

## SOCIAL FACTORS AFFECTING LIFE OF HOMOSEXUALS

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### **Abstract**

Homosexuality is a very dynamic and delicate problem in India. Homosexuality leads to shame, homophobia and prejudice toward homosexuals are stereotypes and prejudices that abound. This research seeks to explore and appreciate homosexuals' lives and issues. It is important to provide a perspective into various facets and views of homosexuality in order to have a better understanding of the concerns of gay people. It's impossible to grasp the issues of homosexuals without a thorough understanding of the various facets of sexuality. Gender is the heart of human culture as a whole. It's the topic of creation. In today's culture, sex is not an odd word. It is the most biologically entrenched of the most symbolically infused, the most innate to the most experienced, the most independent to the relationship characteristics, all situations between extremities that are closest to the social most. In various periods and cultures, sexuality is viewed differently. Sexuality can be understood from multiple points of view ranging from biochemical and feminist theories. Various philosophies attempted from various viewpoints to describe sexuality. Sexual connotations vary with time and location, from the old periods of history to the current situation: physical differences between men and women, experiences of their anatomy, pleasures and impulses, strength, and so on.

Key Words :- Homosexuality, perspective, symbolically, Sexuality, philosophies

### **Introduction**

The purpose of this study was to compare homosexuals, bisexuals and heterosexuals on HPI, anxiety, self-appreciation, well-being, sexual relations (with subcategories), depression, adverse effect and cope-related strategies (with eight subcategories, viz. confrontive coping, distance coping, self-controlling coping, seeking social support coping, accepting responsibility coping, escape avoidance coping, painful problem solving coping and positive reappraisal coping). There was an effort to explore major determinants of self-esteem, well-being and treatment among homosexuals, bisexuals and heterosexuals. In other words, it was researched the function of IHP, anxiety, sex, sadness and negatives as a predictor of self-esteem, well-being and coping with homosexuals, bisexuals and heterosexuals. In addition, a correlation analysis was carried out to assess the links between the various factors for the whole sample of homosexuals, bisexuals and heterosexuals.

A total sample of 150 people (gays-50, bisexual-50, heterosexual-50) were derived from medium socio-economic position for the purposes of the inquiry. The sample was 20-30 years old. The participants were contacted individually and each participant received the scales separately. They were told that their information would be kept secret and utilised only for research reasons. The measures for the research were PGI Well Being Scale, Aatam Mulyankan Prashanavali, Coping Ways, Self Esteem Scale, Sexual Relationship Scale, Internalized Homophobia Scale, Self Rating Depression Scale. On the raw data, adequate statistical analysis was conducted to evaluate the proposed hypothesis. One approach was used anova, correlation analysis and step-by-step multiple regression analysis. The main goal of the research was to compare homosexual people, bisexuals and heterosexuals with IHP, anxiety, self-esteem, well-

being, sexual intercourse (with subcategories, e.g., sexual exchange and intercourse), depression, adverse effects and management measures (with eight subcategories).

Confrontative coping, distance coping, self-controlled coping, social support coping, coping with responsibility acceptance, evasion coping 136, planned coping and positive re-evaluation coping solutions). A correlation analysis has been carried out to investigate interrelationships between internalized homophobia, sexual relations (subcategories, intercommunal sex and sexual relations), self-esteem, well-being, negative affect, depression, anxiety and coping (with eight subcategories, confrontational coping, coping with the distance, self-controlling, social support coping, acceptance of Gradually several equation en of regression were used to delineate significant predictors of self-esteem, welfare and coping (with eight subcategories, e.g. comparative coping, distance coping, self-control, the search for social support, responsibility coping, escape avoidance, coping for planned problems and positive re-evaluation) among gays, bisexuals and other gays. The following findings were produced by different analyses:

1. In IHP (internalized homophobia), heterosexuals were the greatest and had a negative impact compared to homosexuals.
2. Homosexuals reported greater IHP and negative consequences than bisexuals.
3. Gays and bisexuals report poor welfare compared to heterosexuals.
4. In comparison to bisexuals and heterosexuals, gays utilized more coping overall.
5. Gay people were high in confrontational coping with bisexuals and heterosexuals.
6. Homosexuals utilized better reassessment than bisexuals and heterosexuals.
7. Communal sexual connections were positively linked to internal homophobia and homosexual distance coping.
8. In gay self-esteem, distance coping was positively connected.
9. Common sexual interactions among bisexuals were favourably connected with the planned solution of the issue
10. Homophobia internalized in bisexuals has been positively connected to negative effects and confrontation.
11. Negative effects were strongly connected with sadness, confrontation and bisexual self-control.
12. Self-esteem was connected with well-being favorably and negatively with responsibility for heterosexuals.
13. Anxiety was adversely linked to bisexual well-being. The self-esteem of bisexuals was inversely connected with self-control.
15. Heterosexual exchanges had a negative connection with sadness and a negative correlation between community and self-esteem.
16. Interior homophobia had a bad correlation with dealing with anxiety, despair and escapism, but it had a favorable correlation with self-esteem and heterosexual well-being.
17. In heterosexuals anxiety had a negative correlation with self-esteem and well-being; it had a good relationship with despair and acceptance of responsibility.
18. Depression among heterosexuals was adversely linked to confronting and positive reassessment.
18. Total and common sexual relationships were both shown to be important determinants of gay distance coping.
19. Negative impacts predicted full coping and self-control in bisexuals (results were the same in

total sexual and sexual intercourse subscales). Bisexuals expected confrontational dealing with internalised homophobia (results were same when sexual relationship total and sexual relationship subscales were used). Communal sexual relationships predicted playful problem solving in bisexuals (prediction came solely from subscales of sexual relationships). Anxiety predicted well-being in bisexuals (results were identical whether total and sexual relationship subscales were included).

Depression among heterosexuals predicted confrontational treatment and positive reassessment (results were the same when sexual relationship total and sexual relationship subscales were used). Internalized homophobia predicted coping escape avoidance and self-esteem in heterosexuals (results same whether total and sexual intercourse subscales have been utilised). Anxiety predicted responsibility and well-being (when total and sexual relations subscales were utilised, the findings were same) among heterosexuals. Total and communal sexual interactions in heterosexuals forecast self-esteem (prediction emerged only in case of sexual relationship total). Finally, the results of the current research will shed light on the situation of the MTH population.

The anti-GLBT attitude of society has also been noticed in its sense of self, relationships, community, physical and mental well-being. This research may raise awareness of GLBT attitudes and may also encourage others to acknowledge their right to equality, dignity and respect. Further study in this field will contribute to a better knowledge of GLBT and aid to improve the knowledge of homosexuality. Studies have validated the results of this research by indicating a favourable association between anxiety and depression. There was also a significant correlation between anxiety and acceptance of responsibility. By recognising the significance of these factors in connection to one another, the negative link between anxiety and well-being among bisexuals is explained.

Anxiety is an unpleasant emotion that arises due to a problem, whereas well-being is a good emotion and is linked to happiness and optimism. Bisexuals might face great anxiety due to problems of life such as limited social support, lack of acceptance, solitude, bewilderment, bullying and rejection etc. Such worry might significantly damage bisexuals' health and make them more susceptible to different mental health disorders. These fearful thoughts might create melancholy and suffering if sustained for a long period, which in turn may influence the happiness of bisexuals. Furthermore, if bisexuals then reveal their sexual identity, they may need to be more confident with their orientation. This affirmation might bring them directly into confrontation with the family, friends and the established order of society. This disagreement might create fear and diminish their well-being. In addition, many GLBT persons may be constantly afraid to be found. Anticipating disclosure concerns, many GLBTs might prefer to conceal their sexuality.

You may live a second life and suppress your sexual inclination. This contradicting lifestyle may have a bad effect on your personal identity, appreciation, wellness and may make you more prone to self-injury, depression, anxiety and lower sexual pleasure. It suggested that relationship length and emotional closeness impact sexual quality. Studies have indicated that GLBT are less likely than heterosexuals to be in a long-term relationship. Short connections may emotionally and psychologically affect GLBT and may promote anxiety and depression. In heterosexuals too, fear is linked to a variety of mental, psychological and physical conditions. Their personal and professional life may be influenced by emotions of worry and their interest in

social conditions, family responsibility, parties and other 119 pleasant activities may be reduced. This lessened interest might lead to self-isolation that increases their despair and decreases their well-being. Various reasons may explain the positive association between depression and anxiety in heterosexuals. Both are bad sentiments; thus it is likely that others will also grow as one increases. After a particular amount of time, nervous thinking may lead to uncertainty, avoidance, poor self-respect and depressing thinking. Insecurity in relationships may lead to emotional ups and downs, jealousy and protection, since they fear that the partner may be lost. Apart from uneasiness, fearful thinking may also lead to a maladaptive coping approach that might make their condition worse.

Furthermore, inadequate sentiments of love and belonging may be linked to anxiety, poor desire to live, depression and suicide. In summary, these sentiments of anxiety, sadness, negativity and suicide seem to all be inter-related and may also lead to changes in other factors when one changes. In heterosexuals, numerous reasons may explain a positive link of anxiety with taking responsibility. Anxious thoughts may be advantageous for heterosexuals to some degree. It might keep you attentive and you might feel aware of your tasks. Acceptance of responsibility means autonomy and autonomy. Heterosexuals with experience might understand that taking responsibility for a certain action is an useful strategy to cope with increased worry. Therefore, their acceptance of responsibility may also rise as worry rises. Another potential reading may be that, while heterosexuals attempt to do credit to their wife's partner, they may occasionally not meet their expectations. If you accept this failure, it might heighten your uneasiness and uncertainty.

You may be concerned that your spouse does not respect you following this acceptance. They may lose grasp of a connection; such that nervous emotions may develop with increased acceptance. They may also be aware of the brutality and injustice committed towards gays. They may not only bear witness to, but may actively contribute to this bigotry. They may either dispute this truth or take responsibility for it. Both scenarios may be difficult for 120 people and may be linked to increased depression, anxiety, self-righteousness and poor self-respect. As for regression analysis, anxiety has shown that bisexual and heterosexual are a predictor of well-being. Anxiety was also shown to predict the acceptance of responsibility among heterosexuals. Bisexuals may come into the group of males who have to live twice. They are straight (relationship with women), on the one hand, yet they are also gay (relationship with men).

They may be trapped between two lifestyles, yet not quite one. This kind of living might progressively become stressful for bisexuals and place a hefty price on their lives by upsetting and lowering their well-being. Sometimes they might increase their usage of substances such as alcohol and other drugs because of anxiousness and other unsolved concerns. It might upset their personal and professional lives. Their social support may begin to decline; families and peers may begin to shun it. Such a harsh and unbearable atmosphere in bisexuals may generate uneasy mood. In addition, fear and refusal by loved ones might produce numerous health issues that have negative effects on their well-being. Because of fear it may be difficult for people to regulate their emotions and it may well prove to be low that integration into GLBT community is extremely essential as it gives a free, non-stigmatic atmosphere, respect and favourable assessments.

If bisexuals find integration with their community challenging, their anxiety may grow and their well-being may be reduced. Besides integration, sexual identity development,

untapped wishes and romantic connections all impact an individual's well-being. Bisexuals, too, would have encountered a constant worrying period throughout this period, resulting in continual depreciation and subsequently significant burden on their well-being. At times, people may find it difficult to receive proper treatment, since their special requirements are typically overlooked and healthcare practitioners might treat them in the same manner as the general population. If your health issues then continue addressed, 121 may decrease and leave you in worried condition. If their prospects of good health treatment are minimal, people might feel anxious and well-being lowered. Anxiety is also associated with various psychological and mental health issues among heterosexuals.

Due to fearful sentiments, instead of being shared, they might begin to repress their sentiments, which in turn produce problems for them. Anxious sentiments may also impair the sexual connection of heterosexuals. Studies have revealed that rising anxiety rates also increase unsafe sexual behaviour. In general, fear, guilt and misunderstanding over one's sexuality seriously damage an individual's feeling of progress and acceptance. These unfavourable effects of worry might adversely impair the well-being of heterosexuals. In heterosexuals, anxiety may be predicted by taking responsibility for different causes. They might attempt to remove their emotions and sentiments in the form of acceptance of responsibility to get rid of guilt and anxiety associated to in satisfactory sexual interactions and other issues of everyday life. As your fear develops, you may take responsibility for your partner's care, sexual issues, comprehend the sense of discomfort and strive to successfully eliminate this discomfort. By admitting responsibility, heterosexuals may strive to cope with their developing worry more actively.

High homophobia may lead to unsafe sexual behaviour, conflict and misunderstanding of many partners, STIs, etc. in the case of male partners. They may not allow themselves to be passive in the face of homophobia. Furthermore, unsolved questions over sexual orientation, stigma, auto-blame etc. all have homophobia, which may be addressed forcefully rather than ignored. Once individuals become aware of the unfavourable effects of avoidance coping, they may begin active coping with beneficial results. Studies have also indicated that active coping is linked to improved satisfaction with healthcare and fewer drug misuse. Bisexuals may strengthen and improve their usage of active coping with this good atmosphere, personal and environmental resources. For heterosexuals, anticipation of IHP may be linked to many factors via escape avoidance coping. Antiquity is seen as an indicator of heterosexuality.

IHP may be favorable for heterosexuals but dealing with avoidance of escape may be linked to unfavorable results. Moreover, heterosexuals might get greater support from their families, society and the environment if internalized homophobia rises. It may lessen the use of avoidance coping since avoidance is often employed to respond to circumstances in which personal social and environmental resources are limited and people have a high negative conception of themselves. In addition, people may realize that using avoidance might raise their odds of having a sexual risk to avoid this kind of coping. In connection with the link between anxiety and well-being, the findings show that anxiety and well-being are negative for bisexuals and heterosexuals. Further results demonstrated that anxiety is strongly connected with sadness and responsibility among heterosexuals. These results corroborate the hypothesis (H26), which expects anxiety to correlate adversely with well-being. Findings further confirmed the hypothesis (Hi6) that anxiety would link positively with depression. The results confirmed partly the hypothesis (Hi9), wherein anxiety was predicted to connect with coping.

Furthermore, both IHP and negative impacts are negative. So if one goes up, the other might also go up. For bisexuals, the element that they struggle with internalised homophobia might explain good associations between IHP and confrontational treatment rather than avoiding it. Over time, people might learn that they would compound and become more harmful if homophobic thoughts were ignored. Suppressing these sensations may only provide respite for a short time, but it may be more advantageous in the long run to tackle difficulties constructively. Studies have revealed that when GLBT hides their sexual orientation, it suffers stress and other issues. They gradually learn that they can't cope with IHP just by masking their sexual orientation. In addition, if they don't deal with IHP aggressively, they may be surrounded by homophobic sentiments and their woman's partner may be questionable about her sexuality and a fear of revelation. They may thus opt to face these challenges courageously. Different difficulties connect to internalized homophobia. It is associated with despair, prejudice, verbal and physical abuse and the unfavorable view of equal sex. These detrimental effects do not end here. They may lead to loneliness, a lower sense of love and belonging, a brief relationship and a social isolation, etc. Initially, bisexuals may passively tolerate these sensations, but with more time and more experience they can learn how to deal effectively with these circumstances. They may get in touch with the elderly GLBT people at seminars, homosexual clubs, parties etc. This increased knowledge, social circle and exposure might give them confidence, self-assurance and make them able to tackle these challenges.

Furthermore, homophobia has not only direct, but also indirect impacts. It may impair our functioning by creating numerous protection mechanisms, which in turn might cause intimacy, commitment and confidence problems. In such a setting, the only way to deal severely with homophobia is for bisexuals rather than to kneel quietly before it. 116. 116 In another group, namely heterosexuals, it is possible to explain the negative association between IHP and escape avoidance by the effect on the lives of heterosexuals. Coping with escape avoidance manages the circumstance by avoiding it. They may attempt to avoid the facts; they distort it or even embrace it occasionally. While heterosexuals may rather express it to establish their manhood and be a part of mainstream culture rather than ignore their homophobic feelings. In heterosexuals, internalised homophobia may preserve distance from GLBT; it might prevent risky activities and so reduce atypical behaviour and escape feelings. However, homonegativity was shown to correlate strongly with preventative coping methods. A alternative interpretation may be that this research has been done on homosexuals so that these findings may apply to them.

The outcomes are predicted to be different for heterosexuals, since internal homophobia signifies something distinct and beneficial to them. Moreover, heterosexuals may be conscious that avoidance coping might be useful for the short term, but it may be damaging for them if it is utilized longer than it benefits them. Similar opinions also hold and did not find coping avoidance very beneficial for persons. Escape avoidance coping has also been proven to be associated to poor psychological health. Heterosexuals may lessen the usage of escape avoidance coping technique once they grasp this reality. The regression analysis identified IHP as a predictor of bisexual and heterosexual confrontational coping and escape avoidance. Studies showed that internalised homophobia severely impacts homosexuals and bisexuals' mental health and well being.

If they overlook homophobia then, it might alter their behaviour and impede their regular functioning and sex life. This was also supported by early studies. It indicated that

internalized homophobia has negative effects on relationship quality, attachment, length and may cause issues in close homosexual and bisexual relationships. Gradually, bisexuals may find it difficult for their 117 female partners to conceal ingrained homophobia. High homophobia may lead to unsafe sexual behavior, tension and misunderstandings among many partners, ITS etc. among males partners. They may not allow themselves to be passive in the face of homophobia. Furthermore, unsolved questions over sexual orientation, stigma, auto-blame etc. all have homophobia, which may be addressed forcefully rather than ignored. Once individuals know of the effects of avoidance coping, they may start to use active coping that is linked to beneficial results.

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