterparts (United States Census Bureau, 2022).

This disparity can be attributed to various factors, including the stress of coping with discrimination and social stigma, as well as the lack of support and resources available to LGBT individuals. It is crucial to address these issues in order to improve the mental health outcomes of this population.

LGBT individuals face significant levels of stigma and discrimination in society, which can have a profound impact on their mental health. This includes experiences such as bullying, harassment, and exclusion from social institutions.

These experiences can lead to feelings of shame, guilt, and low self-esteem, which can contribute to the development of depression. It is important for society to recognize and address these issues in order to create a more inclusive and accepting environment for all individuals.

Another factor that contributes to depression among LGBT individuals is internalized stigma. This refers to the negative beliefs and attitudes that individuals may hold towards themselves as a result of societal stigma and discrimination against identifying one's sexuality as considered different from the socially accepted norms of gender identities and sexual preferences.

Internalized stigma can lead to feelings of shame, self-hatred, and worthlessness, which can have a significant impact on mental health. It is important for individuals to seek support and resources in order to combat internalized stigma and improve their overall well-being.

"There is no cure for what is not a disease"

- Indian Psychiatric Association, 2018.

More than average population of India believes that Homosexuality, bisexuality and transsexuality is caused by mental disturbance and it is against the culture, some people even think it has roots in western civilization. Though Attitudes towards homosexuality in India have been evolving over time, but there still exists a significant level of stigma and discrimination against the LGBT community. Traditional cultural and religious beliefs, combined with a lack of awareness and education, contribute to negative perceptions of homosexuality in certain segments of Indian society. (*T. S. Sathyanarayana Rao et al., 2012*).

In Ancient India homosexuality, transsexuality, bisexuality was frequently mentioned. However, LGBT history in India is a topic that has been largely ignored and remains shrouded in mystery due to lack of awareness, and inadequate transfer of knowledge from our own ancient historical records.

Some of the examples from ancient India where homosexuality was mentioned as follow:

The Kama Sutra

The Kama Sutra, is a treatise on love, sexuality, and relationships. It discusses same- sex relationships in detail and even provides guidance on how to engage in them.

While the Kama Sutra does not use the terms 'homosexual' or 'gay', it recognizes the existence of same-sex attraction and considers it a natural aspect of human sexuality. (Amara Das Wilhelm, 2013).

Hijra

The Hijra community, also known as the third gender, has existed in India for centuries. They are individuals who identify as neither male nor female and are often considered sacred and revered in Hindu mythology. However, it's important to note that the term "hijra" as it is used today may not have been explicitly mentioned in ancient texts.

Instead, various terms and classifications were used to refer to individuals who would now be understood as hijras. Some of the puranas that has mentioned hijra community are: The Kama Sutra written by Vatsyayana, The Mahabharata written by Vedavyasa, The Arthashastra by Kautilya and many more.

In ancient Indian society, Hijras were often employed as performers, dancers, and servants. While they were respected for their abilities, they were also subjected to discrimination and violence due to their gender identity.

Classic epics of Poems from Itihasa (Past Narrative)

The Mahabharata and the Ramayana are two of the most important religious texts in Hinduism. They contain stories that depict same-sex relationships and gender non- conformity.

The view them as examples of diversity and acceptance. It is important to understand the significance of these representations and how they have influenced attitudes towards the LGBT community in modern India.

This research paper aims to provide a comprehensive overview of the relationship between depression, societal stigma, and discrimination among LGBT adults. By synthesizing existing research, it seeks to highlight the importance of addressing stigma and discrimination to improve the mental health outcomes of this population. The findings of this study have implications for mental health professionals, policymakers, and advocates working towards creating affirming and inclusive environments for LGBT individuals.

The purpose of this study is to investigate and comprehend the complex relationship between social stigma, discrimination, and depression among LGBT individuals aged 21 to 30. In an era where LGBT rights and social acceptance are gradually progressing; it is essential to explore the mental health disparities that persist within this community. This research seeks to address this critical gap in understanding.

By focusing on this specific age group, I aim to illuminate the unique challenges faced by LGBT adults, a demographic often underrepresented in research. Through the collection and analysis of quantitative data, I intend to discern whether there exists a significant correlation between experiences of social stigma, discrimination, and elevated levels of depression within this cohort.

The findings from this study hold substantial potential to inform mental health support systems, interventions, and policies tailored specifically to LGBT adults. By identifying the interplay of these factors, I aspire to contribute to a broader conversation aimed at reducing mental health disparities and promoting the overall well-being of LGBT individuals. Ultimately, our research strives to foster inclusivity and understanding within society, emphasizing the importance of equitable mental health care for all, regardless of sexual orientation or gender identity.

The LGBT community has made significant strides towards achieving greater social acceptance and legal recognition in recent years. However, beneath these positive changes persist social marginalisation and significant mental health disparities, particularly among LGBT adults aged 21 to 30. This research aims to address the pressing problem of elevated rates of depression within this community by examining the intra relationship between social stigma, discrimination, and mental health.

Despite advancements in LGBT rights, discrimination and social stigma continue to plague the lives of many individuals within this community. Experiences of discrimination, whether subtle or overt, can have profound and lasting effects on mental well-being. Consequently, understanding the mental health challenges faced by LGBT adults is of paramount importance, as it impacts their overall quality of life, academic and professional achievements, and relationships.

Existing research has largely focused on LGBT individuals as a homogeneous group, often overlooking the unique experiences of adults within this community. This study aims to fill this gap by concentrating on the age group of 21 to 30, a period characterized by significant life transitions and identity formation.

By narrowing the focus to this demographic, this research acknowledges the need for a more nuanced understanding of the mental health disparities they face.

The central problem this research seeks to address is whether there exists a correlation between experiences of social stigma, discrimination, and the prevalence of depression among LGBT adults aged 21 to 30.

In conclusion, the mental health disparities within the LGBT community, particularly among adults, represent an urgent problem that requires focused attention. This research seeks to uncover the nuanced dynamics between social stigma, discrimination, and depression, ultimately aiming to contribute to a society where LGBT adults can thrive emotionally, psychologically, and socially, free from the burdens of discrimination and stigma.

1.2. Relevance and Importance of the Research

It is important to discuss this topic because this research will highlight the need for greater awareness and understanding of the unique challenges faced by LGBT individuals in society. By acknowledging the stigma and discrimination and how it affects the mental health of this population, we can work towards creating a more inclusive and supportive environment for all individuals.

Depression among LGBT adults is a significant issue that is influenced by societal stigma and discrimination. By acknowledging this relationship and providing support and resources for those struggling with depression, we can work towards creating a more inclusive and accepting society.

It is important to continue efforts to address these issues and promote greater understanding and acceptance of LGBT individuals. By doing so, we can improve the mental health outcomes of this population and create a more equitable and compassionate world for all individuals.

1.3. Operational information of Variables Used in this research

1.3.1. Social Stigma:

Social stigma refers to the negative beliefs, attitudes, stereotypes, and discrimination directed towards individuals or groups based on certain characteristics, traits, or identities that deviate from societal norms or expectations. It is a deeply ingrained social phenomenon that can manifest in various forms, such as verbal insults, exclusion, bias, or even violence.

Stigmatized attributes can include but are not limited to race, gender, sexual orientation, mental health conditions, disabilities, socioeconomic status, and more. These attributes can lead to the marginalization and devaluation of those who possess them, often resulting in unfair treatment and unequal access to opportunities and resources.

Social stigma operates as a powerful force in society, shaping how individuals are perceived and treated by others. It can have profound effects on people's self-esteem, mental and physical health, and overall well-being. Individuals who experience stigma may internalize these negative beliefs, leading to feelings of shame, self-doubt, and isolation.

Efforts to combat social stigma involve raising awareness, challenging stereotypes, and advocating for social justice and equality. It's crucial to promote empathy, understanding, and inclusivity to create a more accepting and equitable society where all individuals are treated with dignity and respect, regardless of their differences or identities

1.3.2. Discrimination:

Discrimination is a complex and harmful social phenomenon rooted in the unfair and prejudiced

treatment of individuals or groups based on certain characteristics, such as race, gender, age, sexual orientation, religion, disability, or other protected attributes. It involves actions, behaviours, or policies that result in differential and often unjust treatment, favouring some while disadvantaging others.

1.3.2.1. Discrimination can take various forms, including:

Direct Discrimination: This occurs when individuals or groups are treated less favourably or excluded outright due to their characteristics. For example, refusing to hire someone because of their race or gender.

Indirect Discrimination: This is less obvious and may involve seemingly neutral policies or practices that disproportionately impact certain groups. An example is a job requirement that unintentionally excludes people with disabilities.

Systemic Discrimination: Also known as institutional or structural discrimination, this exists within societal institutions and systems, resulting in systemic disadvantages for specific groups. This can be seen in disparities in education, healthcare, and criminal justice.

Microaggressions: These are subtle, everyday acts of discrimination, often unintentional, such as making derogatory comments or using insensitive language based on stereotypes.

Discrimination not only harms individuals directly affected but also perpetuates social inequalities and divisions. It can lead to reduced opportunities, lower self-esteem, and negative psychological and physical health outcomes for those experiencing it.

Addressing discrimination involves legal measures, education, and changes in societal attitudes and behaviours to foster equality, diversity, and inclusion. It's essential for building a more just and harmonious society where every individual is treated fairly and without prejudice.

1.3.3. Depression:

Depression is a mental health disorder characterized by persistent and overwhelming feelings of sadness, hopelessness, and a lack of interest or pleasure in activities that were once enjoyable. It is a complex condition that affects a person's thoughts, emotions, and physical well-being, often leading to a range of symptoms that can interfere with daily life. Depression is more than just a temporary state of unhappiness; it is a serious medical condition that can have profound and long-lasting effects on a person's quality of life.

1.3.3.1. Types of Depression:

There are several different types of depression, each with its unique characteristics and symptoms. Some common types include:

Major Depressive Disorder (MDD): This is the most common form of depression. It is characterized by persistent and severe symptoms that interfere with daily functioning. Individuals with MDD may experience overwhelming sadness, loss of interest in activities, changes in appetite or weight, sleep disturbances, and feelings of worthlessness or guilt. These symptoms typically last for at least two weeks.

Persistent Depressive Disorder (Dysthymia): Dysthymia is a chronic form of depression that lasts for at least two years, but the symptoms are less severe than MDD. People with dysthymia often experience a low mood, lack of energy, and a sense of hopelessness.

Bipolar Disorder (Manic-Depressive Illness): bipolar disorder involves cycles of depression and manic episodes. Manic episodes are characterized by elevated mood, increased energy, and impulsive behaviour. During depressive episodes, individuals with bipolar disorder experience symptoms similar to those with MDD.

It's essential to recognize that depression can manifest differently in individuals, and a proper diagnosis by a mental health professional is crucial for effective treatment.

Treatment options often include therapy, medication, lifestyle changes, and support from loved ones. Depression is a treatable condition, and with appropriate care, many individuals can experience significant improvement in their symptoms and overall well-being.

CHAPTER II
REVIEW OF LITERATURE

Research on the topic of depression within the LGBT community, particularly among adults aged 21 to 30, has garnered increasing attention in recent years. Existing studies have illuminated several key findings and shed light on the complex relationship between sexual orientation, gender identity, discrimination, social stigma, and mental health outcomes.

Reviewing the existing literature on a specific topic is essential for several compelling reasons, particularly when examining a complex issue like depression within the LGBT community in relation to stigma and discrimination.

Some of the reasons are listed below:

- Knowledge Foundation: A comprehensive literature review establishes a solid knowledge foundation. It helps to understand the current state of knowledge, what has been explored, and what gaps exist in the understanding of the topic.

- Identifying Gaps: Reviewing the existing literature, identify the research gaps in existing research and areas where further investigation is needed. This also helped to frame research questions and objectives, ensuring that the study addresses pertinent issues and contributes meaningfully to the field.

- Avoiding Redundancy: The literature review helps prevent redundancy by ensuring that the proposed research is not merely replicating what has already been done.

- Methodological Insights: While reviewing the research paper and the methodologies used within it, help to structure methodology and measurement tools that can use.

- Ethical Considerations: Understanding prior research in this area helped in ethical considerations. Past studies about potential risks and sensitivities associated with this topic enabled to conduct this research with greater sensitivity and ethical rigor.

In the context of depression among LGBT individuals concerning stigma and discrimination, reviewing the literature is especially crucial. It helps shed light on the complex interplay of factors contributing to mental health disparities.

Some of the existing literature which are related to the topic has been briefly discussed below.

2.1.1.   Association of Enacted Stigma with Depressive Symptoms Among Gay and Bisexual Men Who Have Sex with Men: Baltimore, 2011 and 2014.

Marc Marti-Pastor, et al., (2019) conducted this research on differences between gay and bisexual men in enacted stigma, and how the association between stigma and depressive symptoms may vary according to sexual orientation identity.

From the result he found out that Bisexual men reported stigma experiences less frequently than did gay men (verbal harassment 22.7% vs. 32.3%, and discrimination 15.7% vs. 23.0%). 43.1% of bisexual men and 34.2% of gay men reported having relevant depression symptoms (p 0.001). After correcting for socioeconomic characteristics, there was no longer a statistically significant difference in depressed

symptoms between bisexual and gay men. In contrast to their connection with sexual orientation identification, the three measures of enacted stigma were not substantially related to depressed symptoms.

Conclusion: This study confirms the association between enacted stigma and depressive symptoms among gay and bisexual men. However, sexual orientation identity did not modify this association as hypothesized. The bisexual men presented other psychosocial stressors that may explain their higher prevalence of depressive symptoms. The high levels of verbal harassment, discrimination, and physical assault reported by gay and bisexual men and their negative effect on mental health indicate the need to develop new effective public health strategies to avoid these consequences of homophobic and bi-phobic culture.

2.1.2. Emotional Distress Among LGBT Youth: The Influence of Perceived Discrimination Based on Sexual Orientation

J. Almeida et al., (2009) he conducted a study on 9th–12th grade students, and examined whether the association between being lesbian, gay, bisexual, and/or transgendered (i.e., "LGBT") and emotional distress was mediated by perceptions of having been treated badly or discriminated against because others thought they were gay or lesbian. As results he found out that LGBT youth scored significantly higher on the scale of depressive symptomatology. They were significantly more likely to report self-harm (21% vs. 6%, p 0.0001) and suicidal ideation (30% vs. 6%, p 0.0001) than heterosexual, non-transgendered youth. According to mediation analyses, LGBT males were more likely to self-harm and have suicidal thoughts than LGBT females, and perceived discrimination was also responsible for these raised risks. Youth who identify as LGBT are prone to experience emotional discomfort due to perceived discrimination.

2.1.3. Associations between HIV-related stigma, racial discrimination, gender discrimination, and depression among HIV-positive African, Caribbean, and Black women in Ontario, Canada.

C. Logie et al., (2013), from this research they have found that (1) Stigma associated with HIV was linked to higher levels of depression; (2) resilient coping was linked to lower levels of depression but did not attenuate the influence of HIV-related stigma on depression; and (3) the effects of HIV-related stigma on depression were partially attenuated by resilient coping. The importance of analysing various overlapping types of stigma is shown by the considerable correlations between HIV-related stigma, gender discrimination, racial discrimination, and depression. The non-random sampling may restrict the findings' generalizability. The results highlight the value of multi- component interventions, such as initiatives to reduce stigma, promote mental health, and develop resilient coping abilities.

2.1.4. Stigma, isolation and depression among older adults living with HIV in rural areas

Katherine G. Quinn et al., (24 January 2019) conducted this research. The analysis of this research found three primary themes. The first dealt with rumours and not disclosing one's HIV status, which intersected with ageism and homonegativity to intensify experiences that fit into the remaining themes of feelings of isolation and loneliness on a physical and psychological level, as well as shame and silence surrounding despair. There is a clear need for targeted treatments across the HIV care continuum for older persons living with HIV given the frequency of social isolation and the impact of inadequate social support among older adults living with HIV.

2.1.5. A cross-sectional study of self-stigma and discrimination among patients with depression

R. Garg, R. Raj (2019) conducted this study on patients with psychiatric disorders suffer from stigma and discrimination along with signs and symptoms of the disorder.

As a result, he found that stigma was not affected by any sociodemographic variable. Significantly, there was a positive correlation between stigma and length of illness. The majority of patients were afraid of their friends, the general public, their neighbours, or potential employers' negative reactions and did not want to disclose their mental illness to them. Patients responded to stigma in a variety of unfavourable emotional, behavioural, and cognitive ways. The majority of patients agreed that the stigma associated with mental illness had limited their prospects in life.

Conclusions: Patients who have depression experience a mild level of prejudice and stigma. In psychiatry, management and rehabilitation should include assessment and efforts to lessen stigma.

2.1.6. Mental Health Correlates of Perceived Discrimination Among Lesbian, Gay, and Bisexual Adults in the United States

Vickie M. Mays and Susan D. Cochran (2011) conducted a study on "mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States"

Objectives for their studies was lesbians and gay men are more likely than heterosexual people to experience stress-sensitive psychiatric problems. They looked into the potential contribution of perceived prejudice to the development of that risk.

Methods they have used in their study was individuals self-identifying as homosexual or bisexual (n = 73) or heterosexual (n = 2644) were asked about their lifetime and daily experiences with prejudice for the National Survey of Midlife Development in the United States, which included a nationally representative sample of adults aged 25 to

74. The prevalence of depressive, anxiety, and drug use disorders throughout a one- year period, as well as current psychologic distress and self-rated mental health, were also evaluated.

From this study they found that homosexual and bisexual individual face more amount of discrimination in both lifetime and day to day life compared to heterosexual individuals. Which further leads to various mental disturbances. In total or in part, 42% of people ascribed this to their sexual orientation.

Conclusions. Lesbian, homosexual, and bisexual people may be more at risk for developing psychiatric illness, according to new data. This may be due to higher levels of prejudice.

2.2. Research Gaps in existing knowledge:

While research on depression among LGBT adults in relation to societal stigma and discrimination has made significant progress, there are still some existing research gaps that warrant further investigation. Some of the key research gaps in this area include:

Intersectionality and Multiple Identities: Research often focuses on the experiences of LGBT individuals as a homogeneous group, overlooking the influence of intersecting identities such as race, ethnicity, socioeconomic status, and disability.

Future studies should explore the unique experiences and mental health outcomes of subgroups within the LGBT community to better understand the complexity of these relationships.

Mechanisms and Pathways: There is a lack of research exploring the underlying mechanisms and pathways through which societal stigma and discrimination contribute to depression among LGBT individuals. More studies are needed to elucidate the psychological, social, and biological processes that

link stigma and discrimination to depressive symptoms.

Cultural and Contextual Factors: Research on depression among LGBT adults has primarily focused on Western contexts, and there is a need for studies in different cultural, social, and geographical contexts. Cultural and contextual factors may influence the experience and manifestation of depression, as well as the impact of societal stigma and discrimination.

Intervention and Prevention Strategies: More research is needed to develop and evaluate effective interventions and prevention strategies that address depression among LGBT adults in the context of societal stigma and discrimination. Rigorous evaluation studies are necessary to determine the efficacy of existing interventions and identify novel approaches to supporting mental health in this population.

Addressing these research gaps will help advance our understanding of depression among LGBT adults in relation to societal stigma and discrimination and inform evidence-based practices, policies, and interventions aimed at promoting mental well- being and reducing health disparities within this population.

CHAPTER III
THE PRESENT STUDY

The LGBT community has made significant strides towards achieving greater social acceptance and legal recognition in recent years. However, beneath these positive changes persist significant mental health disparities, particularly among LGBT adults aged 21 to 30. This research aims to address the pressing problem of elevated rates of depression within this demographic by examining the intra relationship between social stigma, discrimination, and mental health.

Despite advancements in LGBT rights, discrimination and social stigma continue to plague the lives of many individuals within this community. Experiences of discrimination, whether subtle or overt, can have profound and lasting effects on mental well-being. Young adulthood is a particularly vulnerable period, marked by identity exploration and the pursuit of independence. Consequently, understanding the mental health challenges faced by LGBT adults is of paramount importance, as it impacts their overall quality of life, academic and professional achievements, and relationships.

While these challenges are well-documented, there remains a critical need to explore the intricate links between stigma, discrimination, and depression within this population. Understanding the interplay of these variables is essential to inform targeted interventions, support systems, and public policies aimed at alleviating the mental health disparities faced by LGBT adults.

The central problem this research seek to address is whether there exists a correlation between experiences of social stigma, discrimination, and the prevalence of depression among LGBT adults aged 21 to 30.

3.1.Research Question:

What is the relationship between societal stigma, discrimination, and depression among LGBT adults, and what are the underlying mechanisms that mediate or moderate
this relationship?

3.2. Objectives:

The study has been conducted on LGBT community aged between 21 to 30 years old, in other words individuals who identify themselves as lesbian, gay, bisexual or transgender and has faced discrimination and stigma towards them because of their sexual orientation.

3.2.1. The objectives of this research are as follows:

- To obtain demographic details of the sample: Age, Biological sex, Sexual Orientation, Marital status.
- To assess discrimination and stigma related their sexual identity by using Discrimination and Stigma Scale (DISC).
- To assess the degree of depression using Beck's Depression Inventory (BDI).
- To assess the relationship between depression and discrimination, stigma using SPSS correlation method.

3.3. Hypothesis:

H0: There will be no significant relation between societal stigma, discrimination, and depression among LGBT adults.

HA: There is a significant relation between societal stigma, discrimination and depression among LGBT adults.

3.4. Research Variables:

Social stigma and Discrimination declared as Independent Variable and Depression is declared as Dependent variable as the degree of discrimination and stigma can influence the level of intensity of depression.

1. Social Stigma (Independent Variable)
2. Discrimination (Independent Variable)
3. Depression (Dependent Variable)

This study includes 46 individual (N=46) who identify themselves as part of LGBT community and faced discrimination and stigma towards them because of their sexual orientation.

In conclusion, the mental health disparities within the LGBT community, particularly among adults, represent an urgent problem that requires focused attention. This research seeks to uncover the nuanced dynamics between social stigma, discrimination, and depression, ultimately aiming to contribute to a society where LGBT adults can thrive emotionally, psychologically, and socially, free from the burdens of discrimination and stigma.

CHAPTER IV
METHODOLOGY
4.1. Research Design:

Research design can be defined as the structured and systematic plan or blueprint that outlines the entire process of conducting a research study. It encompasses the strategies, methods, and procedures that a researcher will use to gather, analyse, and interpret data to answer specific research questions or test hypotheses. A well-defined research design is crucial because it guides the researcher in achieving the research objectives effectively and efficiently while ensuring the validity and reliability of the study's findings.
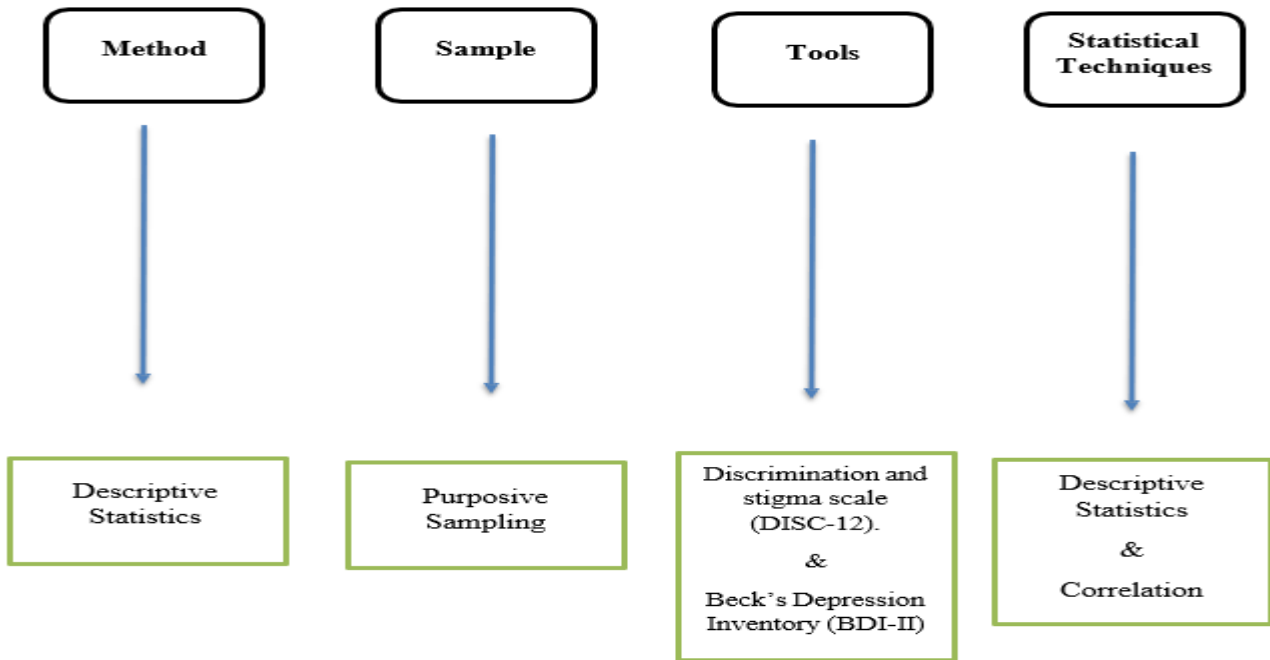
Fig 1.0: Research Design

Here in this study two variables are used. Such as social discrimination and stigma used here as independent variable and Depression is used here as the dependent variable.

The purpose of the research is to find if there is any correlation in these two variables.

This research is consisting of 46 participants. Participants has been selected based on the inclusion and exclusion criteria which has described below in details.
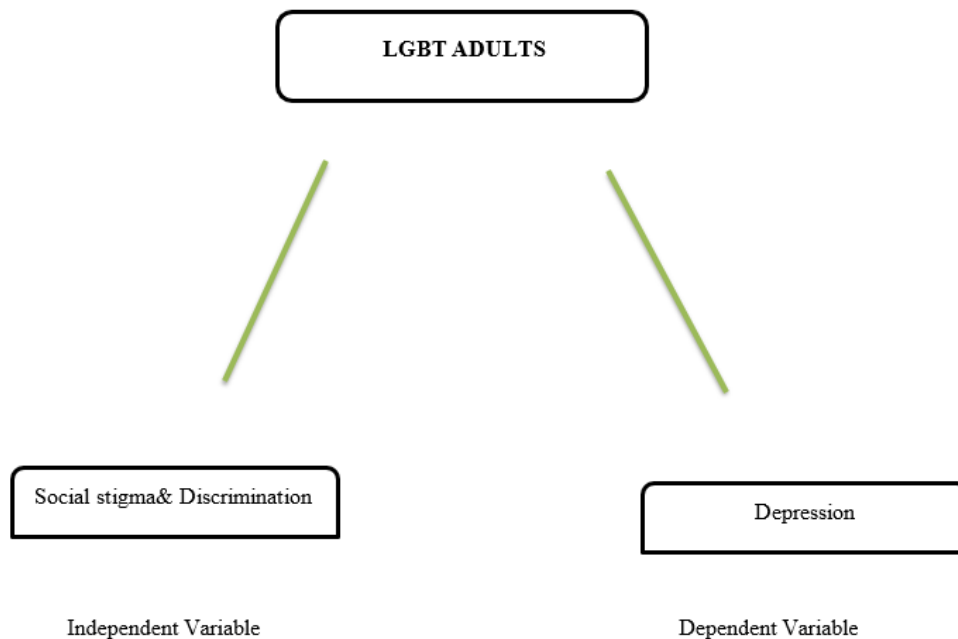

Fig 1.1: Visual Representation of IV & DV.

4.2. Research Setting:

This study is not dependent on a specific setting or location since it uses Purposive sampling. Hence it is

based on the convenience and availability of the participants (LGBT Adults), the location was selected. The data was collected by using Google Form. It is a versatile, user-friendly, and dynamic online survey and data collection tool. Google from is consist of the consent form, demographic details and two self-administered questionnaires. All participants were not required to be in one place as the data was collected through online. However, all the participant are from India.

4.3. Sampling Requirements
4.3.1. Sampling Technique:
The participants have been selected through purposive sampling, which means participant will be selected based on individuals who have experienced social stigma and discrimination because of their sexual orientation or gender identity.

4.3.2. Sampling Size and Nature:
This study is consisting of 46 adults who identify themselves as Lesbian, Gay, Bisexual or Transgender across India. The age group for this study will be 21 to 30 years.

4.3.3. Sampling Criteria:
4.3.3.1. Participant Inclusion Criteria
1. The study sample will be limited to LGBT adults
2. Voluntary participation
3. Adults within the range of 21-30 years
4. Adults who identify themselves as Lesbian, Bisexual, Gay or Transgender.

4.3.3.2. Participant Exclusion Criteria
1. People who do not identify themselves as Lesbian, Bisexual, Gay or Transgender.

4.4. Methods of Data collection
4.4.1. Procedure:
A proper consent form was prepared prior to the commencement of data collection activity. This consent form was attached to the first section of the google form. This section also includes about what the study is and purpose of it. So that participant understands the concept of the study. The participants were well aware of the study and the participant inclusion and exclusion criteria. Keeping in mind the ethical consideration the confidentiality of each participant has been maintained through out the research.

In the next section demographic details form has added to get basic and important information about the participants.

After the demographic details the next section includes Discrimination and Stigma Scale (DISC), along with the instruction.

In the last section Beck's Depression Inventory was added along with the instruction.

After collecting the data, it has transferred to software SPSS for data analysis. Correlation has done to find out the relation between societal stigma, discrimination and depression.

4.4.2. Tools of data collection:
1. Socio-demographic Data Sheet: It is semi-structured Performa. It contains information about socio-demographic variables like age, sex, education, religion, marital status, occupation, etc.
2. Discrimination and Stigma Scale (DISC-12): The Discrimination and Stigma Scale is a measurement tool used to assess individuals' experiences of discrimination and stigma related to a specific characteristic or identity.

3. Beck's Depression Inventory (BDI): The Beck Depression Inventory (BDI) is a widely used self-report questionnaire designed to assess the severity of depressive symptoms in individuals. It was developed by Aaron T. Beck, a prominent psychologist in the field of cognitive therapy.

Discrimination And Stigma Scale (DISC-12)

The Discrimination and Stigma Scale (DISC-12) is a validated and widely used tool designed to measure the experiences of discrimination and stigma across various domains. It is particularly relevant in the context of marginalized populations, including racial and ethnic minorities, LGBT individuals, people with disabilities, and those living with stigmatized health conditions such as HIV/AIDS or mental illness. (Elaine Brohan et al.,2013)

Development and Structure:

The DISC-12 was developed as a concise yet comprehensive instrument for assessing discrimination and stigma. It consists of 34 items that capture the frequency and impact of discriminatory experiences across different life domains. Respondents are asked to rate their experiences on, typically ranging from 0 (Not at all) to 3 (A lot).

Subscale Assessed by DISC-12:

- Subscale 1: Unfair Treatment
- Subscale 2: Stopping Self
- Subscale 3: Overcoming Stigma
- Subscale 4: Positive Treatment

Validity and Reliability:

Construct Validity: Construct validity assesses whether the scale indeed measures the theoretical construct it is intended to measure. To establish construct validity, researchers typically use statistical techniques like factor analysis to confirm that the items on the DISC-12 are related to the underlying construct of discrimination and stigma.

Criterion Validity: Criterion validity examines whether the scores on the DISC-12 align with scores on other established scales that measure similar constructs. Comparing DISC-12 scores with other validated instruments measuring discrimination and stigma can help establish criterion validity.

Internal Consistency: Internal consistency reliability assesses how consistently the items on the scale measure the same underlying construct. This is typically measured using Cronbach's alpha, where a higher alpha indicates greater internal consistency. A high alpha for the DISC-12 suggests that its items consistently measure discrimination and stigma.

Test-Retest Reliability: Test-retest reliability examines the stability of scores over time. To establish this type of reliability, researchers administer the DISC-12 to the same group of individuals on two separate occasions and assess the correlation between the two sets of scores. A high correlation suggests good test-retest reliability.

Overall, the validity and reliability of the DISC-12 are critical considerations, and researchers typically provide evidence of these properties in their research reports to demonstrate that the scale effectively measures discrimination and stigma in their specific study context.

Beck's Depression Inventory (BDI)

It is a widely used self-report assessment tool designed to measure the severity of depressive symptoms in individuals. Developed by Dr. Aaron T. Beck in the 1960s, it has become a cornerstone in the field of psychology for evaluating and quantifying depression. The BDI consists of a series of questions that assess a person's mood, behaviours, and physical symptoms, providing a numerical score that indicates

the level of depressive symptoms. (Beck et al.,1996)

Structure and Content:

The BDI consists of 21 multiple-choice questions, each representing a different symptom of depression. Respondents are asked to rate the intensity of their symptoms over the past week on a scale ranging from 0 (indicating no symptoms) to 3 (indicating severe symptoms). The questions cover a wide range of depressive symptoms, including sadness, guilt, loss of interest, sleep disturbances, and changes in appetite.

The scores for all questions are summed to obtain a total score, with higher scores indicating more severe depressive symptoms.

Reliability and Validity:

BDI has demonstrated strong reliability and validity. Multiple studies have confirmed its internal consistency (reliability), meaning that the items on the test consistently measure the same construct (depression). Additionally, it has shown good concurrent validity, as its scores correlate well with other measures of depression.

Overall, Beck's Depression Inventory is a valuable tool for assessing and quantifying depressive symptoms. However, it should be used in conjunction with clinical judgment and other diagnostic assessments, as depression is a complex and multifaceted condition that cannot be fully captured by a single instrument.

4.5. Data Analysis Methods:

Descriptive and Inferential statistics was used for data analysis for the present study.

4.5.1. Statistics Used:

- Descriptive Statistics
- Spearman's rank correlation coefficient

Descriptive Statistics: Descriptive statistics has used for finding the mean and standard deviation of the sample.

Spearman's rank correlation coefficient: Spearman's rank correlation coefficient ($-1 < r > +1$) has used for finding the relation between depression and stigma, discrimination.

4.6. Data Explanation:

The tools/scales and variables which are used in this research has been tabulated below:

	Tools/Scales Used	Variables	Range/Degree
I.	Beck's Depression Inventory (BDI-II)	**Depression**	0-13 (Low)
			14-19 (Mild)
			20-28 (Moderate)
			29-63 Severe)

	Unfair Treatment	Items (1-21) Scoring range (0-63)
II. Discrimination and Stigma Scale (DISC-12)	Stopping Self	Items (22-25) Scoring range (0-12)
	Overcoming stigma	Items (26-27) Scoring range (0-6)
	Positive Treatment	Items (28-32) Scoring range (0-15)

CHAPTER V
ANALYSIS AND INTERPRETATION

Analysis:

This research has explored the relationship between depression among LGBT adults and societal stigma and discrimination. Social stigma and discrimination refer to the negative attitudes, beliefs, and actions directed towards individuals based on their sexual orientation or gender identity. Depression is a serious mental health issue that affects millions of people worldwide. Among the population most affected by this condition are LGBT adults, who experience high rates of depression. The purpose of this study is to investigate and comprehend the complex relationship between social stigma, discrimination, and depression among LGBT individuals. This study is consisting of 46 adults who are come under the sexual orientation Lesbian, Gay, Bisexual or Transgender across the India. The age group for this study will be 21 to 30 years also considered as adults. The tools which have used in data collection are Discrimination and Stigma Scale (DISC-12) for measuring the degree to which a person is discriminate and stigmatize because of their sexual orientation and Beck's depression inventory to measuring the level of depression of the participant. The statistical tools which have been used in this research are Descriptive Statistics for finding the mean and standard deviation of the sample and spearman's rank coefficient correlation for finding the relationship between the variables.

The data analysis of the research has divided into sections, and the discussion is given along with the tabulated results. The sections are described below:

5.1. Section I: *Descriptive Statistics of the Research Variables*

Descriptive statistics refers to a branch of statistics that involves the use of numerical and graphical methods to summarize and present data in a clear and meaningful way. The descriptive statistical tools which are used in this research are Mean and Standard Deviation. Descriptive statistics were used to establish the mean and standard deviation for the following research variables: Depression, Unfair Treatment, Stopping Self, Overcoming Stigma, Positive Treatment.

Table 5.1.

Variables	Mean	Standard Deviation
Depression	14.913	11.77
Unfair Treatment	14.5	11.55
Stopping Self	3.438	3.052
Overcoming Stigma	3.087	1.58
Positive Treatment	8.456	5.209

The table 5.1 is representing the descriptives of the sample (N=46). The mean score of depression is 14.913 (N=46) and standard deviation is 11.77. The mean score of unfair Treatment is 14.5 (N=46) and standard deviation is 11.55. The mean score of stopping self is 3.438 (N=46) and standard deviation is 3.052. The mean score of overcoming stigma is 3.087 (N=46) and standard deviation is 1.58. Lastly the mean score of positive treatment is 8.456 (N=46) and standard deviation is 5.209.

A similar study has been conducted by *Marc Marti-Pastor, et al., (2019).* His research was on differences between gay and bisexual men in enacted stigma, and how the association between stigma and depressive symptoms may vary according to sexual orientation identity.

From the result he found out that Bisexual men reported stigma experiences less frequently than did gay men (verbal harassment 22.7% vs. 32.3%, and discrimination 15.7% vs. 23.0%). Relevant depressive symptoms were reported by 43.1% of bisexual men and 34.2% of gay men ($p < 0.001$).

Another similar study has been done by *J. Almeida et al., (2009).* He conducted a study on 9th–12th grade students, and examined whether the association between being lesbian, gay, bisexual, and/or transgendered (i.e., "LGBT") and emotional distress was mediated by perceptions of having been treated badly or discriminated against because others thought they were gay or lesbian. As results he found out that LGBT youth scored significantly higher on the scale of depressive symptomatology.

5.2. Section II: *Test of Normality*

A test of normality, in statistics, is a procedure used to assess whether a dataset follows a normal distribution or Gaussian distribution. The normal distribution, often referred to as the "bell curve," is a symmetrical probability distribution characterized by a specific mean (average) and standard deviation.

The test of normality has been used to find out whether the data set are distributed normally or it has deviated from the normal distribution curve. Shapiro-Wilk and Kolmogorov-Smirnov test of normality has been used in this research. The table of normality for this research has given below:

Table 5.2.1: *Shapiro-Wilk test of normality*

Variables	Statistics	df	Significance
Depression	**.921**	**46**	**.004**
Unfair treatment	**.922**	**46**	**.004**
Stopping Self	**.963**	**46**	.154
Overcoming stigma	**.897**	**46**	**<.001**
Positive Treatment	**.928**	**46**	**.007**

From the result of Shapiro-Wilk test of normality it has found that the data are distributed non normally. In other words, the data set does not follow the normal distribution curve.

Table 5.2.2. *Kolmogorov-Smirnov test of normality*

Variables	Statistics	df	Significance
Depression	**.107**	**46**	**.200***
Unfair treatment	**.174**	**46**	**.001**
Stopping Self	**.094**	**46**	**.200***
Overcoming stigma	**.165**	**46**	**.003**
Positive Treatment	**.113**	**46**	**.176**

This is a lower bound of true significance.

From the result of Kolmogorov-Smirnov Test of Normality it found that there is a lower bound of significance for the variable depression and stopping self. But the data set does not follow the normal distribution curve.

From the result of test of normality, it is found that the data set is non normally distributed which means it does not follow the Normal Distribution Curve. Hence fore, for further statistical analysis non parametric tests has been used to find out the correlation between variables.

5.3. Section III: *Spearman's Rank Correlation Coefficient.*

Spearman's rank correlation, often referred to as Spearman's rho (ρ) or simply the Spearman correlation coefficient, is a non-parametric measure of association or correlation between two variables. The data set are distributed non normally, it has deviated from the Normal Distribution Curve. Thus, Spearman's rank correlation has been used to find out the correlation between the variables as it is a non-parametric test.

The findings from the Spearman's correlation are tabulated below:

HA: There is a significant relation between societal stigma, discrimination and depression among LGBT adults.

Table 5.3.

	Depression	Unfair Treatment	Stopping Self	Overcoming Stigma	Positive Treatment
Depression	1.00				
Unfair Treatment	**.465****	1.00			
Stopping Self	**.354***	**.612***	1.00		
Overcoming Stigma	**.325***	.277	**.473****	1.00	
Positive Treatment	.161	.027	-.046	**.268***	1.00

Unfair Treatment and Depression:

From the above result table, it has seen there is a significant positive correlation *(r=.465)* is present between unfair treatment and depression. This r value is significant at 0.01 level of significance. This result indicates that high level of unfair treatment leads to develop depression.

Hence fore, the HA has been retained here and there is a significant relationship has found between

unfair treatment and depression.

Stopping Self and Depression:

From the above result table, it has seen that there is a significant positive correlation *(r=.345)* is existed between stopping self and depression. This r value is significant at 0.05 level of significance. This result indicates the more one will try to stop themselves the more they will develop depression.

Hence fore, the HA has been retained here and there is a significant relationship between stopping self and depression.

Stopping Self and Unfair Treatment:

From the above result table, it has seen that there is a significant positive correlation *(r=.612)* is existed between stopping self and unfair treatment. This r value is significant at 0.05 level of significance. This result indicates the more one will treat unfairly it will lead to stopping themselves more, including not being themselves.

Hence fore, the HA has been retained here and there is a significant relationship between stopping self and unfair treatment.

Overcoming Stigma and Depression:

From the above result table, it has seen that there is a significant positive correlation *(r=.325)* is existed between overcoming stigma and depression. This r value is significant at 0.05 level of significance. Hence fore, the HA has been retained here and there is a significant relationship between overcoming stigma and depression.

Overcoming Stigma and Stopping self:

From the above result table, it has seen there is a significant positive correlation *(r=.473)* is present between overcoming stigma and stopping self. This r value is significant at 0.01 level of significance.

Hence fore, the HA has been retained here and there is a significant relationship has found between overcoming stigma and stopping self.

Positive Treatment and Overcoming Stigma:

From the above result table, it has seen that there is a significant positive correlation *(r=.268)* is existed between positive treatment and overcoming stigma. This r value is significant at 0.05 level of significance. This result indicates that the more one will treat positively the more it will help them to overcome stigma.

Hence fore, the HA has been retained here and there is a significant relationship has found between positive treatment and overcoming stigma.

Positive Treatment and Stopping Self:

From the above result table, a negative and weak correlation *(r= -0.46)* has found between positive treatment and stopping self. This result indicates the more one will get positive treatment, the less they will stop themselves which eventually will lead to self- acceptance.

Discussion:

The research was conceptualized on the basic thought that in India people who are from LGBT community due to their sexual orientation get discriminate and stigmatize by the society. And this discrimination and stigmatization towards them eventually leads to develop depression.

The total number of participants in this research is 46 (N=46). Due to the sensitivity and acceptance towards the topic the sample size is small.

I.   The table 5.1 represents the descriptives of the sample (N=46). The mean score of depression is

14.913 (N=46) and standard deviation is 11.77. The mean score of unfair Treatment is 14.5 (N=46) and standard deviation is 11.55. The mean score of stopping self is 3.438 (N=46) and standard deviation is 3.052. The mean score of overcoming stigma is 3.087 (N=46) and standard deviation is 1.58. Lastly the mean score of positive treatment is 8.456 (N=46) and standard deviation is 5.209.

II. The test of normality has also conducted to see the distribution of the data set. Table 5.2.1 and 5.2.2 are showing the value of test of normality. The distribution of the data set is deviated from the Normal Distributed Curve (NDC). Due to less availability, sensitivity and acceptance towards this population the sample size was small. And to some extent people has not answer honestly due social acceptance and social desirability. The age group was 21 to 30 years old, in this age some people still are in the process of accepting their own identity this may have impact on the responses they have given. Because of the all above mentioned factors the responses got deviated from the normal distributed curve.

III. Next stage was to test the hypothesis in order to find out the correlation between depression, societal stigma and discrimination. Spearman's Rank correlation coefficient has been used to find the relation between the variables as this research requires non parametric test due to its small sample and deviated distribution.

The table 5.3 represents the correlation between the variables. From that result table it has found that there is a significant positive correlation *(r=.465)* is present between unfair treatment and depression. This r value is significant at 0.01 level of significance. This result indicates that high level of unfair treatment leads to develop depression. In other words, the one is treated unfairly due to their sexual orientation has led them to depression.

It has also found that there is a significant positive correlation *(r=.345)* is existed between stopping self and depression. This r value is significant at 0.05 level of significance. This finding suggests that depression increases in severity the more one tries to stop themself. In other words, people strive to avoid being themselves because of social stigma, which finally causes them to experience depression.

Furthermore, there is a significant positive correlation *(r=.612)* is existed between stopping self and unfair treatment. This r value is significant at 0.05 level of significance. This finding suggests that they were subjected to unfair treatment as a result of their sexual orientation, which made them cease expressing their feelings and accepting their own identities.

It has found that that there is a significant positive correlation *(r=.325)* is existed between overcoming stigma and depression. This r value is significant at 0.05 level of significance. This finding suggested that, the word "stigma" alone conjures up unpleasant emotions. Even if they make an effort to avoid stigma, the idea of it making them feel unwelcome in society has made them depressed.

Furthermore, there is a significant positive correlation *(r=.473)* is present between overcoming stigma and stopping self. This r value is significant at 0.01 level of significance. As mentioned earlier the word "stigma" alone conjures up unpleasant emotions and the thought of they are being stigmatized by the society leads them to stop their selves from expressing feelings including being their selves.

Further, it has found that there is a significant positive correlation *(r=.268)* is existed between positive treatment and overcoming stigma. This r value is significant at 0.05 level of significance. This finding suggested that, individuals who have received positive treatment regardless of their sexual orientation have been more successful in overcoming societal stigma.

Positive treatment and Stopping self, indicate a negative and weak correlation *(r= - 0.46)* has found between positive treatment and stopping self. This moreover can be interpreted as regardless of their sexual orientation, those who have gotten more positive treatment have a higher level of self-acceptance

and expression.

From all the results it has been found that there is a significant correlation between depression, societal stigma and discrimination.

A similar study and finding had done by **Vickie M. Mays and Susan D. Cochran (2011)**. They conducted a study on "mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States". From their study they found that homosexual and bisexual individual face more amount of discrimination in both lifetime and day to day life compared to heterosexual individuals. Which further leads to various mental disturbances. Approximately 42% attributed this to their sexual orientation, in whole or part.

CHAPTER VI
SUMMARY, CONCLUSION AND RECOMMENDATIONS FOR THE FURTHER RESEARCH
6.1. Summary:

The goal was set out to find out the correlation between depression, discrimination, and societal stigma was achieved successfully through this study. Depression is a serious mental health issue that affects millions of people worldwide. Social stigma and discrimination refer to the negative attitudes, beliefs, and actions directed towards individuals based on their sexual orientation or gender identity. It was established that variables such as unfair treatment, stopping self, overcoming stigma, positive treatment has a significant correlation with depression.

The findings from the result have been concluded below:

The table 5.3 represents the correlation between the variables. From that result table it has found that there is a significant positive correlation *(r=.465)* is present between unfair treatment and depression. This r value is significant at 0.01 level of significance. This result indicates that high level of unfair treatment leads to develop depression. In other words, the one is treated unfairly due to their sexual orientation has led them to depression.

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Furthermore, there is a significant positive correlation *(r=.473)* is present between overcoming stigma and stopping self. This r value is significant at 0.01 level of significance. As mentioned earlier the word "stigma" alone conjures up unpleasant emotions and the thought of they are being stigmatized by the society leads them to stop their selves from expressing feelings including being their selves.

Further, it has found that there is a significant positive correlation *(r=.268)* is existed between positive treatment and overcoming stigma. This r value is significant at 0.05 level of significance. This finding

suggested that, individuals who have received positive treatment regardless of their sexual orientation have been more successful in overcoming societal stigma.

Positive treatment and Stopping self, indicate a negative and weak correlation *(r= - 0.46)* has found between positive treatment and stopping self. This moreover can be interpreted as regardless of their sexual orientation, those who have gotten more positive treatment have a higher level of self-acceptance and expression.

From all the results it has been found that there is a significant correlation between depression, societal stigma and discrimination.

6.2 Conclusion:

This research has established that there is a significant correlation is present between depression, societal stigma and discrimination. Findings from this research has been listed down:

- High level of unfair treatment leads to develop depression. In other words, the one is treated unfairly due to their sexual orientation has led them to depression.
- Depression increases in severity the more one tries to stop themself. In other words, people strive to avoid being themselves because of social stigma, which finally causes them to experience depression.
- LGBT adults were subjected to unfair treatment as a result of their sexual orientation, which made them cease expressing their feelings and accepting their own identities.
- Finding from this research suggested that, the word "stigma" alone conjures up unpleasant emotions. Even if they make an effort to avoid stigma, the idea of it making them feel unwelcome in society has made them depressed.
- As mentioned earlier the word "stigma" alone conjures up unpleasant emotions and the thought of they are being stigmatized by the society leads them to stop their selves from expressing feelings including being their selves.
- LGBT adults who have received positive treatment regardless of their sexual orientation have been more successful in overcoming societal stigma.
- Regardless of their sexual orientation, those who have gotten more positive treatment have a higher level of self-acceptance and expression.

Therefore, it can be concluded that there is a significant relationship is present between depression, societal stigma and discrimination.

6.3 Recommendations for further research:

Further research on the topic of "Depression Among LGBT Adults in Relation to Societal Stigma and Discrimination" is crucial to advance our understanding and address the mental health disparities experienced by the LGBT community. Here are some recommendations for future research:

Longitudinal Studies: Conduct long-term studies to explore the persistence of mental health disparities among LGBT individuals over time. By tracking changes in mental health, experiences of stigma, and access to support services, researchers can gain insights into how these factors evolve.

Intersectionality: Investigate the intersectionality of identities within the LGBT community. Examine how factors such as race, ethnicity, gender identity, and socioeconomic status interact with experiences of stigma and discrimination to impact mental health outcomes. This approach can provide a more nuanced understanding of mental health disparities.

Cultural Factors: Explore the role of cultural factors in shaping the mental health of LGBT individuals. Investigate how cultural norms, values, and expectations impact experiences of stigma, discrimination, and coping strategies.

Resilience and Coping Strategies: Investigate the resilience and coping strategies employed by LGBT individuals to mitigate the effects of stigma and discrimination. Identify protective factors that promote mental well-being in the face of adversity.

Intervention Studies: Develop and evaluate interventions specifically designed to address depression and related mental health issues among LGBT individuals. Assess the effectiveness of interventions that focus on reducing stigma, promoting social support, and building resilience.

Healthcare Access: Examine healthcare access and utilization patterns among LGBT individuals with depression. Investigate barriers to accessing mental health services and identify strategies to improve access and quality of care.

Prevention Strategies: Develop and evaluate prevention strategies aimed at reducing societal stigma and discrimination against the LGBT community. Explore the impact of anti-bullying programs, inclusive education, and workplace diversity initiatives.

Mental Health Promotion: Investigate strategies for promoting mental health and well-being within the LGBT community. Explore the role of community organizations, support groups, and peer-led initiatives in fostering mental health resilience.

Public Policy Analysis: Conduct policy analyses to assess the impact of anti- discrimination laws, marriage equality, and other legislative measures on the mental health of LGBT individuals. Evaluate the effectiveness of policies aimed at reducing stigma and discrimination.

Access to Affirming Care: Examine the availability and accessibility of mental health services that are affirming and culturally competent for LGBT individuals. Identify gaps in care and opportunities for improving service delivery.

Social Support Networks: Investigate the role of social support networks, including chosen families, in buffering the impact of stigma and discrimination on mental health. Explore how these networks contribute to resilience and well-being.

Parental Support Networks

By exploring these recommendations for further research, academics and professionals can add to the body of information that guides policies, interventions, and support networks targeted at enhancing the mental health and well-being of LGBT adults in the face of prejudice and stigma in society. To build a more inclusive and equitable society for all, these initiatives are crucial.

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