C E R T I F I C A T E

This is to certify that the thesis 'Perceptions, Discrimination and Social Support of Gay Men in Urban Mizoram', submitted by Zothankimi Ralte for the award of Master of Philosophy in Social Work is carried out under my guidance and incorporates the students bonafide research and this has not been submitted for award of any degree in this or any other university or institute of learning.

(KALPANA SARATHY)
Head of Department

(KALPANA SARATHY)
Supervisor/Associate Professor

Date :16th December 2010
Place: Aizawl, Mizoram

BIO-DATA

Name	:	Zothankimi Ralte
Sex	:	Female
DOB	:	13.05.1984
Age	:	26
Educational Qualification	:	Masters in Social Work
Marital Status	:	Unmarried
Contact no	:	09862304774
Email id	:	raltekimi@yahoo.com
Address	:	C/O Dr.R.Tlangkunga H/no J-4, CARE Hospital Dawrpui, Aizawl Mizoram-796001

Details of Educational Qualification

Class	Subject	Board/University	Percentage	Division
10th standard	-	MBSE	61%	1st
12th standard	Arts	ISC	74%	1st
Bachelors	Psychology	Mizoram University	62%	1st
Masters	Social Work	Mizoram University	65%	1st
M.Phil (Course work)	Social Work	Mizoram university	-	A

Fieldwork Experience

1. **1st Semester:** Fieldwork during this semester was at Presbyterian Hospital, Durtlang. The trainee was placed at K-Ward (Khawngaihna Ward) where patients with substance abusing problems are admitted. The trainee was visited Grace Home which is attached to the hospital and patients of HIV/AIDS are looked after. Duration of the fieldwork was four months. The objectives were to interact with the patients and put theory into practice. Work done during this semester includes case study, home visits and group work.
2. **2nd Semester:** Fieldwork during this semester was at Greenwood Hospital, Bawngkawn. Duration of the fieldwork was four months. The objectives were to interact with the patients and put theory into practice. Work done during this semester includes case study, home visits, group work and visiting hospital patients who needs psychological help.
3. **3rd Semester:** This semester is concentrated on community development and the trainee was placed at Tanhril community. Duration of the fieldwork was four months. The objectives were to interact with different CBOs in the community for identification of community problems and needs, and organise community development programmes. Work done include interactions with YMA, MHIP, KTP, VC and MUP, community needs and problems were identified through them, and HIV/AIDS Awareness Programme was organized in collaboration with the YMA.
4. **4th Semester:** Work from 3rd semester was continued in the same community. A project was taken up during this semester and the trainee

work specifically with school going children. Home visits and case studies were conducted; PRA techniques were also used to identify the needs and problems of the children. Insufficient recreational activities were identified as a problem by the children and as an intervention the trainee organized two-day sports with school going children where there were 180 participants. Title of the Project during this semester was, 'Recreational Activities of School Going Children at Tanhril.'

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Date :16th December 2010 (ZOTHANKIMI RALTE)
Place: Aizawl, Mizoram Research Scholar

DECLARATION

I Zothankimi Ralte, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form bias of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the degree of Master of Philosophy/Doctor of Philosophy in Social Work Department.

Date :16th December 2010 (ZOTHANKIMI RALTE)

Place: Aizawl, Mizoram Research Scholar

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List of Abbreviations

1. **FXB – Francios-Xavier Bagnoud**
2. **HIV – Human Immuno Virus**
3. **AIDS – Acquired Immuno Deficiency Syndrome**
4. **NGO – Non Governmental Organization**
5. **FBO – Faith Based Organization**
6. **MSM – Men having Sex with Men**
7. **MHIP – Mizo Hmeichhe Insuihkhawm Pawl**
8. **YMA – Young Mizo Association**
9. **FGD – Focus Group Discussion**
10. **NIMBY – Not In My Backyard**
11. **CBO – Community Based Organization**
12. **KTP – Kristian Thalai Pawl**
13. **MUP – Mizo Upa Pawl**
14. **VC – Village Council**
15. **PRA – Participatory Rural Appraisal**

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE : Zothankimi Ralte

DEGREE : M.Phil

DEPARTMENT : Social Work

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5. EXTENSION (IF ANY) : Nil

Head

(KALPANA SARATHY)

Department of Social Work

1.1 Overview of Concepts

The present study attempts to understand the Perceptions, Discrimination, and Social Support of gay men in urban Mizo society.

The term "Gay" is inclusive of persons who have sex within the confines of their own gender. 'Gay' is a more respectful term and is one that is accepted by members of this community. The term '*homosexual*' was coined by a Hungarian writer Karoly Maria Benkert, who under the pseudonym Kertbeny in 1869, published a pamphlet on the subject (Bulloug, 1979).

The term *homosexuality* denotes erotic thoughts and feelings towards a person of the same sex, as well as any associated sexual behaviour (Gelder et.al, 1996). Also, homosexuality is the romantic or sexual attraction or behavior among members of the same sex, situationally or as an enduring disposition, and as a sexual orientation, homosexuality is considered to lie within the heterosexual-homosexual continuum of human sexuality (http://en.wikipedia.org/wiki/homosexuality). Homosexuals are also said to be individuals with a primary sexual and affectional orientation or emotional attraction toward persons of the same sex.

Homosexuality has been called among other things a sin, an illness, a way of life, a normal variant of sexual behavior, a behavior disturbance, and a crime (Bulloug, 1979). Homosexuals are said to have been "born that way", been enticed into homosexuality by an adult, turned to homosexuality by the lack of a strong parent, been made homosexuals by a dominating parent, been trapped in the gang stage of child development, been unable to attract a person of the opposite sex, been oversexed or sexually deficient, been at a lower level of human evolution, been rebels against a bourgeois materialist society, or been victims of various kinds experiences. Terms such as "queer," "fag," "fairy," and "pervert" have been applied to them as

individuals, and at various times in history they have been placed in asylums, imprisoned, executed, medicated, psychoanalysed, and ostracized; yet they have continued to exist. Most survived by *"remaining in the closet"* – that is, they never publicly proclaimed themselves but sought to mask their sexual preference by living and acting as did their neighbors. Though society stereotypes the male homosexual as feminine and the female homosexual as masculine, and apply such terms as "queen" and "butch," homosexuals, unless they want to be, are for the most part not easily identified. Though the stereotypes do exist, only minority of homosexuals of either sex conform to them (Bulloug, 1979).

1.2 History of Homosexuality

Homosexuals undoubtedly risk creating a backlash if they go public, particularly if a hostile and uninformed public assumes that homosexuality is growing, or is threatening to undermine the family and traditional values. By not going public, however, and pretending not to exist in any numbers, the homosexuals have, according to several authors like Bulloug, remained the victims of society, subject to all kinds of persecution. In Nazi Germany, homosexuals were put into concentration camps, while in Communist Cuba, they were sent to political prisons. In the United States, they have been subject to police harassment, entrapment, imprisonment, and exposure (Bulloug, 1979). Such societal perceptions including harsh attitudes by the church and the family members of the homosexuals has lead to them being treated in cruel manner and often they have become victims of abuse and harassment. Suicide, alcoholism, and similar attempts to escape public prejudice have been common. Even if homosexuals had returned to their anonymity, homosexuality

would not disappear; it would simply give those segments of society who do not want to face the reality the illusion that it had (Bulloug, 1979).

Homosexuality is said to have existed in ancient Egypt, in the Tigris-Euphrates Valley, in ancient China, and in ancient India. In general, male homosexuality has been subject to most of the condemnation, while female homosexuality, lesbianism, has been ignored. This double standard may have existed so long because males assumed that women were nothing without men. If society has been uncertain about how to deal with homosexuality, one of the major reasons is that we have known so little about it. One of the earliest explanations was put forth by a participant in *Plato's Symposium* who explained that mankind originally had been composed of individuals with four legs and four arms whom gods had eventually divided into two people. Some of these double people had been composed entirely of male and female elements, and after they had been separated, they spent their lives trying to get back to their original other half. Thus homosexual as much as heterosexual love was part of nature's plan. Other *Greek writers* felt that individuals became homosexuals because at conception they were neither truly male nor female, or because of a defect/disease inherited from the parents. *Aristotle* places this belief on a somewhat more scientific basis by stating that homosexuals are born in a condition in which part of them is incapacitated. In this sense the individual himself is not responsible for his action. Aristotle, however, added that some people remain homosexual by habit since men "take pleasure in whatever they are accustomed to do." This implied that homosexuality was both an acquired condition and a congenital defect; both of these explanations appear in much western history (Bulloug, 1979).

The medical explanations advanced by the Greek physician Soranus, incorporated the ideas of both Plato and Aristotle in that he held that no bodily

treatment could be applied to overcome the disease, since the mind rather then the body had been affected. Moreover, unlike most other such diseases, this one became stronger as the body grew older, causing a hideous and ever-increasing lust. Writers like St.Albert Magnus (1206 - 80) agreed that homosexuality proceeded from a burning frenzy and that individuals who became addicted to such behavior seldom succeeded in freeing themselves, but he believed that homosexuality was also contagious and could spread rapidly from one person to another(Bulloug, 1979).

Only in recent years has there been a 'coming out' and a significant number of individuals publicly proclaimed their homosexuality and campaigned openly for better treatment. Most of those who have publicly emerged proclaim themselves as "gay." In the 19th century there was growing concern about the causes of homosexuality and the first physician to attempt to put the study of homosexuality as a research project on a more scientific basis was *Carl Westphal* (1833-90), professor of psychiatry at Berlin. In 1869 Westphal published the case history of a young woman who, from her earlier years, liked to dress as a boy, cared for boys' games than girls', and found herself attracted only to females. Sympathetic to his patient and interested in the phenomenon, Westphal came to the conclusion that the abnormality he had found in his patient was congenital, not acquired, and therefore it could not be termed as vice. Though Westphal insisted that neurotic elements were present, he argued that these were not indications of insanity. Instead he called the phenomenon "contrary sexual feeling" and in the process led to the way to more open discussion of the phenomenon in the medical community. He went on to study more than 200 cases of homosexuality and related behavior and set off what came to be flood of literature (Bulloug, 1979).

By far the most important early researcher in influencing public opinion was Richard von Krafft-Ebing (1840 - 1902). He combined several prevailing nineteenth-century theories to explain sexual 'perversion': (1) the idea that disease was often caused by the physical nervous system, (2) the idea that hereditary defects were possible in this system, and (3) the concept of degeneracy – a defect in an individual's heredity; involved nervous illness, physical weakness, and deviant behavior; any departure from conventional behavior, whether sexual or social, was regarded as a sign of degeneracy. Krafft-Ebing said that to retain morality, man had to fight a constant battle with natural impulses and redirect sexual energies. To demonstrate the dangers of excessive sexuality, he collected more than 200 cases where he reported that the abnormality resulted either from frequent abuses of sexual organs or from inherited abnormal constitution of the nervous system. Because he strongly believed in hereditary defects as a major caused of "perversion," Krafft-Ebing felt that penal laws should be repealed. Whether institutionalization was preferred over imprisonment is probably a subjective matter, but it was quite clear that most of the investigators of this period regarded these as the only alternatives (Bulloug, 1979).

Working from a rather different premise, however, was Havelock Ellis (1859 - 1939), who probably more than anyone else popularized the concept of individual and cultural relativism in sex. Like Krafft-Ebing, Ellis covered most of the variations in sexual behavior, but unlike his predecessor, he exhibited a far more sympathetic understanding of the individuals involved. He believed that sexual differences were inborn and non-pathological, although he would grant that there were a higher percentage of neurotics among deviant than among other groups. Essentially, Ellis's work was a plea for tolerance and for acceptance that deviations from the norm were harmless and occasionally perhaps even valuable (Bulloug, 1979).

1.3 Present Scenario

At present, though there are still many challenges faced by homosexuals, they are now in a much better place than they were before, laws have been passed for protection of their rights against discriminations and for same sex marriage. Netherlands was the first country to legalize homosexuality in 2001. Since then, many other countries have also legalized '*Same-sex marriage*', and today, homosexuality is recognized across the globe. One of the first Gay Rights Movement was the *'Stonewall Riots'* (1969) in New York City, USA, which led to the formation of a very active gay rights organization called the Gay Liberation Front (GLF). Today, '*the Rainbow Flag'* constituting six colors; red, orange, yellow, green, blue, and purple – indicates homosexuality, representing the diversity of their community.

In India, gay people are also getting recognized and with the repeal of IPC 377 (2nd July, 2009), which 'decriminalizes' same-sex behaviour, they are gaining recognition and are 'coming out of the closet' in a more visible manner. One of the biggest organizations which is doing tremendous work for gays in the country is SAATHI, and they are in fact the forerunner in the repeal of IPC 377.

In Mizoram, as far as history could tell, homosexuality has never been accepted in the society. And with the advent of Christianity in the state, over a hundred years ago, the people have adopted a very rigid and conservative outlook, stigmatizing any behaviors that are prohibited in the Bible. Today, though gay men and lesbian women find little acceptance in the Mizo society, we can say that there gaining recognition and are given their freedom to an extent that many gay men have started coming out of the closet. There are no published research studies on gay men in Mizoram and the researcher had access to only one study conducted by the Synod Social Front, a leading FBO that works under the Presbyterian Church.

1.4 Statement of the Problem

Mizoram is a state known for organizing its activities around religion and its people are highly influenced by Christianity and biblical teachings. Therefore, gay men and lesbian women find little acceptance in this society because the Bible does not allow its practice. Although, Mizos are heavily influenced by modernization and westernization, the general population has negative attitudes and perceptions toward homosexuality which result in stigmatization and discrimination of people who practice it. This is evidenced by field interactions in community settings. These negative attitudes affect the social and psychological stability of gay men and lesbian women and further result in other risk behavior. It is also likely to reduce their opportunities for development. But despite all this, the number of gay men in the state is rapidly becoming more visible. Also, because of religious pressure people in this state are restricted on their articulation on homosexuality. The present study is based on the understanding that negative perceptions by society and low self-esteem of gays is likely to hamper their access to services due to the discrimination faced. Further, poor social support will result in greater possibility of indulgence in risk behavior.

1.5 Objectives

1. To explore perceptions related to gay men
    i. To understand the self-perception of gay men in Mizoram
    ii. To explore perceptions of church elders and Community leaders with reference to gay men in Mizoram.
2. To study discrimination against gay men in family and neighborhood context.
3. To identify the psycho-social challenges faced by gay men.

4. To explore the perceived social support system of gay men.
5. To suggest social work intervention strategies to reduce stigma and discrimination.

T**heories Related to Homosexuality**

Any research study has to be planned within a theoretical framework. The section below briefly reviews the theory propounded in relation to homosexuality.

A Unified Theory on Homosexual Identity

This theory is formulated by E.M.Recio, where he attempts to identify the prominent problems of a strictly social constructionist theory as it pertains to homosexuality. Social constructionist theories on homosexuality - and, indeed on sexuality in general - have concentrated on the latter in a setting of social control. And while it is easier to understand the labeling and categorizing of humans through historical study of the methods of social control, for laws controlling human actions, specifically sexual conduct, are written in well kept records, there is a lot to be gained by switching the focus to the victim in such cases, rather than *exclusively* focusing on the offenders (*www.polywog.org/sociology/sexuality/sctrer).*

The theory is a partial redirection of the studies on "Queer" theory, and this partial redirection leads us to unify a moderate Social Constructionist theory with a moderate essentialist theory.

- **Social Constructionist Theory**

The social constructionist theories believe that sexuality is defined in a backdrop of temporal and cultural factors and shared a belief that humans have nothing which is innate, or immutable. Humans are constructed from the society and times in which they live; sexual behaviour is a product of social conditioning rather than biological factors (*www.polywog.org/sociology/sexuality/sctrer)*.

- **Essentialist Theory**

This theory claims that humans have a fixed sexual orientation, determined at birth, and it is that of perfect bisexuality. Social factors are irrelevant both for

determining a person's sexual orientations as well as for people's understanding of this concept. Humans have a fixed sexual orientation, determined at birth, and for the entire population, it is distributed along a continuum, ranging from exclusive heterosexuality to exclusive homosexuality. Social factors are irrelevant both for determining a person's sexual orientation as well as for people's understanding of this concept (*www.polywog.org/sociology/sexuality/sctrer)*.

- **The Unified Theory**

Social constructionist seems to have gone too far by totally denying the existence of *any* trans-historical and cross-cultural enquiry into the homosexual identity. The notion that homosexual identity arose from the heterosexual (and homophobic) labelling, and border patrolling (the separating of the "self" from the "other") is too narrow-minded. However, the essentialist notion of an individual being subservient to his genes is equally preposterous. Society is not composed of animals subject to nature's randomness.

We may all be born with the gene that dictates how thin or heavy we are. This by *no* means dictates *how* we eat. Based on the type of society that we grow up in, we may learn to eat heartily: to load up on starches like pasta and red meat. In other cultures we may be brought up to share our food equally first amongst our peers. Very dependant on our eating habits, we may, or may not fall subject to this gene. In this case, our eating habit is what is socially constructed. Similarly, the essentialist may make a claim that we all must eat to survive. The essentialist in this claim is correct in asserting that we all must eat. However, in the social world of humans, *how and what* we eat is socially constructed. In relevance to the material at hand, we are all in some form or another (at least - some less and some more) sexual beings (essentialist) and

how we act on our sexuality is exceedingly influenced by societal forces (social constructionist.).

Sexual identity is more than just acts, or behaviors of a particular nature. It is, in effect, a way of life. While "normal" people may not define themselves in relation to homosexuals, gays do, indeed, define themselves in relation "normal" people. This is true of any minority ethnic, racial or religious class. A heterosexual does not need to identify himself as one; a white Anglo-Saxon protestant does not need to identify himself as such. On the other hand, a black female has two factors to identify herself as if she were of Latino origin the fact that she is a female would come before the fact that she is black. If she was of American origin her race would be more of an issue than her sex. The identity to a particular class, race or ethnicity, however, as much as it comes from within – class awareness or consciousness - there is also external factors. It comes from what the person in the minority considers are his unique characteristics - achieved or ascribed statuses in order of importance (*www.polywog.org/sociology/sexuality/sctrer)*.

The fact that some people consider themselves heterosexual, even though they have performed homosexual acts, is as much a societal attribution as an internal identity. Sexual Identity is a complex subject that deserves more than just a narrow minded simplistic explanation: for either the essentialist view or the social constructionist views. We have much to learn from enquiry into sexual identity. This does not mean that the issue is settled on either side of the debate. Further, this is not an exhaustive attempt to defend or critique either theory. However, this theory is formulated with all hope that there is a redirection of scholarly forces in an attempt to find an exhaustive and explanative theory which is neither shortsightedly essentialist nor dogmatically socially constructed. (*www.polywog.org/sociology/sexuality/sctrer)*.

3.1 Perception

Perception, according to Irvin Rock, is a unique field of inquiry with a purpose to explain objective facts and events. It is a term used to refer to the awareness of objects, qualities, or events stimulating the sense organs (Rock, 1975). In relation to this, let us now examine a few literatures on perception of homosexuals by different societies

Vivien K.G. Lim in 2002 conducted research to examine individuals' attitudes towards *homosexuals* in Singapore and investigates whether gender differences in attitudes towards homosexuals exist. It also attempts to examine attitudes towards *homosexuals* in a non-western context because most research on this subject focused on Western samples and there is a possibility that different cultures may hold varying attitudes towards the issue of homosexuality.

For this research, questionnaires were formed and handed out to three educational institutions in Singapore. Permission was obtained from the respective contact persons at the educational institution and classes were selected randomly by them. Respondents in each institution were given ten minutes briefing about the aims and motivations of the study, as well as instructions for the survey. The researcher was also present during the briefing to answer any queries raised by the respondents. Samples consist of 365 students with an average age group of 20 (Vivien K.G. Lim, 2002).

Results of the study suggest that youth in Singapore still show rather negative attitudes toward *homosexuals*. Findings also reveal that people were generally more tolerant toward homosexuals if their interaction with the target person is at a less intimate level, for example, being a neighbour as opposed to a son; this holds true in studies conducted in the West as well. Findings also showed that respondents were

more tolerant towards female homosexual than to male homosexuals. Turning to the results on gender differences, findings reveal that women, in general, were comfortable being in the midst of male homosexuals while the reverse holds true for male respondents. The findings from this study suggest that attitudes towards homosexuals in general is rather negative and there is a gender difference towards them with female being more acceptable towards them than their male counterparts. It also suggests that further needs to be done to change individuals' attitudes towards homosexuals in Singapore (Vivien K.G. Lim, 2002).

In 2009, Jerel P.Calzo and L. Monique carried out a study where the purpose was to examine how young women and men of different ethnic backgrounds develop their attitudes toward *homosexuality*. They classify the sources of attitudes to sexual communication broadly onto two agents; the formal and informal. Formal sources of information include health care professionals and school sex education courses; informal sources include parents, friends and the media and in this study, researchers have chosen to focus on the informal agents (Calzo and Monique, 2009).

In the study there were 745 undergraduates attending Midwestern University. Samples ranged in age from 17 to 27 years and include different ethnic groups; White, Black, Asian and Latino. Using a tool adapted from Fisher, participants were asked to indicate on a 4-point scale with a choice from *nothing* at 0 and *a lot* at 3 how much information parents, friends, school/sex education courses, television/movies, and magazines had provided about homosexuality. Analysis was done on communications that college students recalled receiving from informal sources during their formative years, focusing on both the amount and value content of the messages (Calzo and Monique, 2009).

Overall, findings illustrate notable source, sex, and ethnic group differences in students' early exposure to messages about homosexuality. However, findings also highlight the contributions of parental education and religious practices to several of these differences, suggesting the need for complex analyses of how demographic variables affect emerging sexual attitudes. In regard to the issue of which informal socialization agents contribute the most information about homosexuality, participants recalled receiving the most information from television/movies and friends, and the least amount from parents. Although parents in general may not address homosexuality very frequently, the data lead to a belief that the conversations they do have about homosexuality are heavily value laden. The parents of the Asian participants were perceived as providing less indication that homosexuality is a matter of orientation, not morality. Parents of Black participants were perceived as having discussed homosexuality more frequently than were other parents; analyses of the values communicated showed that Black parents were also perceived as having offered greater indication that homosexuality is perverse and unnatural. In addition, the friends of Black participants were perceived as providing significantly more conservative messages about homosexuality than were the friends of White participants. One important finding, however, is that after controlling for parental education and for religiosity, the significant differences between the Black and White participants disappeared. Such a result lead to a belief that although ethnic group differences in the socialization of attitudes toward homosexuality may exist, these differences may be attributable to other demographic factors that co vary with ethnic group membership. It should also be noted that the sex differences found in this study indicates men being less likely to receive LGBT (Lesbian, Gay, Bi-sexual and Transgender) positive messages than women (Calzo and Monique, 2009).

Bernadette C. Hayes, in a study to understand the influence of gender on public attitudes toward *homosexua*l rights in Britain, focuses on role of respondents' gender in distinguishing their attitudes towards the adoption rights of lesbians and gay men.

Results have a number of implications for *homosexual* activists and policy makers in Britain. First, adoption rights of homosexual men and women have little support among the British public. Regardless of whether lesbians or gay men are considered, the overwhelming majority of respondents strongly disapproved of homosexual couples adopting children and remains the same regardless of differences in socio-demographic background or ideological belief. Thus, at least as far as changes in relation to the equalization of adoption rights between heterosexuals and homosexuals is concerned, the ultimate success and popularity of such an initiative remains extremely doubtful. Second, this is not the case, however, for attitudes toward the general public acceptance of homosexuals. Here, both policy makers and homosexual activists can expect much higher levels of support among the British public at large. However, when advocating for equality in rights, both policy makers and homosexual groups need to be aware that various subgroups may react differently. For example, whereas women, the young, the better educated, and the sexually tolerant are more likely to react positively to an equalization of occupational rights between homosexuals and heterosexuals, men, the old, the uneducated, and the sexually conservative are more likely to reject any such initiative. Finally, regarding the attitudes of public acceptance towards homosexuals, results did differ by gender. Men who defined homosexual relationships exclusively in male-only terms were consistently more likely to report negative attitudes toward the public acceptance of homosexuals than all other groups. Thus, for this issue at least, male and female

attitudes toward the public acceptance of homosexual relationships were differentially affected by their perceptions concerning the gender-specific nature of the homosexual relationship (Hayes, 1997).

In an article written by Falk Stakelbeck & Udo Frank (2003) we find a brief hstorical background, and concepts of homosexuality after 1945 and attitudes towards them in the present day. The article describes the attitudes towards gays and lesbians as found in the theory of psychiatry and psychotherapy in Germany, primarily focusing on West Germany. Homosexuals had always been treated with disrespect in the history of Germany and gay men's persecution (175 of the criminal code was first drafted in 1871 and eventually became the law) in all German states. After the Nazis rose to power, in 1935 they made the article even more restrictive, sending many homosexuals to concentration camps where they were exterminated.

After the Second World War, this article remained in force for a few more decades, however, in 1969, homosexual acts between adult men ceased to be criminal offence. There was a shift in the homosexual paradigm, where psychiatrists and sexologists both exclusively discussed concepts which maintained that homosexuality was psychopathological. They regarded all forms of sexuality that deviated from the reproductive drive and from conservative institutional support as perversions, rather than a normal variant of human sexuality. In other words, "perversion"- that is the practice of non-heterosexual, genital intercourse-was regarded as an attack on social institutions. It was further argued that perverse behavior is destructive because it could become subject of a progression, an "addictive cycle" (Stakelbeck and Frank, 2003).

While the post-war years, debate over the liberalization of Germany's criminal law was dominated by socially conservative professional voices, a changed climate

would emerge after the student revolts of the 1960s, the women's movement and the early gay liberation movement of the 1970s. Each of these had an influence on the theories of homosexuality that emerged over the following years. The role of the homosexual outsider was now regarded as a positive factor and interpreted as a motivation to change society. The changed social climate and the social movements were critically evaluated by a new generation of sexologists. The history of psychoanalysis was being re-evaluated. The underlying assumptions of fundamental, historical psychoanalytic concepts, such as penis or the death instinct were questioned (Stakelbeck and Frank, 2003).

At the end of the 1980s, the appearance of AIDS significantly changed German society's attitudes towards gay men. The creation of German AIDS organizations earned gay activists increased respect. Sympathy with the victims of the disease was probably another factor in increasing tolerance and acceptance. Soon afterwards, the first debates about creating legal forms of same-sex partnerships began. Today, there are a number of openly gay or lesbian doctors and psychologists, even an occasional gay or lesbian consultant or medial director, who appear to suffer no significant disadvantages because of their homosexuality. Overall, gay and lesbians nowadays are likely to face a range of responses-from existing homophobia and heterosexism, to acceptance. There is no question that changes still need to be made (Stakelbeck and Frank, 2003).

3.2 Self Perception

Gregory M.Herek, Jeanine C.Cogan and J.Roy Gillis in 2009 conducted a study on internalized Stigma among Sexual Minority Adults from a Social Psychological Perspective.

2259 respondents were taken from Sacramento, California (1170 women and 1089 men). Revised Internalized Homophobia Scale (IHP-R; Herek, Cogan, Gillis & Glunt, 1998; Meyer, 1995) was used, which focussed on respondents' attitudes toward their own sexual orientation. The items were administered with a 5-point response scale ranging from 1 (disagree strongly) to 5 (agree strongly).

Results indicate that bisexuals perceived they had more choice about their sexual orientation than did homosexuals, and women perceived more choice than men. However, most gay men, lesbians, and bisexual men believed they had "no choice at all" or "very little choice." The article states that believing that one's homosexuality is a choice was associated with less-stigma than believing one had little or no choice about being gay or lesbian. Also respondents experienced significantly more negative self-attitudes to the extent that they reported less positive affect about belonging to the lesbian, gay, and bisexual community. This felt stigma motivates some individuals to hide their sexual minority and attempt to pass as heterosexual (Herek, Cogan, Gillis, 2009).

Malcolm Cross and Franz Eptin, 1994, discuss that the implications of owning a homosexual identity may be positive or negative, depending on the consistency of this identity status with an individual's personal notion of their ideal self. The construction of self as homosexual may be a prompt for the experience of despair, affirmation, or the elaboration of the individual. These varied experiences are attributable to the unique construction of homosexuality by the individual and the intersection of this construction with the individual's values. Gay communities have developed and consist of pubs, clubs, restaurants, clothes shops, hairdressers, taxi services and newspapers, and this infrastructure provides a sense of belonging and security and encourages a gay identity. Gay identification, as a result to feelings of

alienation and separation from mainstream heterosexual life style choices, can give rise to feelings of belonging. Options associated with gay lifestyles can provide a sense of "home coming" afforded by the opportunity to step into a ready-made pattern. Even in a small state like Mizoram where visibility of gays is less, the presence of such clubs and hops/parlours encourages gay identity.

Kristin H. Griffith and Michelle R. Hebl, conducted a study where they examine if disclosure of sexual orientation at workplace result in higher job satisfaction and lower job anxiety for gay men and lesbian women. They formed four hypothese, all related to how *'coming out'* can have positive results in the workplace for gays and lesbians, and how, if an organization is perceived to be supportive towards gay/lesbian employees and has supportive structures, the more gay/lesbian workers will have disclosed their sexual orientation at work.

A sample was taken from Houston, Texas, where a total of self identified 220 gay men and 159 lesbians served as participants. The mean age of respondents was 39 years of age and all participants were employed at the time of the study with an average of7.5 years at their current jobs. Data was collected by using three different strategies. A 350-page publication listing nonprofit clubs, businesses, and establishments that self-identified as gay/lesbian-related or friendly was used and if the groups and places that were randomly selected from this list agreed to participate, survey sheets were given to their gay or lesbian with an agreement to pay $5 for each completed survey that was returned and $100 to each of club, business, or establishment. Second, participants were searched through a citywide gay/lesbian monthly publication. Third, a booth was rented at a gay/lesbian business exposition where a raffle was offered to win a $20 gift certificate to a local bookstore. A six-page survey form was used and participants were informed that the study investigates the

experiences of both “out” and “closeted” gay and lesbian workers. Anonymity and confidentiality was assured. The first page of the survey contained demographic questions and the next five pages contained the study measures where participants responded to all items on 7-point Likert scales (Giffith and Hebl, 2002).

The results revealed that disclosing sexual orientation at work was related to higher job satisfaction and in addition to this, having a written non-discrimination policy, and showing support for gay/lesbian activities was related to more disclosure behaviors, more positive coworker reactions, less perceived job discrimination, and less unfair treatment from a boss or supervisor. Besides this the study also reveals that lesbians were more accepting of their sexual identity than gay men (Giffith and Hebl, 2002).

Christopher J. Rowen and James P. Malcolm (2002) conducted a study that examined correlates of internalized homophobia (IH) and homosexual identity formation (HIF) to find out if internalized homophobia was significantly related to lower levels of self-esteem, to lower levels of self-concepts of physical appearance and emotional stability, and to higher levels of sex guilt.

Participants in the study consist of 86 male subjects from Sydney, Australia, who identified themselves as behaviourally homosexual in the age group of 19 to 78 years. The sample was recruited through advertisements in gay community newspapers, gay community saunas and leaflets distributed at other gay venues. Respondents were informed about the confidentiality of their identity and were given the option of completing the questionnaire in a face-to-face interview with the researcher, or to conduct the interview by phone. The questionnaire used in this study comprised of six sections. The first section composed of general demographic information, the second section asked about the Gay Identity Development

Questionnaire where the scale uses 45, *true* or *false*, statements. The next section to the questionnaire comprised measures of physical self-concept, emotional stability and general self-esteem and the fourth section measures sexual guilt of participants. In the fifth section, Internalized Homophobia Scale (IHS), developed by Ross and Rosser (1996) was used which measures public identification with being gay; perception of stigma associated with being gay; social comfort with gay men; and moral and religious acceptability of being gay. And the last section comprises of questions that ask about perceptions of societal, familial and religious repression, specific to homosexuality (Rowen and Malcolm, 2002).

The result of the study showed that *high levels of internalized homophobia among behaviorally homosexual men are associated with less developed gay identity and there is higher sex guilt for men who practice religion than those that did not.* Higher internalized homophobia among the current sample was also associated with lower self-esteem and a poorer self-concept in the areas of physical appearance and emotional stability (Rowen and Malcolm, 2002).

Richard R.Trioden conducted a study on how gay men chose their sexual identity and engaged themselves in homosexual behaviors. The study tried to identify how gay men form their sexual orientation through different developmental stages. The concept of gay identity contains the components of same-sex sexual activity, same-sex attraction, self-identification as homosexual, involvement in the homosexual subculture, and same-sex romantic attachments was the basic understanding in the study. In this research these identities are viewed as being acquired in four stages: sensitization, dissociation and signification, coming out, and commitment.

Interview method was used on a sample of 150 gay men. Snowballing technique was used. The sample was drawn from three cities; New York, Suffolk

County, and Minnesota. Respondents were between the ages of 20 and 40 years (Trioden, 1979).

With reference to *'Sensitization'*, participants reported that during the early stage (before age 13 years), they were dimly aware, if aware at all, about the nature of their sexual orientation. And in the later stage (13-17 years), almost all, of them experienced a feeling of sexual difference, with nearly two-thirds engaging in their first homosexual activity during this stage with a mean age of 14.9 years (Trioden, 1979).

The second stage, *'Dissociation and Signification'*, consists of differentiating between sexual feelings and/or activity from sexual identity. In this stage respondents stated questioning their sexual identity as heterosexuals, and the mean age at which such questions started to surface is 17.1 years. During this stage, participants tried to explain, find excuses or justify their sexual activity because they feel that it is just a phase of sexual development (Trioden, 1979).

The third stage, *'Coming Out'*, includes self-definition as homosexual, initial involvement in the homosexual sub-culture, and redefinition of homosexuality as a positive and viable lifestyle alternative. Labeling sexual feelings as homosexual occurred at the mean age of 19.7 years and the mean age at which homosexual self-designation occurred was at 21.3 years, with 'meeting other gay men' being the most common cause leading to homosexual self-definition. Before arriving at homosexual self-identifications, almost all respondents recalled having viewed homosexuality as a form of mental illness which then changes roughly after a year of being a self-defined gay man (Trioden, 1979).

The last stage, *'Commitment'*, consists of emotional involvement and the adaptation of a homosexual lifestyle as a way of life, and also includes the taking of

an exclusive lover. The mean age at which participants started their first love affair is at 23.9, and at this stage they were contented and happy with to their choice of sexual orientation (Trioden, 1979).

The model pointed out that gay identities are not viewed as acquired nor does it tries to convey that the development of this identity is inevitable for those who experience the first stages. It simply points out that the process of acquiring a gay identity is delicate and that it is filled with doubt, confusion and uncertainty (Trioden, 1979).

3.3 Psycho-Social Challenges

Psycho-social challenges refer to those challenges faced by an individual psychological and socially. Gay men suffer from these challenges though the types may differ from culture to culture or from one community to another.

Faye Mishna, Peter A, Andrea Daley, and Steven Solomon (2009), conducted a study and explore the perspectives of service providers and youth advocates working with lesbian and gay communities in order to increase understanding of bullying of lesbian and gay youth.

There were nine key informants ranging in age from twenty five to forty four years. Three self identified as lesbian, four as gay and two did not self identify based on sexual orientation. The informants provided services to lesbian and gay youth in various settings and occupied diverse roles, including a teacher, a social worker, and youth peer counselors and advocates. For this study purposive sampling was used and face-to-face, half-hour interviews were conducted using a semi-structured interview guide (Mishna.et.al., 2009).

Six categories emerged from the results; prevalence, sites and perpetrators, institutional and community factors, effects of bullying, barriers to addressing, and

strategies to address bullying. Respondents emphasized that bullying of lesbian and gay youth continues despite an overall increased level of acceptance by the society and the locations where bullying of lesbian and gay youth occurs included schools, families, places of worship, public places, and, also cyberspace. Institutional factors in educational settings that contributed to bullying of lesbian and gay youth comprise inadequate training for people who are working with youth, and a lack of equity-based policies inclusive of sexual orientation and failure to hold staff and students accountable under existing equity-based policies. The media were viewed as powerful institutions that shape attitudes toward lesbian and gay youth and both foster as well as mitigate lesbian and gay bullying. At the community level, respondents cited family and religious institutions as potential domain of support to contexts in which bullying occur; when parent support is there, students are far more successful. Respondents also noted that in more suburban and rural areas there is greater tolerance for homophobic bullying and emphasized on the importance of the lesbian and gay community as a potential protective environment. On effects of bullying, respondents reported different psychological, academic and social effects of homophobic bullying. Psychological effects included low self-esteem, anxiety and depression, substance abuse, suicide attempts, and homelessness. All respondents expressed lesbian gay bullying is not adequately addressed and identified three main barriers to addressing bullying: denial, dilution and fear of reprisal. Respondents also identified strategies to address lesbian and gay bullying; additional funding for lesbian and gay youth programming within existing organizations, such as schools and shelters; inclusive school curricula, beginning in kindergarten, with a focus on acceptance of individuals and communities and on appreciating differences, reinforced by support throughout school (Mishna.et.al., 2009).

Peer victimization of lesbian and gay youth often goes unreported and is pervasive in school context, leaving victimized children and youth at risk for internalizing negative self-images (Mishna.et.al., 2009).

A research done by Jameson K. Hirsh and Jon B. Ellis (1998), took 62 subjects divided into two groups according to their self reported sexual orientation; heterosexual where average age group was 21 years and homosexual with an average age group of 25 years. All participants completed the 72 items from '*Expanded Reasons for Living Inventory'* (RLF) that measures beliefs and expectancies that are reasons for not committing suicide. The items on the RFL are scored on a 6 point Likert Scale.

Results indicate that gay men and lesbian women show fewer reasons for living than heterosexual men and women. A possible explanation for increased suicide rates in homosexual individuals by the authors is that they have less adaptive characteristics, or reasons for living, than heterosexual individuals, which would normally prevent a person from attempting suicide. Homosexuals have higher scores in suicidal tendency than heterosexual does and also test higher in fear of social disapproval, and moral objections to suicide.

Luis Ortiz-Hernández and José Arturo Granados-Cosme in 2006, studied violence against bisexuals, gays and lesbians in Mexico City. 318 bisexual and gay males (BG) and 188 bisexual and lesbian females (BL) were surveyed with a self-applied questionnaire.

Results showed that little more than a third of the population received verbal offenses in the last year due to their sexual orientation, while in adults more than half of them had been verbally offended for the same motive since they were 18 years of age. Offensive or denigrating words may be used by aggressors to remind the

aggressed of their inferior condition. Insults and verbal threats are a form of symbolic violence and generate fear concerning the possibility of being physically attacked. The authors state that the permanent perception of both physical and symbolic violence risks exposes LGB to a greater risk of mental diseases such as depression, anxiety, suicide attempts and suicide. Regarding physical violence, in childhood 8% of interviewees were hit or beaten because of gender stereotypes transgression, while in adolescence the percentage was 6%. Results also showed that, a tenth of the population was persecuted due to their sexual orientation in the year previous to the survey and 7% were hit by the same reason. A fifth of the adults had been victims of persecution at least once since they were 18 years of age and 16% had been hit or beaten. Sexual violence was also frequent, because 18% had endured sexual harassment and 15% were "sexually molested" (includes kissing, caressing and fondling) in the year previous to the survey. Further to quote the studies, in adults, 29% had been victims of sexual harassment and 23% had been sexually "molested." Violence frequency due to gender stereotypes transgression is lower in adolescence than in childhood and the same trend is observed for verbal insults, humiliations and mockery, theft and harm of property and physical aggression. An explanation of this decrease in violence due to gender stereotypes transgression is that individuals modify their behaviors, that is, BG males stop being feminine or reduce certain feminine traits and LG females do the same regarding masculine traits. Another explanation is that in families, as individuals grow, tolerance towards gender stereotypes transgression increases. Results of this study indicate that because of their sexual orientation LGB are more prone to being victims of verbal and physical abuse.

Scott L.Hershberger and Anthony R.D'Augille from Pennsylvania State University, conducted a study in 1993 to examine the effects of victimization for the

mental health status and suicidal ideation of lesbians, gays and bisexual. It sought to understand the impact of verbal abuse, physical threats and assaults on the mental well being of LGB and if in serious cases may result in attempted or idealization of suicide.

Lesbians and gays community centers were identified and contacted for obtaining participants and those that agreed to participate were given detailed instructions about the test; responses were received from 14 community groups with a total of 221 participants with an age group between 15 to 21 years. Two standardized scales, the Rosenberg Self-esteem Inventory and Brief Symptom Inventory were used. Verbal abuse or threat attacks, loss or damaged of property, objects thrown to participants or being chased, and physical abuse, sexual or otherwise, were assessed. Other variables like, family support, self-acceptance and self esteem, suicidal thoughts and, other mental problems were also tested (Hershberger and D'Augille, 1993).

Results showed that from the three levels of victimization, level one (Verbal Abuse) has the highest occurrence and level three the lowest (sexual and physical abuse). Suicidal tendency is also high among this group with a reported 42% who had attempted suicide. Findings also showed that there is a relation between victimization and family support and self acceptance but no such relation between victimization and mental health problems and suicide. Infact, it was found that family support and self acceptance act as a mediator between victimization and mental health and suicide, stating that the former acts as a buffer for the later (Hershberger and D'Augille, 1993).

3.4 Religion

Church and religion play important roles in shaping peoples' perception and attitudes. Church elders and religious leaders are looked upon as people with high values and are therefore respected. In relation to homosexuality, religious teachings have a significant impact on peoples' belief in its practice.

A paper written by Kenneth A.Locke, in 2008, evaluates the Bible's statements on homoeroticism by explaining their historical, cultural, linguistic and narrative contexts. It finds that while the Bible is silent on matters of orientation, it does seem to adopt a negative attitude toward at least male same-sex sexual encounters. This finding however, is in itself irrelevant unless it is related to how communities use and make sense of the Bible. There are many biblical prohibitions and condemnations that are ignored by most fundamentalist Christian groups. The article states that the Bible while being a most sacred text may not be applicable in the modern world. The authors that state Christians do not give equal weight to every biblical teaching. Also, which teachings are emphasized or ignored differs between denominations and communities. The paper explained the context of homosexuality as found in several different passages in the Bible. From these explanations the conclusion that the desire to be with the same sex was not totally opposed but the practice of it would lead to punishable consequences by God may be concluded. To quote, "when Paul talked about homoeroticism, he was not simply talking about the context, but homoeroticism in relation to the sin of idolatry. He regarded the former as a punishment for the latter. Also, it could be seen that although male homoeroticism was hotly debated in ancient classical culture, female homoeroticism received far less attention. Male and female same-sex behaviors were treated as separate categories, unrelated to each other." The paper articulates that the only reason why people accept

the authority of the scriptures is because there is another authority which tells them to do so. There is a constant tension between the Bible, community, tradition and leadership, and all four are constantly changing according to the authors.

Esly Regina Carvalho in an article on Christian Approaches to homosexuality, discuss three approaches to homosexuality from a Christian perspective

The first approach perceives homosexuality as caused by demons. According to this approach, the following beliefs are held:

a. that there are demons;
b. that they can invade people;
c. some Christian circles allow the possibility that Christians can also have demons although they cannot be possessed by them, while other groups do not allow this as the "body is the temple of the Holy Spirit" (I Cor. 6:19) and there can be no communion between light and darkness in one person's body.

The second approach perceives homosexuality as a conduct disorder. Within this approach, homosexual behavior is perceived as sinful, but makes a significant distinction: the difference between homosexual behavior (where homosexual acts are practiced) and homosexual orientation (where there exists an attraction for persons of the same sex, but there is no practice of homosexual acts; in fact, there are situations where the person rejects such feelings and desires). The writer recognizes that the practice of homosexual acts is sinful, since the Bible already clearly condemns such behavior (Gen. 19:1-11; Lev. 18:22; Judges 19:22-25; Rom. 1:25-27; I Cor. 6:9; I Tim. 1:9-10. in this article, Collins states that in no place does the Bible condemn homosexual orientation, although fostering fantasies and homosexual thoughts can lead an individual to commit the sin of lust (in the same way that this occurs with heterosexual persons).

The last approach to homosexuality as perceived by Christians is as an Alternative Lifestyle. The author states that it may come as a surprise to Christians in some parts of the world, but the idea of being a Christian and an active homosexual is defended by many Christians, especially in the United States and Europe. Their understanding is that there is no Biblical condemnation for a "monogamous" and lasting homosexual relationship within the context of love and whose counterpart would be heterosexual marriage. Further argument by a few churches on the possibilities of being a Christian and homosexual, and that there is no need to change one's orientation, but that one should avoid promiscuity and casual sex, maintaining lasting marriage-like relationships with one partner is also cited. These churches are generally led by homosexual people and have developed what is known as "Christian gay theology" (*bible.org/article/homosexuality-christian-perspective*).

The writer also points out two stages in any recovery process regarding homosexuality: the first is healing -- evaluating past experiences, many times reliving them in order to let go of them; the second aspect is that of learning. When the root causes of the past have been discovered, and the healing process has been initiated, the person is ready to progress in the psychosexual development that was previously arrested (*bible.org/article/homosexuality-christian-perspective*).

The article helps to reflect upon this subject with sincerity and the writer ardently expresses a desire that it leads to take a position of compassion towards those who suffer because of their sexual orientation. To quote, “No one can reach the ‘stature of the perfect person’ of Jesus Christ (Eph. 4:13), without the grace of God. The truth is all of us need redemption” (*bible.org/article/homosexuality-christian-perspective*).

In a paper written by Suresh Parekh, in 2003, we find a brief overview of sexuality and homosexuality in the Hindu civilization. In ancient India, it was

considered normal for woman to have intimate relationships with other women. In pre-Islamic texts, men and boy prostitutes and dancers who service men are represented in descriptive, non-condemning terms, as normally present in court and in daily life. The paper also discussed changing attitudes towards gay people in modern India. In so far as homosexuality has never been totally accepted in India, anti homosexual attitudes in various forms and to various degrees have existed and been expressed throughout the history of India states the author. Hindu culture in India treats homosexual practice with privacy but not with hatred. There are many organizations today promoting the civil rights of gay men and lesbians. The paper also tries to understand homosexuality in India by using few research studies published in psychiatry and psychology journals, unpublished reports, and interviews with psychiatrists and clinical psychologists. The findings were that these practitioners view homosexuality as an abnormality if and when it is stressful and interferes with the day to day activities of an individual. But if it is not interfering with the individual's progress, with his or her adjustment and when it is not stressful, then it is considered normal. The paper also presents a few case studies and newspaper reports to highlight where homosexuals have different negative encounters with psychiatrists, families and friends, which shows the need to accept homosexuals as they are because changing their sexual orientation is not the best solution and will only bring them more stress, anxiety, fear and depression.

3.5 Social Support

In a dissertation submitted by Kevin M. Campbell, to The California School of Professional Psychology, in 2000, a study was conducted to examine gay male couples from a variety of perspectives. The study measures the perceptions of gay men regarding the characteristics of their relationships, the social support structure in

which gay couples exist, and the extent to which partners support stereotypical ideas about the way men should act. There were 6 hypotheses in the study, all related to social support that gay men received or did not receive from outside which either have a positive or negative may result in their psychological and social functioning.

For the study, 126 participants were recruited at booths secured at gay-related festivals. This sample was restricted to self-identified gay male individuals who had been in a couple relationship with another man for at least one year's duration and were 18 years of age or older at the time of data collection. Five different scales were used for data collection, namely, California Inventory of Family Assessment-Received from Male Partner Version (CIFA-RM), Multidimensional Scale of Perceived Social Support (MSPSS), Gay Social Support Index (GSSI), Male Role Norms Inventory (MRNI), Brief Symptom Inventory (BSI), and a Background Information Questionnaire (BIQ).

Results indicated that greater amounts of social support were related to better psychological functioning with higher amounts of support from significant other resulting in strongest relationship with fewer psychological symptoms. Also greater support from friends was related to fewer psychological symptoms; however, family support did not bear significant relationship with psychological symptoms. This indicates that support from friends is more important than support from family, and that gay couple more significant source of support is their "families of choice" their friendship network (Campbell, 2000).

In 2005, Oksana Yakushko, the purpose of the study was to explore the effects of existential well-being, social support, and conflict over one's sexual orientation on gay, lesbian and bisexual (GLB) individuals' self-esteem. In addition, the study explored the effects of conservative or non-conservative religious backgrounds in the

lives of the participants and if there is a correlation to accepting ones sexual orientation.

Samples for this study were recruited at an international conference focused on the GLBT "Welcoming Movement" in primarily Christian denominations entitled Witnessing Our Welcome 2000 (WOW, 2000). A total 104 participants completed surveys with an age group between 18 to over 65 years. Four different scales were used to assess different variables, and for assessing 'stress over sexual orientation' there were no scales that could directly be used so participants respond to statements on a four-point Likert-type scale. In addition to questions asked through the different scales, person's demographic characteristics, such as their age, education, and experience with counseling, inquiries about childhood and adulthood participation either in religious/spiritual conservative or "full acceptance" communities or groups were also made (Yakushko, 2005)

Results indicated that participants who have attended a conservative church had higher stress over their sexual orientation and lower self-esteem in comparison to those who have not. Having a sense of social support appears to relate to the higher levels of self-esteem in GLB individuals and receiving a full acceptance view of homosexuality, is significant to a more positive view of oneself and perceptions of social support for one's life (Yakushko, 2005).

3.6 Health In Relation to HIV/AIDS

When AIDS was first reported in 1982, it was referred to as the *'the Gay man disease'* because it was first discovered among gay men. Since then gay men had always been thought of as one of the modes through which the disease had been spreading vividly all around the world.

In a study conducted by J.L.Peterson et.al, 2009, the association between condom norms and unprotected sexual intercourse was examined within social and sexual networks of young African American men who have ex with men (MSM) in an HIV epicenter of the southern United States.

The sample consisted of one hundred and fifty eight respondents who answered structured questionnaires. Results show that nearly a fifth of participants were classified as having high risk to HIV. Condom norms seem to support safer sex behavior with most participants reporting that their friends would approve or strongly approve of their abstinence from sex with a new partner if condoms were not used. The study also shows that homosexuals are consistent in their acceptance of condom norms that support safer sex behavior with new partners and their frequency of low-risk sexual behavior. The most prominent results of the study were the low prevalence of risky sexual behaviors and the significantly lower condom norms for men in the high-risk group than for men in the no-risk group. In the overall sample, the vast majority of men perceived moderate to high approval from their friends and that their friends would use condoms with new sexual partners (Peterson, 2009).

The results prompt potential ideas for network interventions as promising approaches to alter peer norms toward unsafe sex with African American MSM because peer norms spread through networks initially with influential 'trend setters' who persuade others through their actions (e.g modeling) to adopt the relevant attitudes and behaviors. Peers serve as agents of change especially with homosexuals, and provide one of the most readily available strategies for such interventions (Peterson, 2009).

Grant Colfax et.al in 2004, also conducted a study on homosexuals related to substance abuse and sexual health risk. They try to find out if there is a connection

between substance abuse and unprotected sex which in some cases leads to the contraction of HIV.

For this study 4295 participants were interviewed through different medium; outreach on the street, clubs, bars, bathhouses, sex clubs, health clubs and video arcades. They were asked about their sexual activities and substance used 6 months prior to their interview for the study. Data were then analyzed to find out the rate of their substance use, sexual appetite and their vulnerability to HIV (Colfax, 2004).

Results were that, substance use in the prior 6 months was common, with 90% of participants reporting alcohol use, marijuana, poppers and hallucinogens. Another finding was that most substances were associated with high-risk sexual behavior and for unprotected anal sex it was found that popper, amphetamine, and sniffed cocaine and heavy alcohol consumption were used prior to the sexual activity. This increased sexual risk and vulnerability to HIV because it widens their chances of having sexual intercourse with unknown partners on heights of their intoxications. The study also found that older participants and those with less education and lower incomes were more likely to report unprotected anal sex, as were depressed participants (Colfax, 2004).

Among this large cohort of urban, HIV – MSM, it was found that heavy alcohol use and use of poppers, amphetamines, or sniffed cocaine in general, as well as specially just before or during sex, were significantly associated with increased risk of having unprotected anal sex with an HIV positive or unknown partner. Findings support direct link to the timing of substance use to sexual activity and, and support analyses of the association between substance use and high-risk sex and clarify the role of use during sexual episodes.

Maria de los Angeles Pando, et.al conducted a study in 2003 to determine human immunodeficiency virus (HIV) prevalence in a sample of men who have sex with men (MSM) in Buenos Aires City and to identify risk factors associated with HIV infection. Participants were invited to receive HIV counseling and testing by means of informative leaflets distributed in gay nightclubs, porno cinemas, gymnasiums, and in the streets. During the encounter, the study was explained by a trained social worker and individuals were invited to volunteer for the study.

Human immunodeficiency virus was detected in 96 of 694 MSM. Fourteen (14.6%) of the 96 HIV-positive MSM were already aware of their HIV status. In analysis, HIV infection was found to be associated with older age (30–39 years), being unemployed, a previous sexually transmitted disease (STD) history, and having an HIV-positive partner. Cocaine consumption and irregular use of condoms with occasional partners were also found to be risk factors. No significant differences in HIV prevalence were detected based on education level, nationality, number of sex partners, having a steady partner, or having sex with foreigners. The high HIV prevalence finding suggests an urgent need for implementation of effective prevention campaigns (Pando, 2003)

Kyung-Hee Choi, Esther Sid Hudes and Wayne T. Steward in examined the potential mediating role of sex partner concurrency in explaining associations between experiences of homophobia and financial hardship and HIV risk behavior

Data was drawn from a snowball sample of 477 MSM in Shanghai who participated in an HIV prevalence and risk behavior survey from September 2004 to June 2005. Subject recruitment began with outreach activities at Men having sex with Men (MSM) venues such as bars, dance clubs, and restaurants to find initial ‘‘seed’’ participants and invite these seeds to help with recruitment. The survey instrument

contained questions on demographic characteristics (e.g., age; education; self-reported sexual orientation, etc) and asked about characteristics of the five most recent male sex partners and the five most recent female sex partners in the past 6 months. These characteristics included: partner type (a steady partner such as a lover or a boyfriend or a non-steady partner such as one-night stand or a casual pick-up); the first and last time (month and year) they had anal or vaginal sex together; frequency of insertive and receptive anal intercourse, vaginal intercourse, and condom use during intercourse (Choi, 2005).

The study found substantial rates of unprotected sexual intercourse among MSM in Shanghai, and highlights the important role that social and financial contexts play in these behaviors. It was also found that there is a significant positive direct association of experiences of homophobia and financial hardships with having unprotected anal sex with men. A majority of the participants reported unprotected anal sex with at least one other man and approximately one-third reported having concurrent sexual relationships with different men. Also less than one-seventh of MSM reported unprotected sex with both men and women and less than one-fifth had concurrent partnerships involving both men and women. This behavioral pattern contributes to HIV transmission when it occurs and men who had concurrent male and female partnerships are more at risk. As part of the study, the role of homophobia and financial hardships in the risk behaviors of participants was also examined. Over one-fifth of MSM reported being a target of homophobia at some point during their lifetime and a majority reported financial hardships in the previous 6 months. Experiences of homophobia were associated with a greater prevalence of unprotected anal intercourse with other men. Financial hardships were associated with unprotected anal sex only when controlling for male partner concurrency. These results suggest

that homophobia, financial hardship, and sex partner concurrent should be addressed to help reduce sexual risk for HIV among MSM in China (Choi, 2005).

The literature reviewed above helps in drawing some conclusions.

- The methodology for studies on gays has often meant contact through pubs, clubs, hair dressers, etc.
- Snowballing as a technique to draw sample has been commonly used.
- Several studies have focused on self-perception, stigma and discrimination and many studies reveal that verbal abuse and threats have been directed at gays across cultures on account of their sexual orientation.
- Religion, particularly Christianity and through the church has held strong views against homosexuality and this has lead to severe guilt related to gay status.

The review above has however also highlighted some research gaps

- Much of the studies related to gay men, particularly in reference to self-esteem, perceptions and stigma has emanated from the West.
- In developing countries such as India where gaps are fairly invisible population, methodological directions are poorly documented.
- Positive aspects related to gay rights, advocacy, and movements are less represented in literature as compared to issues like abuse, stigma and HIV/AIDS.
- Many research studies have used the general term ‘homosexual’ to include both gay men and lesbian women, however, studies that focus on any one category would reveal differences in attitudes to gay men and lesbians.

4.1 Pilot Study

Work done

The trainee carried out the following activities to supplement her understanding of the field

4.1.1 Case Vignettes: The trainee conducted 4 case studies on MSM

Case No.1:

Name: Ben (fictitious name)

Age: 30 yrs

Educational Qualification: B.Com

Mr. Ben is a single child and was pampered by all his family members. As a child he never had any sexual attraction towards the same sex. When he was in the 8th standard his mathematics teacher favored him and gave free tuitions. One day the very unexpected happen, he and his teacher had a sexual intercourse which was the first time he ever had any physical experience with the same sex. As a child he was always labeled as 'gay' because he had a very feminine voice, and with the experience he had had with his teacher in adolescence, he started to believe that he is gay. From 2007 he started having stable relationships with gay men and became what people termed as 'MSM'. The same year he told his parents and though it came as a shock to them in the beginning they've learned to accept him for who he is. He is currently working at a leading corporate office as Voice and Accent trainer and has a live in foreign partner. Their relationship is doing great and they have been together for more than a year now. Mr. Ben told the trainee that MSMs in Mizoram are very much discriminated as compared to the ones living in metropolitan cities and whenever he comes home he would feel that he is committing a great sin but the feeling would disappear when he goes back to his place of work. He wanted to

advocate for gay rights in Mizoram but with the demand of his work he hardly has the time but has written an autobiography which he plans to publish.

Case No.2:

Name: Paul (fictitious name)

Age: 19 yrs

Educational Qualification: 10th standard

Mr. Paul is the eldest of three children. He was a normal child and never had any physical attraction towards the same sex. He was an active member in the church and the community and contributes as much as he can. He went to Bangalore in 2007 to work at a call centre and had an affair with a Naga gay man, and that's when he realized he was gay. He kept his identity from his families but told his friends who left him after knowing the status. Then he came home to Aizawl and started working at an NGO. He told his parents about his status and was told to move out from his own home. With nowhere to go he went to a co-worker's home who is also MSM. He welcomed him and asked him to stay as long as he wants. Currently he is shifting homes between families and is still working with an NGO. Mr. Paul told that he finds it difficult to understand why God created homosexuality when it is a sin. And he feels that God will one day take action against him. Keeping all this in mind he wanted to go back to being a normal guy but he feels that people are going to judge him so he is stuck in his current life. He also feels that with Christianity dominating Mizoram, gay life doesn't stand a chance in the society and feels that there is not much discrimination in other cities as it is here. He wanted society and the church to understand the life of gays and let them be *as they are* so that they can become productive member for the society.

Case No.3:

Name: Simon (fictitious name)

Age: 25 yrs

Educational Qualification: 4th standard.

Ten years ago, Mr. Simon migrated to Aizawl from a village in Mizoram, hoping to find a better means of life. He was not highly educated which makes it difficult for him to find jobs but with the help and support from relatives he managed to enroll himself in a training centre for tailoring. He mastered the trade in a year and started earning by working in tailoring shops. He managed to get many clothes to stitched and earn a reasonable salary. Then he rented his own apartment, bought his own sewing machine, and had his own valued customers. He was making a living on his own and he was happy. From his early adolescent years he had always been attracted to the same sex and have partners of the same sex, but never indulged in sexual activities. Having a place of his own and enough money to spare, his number of friends increased tremendously and he started taking up alcohol and drugs. He claims that his sexual appetite increased too and he found himself having different partners with whom he had sexual intercourse. But this world of fun is an 'expensive game' and he started running out of money. His health started deteriorating as well. Six years passed and he found himself losing his good health and becoming dependent on drugs and alcohol. This made it impossible to rent his own home and continue his business, and he started living with different relatives and friends, shifting from one home to another. In the end he was put into an institutionalized home.

After a year in the home, he was able to do away with his dependence on drugs and alcohol, and was released from the institution. He went to a friend's home and was able to start his tailoring again. But the business did not flourish like before. Customers were limited and so was his health. One day, he got two anonymous visitors, and had a meaningful interaction with them. After they left he found that they had been invited to come over by his friend and got to know that they are NGO workers. They were friendly and warm, and as per their invitation he started visiting their office very often. At the agency, he saw a doctor and got his blood tested free of cost. When his blood results came it shattered his world. The most threatening disease that he knew, HIV, was in his blood. It broke his heart but he knew it was the consequences of the life he had lived years ago.

At present, with the help and support from FXB, he is taking the required medicines regularly which improved his health greatly. He is now able to rent his own apartment, find regular customers and start his tailoring business again. He lives with his nephew and niece and has a happy home. He is now aware about safe sex and never has unprotected sex anymore. Also he is now able to play the role of an educator to his friends about the importance of safe sex and how it can prevent HIV/AIDS.

Case No.4:

Name: Peter (fictitious name)

Age: 35

Educational Qualification: 12^{th} standard.

Mr. Peter is the only child though he had step sisters and step brothers. He is pampered by all his families because he was an obedient child. He started to

realize his sexual orientation at the age of 14 yrs but denied it as long as he could. He had girlfriends and 'hung out' with straight men and tried to live a normal life. He even had a child born out of wedlock. But no matter how much he tried he was always attracted more to the same sex so he eventually learned to accept that he was indeed 'born gay'. So far he has had many stable relationships, out of which four have got married and he was the best man in three and even gave the 'bride price' for two. At present he is in two relationships, one with a younger unmarried man and one with a married man. Peter told the trainee that he loves the younger guy while he is just 'enjoying' the married man, using his money and getting free drinks from him. In between he would also have short affairs if he got the opportunity. He enjoys having affair with married men because they are scared that their wives would find out and he could manipulate them as he wishes. He also mentioned that Mizo society perceives gay as 'abnormal' and highly discriminates against gays. Peter said that he is not planning to get married either to the opposite sex to hide his identity or to the same sex to fulfill his sexuality. He wants to remain unmarried and enjoy his life.

Findings:

From the case studies it was found that the problem of MSMs is far more problematic than what is projected. There are people who get married to the opposite sex to build a wall and hide their identity. This becomes a problem because the urge to be with the same sex does not subside and eventually leads to the initiation of extra marital affairs with gay men. It was also found that many homosexuals are sexually manipulated early in their lives by the same sex which triggers their urge to continue the practice. Also findings include that MSM have high sexual appetite and are not picky with their partners, and since they have no fear of pregnancy they usually do not

see the need to use condoms making them vulnerable to HIV and other sexually transmitted diseases. Further, MSMs in Mizoram see themselves as highly discriminated by the society and they long to be accepted or otherwise just be ignored and let them carry out their activities without the prejudices.

4.1.2 Focus Group Discussion (FGD): A focus group discussion with MSM was conducted to find out their attitudes towards how society perceives them in Mizoram. FGD with men and women separately were also conducted to find out their attitudes towards homosexuals and how they think society perceives them as a whole.

- *Focus Group Discussion with MSM*

  Members present: 7

  Venue: Concealed to protect confidentiality

  Age Group: 19 – 40 years

  Date: 12. 10.2009

  Time: 1:30 pm to 3:00 pm

  Topic: Attitudes towards how society perceives MSM in Mizoram.

The discussion started with an introduction and stating clearly about the research topic and requesting their kind presence for participation. First discussion was on how society perceives MSM in Mizoram. The participants' response was that there is very limited acceptance of MSM by the Mizo society. There is no understanding about the lives they live and there is high discrimination and people treat them as 'jokes'. They are God's most beautiful creation and they feel stigmatized without support from the society. With Christianity being a dominating religion in Mizoram, gay acceptance is very low in the society but they find it hard to understand

why God created homosexuals if it is considered a sin. They are not MSMs by choice but are born with it and they stress on how society see them as abnormal group and how much it damages their confidence. They want society to leave them alone and let them do their activities in their own space without judging them. Participants mention that there are many gay men who turned out as they are because society teased them for their feminine characteristics like their voice, the way they walk etc. When there are such encounters a person can feel that since he had already been labeled as gay man he eventually convinced himself that he is indeed gay and grew up to be one. Discussion was also held on different types of MSM, which are; receivers called *bottom*, givers called *top*, and both receivers and givers called *versatile*. They also mention that all gay men are not MSM and there are men who would have an affair with the same sex but would not actually perform any sexual activities. Discussion was made on correlation between HIV/AIDS and MSM as well. The participants discussed how HIV is highly spread by them. This is so because they are men and there is no worry for them getting pregnant and so they don't usually use condom when they indulge in sexual intercourse. They also mentioned that MSM spread HIV/AIDS much more than Commercial Sex Workers do. Also to hide their identity they get married to the opposite sex and spread HIV to their wives and families. Lastly discussion was on how to make society change their perceptions and attitudes towards MSM. Participants decide that the best way to start will be by having talk shows but censoring their face to protect their identity. Other measures that can be taken are awareness in homes about parental guidance for men who are born with feminine characteristics etc.

- *Focus Group Discussion with Women:*

  Members present: 8

  Age Group: 19 – 26 years

  Date: 11. 10.2009

  Time: 2:00 pm to 4:30 pm

  Venue: Concealed to protect confidentiality

  Topic: Societal attitudes towards homosexuals in Mizoram.

The discussion started by stating clearly the purpose and goals of the research. Participants first discussed whether tendency towards homosexuality has more to do with biological or environmental factors, to which one participant feel that it has more to do with biological factors whereas the rest think otherwise. Though there are a few who accept homosexuals, Mizo society, in general do not accept them and they believe this leads to more problems because homosexual activities are going on under the radar which are difficult to detect. They also mentioned that gay community, in general have a huge 'gay pride' which makes them rebel and enjoy doing activities that are not acceptable by the society. Though acceptance of homosexuals is very much advocated by the participants, it was felt that it is *against the Christian belief* and therefore will be a difficult task to carry out. It was also pointed out that Mizoram has a young society and hence this acceptance will evolve in the many years to come, when Mizos as society becomes a bit older and liberal. Examples were also given with drug and alcohol dependence which was considered a sinful activity in the past and how drug addicts were not welcomed in the church or community activities. But after a few decades this approach has shifted to a more liberal one where people with drug and alcohol addiction are no longer highly discriminated like before but instead much has been done to improve their conditions

and church leaders would invite them to attend church services and many institutions have been set up for their rehabilitation. Likewise participants agree that acceptance of homosexuals by Mizo society will come along as the years pass. Also interventions to promote homosexuals acceptance were discussed where participants believe that the church should not be inflexible and try to understand the lives of homosexuals and introduce teachings which do not condemn them but instead teach the people not to discriminate *even* if they cannot accept them.

- *Focus Group Discussion with Men:*

  Members present: 9

  Age Group: 23 – 28 years

  Date: 13. 10.2009

  Time: 12:00 pm to 3:30 pm

  Venue: Concealed to protect confidentiality

  Topic: Societal attitudes towards homosexuals in Mizoram.

The discussion was started by explaining the purpose and significance of the focus group discussion. Participants all agreed that Mizo society in general do not accept homosexuals and this is basically because of our strong dominant religion, Christianity. According to them, homosexuals are discriminated and abused by the people and looked upon as an abnormal group, who are not able to conform to the norms of society. The group stress on the importance of parents and their parenting skills on dealing with a such fraction of the society and said that men who are born with feminine characteristics and women born with masculine characteristics stick to their innate identity if proper and cautious environment is provided for them to grow up. Example: "*Boys who like hanging out with girls should be asked to have friends*

who are of the same sex as well and play with cars rather than dolls". Eventually they will learn to accept their masculinity and become what society termed as 'normal'. Discussion was also held on whether causes of homosexuality have to do more with biological or environment factors, to which all participants agreed that environment plays a greater role than biology does, though there can a few who are born a homosexual. Participants also talked about how homosexuality is brought about by the changes that occur in society. They also agreed that homosexuals are not committing a sin but consider them entirely as abnormal and are not worth respecting. They gave example on this ground stating that, if a gay man is a high ranked officer and they were to work under him, they would do as he says because he is the boss but would not have any respect or high opinion of him because of his sexuality. Participants also talked about how gay men in Mizoram are used as accessories by women, especially adolescent girls explaining that girls love to show off that they have a gay friend. They stress that this could lead to increasing number of gay men in Mizoram because this group of people long for attention and belongingness.

Findings:

From the FGD with MSM, the trainee found that homosexuals do not think of themselves as abnormal and consider themselves as part of the community. They want society to accept them as they are and if that is too much for them to do because of their Christianity than they should at least just leave them alone in their own space, without the teasing and discrimination. In a way they blame God for creating homosexuality when the Bible says that it is a sin but they do not deny that fact that they are not conforming to the norms of the society.

From the FGD the trainee also found that women had more understanding about the lives of homosexuals than men do. They show higher acceptance of them and hardly see them as being born abnormal. Both men and women accept that this is part of changes in the society but is against the Christian belief which makes majority of the society discriminating and unable to accept their existence.

4.1.3 Home Visits: Interactions through home visits along with the outreach workers revealed important observations. Three homes were visited and interactions were held with clients. One client is a 15 year old boy who stitches clothes and earn his own pocket money. But he is not accepted in the family especially by his father. When he was visited the boy he was with his mother and stitching clothes. It was evident that his mother does not give him any attention and when he was invited to visit the NGO for and the boy got dressed and was about to leave, his mother spoke to him in a very harsh tone telling him to come home as soon as possible and not to hang around 'here and there'. The disrespect and anger in the tone of the mothers' voice was very visible. On their way to the NGO the boy suddenly panicked and ran inside a shop, after a while he came out and told the trainee that he saw his father and had to hide from him. His action shows that his fear of his father is extreme and proves that he is indeed not accepted by his family.

Another home was visited where the client is 23 year old man. He has three younger brothers and one of them is also gay, and they are both accepted by the family. The family has a shop where they sell food items and he put in a great deal of hard work which was highly appreciated by his parents. The client revealed that his family has no objection with his sexuality and they have a happy home.

Another home visit also reveals a 25 year old man who lives in a very rigid home environment where homosexuality is a taboo. Information was gained that the parents had no knowledge of their sons' sexuality which gives a lot of anxiety to the client. The man discloses that if he had the opportunity to '*come out'* it would give him great relief and spare him his everyday stress and worry.

Findings:

From the home visits it was found that there are differences in families towards their attitudes towards homosexuals. While some accept them as they are, others are completely against it. Visits also reveal that people who are accepted by their families have a happier live than those who are not accepted and give them the opportunity to contribute as active members of the family as well as the society.

4.1.4. **Key Informant Interviews:** Interviews were conducted with the community leaders to find out their attitudes and perception on homosexuals. Interactions were held with two Young Mizo Association (YMA) leaders, three Mizo Hmeichhe Insuihkhawm Pawl (MHIP) leaders and 3 church leaders. From these interviews she found that acceptance of homosexuals in the community is moderate. The YMA leaders perceived them as a group of people that changes in the society bring along and do **NOT** consider them as a nuisance. But they think homosexuality is 'curable' and that it has more to do with the psychological set up of a person. The MHIP (leading women's organizations) leaders on the other hand believe that it has more to do with the environment that a person grows up and stresses on how parenting can influence the sexual identity of a child. But biological factors were not ignored

completely and they believe that there are people who are born gay and society has no right to discriminate such people because it's the way God made them. The church leaders were more towards environmental factors contributing to homosexuality and told the trainee that attraction towards the same sex can exist but when a person acts on those urges it become a sin. They told the trainee that society play a great role in expanding the gay community and we need to start at the family level by promoting special parenting skills in dealing with people who are born differently. The trainee also interviewed 4 health care providers; 1 doctor and 3 nurses, where they reveal that they reveal that sexuality is a choice and there is no such thing as being '*born gay*'. But though this is their perception the researcher was told that they do not stigmatize gay men and lesbian women and treat them like everybody else when providing health care services. NGO functionaries were also interviewed who showed no discrimination towards gay men and they perceive homosexuality as a choice but stress that individual choices should be respected.

Findings:

From the interviews it was found that community leaders do not totally discriminate homosexuals. They believe that homosexuality is curable and that parents play a great role in bringing about this cure. Attraction to the same sex is accepted as long as it does not involve sexual activities and that people should not be labeled as gay just because he or she possess characteristics of the opposite sex. Since environment play the biggest role in contributing towards the tendency of homosexuality, society should be aware about the role they play in their lives and stop with the teasing and joking because this leads to more problems than solving it. Health care providers do not discriminate homosexuality but they do feel reveal a

rather negative attitudes towards conforming to such sexuality. On the while they also pointed out that this does not affect their behavior in providing health care services to gay men. NGO functionaries perceived homosexuality as a choice but do not discriminate any gay men for choosing it and that individual should be respected in their personal choices.

Conclusions:

Focus Group Discussions (1 each of adult straight men, women and with gay men) were held to assess societal perceptions towards gay men in Mizoram. Key Informant Interviews were conducted with 2 YMA leaders, 3 MHIP leaders and 3 church elders to find if there are any discrimination that exists within the community and church. 4 case vignettes and 3 home visits were also conducted to find out self perception of gay men and to discover any perceived stigmatization by them within family, friends, church and neighborhood context. These pilot study approaches and the review helped in finalizing tools and methods.

Self perception of gay men reveals that they were not contented with themselves, and report feelings of inferiority. Further they perceive their sexuality as not transient and therefore require special care and understanding.

Perceptions of gay men by church leaders and vice versa reveal that religion is perceived by gay men as restricting and persuasion to change sexual orientation is felt. Further, church elders consider gay men as sinners if they embrace their sexuality in actions.

In reference to community leaders, attitudes towards gay men is not so negative and they perceive homosexuality as curable hence indicating the suggestion

the homosexuality is 'just a phase', and suggests environmental factors do exist and parents play a huge role in bringing about this changes in sexual orientation.

4.2 Methodology

The design for the study is exploratory in nature and this is a cross-sectional study. The universe consists of all gay men residing in Aizawl.

4.2.1 Sampling

The only NGO (FXB) which offers exclusive services to gays was identified and contacted. A list of all gays accessing services in these agencies was obtained. This number at the start of the study consisted of 180 gay men. *Snowballing technique* was used to contact as many gays in the networks of the attendees in the NGO list to arrive at the sample. A total of 70 gay men were accessed and questionnaires were distributed to them. 54 of them returned the questionnaires, making the return rate 77%.

4.2.2 Data Collection

The study is based on the primary data collected through qualitative and quantitative methods. The qualitative data on perceptions about gay men, perceived discrimination and social support was collected through structured questionnaires distributed to gay men after obtaining informed consent.

For quantitative data, structured questionnaire was employed which includes socio demographic information, perceptions on gay men, discrimination and stigma faced in family, neighborhood, health, education, employment contexts, as well as adequacy and satisfaction with primary, secondary and tertiary social support systems. Social Networks of gay men is also documented.

Qualitative methods like Focus Group Discussion (FGD), Key Informant Interviews, Home Visits and Case Vignettes were employed. Three FGD was conducted, one each with adult '*straight*' men and women was employed find out perceptions related to gay men held by members of the community, and another with gay men to understand their self perception and perceived discriminations in the society. Further, church elders and community leaders were also interviewed to find out the attitudes and stigma towards gay men. Three home visits and four case vignettes were also used to identify psycho-social challenges faced by gay men in the family and neighborhood context.

4.2.3 Data Analysis

Data obtained from the structured questionnaires was processed using microsoft excel, microsoft word and SPSS, and presented in the form of simple percentages. Data from FGD, Case Vignettes, Home Visits and Key Informant Interviews are also presented.

The study employed the use of a questionnaire and sent out structured questionnaire to seventy gay men using snowballing technique. Fifty-four of them returned the questionnaire and consented to participate in this study making the return rate 77%.

4.1 Demographic Particulars

Table 1: Demographic Profile

N= 54

Sl.No		Frequency	Percent
I	**Age**		
	Below 18	5	9.3
	18-25	37	68.5
	26-45	11	20.4
	46-60	1	1.9
II	**Educational qualification**		
	cl-X below	3	5.6
	cl-X	14	25.9
	cl-XII	23	42.6
	BA/B.Com/B.Sc	13	24.1
	MA/M.Com/M.Sc	1	1.9
III	**Marital status**		
	never married	45	83.3
	married	5	9.3
	divorced	4	7.4
IV	**Denomination**		
	presbyterian	41	75.9
	baptist	5	9.3
	salvation	3	5.6
	seventh day	4	7.4
	others	1	1.9
V	**Clan**		
	NA	5	9.3
	ralte	14	25.9
	sailo	5	9.3
	hmar	5	9.3
	fanai	3	5.6
	chhakchhuak	2	3.7
	others	20	37.0
VI	**Occupation**		
	no employment	21	38.9
	self employment	22	40.7
	govt.employment	2	3.7
	pvt.employment	9	16.7

Source: Computed

1. Age: Age is an important variable in a research especially when the tool for collecting data is a questionnaire, because older people tend to have a different

solid opinion on statements to be answered. In this study the age group is divided into 5 categories; i) below 18 yrs, ii) 18-25 yrs, iii) 26-45 yrs, iv) 46 – 60 yrs, v) 61 yrs and above. Results indicate that over two-thirds of the respondents (68.5%) fall under the age group of 18 – 25 yrs and a lone respondent falls under 46 – 60 yrs. This shows that gay men in urban Mizoram are of younger age and are generally in their youth. Also, since snowballing technique had been used and the researcher first identifies gay men within this age group, it can be said that, other gay men within the same age group have been taken as samples.

2. Educational Qualification: This is another important variable because educational level of a person contributes to how perceptions and attitudes are formed. In the study there are 5 categories of educational qualification; i) Cl-X below, ii) Cl-X, iii) Cl-XII, iv) BA/B.Com/B.Sc, v) MA/M.Com/M.Sc. Table shows that, out of the 54 respondents, nearly half (42.6%) had completed their 12^{th} standard education and about a quarter (24.1%) had a graduate educational level. This indicates that samples are fairly educated, and Mizoram being the 2^{nd} most literate state in the country, this finding is not surprising.

3. Marital Status: Marital status of respondents in an important variable in this study because married people usually do not have multiple sex partners, and with regard to this, results show that though more than two-thirds of the respondent (83.3%) falls under the category of 'never married', almost one-tenth (9.3%) are married, indicating that married men in urban Mizoram do

have gay relationships. This is an unanticipated finding because Mizoram being a Christian dominating state, married couples are expected not to have partners besides the one they are married to, let alone have a relationship with the same sex. This can be interpreted by saying that the people are not as religiously constricted as they were in the olden days.

4. Denomination: In this study there are 5 categories of denomination namely i) Presbyterian, ii) Baptist, iii) Salvation Army, iv) Seventh Day Adventist, v) Others. All 54 respondents declare that they are Christians by faith with maximum number of them (75.9%) affiliated to the Presbyterian Church. The fact that all respondents state their religion as Christian can be explained by saying that since almost all families are of Christian households and children acquire their religion by birth and not by choice, thus explaining the indicated 100% Christianity of the respondents

5. Clan: There are 5 types of clan in the study; i) Ralte, ii) Sailo, iii) Hmar, iv) Fanai, v) Chhakchuak, and vi) Others. Just a little over a quarter (25.9 %) of the respondents belong to Ralte clan with 5 respondents not stating their clan under any of the 5 categories given.

6. Occupation: Under occupation, results show that more than one-thirds (38.9%) of the respondents are unemployed. This may in turn affect answers to statements concerning conditions and social support in workplace. The rest of the respondents (61.1%) have jobs under which self employment ranked the

highest from all the categories; i) No employment, ii) Self employment, ii) Govt.employment, iv) Pvt.employment.

Table 2: Family Particulars

N= 54

Sl.No		Frequency	Percent
I	**Head of the Family**		
	Father	49	90.7
	Mother	3	5.6
	Grandmother	1	1.9
	Self	1	1.9
II	**No. of Family Members**		
	1 to 5	23	42.6
	6 to 10	30	55.6
	11 to 15	1	1.9
III	**Primary Source of Income**		
	Govt.employment	28	51.9
	Business	26	48.1
IV	**Secondary Source of Income**		
	None	31	57.4
	Govt.employment	3	5.6
	Business	20	37.0
V	**Total Amount of Income per Month**		
	5000 to 14999	14	25.9
	15000 to 29999	25	46.3
	30000 to 49999	9	16.7
	50000 and above	6	11.1

Source: Computed

1. **Head of the Family:** There are six categories under this; i) Father, ii) Mother iii) Grandfather, iv) Grandmother, v) Self, vi) Others. Results show that an overwhelming majority (90.7%)of the respondents reveal that the head of their family is 'father', with a lone respondent each stating grandmother and self, and the remaining 5.6% had 'mother' as the household head. There are no responses for the category 'Grandfather' and 'Self'. Mizos live in a patriarchal society and therefore men are always the head of the family.Single mothers as head of the family is not uncommon either.

2. **No. of Family Members:** This is an important variable in this research because it will highlight size of family of gay men in urban Mizoram. There are five options under this which are; i) 1-5, ii) 6-10, iii) 11-15, iv) 16-20, v) 21 and above. More than half of the respondents (55.6%) come under category number 2 indicating the family size is medium , and more than one-thirds (42.6%) comes under category number 1 (small sized families). Size of family is also an important indicator of social support and hence this information was considered crucial.

3. **Primary Source of Family Income:** This variable will give us the background of family work status and help us to identify the background of family income. The different options given under this category are, i) Govt. Employment, ii) Non-Govt Employment, iii) Business, iv) Others, v) None. Results show that No respondent is without a source of income. Results also reveal only two primary source of income for all respondents (51.9%) having

Government employees in family as primary source and the rest having businesses in families as primary source (48.1%).

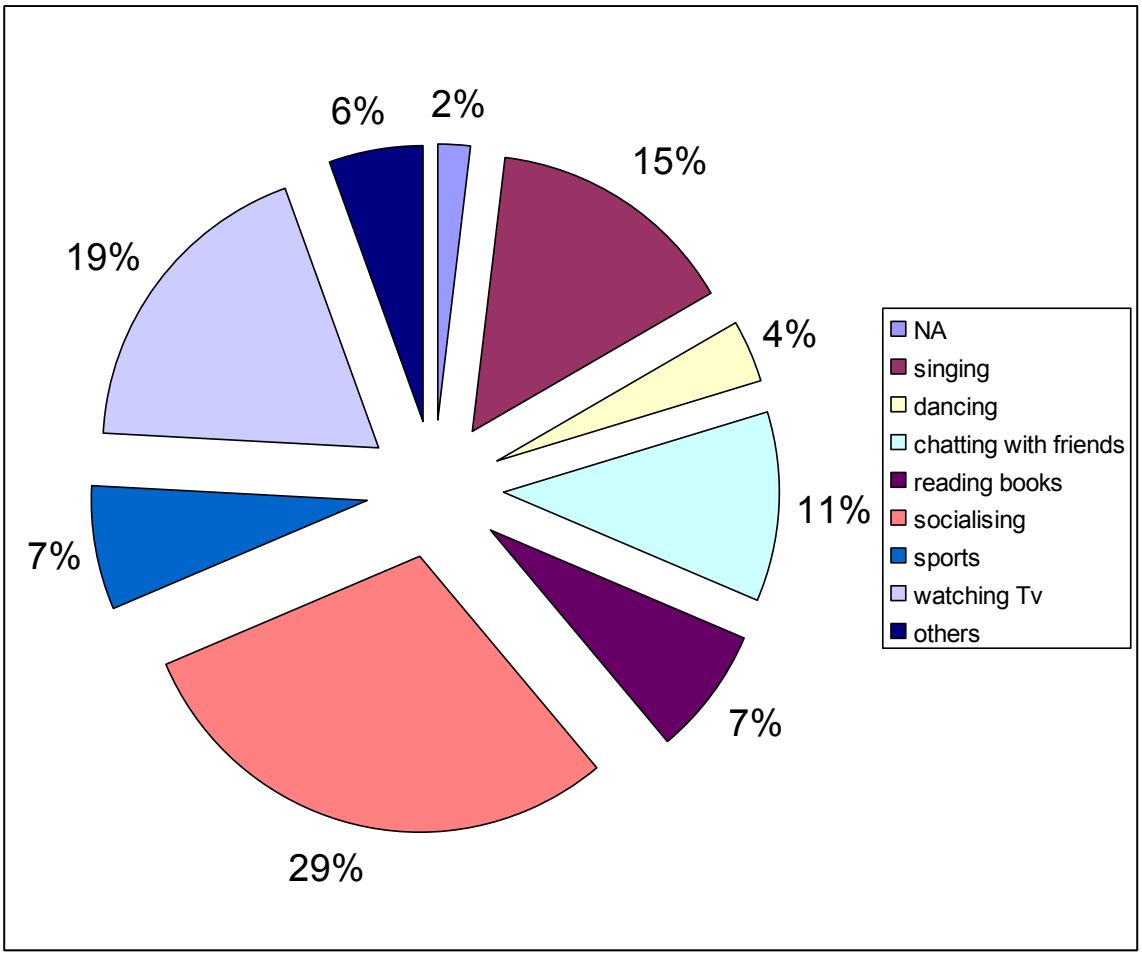
4. **Secondary Source of Family Income**: Like the above category, this also has five options; i) Govt. Employment, ii) Non-Govt Employment, iii) Business, iv) Others, v) None. Table shows that more than half (57.4%) of the respondents do not have a secondary source of income while more than a third (37.0%) have 'business' as their other source of income, and the rest (5.6%) are in Govt. employment. This table explains that though many households have employment other the government they also do their own business as an additional source of income.

   Integrating the two results from 'Sources of Family Income', we can conclude by saying that, gay men in urban Mizoram are generally associated with family business and all have working families.

5. **Total Amount of Family Income per Month:** This is an important variable in a research because it gives us information about the economic background of the respondents and helps us to identify their economic status. There are 5 classes under this which are i) below Rs. 5000 ii) Rs.5000 to 14999, iii) Rs.15000 to 29999, iv) Rs.30000 to 49999 v) 50000 and above. Results show that almost half (46.3%) of the respondent have a family monthly income 0f Rs.15000 to 29999 per month with no respondent indicating a family income below Rs.5000 per month. This indicates that gay men in urban Mizoram generally do not come from very poor families. A very significant finding also

reveals that more than one-tenth (11.1%) of the respondents have family income above Rs.50,000/ per month.

Figure 1: Hobbies and Interests



Source: Computed

This is an important variable because it shows us how respondents utilize their leisure time, and state the activities that they like to indulge themselves in, mostly in their spare hours. This variable is categorized into 8 interests; i) Singing, ii) Dancing, iii) Chatting with friends, iv) Reading Books, v) Socializing, vi) Sports, vii) Watching TV, viii) Others. Results show that almost one-third (29.6%) reveal their hobbies and interests as 'socializing'. A lone respondent did not state any interests, hence the result NA for one respondent. These findings indicate that gay men in urban Mizoram entertain themselves mostly by socializing which includes activities like parties, picnics, riding with friends, etc.

Table 3: Sexual History

N = 54

Sl.No		Frequency	Percent
I	**Age at First sexual Encounter**		
	NA	3	5.6
	Under 18	48	88.9
	18 to 25	3	5.6
II	**First sexual encounter was with**		
	NA	3	5.6
	Same gender	37	68.5
	Opposite gender	14	25.9
III	**My first sexual encounter was**		
	NA	3	5.6
	By force	8	14.8
	By choice	43	79.6
IV	**Have sex with**		
	NA	2	3.7
	Men only	24	44.4
	Women only	1	1.9
	Both	24	44.4
	Neither	3	5.6
V	**Have had sex mainly with people of**		
	NA	3	5.6
	Same age	23	42.6
	Younger age	2	3.7
	Older age	15	27.8
	No specific age	11	20.4
VI	**Sexual intercourse following substance abuse**		
	No	15	27.8
	Yes	39	72.2

Source: Computed

1. **Age at First Sexual Encounter**: This variable shows the age at which respondents had their first sexual experience and this is important to the extent that it will give us information regarding how early in their lives do gay men carry out sexual activities. There are 5 age group under this; i) under 18 yrs, ii) 18 to 25 yrs, iii) 26 to 45 yrs, iv) 46 to 60 yrs, v) 61 yrs and above. Results reveal that an overwhelming majority (88.9%) of the respondents have their first sexual encounter before attaining the age of 18 years while a small number (5.6%) had it between 18 to 25 yrs, and an equal number (5.6%) had not yet indulged in any sexual intercourse . The findings indicate that sexual behaviors are carried out very early in life, mostly while underaged, and this is also evident in a research conducted by Richard R.Trioden, where he found that gay men had their first homosexual activity at the mean age of 14.9 years.
2. **Gender With whom First Sexual Encounter was Had:** This reveals whether respondents' first sexual activity was carried out within confines of same gender or the opposite gender. It is important to know this because some gay men realize their sexuality only after encountering the opposite gender in a sexual way. There are two choices under this; i) Same gender and, ii) Opposite gender. It is evident from the table that more than two-thirds (68.5%) of the respondents experience the first sexual encounter with the same gender while a quarter of them (25.9%) encountered it with the opposite sex. Combining results of age and gender when respondents come upon their first sexual experiences we can say that their sexuality was known to them at a very early age.

3. **Consent during First Sexual Encounter:** This reveals if a respondents' first sexual encounter was with or without their consent. This is important because there are cases where forced sexual activities can lead to development of homosexuality by the victim in later stage of life. There are two options under this; i) By force and, ii) By choice. More than three quarters (79.6%) of the respondents encounter their first sexual experience as one *by choice* whereas more than one-tenth (14.8%) of them was *by force*. Results point out that there are incidents where gay men are forced to have sexual relationship with the same gender opening chances of them adapting homosexual behaviors later in life.

4. **Gender with Whom Sex Frequently With**: This is an important variable because it indicates if sexual activities are limited just to the same gender or if it is also carried out with the opposite gender as well. There are four categories namely; i) Men only, ii) Women only, iii) Both, iv) Neither. Results show that almost half (44.4%) of the respondents have *sex only with men* with a similar percentage (44.4%) stating that they have *sex with both men and women*. This finding reveals that many self proclaimed gay men in urban Mizoram are *bisexual*. This result can be attributed to the fact that Mizo community is highly religious and many gay men have relationships with women as well to hide their true identity and used it as a shield from societal discrimination. Also, a lone respondent states he carries out sexual activities *only with women*. This may be due to the fact the he is 'yet to come out', is in a denial stage or is afraid to embrace his sexuality.

5. **Age group of Sexual Partners:** This is an important variable because it will highlight what type of age group do respondents have generally have sex with. The variable has four options; i) Same age ii) Younger age iii) Older age, iv) No specific age. From the results we can see that almost half (42.6%) of the respondents has sex mainly **with the same age**, whereas over a quarter (27.8%) have it *with older age* and less than a quarter (20.4%) *with no specific age*. This indicate that gay men in Mizoram have a social network usually of the same age but surprising they do tend to carry out sexual behaviors with older age men as well.

6. **Sexual Intercourse following Substance Abuse**: Substance abuse is very common in the state of Mizoram, which is situated on the Golden Triangle route of drugs into India. The state shares international boundaries with Myanmar and Bangladesh and state territory boundary with Manipur, Assam and Tripura. Information was sought from respondents on whether they indulged in use of substances before sexual intercourse, thereby placing themselves at high risk for contracting sexually transmitted infections and diseases. There are two options; i) No, and ii) Yes. Almost three quarters (72.2%) of the respondents pointed out that they have sexual intercourse following substance abuse. The finding suggests that gay men in Mizoram do intoxicate themselves before sexual activities. This make them more prone to contracting any kind of infections or/and diseases through intercourse because when a person is intoxicated, he loses track and indulges in risk behaviour and partakes of activities he would normally not do were he sober. Also, when a person is under the influence of drugs and alcohol, and he is about to have

sexual intercourse, there is a tendency to be careless in carrying out safe sex. In many cases condoms are forgotten and in the height of intoxication, partners are also not chosen wisely hence, giving an opportunity to contract different sexual infections and diseases.

Table 4: Perceived Sexual Activities

N= 54

Sl. No	Statements	Frequency	Percent
I	**Dress in clothes of the opposite gender**		
	Strongly agree	1	1.9
	Agree	10	18.5
	Agree nor disagree	10	18.5
	Disagree	26	48.1
	Strongly disagree	7	13.0
II	**Have no women friends**		
	Strongly agree	4	7.4
	Agree	5	9.3
	Agree nor disagree	1	1.9
	Disagree	30	55.6
	Strongly disagree	14	25.9
III	**Consider myself sexually active**		
	Strongly agree	2	3.7
	Agree	18	33.3
	Agree nor disagree	16	29.6
	Disagree	12	22.2
	Strongly disagree	6	11.1

Source: Computed

This table shows us if respondents are '*cross-dressers'* or not, whether they have any women friends, and if they are sexually active. Results show that almost two-thirds (61.1%) of the respondents disagree when asked if they dress up in clothes of the opposite gender. This shows that many *gay men in Mizoram are not cross dressers* and hence they will be difficult to identify. Huge majority of the respondents (81.5%) disagree on the statement 'I have no women friends' and this indicates that they do not perceive their sexuality as a barrier in communicating with female gender. Also, when asked the statement 'I consider myself sexuality active' more than one-third (37%) of the respondents agree to it, revealing that gay men in Mizoram perceive themselves as active in activities related to sexual intercourse.

Table 5: Form of Sex

N= 54

Sl.No	Form of Sex	Frequency				Total	Score	
		always	mostly	sometimes	never		Mean	S.D
1	**Oral Sex**	10 (18.52)	22 (40.74)	16 (29.63)	6 (11.11)	54 (100)	1.7	0.9
2	**Anal Sex**	5 (9.26)	12 (22.22)	29 (53.70)	8 (14.81)	54 (100)	1.3	0.8
3	**Phone Sex**	4 (7.41)	5 (9.26)	22 (40.74)	23 (42.59)	54 (100)	0.8	0.9
4	**Conventional Sex**	3 (5.56)	4 (7.41)	23 (42.59)	24 (44.44)	54 (100)	0.7	0.8
5	**Cyber Sex**	1 (1.85)	5 (9.26)	13 (24.07)	35 (64.81)	54 (100)	0.5	0.7

Source: Computed

This variable gives us information about the different forms of sexual intercourse that gay men carry out. There are five forms under this; Oral Sex, Anal Sex, Conventional Sex, Phone Sex and Cyber Sex. These five forms are rated under four different frequencies; i) Always, ii) Mostly, iii) Sometimes, iv) Never. Results show that most gay men perform oral sex and cyber sex is least performed. This can be because may be not many respondents have access to internet facilities but we can say it is an upcoming activity.

Table 6: Self Perception

N=5

Sl.No	Statements	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree	Total
1	I feel accepted by my family	3 (5.56)	8 (14.81)	25 (46.30)	16 (29.63)	2 (3.70)	54 (100)
2	I feel accepted by my friends	6 (11.11)	28 (51.85)	13 (24.07)	7 (12.96)	0 0.00	54 (100)
3	I feel accepted by the church	1 (1.85)	7 (12.96)	26 (48.15)	18 (33.33)	2 (3.70)	54 (100)
4	I feel accepted by the society	0 0.00	6 (11.11)	31 (57.41)	16 (29.63)	1 (1.85)	54 (100)
5	I feel guilty because of my sexuality	1 (1.85)	20 (37.04)	19 (35.19)	8 (14.81)	6 (11.11)	54 (100)
6	I feel inferior because of my sexuality	1 (1.85)	22 (40.74)	12 (22.22)	14 (25.93)	5 (9.26)	54 (100)
7	In terms of sexuality, I am content with who I am	1 (1.85)	13 (24.07)	27 (50.00)	7 (12.96)	6 (11.11)	54 (100)
8	I view my sexuality as an abnormality	2 (3.70)	9 (16.67)	15 (27.78)	20 (37.04)	8 (14.81)	54 (100)
9	I would feel disappointed if my child turned-out to be gay	5 (9.26)	7 (12.96)	25 (46.30)	10 (18.52)	7 (12.96)	54 (100)
10	I believe that homosexuality is a transient condition	3 (5.56)	3 (5.56)	12 (22.22)	21 (38.89)	15 (27.78)	54 (100)
11	Experience suicidal tendency	1 (1.85)	1 (1.85)	9 (16.67)	16 (29.63)	27 (50.00)	54 (100)

Source: Computed

Self Perception is an important variable because it indicates us how gay men perceive themselves and highlight how they feel within family, friends, and community. There are eleven statements under this variable where respondents have to give answers on a five-point scale which are; i) Strongly Agree, ii) Agree, ii) Agree nor Disagree iv) Disagree, v) Strongly Disagree. Results show that almost half (42.6%) of the respondents are not contented with who they are, over one-thirds (38.9%) feel inferior because of their sexuality, more than a fifth (22.22%) agree that they would feel disappointed if their child turned out to be gay, two-thirds (66.7%) perceived that homosexuality it is not a transient condition, and many of the respondents were undecided about whether family (46.30%), church (48.15%) or society (57.41%) accepted them, however, almost two-thirds (62.96%) perceived that they are well accepted by their friends. These findings reveal that self perception of homosexuality by gay men is skewed negatively where they do not feel contented with their sexuality, felt inferior and would be unhappy if their child turned out to be gay. This feeling may occur because of the fact that homosexuality is taboo in Mizoram and public opinion is rather negative approach. Also, with one-thirds of the respondents perceiving homosexuality as not a transient condition, we can say that gay men do have the opinion that homosexual behaviors are not just a phase and something that they would get over in time, but rather a life-long conduct. Within their social network, it is evident that they perceive their friends as accepting them. Younger generation tend to accept homosexuality more than their elders. Further, from the FGD that the researcher conducted with gay men and from case vignettes that were taken it was evident that gay men do not find their sexuality as abnormal but as something they are born with it. However they stress on how society sees it as an abnormality which

affects their confidence and self-esteem. So, to conclude we can say that, gay men perceived their sexuality as something that is innate. This is supported by a research conduct by Gregory M.Herek, Jeanine C.Cogan and J.Roy Gillis in 2009 where they found that , most gay men, lesbians, and bisexual men believed they had “no choice at all” or “very little choice” in choosing their sexuality.

Table 7: Psycho-Social Challenges

7.1: Family **N= 54**

Sl.No	Statements	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree	Total
1	Family forbids from socializing with other men	0 (0.00)	4 (7.41)	7 (12.96)	25 (46.30)	18 (33.33)	54 (100)
2	Family compels me to socialize only with other men	2 (3.70)	8 (14.81)	14 (25.93)	20 (37.04)	10 (18.52)	54 (100)
3	I have been forced out of my home because of my sexuality	1 (1.85)	1 (1.85)	3 (5.56)	28 (51.85)	21 (38.89)	54 (100)
4	I am overlooked in decision making within the family	1 (1.85)	3 (5.56)	14 (25.93)	18 (33.33)	18 (33.33)	54 (100)
5	I have been painfully verbally abused by my family	4 (7.41)	6 (11.11)	5 (9.26)	23 (42.59)	16 (29.63)	54 (100)
6	I have been subjected to physical abuse by my family	2 (3.70)	1 (1.85)	4 (7.41)	22 (40.74)	25 (46.30)	54 (100)
7	I have been sexually abused within the family	1 (1.85)	3 (5.56)	5 (9.26)	25 (46.30)	20 (37.04)	54 (100)

Source: Computed

Family is one of the first social networks that a person is introduced to and therefore we are likely to look for help and support in this system when the need arises. This variable will reveal if respondents perceive any psycho-social challenges from their family with regard to their sexuality. There are eight statements under this where respondents have to give answers on a five-point scale which are; i) Strongly Agree, ii) Agree, ii) Agree nor Disagree iv) Disagree, v) Strongly Disagree. Findings disclose that, less than a fifth (18.51%) belong to families that compels them to socialize with men only, and an equal number (18.52%) perceived that they were overlooked in decision making by their family. Almost one-tenth (7.41%) perceived that verbal abuse in relation to 'gay' status existed in their family. These findings show that gay men in Mizoram do face challenges in their family where they are being overlooked in decision making and are subjected to verbal abuse. These perceived challenges can be explained in the context of Mizo community being a strict patriarchal organization, where femininity is overlooked in most of the families. Respondents also perceive that family members compel them to socialize with men only and these actions may be imposed upon them because families are hopeful that homosexuality is a phase and if a gay man is forced to interact with only other men then this may influence their sexuality more towards acquiring more masculine characteristics.

7.2: Friends

N= 54

Sl.No	Statements	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree	Total
1	I have less friends due to my sexual orientation	2 (3.70)	2 (3.70)	6 (11.11)	25 (46.30)	19 (35.19)	54 (100)
2	My friends dread hanging out with me in public	3 (5.56)	3 (5.56)	9 (16.67)	21 (38.89)	18 (33.33)	54 (100)
3	My friends take advantage of my sexuality	2 (3.70)	2 (3.70)	2 (3.70)	29 (53.70)	19 (35.19)	54 (100)
4	My sexual orientation makes me feel different within my peer group	4 (7.41)	19 (35.19)	9 (16.67)	16 (29.63)	6 (11.11)	54 (100)
5	My friends abused me verbally because of my sexuality	5 (9.26)	3 (5.56)	11 (20.37)	28 (51.85)	7 (12.96)	54 (100)
6	I have been physically abused by my friends	3 (5.56)	1 (1.85)	5 (9.26)	31 (57.41)	14 (25.93)	54 (100)
7	I have been sexually abused by my friends	2 (3.70)	6 (11.11)	8 (14.81)	26 (48.15)	12 (22.22)	54 (100)

Source: Computed

Friends, in many cases are used as primary social support especially in cases where families provide inadequate help. This variable will help us to know if there are any challenges faced by gay men within their group of straight friends and if they are being subjected to any kind of abuse. There are eight statements under this where respondents have to give answers on a five-point scale which are; i) Strongly Agree, ii) Agree, ii) Agree nor Disagree iv) Disagree, v) Strongly Disagree. Results show that, majority of the respondents (81.5%) perceived that their sexuality did not affect them in the number of friends they had, whereas, more than one-thirds (42.6%) agree that they feel *'different'* in the company of '*straight'* friends, and more than one-tenth perceived verbal abuse (14.81%) and sexual abuse (14.81%) from their friends. These findings suggest that though gay men in urban Mizoram do not perceive their sexuality as a barrier to having friends they do face challenges in the company of straight friends, where a few of them are subjected to verbal and sexual abuse. They also feel different within the company of straight friends which may be so because of the perceived verbal and sexual abuse.

7.3: Workplace **N= 54**

Sl.No	Statements	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree	Total
1	My colleagues humiliate me at my work	0 (0.00)	3 (5.56)	14 (25.93)	28 (51.85)	9 (16.67)	54 (100)
2	My colleagues feel uncomfortable working with me	1 (1.85)	0 (0.00)	18 (33.33)	21 (38.89)	14 (25.93)	54 (100)
3	Customers feel uncomfortable dealing with me	1 (1.85)	2 (3.70)	18 (33.33)	23 (42.59)	10 (18.52)	54 (100)
4	I don't get good jobs because of my orientation	0 (0.00)	1 (1.85)	12 (22.22)	30 (55.56)	11 (20.37)	54 (100)
5	I am paid less due to my sexual orientation	0 (0.00)	1 (1.85)	11 (20.37)	32 (59.26)	10 (18.52)	54 (100)
6	I have been verbally discriminated in my workplace	0 (0.00)	3 (5.56)	13 (24.07)	29 (53.70)	9 (16.67)	54 (100)
7	I have been physically abused in my workplace	0 (0.00)	0 (0.00)	12 (22.22)	34 (62.96)	8 (14.81)	54 (100)
8	I have been sexually harassed in my workplace	0 (0.00)	5 (9.26)	12 (22.22)	27 (50.00)	10 (18.52)	54 (100)

Source: Computed

A lot of people face challenges and discriminations in their workplace where they are often subjected to different kinds of abuse and ill-treatment. In regard to that, this variable will show us if the same applies to gay men in Mizoram. There are nine statements under this where respondents have to give answers on a five-point scale which are; i) Strongly Agree, ii) Agree, ii) Agree nor Disagree iv) Disagree, v) Strongly Disagree. Results reveal that, less than a-third (64.9%) perceived no discomfort on part of colleagues at workplace, majority (75.93%) perceived that securing and maintaining good jobs had no relationship to their sexual orientation, less than one-tenths (5.56%) have been subjected to verbal discrimination. Findings suggest that though a few perceived verbal discrimination, they do not face many challenges as they do within their other social networks. This could be due to the fact that more than one-thirds (40.7%) of them are self-employed where they do not necessarily have co-workers because they work on their own. Eg: Many gay men in Mizoram are beauticians where they go from house to house visiting clients. Therefore they are unlikely to face any discrimination.

7.4: Church

N= 54

Sl.No	Statements	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree	Total
1	My sexuality restricts me from participation in church activities	1 (1.85)	14 (25.93)	5 (9.26)	23 (42.59)	11 (20.37)	54 (100)
2	I have been alienated by the church members	0 (0.00)	5 (9.26)	15 (27.78)	26 (48.15)	8 (14.81)	54 (100)
3	I have been disregarded by the church leaders	0 (0.00)	4 (7.41)	11 (20.37)	27 (50.00)	12 (22.22)	54 (100)
4	Church elders have advised me against my sexual orientation	0 (0.00)	4 (7.41)	3 (5.56)	32 (59.26)	15 (27.78)	54 (100)

Source: Computed

In Mizoram, religion plays a vital part in peoples' lives and Christianity is the leading religion in the state. This variable is therefore important as it will highlight the perceived challenges faced by gay men, if indeed there are any that exist. There are four statements under this where respondents have to give answers on a five-point scale which are; i) Strongly Agree, ii) Agree, ii) Agree nor Disagree, iv) Disagree, v) Strongly Disagree. Answers to these statements show that more than a quarter (27.8%) agree that their sexuality restricts them from church participation, almost one-tenth (9.26%) perceive alienation by church members, almost one-tenth (7.41%) were advised by church elders to change their sexual orientation. These suggest that gay men in Mizoram do face challenges in the context of church where they perceive their sexuality restricting them from church participation and a few had been advised by church elders and perception of alienation is felt by others as well. In fact the reason why church discrimination is not highly felt by gay men as would be expected because not many gay men in Mizoram are '*cross-dressers'* and are difficult to identify in the general population. Results from FGD support that gay men in Mizoram do feel stigmatization from the church. It was also mentioned that they don't understand why God created homosexuality when everyone is saying that conforming to this sexuality is a sin.

7.5: Society **N=54**

Sl.No	Statements	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree	Total
1	I have been verbally abused	0 (0.00)	1 (1.85)	5 (9.26)	34 (62.96)	14 (25.93)	54 (100)
2	I have been physical abused in public	0 (0.00)	5 (9.26)	1 (1.85)	34 (62.96)	14 (25.93)	54 (100)
3	People feel uncomfortable attending functions where gay men are present	0 (0.00)	2 (3.70)	21 (38.89)	21 (38.89)	10 (18.52)	54 (100)
4	My neighbors feel uncomfortable having me live close by	0 (0.00)	1 (1.85)	20 (37.04)	22 (40.74)	11 (20.37)	54 (100)
5	Health Care Providers discriminate against gay men	0 (0.00)	5 (9.26)	22 (40.74)	17 (31.48)	10 (18.52)	54 (100)
6	It is difficult to pursue education with a gay status	0 (0.00)	5 (9.26)	9 (16.67)	24 (44.44)	16 (29.63)	54 (100)
7	NGOs workers are unfriendly to gay men	1 (1.85)	0 (0.00)	17 (31.48)	25 (46.30)	11 (20.37)	54 (100)
8	Community leaders are unfriendly to gay men	1 (1.85)	7 (12.96)	21 (38.89)	19 (35.19)	6 (11.11)	54 (100)
9	Govt. Officials are unfriendly to gay men	4 (7.41)	0 (0.00)	24 (44.44)	19 (35.19)	7 (12.96)	54 (100)
10	Political leaders are unfriendly to gay men	0 (0.00)	3 (5.56)	26 (48.15)	19 (35.19)	6 (11.11)	54 (100)

Source: Computed

Society plays an important role in shaping a persons values and ideals. Every society has its own norms and principles and those that do not conform to these projected norms are often discriminated against. Mizoram, as mentioned, is dominated by religion and hence, the norms in this state are based generally on Biblical teachings. One of the highlights of the Bible is that homosexuality is not an accepted behavior, therefore this variable reveals if gay men in urban Mizoram face challenges within the society due to their sexuality. There are ten statements under this where respondents have to give answers on a five-point scale which are; i) Strongly Agree, ii) Agree, ii) Agree nor Disagree, iv) Disagree, v) Strongly Disagree. Results reveal almost a-tenth (9.26%) reported that they have been subjected to physical abuse by members in society, more than one-tenth (14.81%) perceive that community leaders are *unfriendly* towards gay men, almost a-tenth (7.41%) perceive Government Officials are *unfriendly* towards them, and while almost a tenth (9.26%) agree that health care providers discriminate against 'gay' men and an equal number perceived difficulty in pursuing education due to their gay status. One-third (66.1%) perceived no discomfort from their neighbors. These findings imply that a few respondents perceived physical abuse by community members and there is also the perception that Government Officials and community leaders are unfriendly towards gay men. Respondents also perceive that it is difficult to pursue education with a gay status and that health care providers do discriminate them because of their sexuality. In spite of all these rather negative findings, surprisingly one-thirds of the respondents do not perceived any discomfort from their neighbors for having them live closed by. This can be explained by saying that people have the tendency to exhibit

negative attitudes towards gay people where the person is closely related to them as in if he or she is a brother or a sister. This result is also evident in a research done by Vivien K.G. Lim in 2002 where he examine individuals' attitudes towards homosexuals in Singapore, and found that people were generally more tolerant toward homosexuals if their interaction with the target person is at a less intimate level, for example, being a neighbour as opposed to a son.

Table 8: Social Support **N=54**

Sl.No	Support for	Adequacy	Quality				NA	Total
			Very Good	Good	Poor	Very Poor		
1	Feelings of sadness	5 (9.26)	11 (20.37)	38 (70.37)	4 (7.41)	0 (0.00)	1 (1.85)	54 (100.00)
2	Suicidal ideation	15 (27.78)	4 (7.41)	19 (35.19)	1 (1.85)	9 (16.67)	21 (38.89)	54 (100.00)
3	Family Problem	9 (16.67)	8 (14.81)	37 (68.52)	4 (7.41)	1 (1.85)	4 (7.41)	54 (100.00)
4	Friends/peers problems	5 (9.26)	7 (12.96)	41 (75.93)	4 (7.41)	1 (1.85)	1 (1.85)	54 (100.00)
5	Problems with colleagues	4 (7.41)	5 (9.26)	29 (53.70)	5 (9.26)	1 (1.85)	14 (25.93)	54 (100.00)
6	Problems with partner	5 (9.26)	5 (9.26)	40 (74.07)	4 (7.41)	1 (1.85)	4 (7.41)	54 (100.00)
7	Economic problems	6 (11.11)	6 (11.11)	39 (72.22)	5 (9.26)	1 (1.85)	3 (5.56)	54 (100.00)
8	Work related problems	5 (9.26)	5 (9.26)	34 (62.96)	1 (1.85)	20 (37.04)	8 (14.81)	54 (100)
9	Community related problems	6 (11.11)	6 (11.11)	36 (66.67)	3 (5.56)	1 (1.85)	8 (14.81)	54 (100.00)
10	Church related problems	5 (9.26)	6 (11.11)	30 (55.56)	2 (3.70)	1 (1.85)	15 (27.78)	54 (100.00)
11	Health related problems	4 (7.41)	6 (11.11)	42 (77.78)	2 (3.70)	1 (1.85)	3 (5.56)	54 (100.00)

Source: Computed

Social support is an important component of a persons' proper functioning because we need support to channel our problems as a mean to deal with them so that it will not hamper our social and psychological functioning. So, this variable will show us the perceived adequacy and quality of support that gay men in Mizoram received from different social networks. There are eleven psycho-social challenges under this; i) Feelings of sadness, ii) Suicidal ideation, iii) Family problems, iv) Problems with friends/peers, v) Problems with colleagues, vi) Problems with partner, vii) Economic problems, viii) Work-related problems, ix) Community-related problems, x) Church-related problems, xi) Health-related problems. Under 'adequacy' respondents were given two options; 'Yes' and 'No'. And for 'quality' they were given four choices; 'Very Good', 'Good', 'Poor', 'Very Poor'. Results show that gay men in Mizoram perceived themselves as **NOT** receiving adequate social support and out of all the challenges that were given the least adequate social support was for health problem and problems with colleagues with less than one-tenth (7.41%) of the respondents. Surprisingly, though the perceived social support is inadequate, the quality of support perceived by respondents is good. The challenge that has the poorest quality of support is 'suicidal ideation' where more than one-tenth (16.67%) say that it is very poor. These findings led to the conclusion that the perceived social support of gay men in Mizoram is not adequate which can slow down their social and psychological functioning.

Table 9: Secondary Support

N= 54

Sl.No	Characteristics	Mean	SD
1	Gay friends	1.2	0.5
2	Male close friends	1.1	0.5
3	Female close friends	1.2	0.5
4	No. of substance abusing friends	1.3	0.8

Source: Computed

In this research secondary support includes the support that gay men get from the friends/peers. This is an important variable because it will help us to understand their social network and assess how interactive gay men are. Results show that most respondents have about 1 to 15 gay friends, male close friends and female close friends with number of substance abusing friends of gays being higher. This shows that gay men in Mizoram interact with both genders (male and female) and the friends that they have are mostly substance abusers. This may have negative reaction to their social life because having friends who abuse substances makes them vulnerable in following the same behavior.

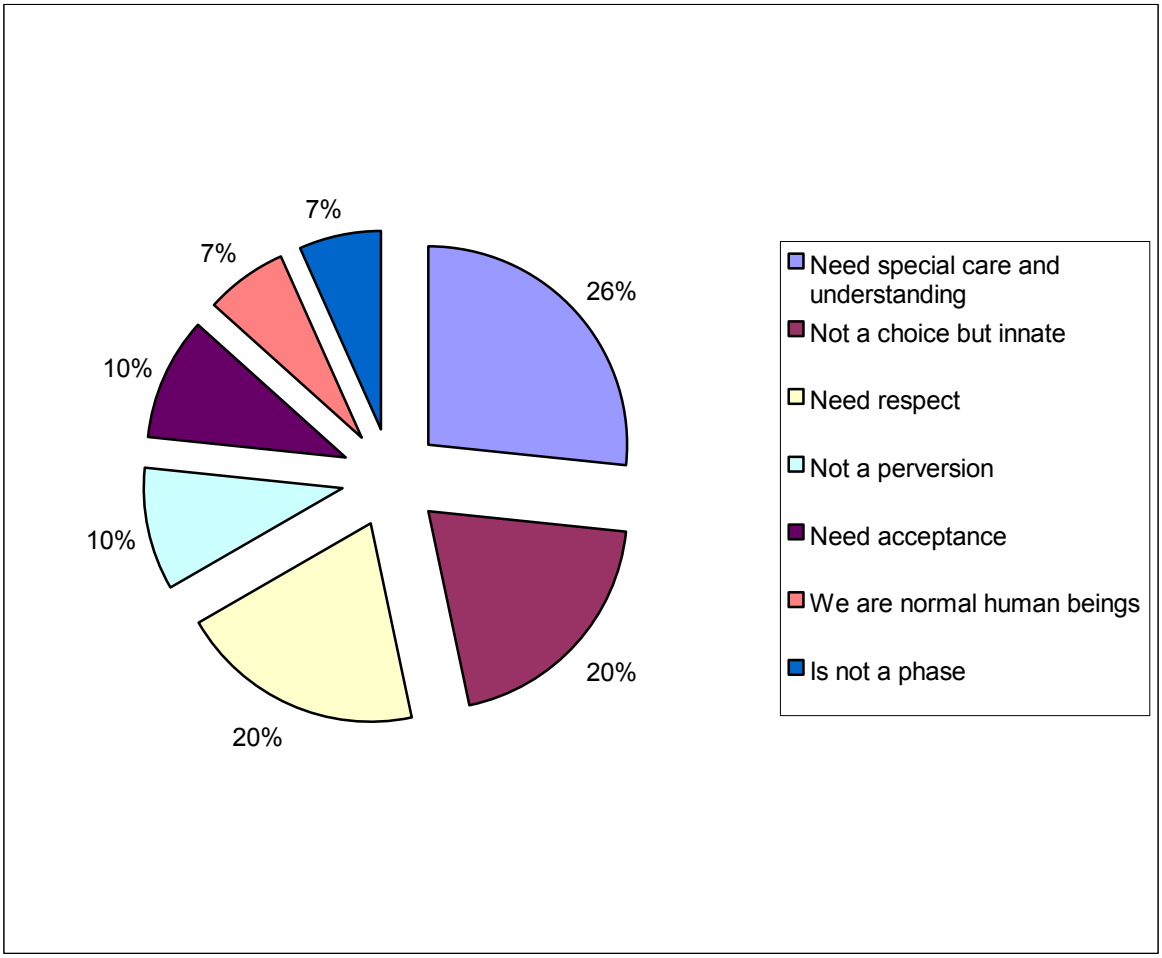
Table 10: Tertiary Support **N=54**

Sl.No	Characteristics	Frequency	Percent
1	**Name of Gay Club / Network**		
	NA	40	74.1
	Blue oyster	14	25.9
2	**Source of Information**		
	NA	40	74.1
	friends	1	1.9
	NGO	13	24.1

Source: Computed

Under this variable respondents were asked disclose any affiliations the have to clubs in Mizoram, North-East-India, India and anywhere else. Also, name of the clubs, number of members, address and source of information were also asked. From the result it is evident that respondents have no connections with gay clubs outside the state and the only club they are affiliated to is called 'Blue Oyster' where there are approximately 30 members and respondents get to know about this club through NGOs and friends. The findings suggest gay men in Mizoram, in terms of connections with other gay men outside the state is very much limited, and this can lead to the conclusion that they do not have much knowledge about the status of other gay men around the globe.

Figure 2: Suggestions



Source: Computed

Respondents were asked to give suggestions regarding for improvement of societal attitudes towards gays. This is an important variable because it will help us in knowing how to change societal perceptions and attitudes towards gay men in a more positive manner. The most frequent suggestion (14.8%) that respondents give was the need for special care and protection. Also more than one-tenth (11.1%) of the respondents suggests that they need respect and also highlighted their perception on homosexuality being innate and not a choice. It should be noted that 37 (68.5%) of the respondents did not give ant suggestions.

6.1: Conclusions

The study attempts to understand the Perceptions, Discrimination, and Social Support of gay men in urban Mizo society. Mizoram is a state where activities are organized around religion and its people are highly influenced by Christianity and biblical teachings. Therefore, it is expected that gay men and lesbian women find little acceptance in this society because of religious constraints, and it can be generalized that majority of the population has negative attitudes and perceptions toward homosexuality. These negative attitudes affect the social and psychological stability of gay men and lesbian women and further result in other risk behavior. It is also likely to reduce their opportunities for development. But despite all this, the number of gay men in the state is rapidly becoming more visible. The present study is based on the understanding that negative perceptions by society and low self-esteem of gays is likely to hamper their access to services due to the discrimination faced. Further, poor social support will result in greater possibility of indulgence in risk behavior.

The design of the study is exploratory in nature and the universe consists of all gay men residing in Aizawl. The only NGO (FXB) which offer services to gays was identified and contacted and a list of all gays accessing services in these agencies were obtained. This number at the start of the study was 180. Snowballing technique was used to contact as many gays in the networks of the attendees in the NGO list to arrive at the sample. A total of 70 gay men were accessed and questionnaires were distributed to them. 54 of them returned the questionnaires, making the return rate 77%. The study is based on the primary data collected through qualitative and quantitative methods. The qualitative data on perceptions about gay men, perceived discrimination and social

support was collected through structured questionnaires distributed to gay men after obtaining informed consent.

Quantitative and Qualitative methods of data collection were used. For quantitative structured questionnaire was employed and Qualitative methods like Focus Group Discussion (FGD), Case studies, Home visits and Key Informant Interviews were used with gay men to meet the objectives of the study. Also, FGD with both men and women was conducted to find out perceptions related to gay men held by members of the community. Community and church leaders were also interviewed to find out the attitudes and stigma towards gay men.

Data obtained from the structured questionnaires was processed using micro soft excel, micro soft word and SPSS. Data from FGD, Case studies, Home visits and Key Informant Interviews are also presented.

The objectives of the study are to explore perceptions related to gay men which includes understanding of the self-perception of gay men in Mizoram and exploring perceptions of church elders, NGO functionaries, Health-care providers and Community leaders with reference to gay men in Mizoram; To study discrimination against gay men in Hospitals, NGOs, Family and Neighbourhood context; To identify the psycho-social challenges faced by gay men; To explore the perceived social support system of gay men; To suggest social work intervention strategies to reduce stigma and discrimination.

The research observed the following major findings.

- Most respondents are within the age group of 18 – 25 years and are fairly educated. Majority of them had sexual intercourse before attaining the age of 18 years indicating a high sexual activity. Also many respondents indulge in drugs and alcohol

which place them at a high risk group making vulnerability of contracting HIV/AIDS and another STD/STI higher.

- Findings also reveal that almost half of the respondents have had sexual intercourse with both genders indicating that there is a high rate of bisexuality within the gay population.
- Gay men in Urban Mizoram are not contented with who they are, and they perceived their sexuality as something that is innate and not an abnormality. They also believe that it is not a transient condition but something that goes on for life.
- Society, in general, has negative attitudes towards homosexuality, especially the church elders because the Bible does allow its practice. Community leaders like MHIP and YMA do not totally accept gay men but they do believe that it is a condition that can be 'cured' and state that if families are given special education in taking care of them, it will result in minimizing the number of gay men in the state. They stress on attributes of environmental factors to homosexuality and hence believe that society plays a great role in increasing and reducing the gay population in the state. The findings are likely to make people work towards 'curing' the gay of his status and thus increasing the level of discrimination towards gays.
- Health care providers believe that homosexuality is a condition that people chose and that it is innate. But they do not treat any gay people differently when they seek help in hospitals and give them proper access to health care facilities like anyone else who comes there.
- Gay men in Mizoram do face challenges within the family and neighbourhood context where they are subjected to verbal and physical abuse. It was also found that

people have no problem with a gay person living close by but they do perceive discomfort when there is a gay person living within the family. This is quite like the "NIMBY syndrome" which essentially means 'NOT in my backyard". People are comfortable as long as they are not too close with the real problem. Gay men also face psycho-social difficulties from friends and within peer groups and are often placed at vulnerable conditions by them.

- The perceived social support of gay men is rather weak especially for support in suicidal ideation. And females tend to be more supportive than males. Also they perceive friends as giving the most support in their lives.

6.2: Suggestions

The suggestions that arise from the results include holding Sensitization programmes for **Families**- Family Awareness, Parenting skills workshops and Family counseling as well as Family therapy. The families need to become more sensitive and respectful of diversity among members .In cases where harassment and /or abuse exist families require counseling and therapy to help gay members receive the respect that is due to them.

- Church Elders - Church elders and FBOs (Faith Based Organizations) play a vital role in how society organizes its activities and greatly influence the attitudes of the people. In regard to this, perception on homosexuality by the church affects the attitudes of people in the state. Sensitization programmes can be organized with church elders and FBOs, though it may not change their concept on gay people, however it would go a long way in reducing discrimination within the church.

- Community Leaders - Community leaders could be involved in programmes that include gays which will help them to identify their needs and problems and further work towards developing programmes which will sensitize the society in their attitudes towards homosexuality. What is advocated here is a strengthening of networks for the gays in the community setting.
- NGOs - The only NGO that has connection with the gay community in the state is FXB. So, more NGOs could be advised take up programmes where gays are benefitted. This will contribute to their all over development and make community efforts a more inclusive one.
- Health Care Providers - Many gay men do not like to access health care facilities due to fear of disclosing their sexuality and face subsequent discrimination. Therefore, health care providers could be sensitized on this issue so that gays will have easy access to health facilities
- Facilitate networks among gays so that they become more 'visible' and hence access development opportunities more.
- Advocacy on the rights of gays would be required in the long term to prevent gay abuse, stigma, discrimination and social exclusion.

(English)

Dear friend,

I am pursuing my M.Phil (Social Work) in Mizoram University and in requirement for the completion of the course, I am conducting a research on "**Perceptions, Discrimination and Social Support of Gay Men in Urban Mizoram.**" For this I have prepared a questionnaire for the study and collection of data. I humbly request your honest response to the following questions and I guarantee confidentiality. Nothing in the study will in any way reveal your identity. Further, your co-operation is likely to help me in my endeavors to initiate programmes and services.

Research Scholar

Zothankimi Ralte

M.Phil Scholar

Department of Social Work

Mizoram University

Research Supervisor

Dr.Kalpana Sarathy

Associate Professor

Department of Social Work

Mizoram University

Questionnaire No. _____ Date and Time: _____

Instructions: You may mark the following questions by tick marking (√) the option that is most applicable to you.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

A. Personal Details:

1. Age:
2. Educational Qualification: **(1)** Class X below; **(2)** Class X **(3)**Class XII; **(4)** BA/B.Com/B.Sc **(5)** MA/M.Com/M.Sc; **(6)** Others (specify) _____
3. Marital Status: **(0)** Never married; **(1)** Married; **(2)** Divorced; **(3)** Remarried; **(4)** Remarried
4. Occupation: **(0)** No Employment; **(1)** Self Employment; (**2)** Govt. Employment; **(3)** Private Employment; **(4)** Others (specify) _____
5. Religion: **(1)** Christian; **(2)** Hindu; **(3)** Muslim; **(4)** Others (specify) _____
6. Denomination: **(1)** Presbyterian; **(2)** Baptist; **(3)** Salvation; **(4)** Seventh day; **(5)** UPC; **(6)** Others (specify) _____
7. Clan:
8. Hobbies and Interest:
9. Address:

B. Particulars of Sexual History:

1	I dress in clothes of the opposite gender	1	2	3	4	5
2	I have no women friends	1	2	3	4	5

3	I consider myself sexually active	1	2	3	4	5
4	My first sexual encounter was at _____ years of age					
5	My first sexual encounter was with	**(1)** same gender; **(2)** opposite gender				
6	My first sexual encounter was	**(1)** by choice; **(2)** by force				
7	I have sex with	**(1)** men only; **(2)** women only; **(3)** both; **(4)** neither				
8	I have had sex mainly with people of	**(1)** same age; **(2)** younger age; **(3)** older age; **(4)** no specific age				
9	Most often I indulge in sexual intercourse following substance abuse					**(0)** No; **(1)** Yes

10. I indulge in ….. (Put a tick mark (√) against whichever is appropriate for you)

Activities	Always	Mostly	Sometimes	Never
Oral Sex				
Anal Sex				
Conventional Sex				
Phone Sex				
Cyber Sex				

C. Family Particulars:

Sl.no	Statement	Response
1	Head of the Family	
2	No. of Family Members	
3	Primary Source of Income	

4	Secondary Source of Income	
5	Total Amount of Income per Month	

D. Self Perception:

Sl.no	Statement	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree
1	I feel accepted by my family	1	2	3	4	5
2	I feel accepted by my friends	1	2	3	4	5
3	I feel accepted by the church	1	2	3	4	5
4	I feel accepted by the society	1	2	3	4	5
5	I feel guilty because of my sexuality	1	2	3	4	5
6	I feel ashamed because of my sexuality	1	2	3	4	5
7	I feel discriminated because of my sexuality	1	2	3	4	5
8	I feel inferior because of my sexuality	1	2	3	4	5
9	In terms of sexuality, I am content with who I am	1	2	3	4	5
10	I view my sexuality as an abnormality	1	2	3	4	5
11	I would feel disappointed if my child turned-out to be gay	1	2	3	4	5
12	I believe that homosexuality is a transient condition	1	2	3	4	5
13	Sometimes I have suicidal tendency because of the way society treats me	1	2	3	4	5
14	Others (specify)					

E. Psycho-Social Challenges:

I. *Family*

Sl.no	Statement	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree
1	My family forbids me from socializing with other men because of my sexuality	1	2	3	4	5
2	My family compels me to socialize only with other men because of my sexuality	1	2	3	4	5
3	I have been forced out of my home because of my sexuality	1	2	3	4	5
4	I am overlooked in decision making within the family	1	2	3	4	5
5	I have been painfully verbally abused by my family	1	2	3	4	5
6	I have been subjected to physical abuse by my family	1	2	3	4	5
7	I have been sexually abused within the family	1	2	3	4	5
8	Others (specify)					

II. ***Friends / Peers***

Sl.no	Statement	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree
9	I have less friends due to my sexual orientation	1	2	3	4	5
10	My friends dread hanging out with me in public	1	2	3	4	5
11	My friends take advantage of my sexuality	1	2	3	4	5
12	My sexual orientation makes me feel different within my peer group	1	2	3	4	5
13	My friends abused me verbally because of my sexuality	1	2	3	4	5

14	I have been physically abused by my friends	1	2	3	4	5
15	I have been sexually abused by my friends	1	2	3	4	5
16	Others (specify)					

II. *Workplace*

Sl.no	Statement	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree
17	My colleagues humiliate me at my work	1	2	3	4	5
18	My colleagues feel uncomfortable working with me	1	2	3	4	5
19	Customers feel uncomfortable dealing with me	1	2	3	4	5
20	I don't get good jobs because of my orientation	1	2	3	4	5
21	I am paid less due to my sexual orientation	1	2	3	4	5
22	I have been verbally discriminated in my workplace	1	2	3	4	5
23	I have been physically abused in my workplace	1	2	3	4	5
24	I have been sexually harassed in my workplace	1	2	3	4	5
25	Others (specify)					

IV. *Church*

Sl.no	Statement	Strongly Agree	Agree	Agree nor Disagree	Disagree	Strongly Disagree

26	My sexuality restricts me from participation in church activities	1	2	3	4	5
27	I have been alienated by the church members	1	2	3	4	5
28	I have been disregarded by the church leaders	1	2	3	4	5
29	Church elders have advised me against my sexual orientation	1	2	3	4	5
30	Others (specify)					

V. *Society*

Sl. no	**Statement**	**Strongly Agree**	**Agree**	**Agree nor Disagree**	**Disagree**	**Strongly Disagree**
31	I have been verbally abused which makes me feel like a social outcast	1	2	3	4	5
32	I have been subjected to physical abuse in public	1	2	3	4	5
33	People feel uncomfortable attending social functions where gay men are present	1	2	3	4	5
34	My neighbors feel uncomfortable having me live close by	1	2	3	4	5
35	Health Care Providers discriminate against gay men	1	2	3	4	5
36	It is difficult to pursue education with a gay status	1	2	3	4	5
37	NGOs workers are unfriendly to gay men	1	2	3	4	5
38	Community leaders are unfriendly to gay men	1	2	3	4	5
39	Govt. Officials are unfriendly to gay men	1	2	3	4	5
40	Political leaders are unfriendly to gay men	1	2	3	4	5

41	Others (specify)

F. Social Support:

Sl. no	Problem	Most Supportive Person (put a tick mark (√) against whichever is approriate)	Least Supportive Person (put a tick mark (√) against whichever is approriate)	Is it adequate?		Quality			
				No (0)	Yes (1)	Very good(0)	Good (1)	Bad (2)	Very bad (3)
1	Feelings of sadness	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
2	Suicidal Ideation	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
3	Relationship Problem								
i)	Family	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
ii)	Friends/ Peers	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
iii)	Colleagues	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/						

		Others_____	Others_____						
iv)	Partner	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
4	Economic Problems	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
5	Work related problems	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
6	Community related problems	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
7	Church related problems	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						
8	Health related problems	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____	Mother/Father/Grandmother/Grandfather/Brother/Sister/Friend/Partner/ Others_____						

G. Social Network

Sl.no	Statement	Response
1	No. of close friends	
2	No. of gay friends	
3	No. of male close friends	
4	No. of female close friends	
5	No. of substance abusing friends	

H. Tertiary Support

Sl.no	Area	Name of Gay Club / Network	No.of Members	Address/ Cyber link	How did you get to know about it?
1.	Mizoram				
2.	North-East Region				
3.	India				
4.	Others (specify)				

I Suggestions for improvement of societal attitudes towards gays:

Thank You!

(Mizo)

Thian Duhtak,

Social Work Department, Mizoram University a M.Phil zirlai ka ni a. He ka zirlai peng pakhat atan hian tunlaia kan khawtlang in kan hmelhriat tan ve '*neih inang inkawp*' chungchang hi zirchian ka duh a. Hemi atan hian zawhna hrang hrang ka buatsaih a, heng ka zawhna siam te hi min chhan sak a, ka zirna a min pui turin ka ngen a che. Heng zawhna te hi ka zirna atan chauh a ni a, a chhangtu i nihna leh hriattheihna hi midang hriata puanzar leh thehdarh a ni lovang tih ka tiam e. Ka thupui zirchian tur chu

‘**Perceptions, Discrimination and Social Support of Gay Men in Urban Mizoram’** a ni.

Research Scholar
Zothankimi Ralte
M.Phil Scholar
Department of Social Work
Mizoram University

Research Supervisor
Dr.Kalpana Sarathy
Associate Professor
Department of Social Work
Mizoram University

Questionnaire No. _____ Ni leh Dar: _____

Chhan dan tur: A hnuaia zawhna te hi dik I tihna zawnah thai (√) rawh.

1. Pawm Lutuk
2. Pawm
3. Ngaihdan neilo
4. Pawmlo
5. Pawmlo Lutuk

A. Mimal Chanchin:

1. Kum:
2. Lehkhazir chin:**(1)** Class X hnuailam; **(2)** Class X **(3)**Class XII; **(4)** BA/B.Com/B.Sc **(5)** MA/M.Com/M.Sc **(6)** Adang (ziak lang rawh _____)
3. Nupui/ Pasal:**(0)** La nei ngai lo;**(1)** Nei tawh;**(2)** Inthen;**(3)** A dang nei leh; **(4)** Thihsan

4. Eizawnna: **(0)** Neilo; **(1)** Mahni puala thawk; **(2)** Sorkar hna thawk; **(3)** Mimal/Pawl hnuaia thawk; **(4)** Adang (ziak lang rawh _____)

5. Sakhuana: **(1)** Kristian; **(2)** Hindu; **(3)** Muslim; **(4)** Adang (ziak lang rawh_____)

6. Kohhran: **(1)** Presbyterian; **(2)** Baptist; **(3)** Salvation; **(4)** Seventhday; **(5)** UPC; **(6)** Adang (ziak lang rawh _____)

7. Hnam:

8. Nuam tih zawng:

9. Veng:

B. Hmeichhiat/Mipatna Lama Chanchin Tlangpui:

Sl.no	Dinhmun	Pawm Lutuk	Pawm	Ngaihdan neilo	Pawmlo	Pawmlo Lutuk
1	Hmeichhe incheiin ka inchei thin	1	2	3	4	5
2	Hmeichhe thian ka nei lo	1	2	3	4	5
3	Hmeichhiat/mipatnaah hian ka inhmang hle	1	2	3	4	5
4	Hmeichhiat/mipatna ka hman hmasakber kum					
5	Hmeichhiat/mipatna ka hmanpui hmasak ber	**(1)** Mipa; **(2)**Hmeichhia				
6	Hmeichhiat/mipatna ka hman hmasakber chu	**(1)** Tihluihna; **(2)** Duhvang reng				
7	Hmeichhiat/mipatna ka hmanpui duh te chu	**(1)** Mipa chauh; **(2)** Hmeichhia chauh; **(3)** A pahnih in; **(4)** Ni lo ve ve				
8	Hmeichhiat/mipatna ka hmanpui thin te chu	**(1)** Kum rualpui; **(2)** Aia naupang; **(3)** Upa lampang; **(4)** Kum bithliah awm lo				
9	Ruihtheihthil ka tih avangin Hmeichhiat/mipatna ah ka tlan phah fo thin.					**(0)** Aih;

		(1) Aw

10. Hengah te hian ka inhnamhnawih thin (dik i tihna zawn ah thai (√) rawh)

Inhnamhnawihna	**Hmang ziah thin**	**Hmang tlangpui**	**Hmang zeuh zeuh**	**Hmang Ngailo**
Oral (ka) Sex				
Anal (mawng) Sex				
Conventional (pangngai) Sex				
Phone Sex				
Cyber (internet) Sex				

C. Chhungkaw Chanchin:

Sl.no	**Dinhmun**	**Ziak rawh**
1	Chhungkaw lu ber	
2	Chhungkua a awm zat	
3	Eizawnna bulpui ber	
4	Eizawnna dang	
5	Thla khata Chhungkaw sum lakluhzat (in Rs.)	

D. Mahni Inhriat Dan:

Sl.no	**Dinhmun**	**Pawm**	**Pawm**	**Ngaihdan**	**Pawm**	**Pawm**

		lutuk		nei lo	lo	lo lutuk
1	Ka chhungten min pawm/ hrethiam	1	2	3	4	5
2	Ka thian ten min pawm/ hrethiam	1	2	3	4	5
3	Kohhranin min pawm/ hrethiam	1	2	3	4	5
4	Khawtlangin min pawm/ hrethiam	1	2	3	4	5
5	Ka nihna avang hian ka inthiamlo thin	1	2	3	4	5
6	Ka nihna avang hian ka zak thin	1	2	3	4	5
7	Ka nihna avang hian miin min en hrang thin	1	2	3	4	5
8	Ka nihna avang hian ka inthlahrung thin	1	2	3	4	5
9	Hmeichhiat/mipatna kawng ka nihna ah hian ka lungawi	1	2	3	4	5
10	Ka nihna hi mi pangngailo nihna ah ka ngai	1	2	3	4	5
11	Ka nihna ang hian ka fa te hi awm ve se ka lungawi lo ang	1	2	3	4	5
12	Mahni neih ang nei kawppui duhna rilru hi hun a liampui leh mai tur ah ka ngai	1	2	3	4	5
13	Khawtlangin min en hran avang hian intihhlum ka duh thin	1	2	3	4	5
14	Adang a awm chuan ziak lang rawh					

E. Rilru leh Midangte nen a Inlaichinna Lama Harsatna:

I. *Chhungkua*

Sl.no	Dinhmun	Pawm lutuk	Pawm	Ngaihdan neilo	Pawm lo	Pawm lo lutuk
1	Ka nihna avangin ka chhung ten mipa dang kawm an phal lo	1	2	3	4	5

2	Ka nihna avaingin chhung ten mipa dang chauh kawm turin min ti	1	2	3	4	5
3	Ka nihna avangin kan in atanga hnawh chhuah ka ni tawh	1	2	3	4	5
4	Ka nihna avangin chhungkua inrelbawlna ah ka thusawi an ngai pawimawh lo	1	2	3	4	5
5	Ka nihna avangin tawngkama nasa taka nghaisak thin ka ni	1	2	3	4	5
6	Ka nihna avangin inchhungkhur ah kut nasa takin ka tuar thin	1	2	3	4	5
7	Ka nihna avangin inchhungkhur ah hmeichhiat/mipatna kawngah chhaihnawmnah ka ni	1	2	3	4	5
8	Adang a awm chuan ziak lang rawh					

II. ***Thian***

Sl.no	**Dinhmun**	**Pawm lutuk**	**Pawm**	**Ngaihdan neilo**	**Pawm lo**	**Pawm lo lutuk**
9	Ka nihna avangin thian ka nei tlem	1	2	3	4	5
10	Ka nihna avangin thian ten khawlaiah min chhuahpui zak	1	2	3	4	5
11	Ka nihna avangin ka thian ten min tinawmnah thin	1	2	3	4	5
12	Ka nihna avangin thian te zingah danglam niin ka inhria	1	2	3	4	5
13	Ka nihna avangin thianten tawngka in min chhaihnawmnah thin	1	2	3	4	5
14	Ka nihna avangin thianten tharumin min tinawmnah thin	1	2	3	4	5
15	Ka nihna avangin thianten hmeichhiat/mipatna kawngah chhaihnawmnah fo	1	2	3	4	5
16	Adang a awm chuan ziak lang rawh					

III. *Hnathawhna*

Sl.no	Dinhmun	Pawm lutuk	Pawm	Ngaihdan neilo	Pawm lo	Pawm lo lutuk
17	Ka hnathawhpui ten min hmusit	1	2	3	4	5
18	Ka nihna avangin ka hnathawhpui ten thawhpui nuam an ti lo	1	2	3	4	5
19	Ka nihna avangin miin dawr nuam min tilo fo	1	2	3	4	5
20	Ka nihna avangin hna tha ka thawh tur ka hmu theilo thin	1	2	3	4	5
21	Ka nihna avangin ka hlawh tlem bik	1	2	3	4	5
22	Hna thawhna ah tawngka a hnuaichhiah ka ni thin	1	2	3	4	5
23	Hna thawhna ah tharuma tihluih ka ni thin	1	2	3	4	5
24	Hna thawhna ah hmeichhiat/mipatna kawngah chhaihnawmnah ka ni fo	1	2	3	4	5
25	Adang a awm chuan ziak lang rawh					

IV. *Kohhran*

Sl.no	Dinhmun	Pawm lutuk	Pawm	Ngaihdan neilo	Pawm lo	Pawm lo lutuk
26	Ka nihna hian kohhran rawngbawlna kawngah min dal	1	2	3	4	5
27	Kohhran member ten ka nihna avangin min dah hrang	1	2	3	4	5
28	Kohhran rawngbawltu ten min ngaihthah	1	2	3	4	5

29	Ka nihna avang hian kohhran hruaite ten min zilh tawh	1	2	3	4	5
30	Adang a awm chuan ziak lang rawh					

V. *Khawtlang*

Sl.no	**Dinhmun**	**Pawm lutuk**	**Pawm**	**Ngaihdan neilo**	**Pawm lo**	**Pawm lo lutuk**
31	Vau ka nih tawh avangin khawtlangah ka tlatlum loh phah	1	2	3	4	5
32	Ka nihna avang hian mi hmuhin hrem ka ni tawh	1	2	3	4	5
33	Khawtlang thiltihhona ah neih inang inkawp ho an awm hian mipuiin nuam an ti lo	1	2	3	4	5
34	Ka nihna avang hian kan thenawm ten nuam an tih loh phah	1	2	3	4	5
35	Hriselna lama hma la tute hian neih inang inkawp ho hi an thlei hrang	1	2	3	4	5
36	Neih inang inkawp ho tan hian lehkha zir chhunzawm a harsa	1	2	3	4	5
37	NGO thawktute hi neih inang inkawp ho tan an nelawm loh	1	2	3	4	5
38	Khawtlang hruaitute hi neih inang inkawp ho tan an nelawm loh	1	2	3	4	5
39	Sawrkar hnathawktu te hi neih inang inkawp ho tan an nelawm loh	1	2	3	4	5
40	Ram hruaitute hi neih inang inkawp ho tan an nelawm loh	1	2	3	4	5
41	Adang a awm chuan ziak lang rawh					

F. Tanpuina dawn dan:

Sl. no	Hrasatna	Tanpuitu ber (Adik zawnah thai (√) rawh)	Tanpui khat ber tu (Adik zawnah thai (√) rawh)	A tam tawk em?		A that dan			
				Aih (0)	Aw (1)	Tha lutuk (0)	Tha (1)	Thalo (2)	Thalo lutuk (3)
1	Rilru ngui riau na	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
2	Mahni intihhlum duhna	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
3									
i)	Chhungkuaah	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
ii)	Thian te ah	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
iii)	Thawhpui te ah	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
iv)	Kawppui te ah	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
4	Sum leh pai a harsatna	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
5	Hnathawhna a harsatna	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
6	Khawtlang thil a harsatna	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						

7	Kohhrana harsatna	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						
8	Hriselna lama harsatna	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____	Nu/ Pa/ Pi/ Pu/ Unaupa/ Unaunu/ Thian/Kawppui Adang _____						

G. Midangte nen a inzawmna

Sl.no	**Dinhmun**	**Ziak rawh**
1	Thian tha neih zat	
2	Neih inang nei inkawp thian ka neih zat	
3	Mipa thian tha ka neih zat	
4	Hmeichhe thian tha ka neih zat	
5	Ruitheih thil ti thian ka neih zat	

H. Thildang nen a inzawmna

Sl.no	**Ram**	**Pawl (Neih inang inkawp) telna hming**	**Member awm zat**	**Address/ Website**	**Engtin nge i hriat?**
1.	Mizoram				

2.	North-East Region				
3.	India				
4.	Adang				

I. Khawtlang mipui ten a neih inang inkawp ho te an en dan an thlak theih nan a thurawn :

Ka lawm e!

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