

Research Article

A survey of early career psychiatrists' of India towards homosexuality

Srikanth M. Reddy^{1*}, Pooja S. Reddy², Nishnat Ohri¹, Ganpat K. Vankar¹

¹Department of Psychiatry, Sri Aurobindo Institute of Medical Sciences, Indore, Madhya Pradesh, India

²Department of Pharmacology, Sri Aurobindo Institute of Medical Sciences, Indore, Madhya Pradesh, India

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***Correspondence:**

Dr.Srikanth M. Reddy,

E-mail: skanthreddy@gmail.com

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ABSTRACT

Background: Attitude of today's early career psychiatrists (ECPs), those who have qualified as psychiatrists in the past 7 years, will have a bearing on how homosexuality will be perceived in the coming decades. Hence a study was planned to assess these attitudes of ECPs towards homosexuality.

Methods: It was an online survey based cross-sectional study. After obtaining an informed consent, the ECPs were enquired about their age, religion, gender, place of work (urban/rural), profile of work (teaching institute/clinic/hospital/community), their frequency and comfort in attending the homosexual patients and their comfort in referring their patient to a homosexual colleague. Further all the consenting ECPs were asked to fill in the heterosexual attitude towards homosexuality (HATH) scale.

Results: The mean age of the study group of ECPs (n=57) was 34.07±3.12 and their male female ratio was 2.35. Most of the respondents attend 1-10 homosexual patients per year (n=49), 54 (94.73%) were comfortable handling homosexual patients and 45 (78.94%) were comfortable referring their patient to a homosexual colleague. The mean HATH score of all the ECPs was 58.51±6.67 and it did not vary across gender, place of practice (rural/urban) and profile of practice (teaching institute/clinic/hospital/community).

Conclusions: The attitude of ECPs towards homosexuality is neutral and doesn't vary across gender, place of practice or profile of practice. Most of the ECPs are comfortable handling homosexual patients and also feel comfortable referring their patients to homosexual colleagues.

Keywords: Homosexuality, Attitudes, Early career psychiatrists

INTRODUCTION

Since ages, homosexuality has been a controversial term on various different platforms, be it - historical, socio-cultural, scientific or legal. Mention of homosexuality in Indian history dates back to its mention in Rigveda, Manusmriti, Arthashastra and the carvings of Khajuraho.^{1,2} But all through it was maintained under cover. Socio-culturally, speaking about homosexuality is not allowed in the Indian households. Cinemas have a huge role in influencing the attitudes in society and portrayal of homosexuality by the Indian cinema has been negative so far.³ Scientifically as well, homosexuality has been

removed from most of the universally accepted classification systems as a mental disease.^{4,5} Legal society of India has been divided on the status of homosexuality. The Delhi high court in its historic statement had declassified homosexuality as a legal crime but soon the supreme court of India again upheld homosexuality as a legal crime.⁶

However, over a period of, there has been an improvement in peoples' understanding of homosexuality. The transition of the concept of homosexuality as a sin or a taboo to one of the acceptable forms of sexual expression occurred primarily in the 20th

century.⁷ The routine psychological tests could not identify any abnormality among the homosexuals and the prevalence of homosexuality was so high that to call it as a “not a normal” phenomenon did not appear right. The prevalence of homosexuality is quoted to be around 2-4% world-wide.⁸⁻¹⁰ In such an air of uncertainty, it’s natural for Indians to have a divided opinion about homosexuality.

Health care delivery in India is mostly authoritarian. Verdict and statements of the doctors are followed to strictly without questioning much. With regards to the psychiatric issues of homosexuality, a psychiatrist holds the seat of authority. In such a setting, attitude of psychiatrists towards homosexuality dictates a lot on how the community perceives homosexuality. If a psychiatrist has an un-favourable attitude towards homosexuality, he will convey the same feelings to the society and his patients, leading to un-favourable attitude towards homosexuality among the general public. Attitude of today’s early career psychiatrists those who have qualified as psychiatrists in the past 7 years, will have a bearing on how homosexuality will be perceived in the coming decades.¹¹ In view of this, we felt it was needed to assess the attitude of early career psychiatrists of India towards homosexuality. The research findings quoted here is a part of the much larger study done to identify the attitude of psychiatrists of India towards homosexuality across all age groups irrespective of their years of experience in the field, unlike in this paper where we are focusing only on the attitude of early career psychiatrists.¹¹

METHODS

The aim of the study was to assess the attitude towards homosexuality of early career psychiatrists in India. The objectives are to know the attitude towards homosexuality of early career psychiatrists (ECPs) in India, to compare these attitude towards homosexuality of early career psychiatrists (ECPs) across gender, area of practice and profile of work.

Study design was an online survey based cross sectional study done over 1 month duration.

Inclusion and exclusion criteria

All psychiatrists in India who had qualified in the last 7 years, whose email IDs were available through various sources, of either gender and all ages were included in the study. Early career psychiatrists who refused to give consent were excluded from the study.

Protocol

After an approval from the institutional ethics committee, an informed consent in written and a semi structured proforma was sent online to the early career psychiatrists all across India based on the inclusion criteria of the

study. The participants were assured about the confidentiality and that the results would be used exclusively for the purpose of the research and at no cost would their identity be disclosed. Further it was stated that there was no compulsion to participate and they had all rights to deny consenting for the study.

The semi-structured proforma, which was attached, had multiple queries enquiring the participants about their age, religion, gender, place of work (urban/rural) and profile of work (teaching institute/clinic/hospital/community). Further there were three questions asking the ECPs “How often do you see homosexual patients in your clinic/hospital?”, “Are you comfortable treating homosexuals for their psychiatric illnesses if any?” and “If your colleague doctor is homosexual, will you be comfortable referring your patient to him/her?”

The participants were asked to complete the heterosexual attitude towards homosexuality (HATH) scale validated by Larsen et al.¹² HATH is 5 point likert scale trying to assess the attitude of participants towards homosexuality using 20 different statements. Participants have to answer whether they strongly disagree, disagree, agree, strongly agree or are neutral about the statement. A score of (1 to 5) is assigned to each statement with higher scores for more un-favorable responses and the lower scorer for more favorable responses. A total score was obtained depending on the individual item scores and then the total scores were compared for the gender, place of practice and profile of practice. A total score of 70-100 is considered as homophobic, 50-60 is considered as neutral and 20-49 is considered as homophobic.

Statistics

The data collected online was analyzed using SPSS Ver.15. Initially means and standard deviations of the continuous data were calculated. The categorical data was assessed using percentages. Later, the mean HATH score of the ECP’s were compared across gender, place of practice, profile of practice using ANOVA and Z-Test. A p-value of less than 0.05 was considered as to be statistically significant.

RESULTS

Of all the early career psychiatrists who were approached for the study, 57 ECPs consented for the study and returned the completed forms. There were 40 males and 17 female in the study group with a ratio of 2.35 and the age ranged from 26-42 years with a mean of 34.07±3.12. Hindus formed the majority of the study population (n=46) followed by christians (n=4), muslims (n=2) and then sikhs, buddhists and jains (n=1 each).

Two of the respondents reported themselves as atheist. The mean years after completion of their qualifying examination was 4.49 years. Fifty respondents were from

urban areas and only seven respondents were from rural areas.

Most of the respondents (n=31) were working in a teaching institute and some were working in the hospital/clinic/community (n=26).

Except for 3 psychiatrists who have never attended any homosexual patients, rest all reported to having attended homosexual patients routinely in their clinical practice. Most of the respondents attend 1-10 homosexual patients per year (n=49) and a small portion of respondents attend 11-30 homosexual patients per year (n=4) and only one respondent reported to be attending more than 50

homosexual patients per year. When asked, “Are you comfortable treating homosexuals for their psychiatric illnesses if any?”, 54 (94.73%) responded in affirmative, 1 respondent claimed to be not comfortable and 2 were undecided about their comfort while dealing with the homosexual patients.

Further on asking “If your colleague doctor is homosexual, will you be comfortable referring your patient to him/her?” 45 (78.94%) responded in affirmative, 3 respondents expressed their discomfort in doing so and rest 9 were uncertain about how they feel (Table 1).

Table 1: Frequency of seeing homosexual patients in ones practice and comfort level in treating them and comfort level in referring a random patient to a homosexual colleague.

Section	How often do you see homosexual patients in your clinic/hospital?	Frequency (n)	Percentage (%)
I	Never	3	5.2 %
	1-10 /year	49	85.9 %
	11-30/year	4	7.0 %
	31-50/year	0	0 %
	More than 50/year	1	1.7 %
II	Are you comfortable treating homosexuals for their psychiatric illnesses if any?	Frequency (n)	Percentage (%)
	Not comfortable	1	1.7 %
	Can't say	2	3.5 %
III	Are you comfortable treating homosexuals for their psychiatric illnesses if any?	54	94.73 %
	If your colleague doctor is homosexual, will you be comfortable referring your patient to him/her?	Frequency (n)	Percentage (%)
	Not comfortable	3	5.2 %
	Can't say	9	15.78 %
	Comfortable	45	78.94 %

The mean HATH score of all the ECP respondents was 58.51 ± 6.67 and the HATH score ranged from 20-67. The mean HATH scores of the respondents were then compared across the gender. Males had a mean HATH score of 58.08 ± 7.35 and the females had a mean HATH score of 59.53 ± 4.74 . The difference between the mean HATH scores of both genders was not found to be statistically significant ($p=0.45$). Similarly the mean HATH scores of respondents depending on their area and profile of practice was compared. The mean HATH scores of urban respondents were 58.68 ± 6.50 and those of rural respondents was 57.29 ± 8.28 . The mean HATH scores of respondents in a teaching institute was 58.55 ± 8.01 and those of working in a clinic/hospital/community is 58.46 ± 4.77 . The difference between the mean HATH scores in both the cases were insignificant; 0.60 and 0.96 respectively (Table 2).

An attempt was made to assess the mean item wise ATP scores across individual statements of HATH scale. The ECPs were most unfavourable to the item of “homosexuals should be barred from the teaching profession.” (mean item HATH score of 4.45 ± 0.80). The ECPs were most favourable for the statement of “homosexuals should have equal opportunity at employment” (mean item HATH score of 1.36 ± 0.48).

The ECPs were also relatively more un-favourable to the following statements in the descending order “homosexuality is a sin” (mean item HATH score of 4.38 ± 0.99), “those in favor of homosexuality tend to be homosexuals themselves” (mean item HATH score of 4.33 ± 0.98), “homosexuality is a mental disorder” (mean item HATH score of 4.22 ± 1.00) (Table 3).

Table 2: Distribution of mean HATH scores across the gender, the area of practice (urban/rural) and profile of practice (Teaching institute/clinic, hospital, community)

Variables	n	Mean HATH scores(mean \pm SD)	p-value	t	df	
Gender	Males	40	58.08 \pm 7.35	0.45	0.75	55
	Females	17	59.53 \pm 4.74			
Area of practice	Urban	50	58.68 \pm 6.50	0.60	0.514	55
	Rural	7	57.29 \pm 8.28			
Profile of practice	Teaching institute	31	58.55 \pm 8.01	0.96	0.048	55
	Clinic/ hospital/ community	26	58.46 \pm 4.77			

Table 3: Item wise mean score of each of the 20 statements of HATH scale.

Statements of HATH	Mean item-wise HATH score (Mean \pm SD)
I enjoy the company of homosexuals.	2.85 \pm 0.83
It would be beneficial to society to recognize homosexuality as normal.	2.05 \pm 1.00
Homosexuals should not be allowed to work with children.	4.19 \pm 1.27
Homosexuality is immoral.	4.15 \pm 1.04
Homosexuality is a mental disorder.	4.22 \pm 1.00
All homosexual bars should be closed down.	3.71 \pm 0.97
Homosexuals are mistreated in our society.	1.63 \pm 0.72
Homosexuals should be given social equality.	1.49 \pm 0.50
Homosexuals are a viable part of our society.	1.77 \pm 0.50
Homosexuals should have equal opportunity employment.	1.36 \pm 0.48
There is no reason to restrict the places where homosexuals work.	1.47 \pm 0.60
Homosexuals should be free to date whomever they want.	1.77 \pm 0.75
Homosexuality is a sin.	4.38 \pm 0.99
Homosexuals do need psychological treatment.	3.31 \pm 1.22
Homosexuality endangers the institution of the family.	3.36 \pm 1.17
Homosexuals should be accepted completely into our society.	1.80 \pm 0.76
Homosexuals should be barred from the teaching profession.	4.45 \pm 0.80
Those in favor of homosexuality tend to be homosexuals themselves.	4.33 \pm 0.98
There should be no restrictions on homosexuality.	2.22 \pm 1.14
I avoid homosexuals whenever possible.	3.89 \pm 1.04

DISCUSSION

A larger study was planned to assess the attitude of psychiatrists in India towards homosexuality across all ages and gender, irrespective of their years of experience as a psychiatrists. In the current paper, we intend to focus on the attitude of the early career psychiatrists (ECPs) of India towards homosexuality, which to the best of our knowledge is the first of its kind from the Indian subcontinent.

Most of the ECPs reported to attend 1-10 homosexual patients per year and three of the respondents reported that they have never attended any homosexual patients. Considering the world prevalence of homosexuality to be 2-4%, the prevalence of homosexuality reported by the Indian ECPs is fairly scant.^{8,10} There could be multiple reasons for the same. Under-reporting of the homosexual patients could be either due to the concealing of the information from the patients side or failure to elicit the information related to sexual orientation from the psychiatrist's side. Homosexuality is associated with lot of stigma in the country and people may try to conceal the information as far as possible.¹³ Sometimes, even if the family member has knowledge about the homosexual orientation, they may not disclose the same to the psychiatrists fearing embarrassment and ridicule. Providing a non-judgmental platform and assurance of confidentiality can go a long way in making the patients comfortable in discussing about their sexual orientation.¹⁴ Similarly psychiatrists frequently tend to miss out on asking about the sexual orientation, as many may feel that it may not be important in the current context. But one should be aware that homosexuality and related stressors can present with varied neurotic and psychotic symptoms and enquiring about the sexual orientation should be a compulsion in all the cases. Research has reported that homosexual patients do want to discuss about their sexual orientation provided the discussion is initiated by the doctor.¹⁵⁻¹⁷

The mean HATH score of the respondents was 58.51 \pm 6.67 which lied in the neutral range (50-60) of the HATH scores of attitude towards homosexuality. It suggested that the attitude of the ECPs of India is neither homophobic nor homophilic, but neutral towards

homosexuality. In contrast to the findings in our study, research has shown that doctors frequently harbor negative attitudes towards homosexuality. In one such study done by Tellez et al. where in he had studied 1949 physicians in New Mexico, it was shown that more than 8% of the doctors had homophobic attitudes.¹⁸ In a similar study, Bhugra et al. surveyed the 510 general practitioners and found that homophobic attitudes were frequently reported by the GP, with 9% opining that homosexuality should be seen as an illness.¹⁹ The relatively neutral attitude towards homosexuality among our study could be due to the sample being exclusively that of psychiatrist. Research has shown that as compared to other specialists, psychiatrists harbor a relatively neutral attitude towards homosexuality.¹⁹ In one of the studies assessing the attitude of doctors towards homosexuality, it was found that majority of the doctors scored in the neutral range (40.1%) but then there were 22.9% of the doctors who scored in the homophobic range. Among this study population, psychiatrists had the most favourable attitude towards homosexuality as only 1.65% of them scoring in the homophobic range.²⁰ The relatively favorable attitude of psychiatrists towards homosexuality as compared to other specialists could be due to the formal training of psychiatrists regarding the psychiatric aspects of homosexuality and more use of empathy, acceptability and understanding in their routine practice.²¹

In our study, the attitude towards homosexuality did not vary across gender, place of practice (rural/urban) and profile of practice (teaching institute/clinic/hospital/community). In all the circumstances, the attitudes have stood neutral. In one of the studies conducted on the female nurses, trying to assess their attitude towards homosexuality, it was noted that marital status, religion, place of practice and profile of practice did not have much bearing on their attitudes. In-fact level of education and the amount of knowledge about homosexuality did have a favorable effect on the attitude towards homosexuality.²¹ Western research had found that female physicians to be more homophobic as compared to the male counter parts.^{22,23} However this difference was not noticeable in our study as both the genders reflected neutral attitude towards homosexuality. Relative absence of homophobic attitudes among the Indian ECPs is a good sign for the de-stigmatization of homosexuality in India. The neutral attitude borne by the Indian ECPs will reflect in their dealing with the psychiatric aspects of homosexuality and will certainly help in reducing the stigma around the homosexuality in general public.

Reported attendance of homosexual patients in the routine clinical practice of ECPs in India is not very common, and could be due to the failure to ask about the sexual orientation objectively in all the cases. The ECPs in India have no problem in attending homosexual patients and also do not have problem in referring their patients to a homosexual colleague. The attitudes borne

by the ECPs of India towards homosexuality is predominantly neutral and doesn't vary with the gender, place of practice and the profile of practice. These neutral attitudes of the early career psychiatrists of India will go a long in reducing the stigma surrounding homosexuality in the coming decades.

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