

Wellbeing and Belongingness of LGBTQ community in Sikkim

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Chapter I
INTRODUCTION

Human sexuality

Human sexuality is a broad term, which cover different aspects of human behavior. The biological aspects of human sexuality is mainly concerned with reproductive system. It is mean through which child is conceived and the lineage is passed on to the next generation and from the psychologically aspects of human sexuality is in mainly concerned with affection between a human male and female. Sexuality involves body, intellectual and spirit, so therefore it is hostile and does not separate the psychological mechanism of the reproductive system (New world encyclopedia, 2018). Human sexuality is determined by many component, culture legal and philosophical aspects of life, but also morality, norms, theology and religion. Sexuality is as an old mankind and interest in sexual activity is very much related to the onset of puberty and the period of schooling (Merek, Tenanbaum & Omar, 2013)

LGBTQ

LGBTQ is the acronym for Lesbian, gay, Bisexual, transgender and queer which are the sexual minorities in the common society. Hence, the LGBTQ community is diverse in sexuality or sexual identity, which means that their sexual expression, orientation and practice comes in many forms. The very existence of these identities lean towards to destabilize the dominant social structure, that hetero-normatively impose that “male” and “female”, based on birth sex, are the only two genders. The community stressed on heterosexuality and hetero-normativity by saying that they don't determine the foundation of all social and interpersonal relationships and identities anymore (Vanita, 1999). They have been defying the dominant construction of norms on gender and sexual preference (Menon, 2012).

Lesbian: Lesbians are women who are attracted to other women physically and emotionally.

Gay: Gays are men or women who are attracted to the same gender physically and emotionally.. However, the term 'gay' more commonly refers to men.

Bisexual: Bisexuals are men or women who are attracted to both genders physically and emotionally (Gamache & Lazear, 2009)

Transgender is a blanket term that describes people whose gender identity or gender expression does not correspond with their assigned sex at birth (Bradford, 2018). Sometimes the word Transgender is also used as “Trans” for shorthand (American Psychological Association, 2001). Medical and psychiatric researches have taken transgender people, diagnosed with gender identity or gender dysphoria, as a vital subject matter and they are constructively defined in clinical and social sciences (Marshall, 2019)

There are also many gender identities which comes under the Transgender umbrella and they are listed below:

(a) **Transsexual:** The term transsexual allude to those individuals whose gender identity is dissimilar form their biological assigned sex. The transsexual person prefers to change their bodies through hormonal changes and surgery to match or emulate their gender identities with the biological sex. This procedure of transition of their bodies medically is well known as SRS (Sex Reassignment Surgery). The individuals who were biologically born as a male and feels or live like a female and prefer to alter their bodies through SRS to match with their gender identity are known as transsexual men or Trans-men. Inversely, the person who were biologically born as a female and identify themselves as a male and prefer transitioning their body through Sex Reassignment surgery are known as transsexual women or trans-women. After the transition from one gender to another gender, some individuals prefer to call themselves as a man or a woman instead of referring them as transgender (American Psychological Association, 2011). Regarding the choices of the sexual partner, the transsexual men and women can be both homosexual, heterosexual and bisexual (Samelius & Wagberg, 2005).

(b) **Cross-dresser:** Cross dressers are individuals who dress up with the normative clothing of the opposite gender in their culture. The cross dresser normally feel comfortable with their birth assigned sex and do not prefer clinical sex transition. It's a form of gender expression and is not necessarily tied to erotic activity. Cross dressing is not representative of one's sexual preference. Depending on the society and culture, the level of acceptance for cross-

dressing differs for male and female. One gender may have more space than the other for dressing up with the typical clothing of the opposite gender.

(c) **Drag queen and Drag king:** Drag queen is the term that refers to men who dress women for entertaining purpose at the bar, pubs and other functions. The term drag king refers to women who dress as a men for an entertaining purpose to others at clubs, pubs and other function events.

(d) **Gender queer:** This is a term that is used by some individuals who identify their gender not fitting into typical construct of male and female. They may describe their own gender lying in between both the genders, or they may elucidate it as completely non-identical from these terms. They may also plea for pronouns, neither masculine nor feminine, to refer them as “zie” as a replacement of “he or she “, or “hir” for “his or her”. (American Psychological Association, 2011) .There are also other categories of transgender people which comprise two-spirits, gender non- conforming, and androgynous. The precise definition of these terms differs among individuals and may change over time.

Queer is a blanket term that a person used to represent their sexual orientation, gender identity or gender expression which do not comply with their assigned birth sex and to the social standard. Back in the days, this term was used to show disrespect or distaste and it has been considered a disparage term and the term “Queer” may continue to be used by some people with negative purpose. Today the LGBT person use this term to embrace the label in a neutral or positive manner (Russel, Kosciw, & Saewyc, 2010). The youth of today may adjust ‘queer’ and use it as an identity term to defend themselves from getting placed in a limiting gender categories of male and female or the perceived restraint obtrude by lesbian, gay and bisexual sexual orientations (Rivers, 2010)

LGBT persons may often be put in a vulnerable position towards discrimination, aggression, prejudice, all around the world because of constitutional, medical, cultural or religious misconceptions. Many countries criminalized homosexual acts. Furthermore, most countries have insufficient liberal laws and constitutional preventive measures against prejudice or discrimination on account of sexual inclination and sexual identity (Samelius & Wagberg, 2005).

Issues of LGBT

There are lots of discrimination among the LGBTQ community and this discrimination towards LGBTQ community can be in the form of penalization of same sex activities by the law, homophobia in the institution like in colleges and schools, verbal and physical abuse in the state, making them to involve in force medication and giving unwanted treatment like shock therapy, overlooked and ignoring the needs of youth and adult LGBTQ people and the LGBTQ people with disabilities, lack of access of healthcare, molestation and violation in the organization institute from the official states of emissary. Social repression can be seen in the form of castigation, prevented from the speaking out, deride, curative rape of gay and lesbians, honor killing and force wedlock. (Samelius & Wagberg, 2005)

As compare to heterosexual community, the LGBTQ community has a high chances of facing the discrimination, sexual abuse and the threat of violence because of their sexual preference or orientation. The hatred towards the LGBTQ community is due the factor of the influence of religion, culture and the political beliefs by the inferior groups. The LGBTQ people are always been look down upon, sees them with the different eyes or perspective and do not include within the society which makes the LGBTQ community stigmatize and at the end receives the negatives and poor public attitudes. This affect their pursuance and contribution to the society due to their low ability and self-esteem.

In many research it was found that lesbian and gay individuals had higher levels of substance abuse as compared to heterosexuals (Gruskin, 2001); Hughes & Elison, 2002; Skinner 1994). Due to the discrimination by the society, LGBTQ people are vulnerable to mental health issues and there is high rate of psychiatric disorder (Laughlin, Hatzenbuchler & Keyes, 2010), alcohol and substance abuse (Ibanez et al., 2005; Herek, 2007) and suicides (Remafedi, 1998) Racism, sexism, homophobia, transphobia, poverty and other negative factors are the various forms of alienation or exclusion which affect their mental health which preclude sexual minority members from many support structures (Sahil Tala, 2018)

Issues in educational institutions and healthcare institutes

Educational institutions like schools are highly linked with the negative factors for the LGBTQ community. The groups of students who has been identified as LGBTQ by other heterosexual students, are discriminated against and verbally and physically harassed. The LGBTQ students had also reported that their names were called out such as “faggot or “that’s so gay”. The LGBTQ students also often report that they had been pushed, bullied, beaten and thrown food upon them in schools. Teachers and other members of school staff would often not come to their rescue (Higa et al., 2014)

A study conducted by Multi-domain Global Relationship Management (2006-2008) revealed that 78.6% of the LGBTQ students did not open up about their sexuality to the teachers because most of the LGBTQ students felt that even if they convinced about their sexuality, the teachers were not commiserative of their sexual orientation and gender identity. LGBTQ students, therefore, face many heterosexism and cissexism at schools and do not seek for help from the teachers and all these bullying becomes unreported. Teachers who belong to the LGBTQ themselves were also scared of losing their jobs and fear marginalization by the non LGBTQ teachers, school principals, head authorities and by the student’s parents. This is why they hesitate to be authentic with their sexuality. This leads to absence of role model of LGBTQ teachers for the students.

It is reported that as compared to heterosexual students, the LGBTQ students have a high level of victimization, intimidation and bullying (Aragon, Birkett, & Koenig, 2008; Kosciw, Greytak, & Diaz, 2009; Robinson & Espelage, 2011). As compared to heterosexual peers, such sexual minority identified as gay, lesbian, bisexual, transgender and queer students were found to be at greater risk of suicide ideation, suicide attempts and school truancy (Robinson & Espelage, 2011). As research conducted by Robinson and Espelage (2012), results revealed that as compared to heterosexual identified peers, the LGBTQ identified peers were 3.3 times likely to think about suicide ($p < .0001$), 3.0 times likely to attempt suicide ($p = .007$) and 1.4 times likely to ignore schools ($p = 0.47$) within the same schools among those who reported tantamount levels of peer persecution / victimization.

According to the Council of Europe, (2011) LGBTQ individuals usually face the discrimination in the area of access to health services too. Lack of information related to LGBTQ issues among the health service providers are seen as the main reason behind the discrimination. The first problem that the LGBTQ person faces is the poor and mistrust relations with the staff and the health professionals. The treatment that is given by the health staff is worse with the LGBTQ patients as compared to heterosexual patients. Having prejudice attitudes towards LGBTQ patients by the medical staff are the second difficulty faced by the LGBTQ community. The third obstacle is that the LGBT person do not get the legal rights of their relationship as compared with the heterosexual partners, such as not allowing the LGBTQ patient's partner to make a decision for the treatment and not even allow to sit on the bedside of their partners. The patients who did not hide their sexuality and gender identity to non LGBTQ people were less treated medically as compare to heterosexual patients by the health professionals, especially related to blood donations which was the main problem (Multi-Global Relationship Management, 2006-2008)

Issues in religious institutes

Religious conflict and psychological stress are well associated among the gay and lesbian community (Sherry, Adelman, Whilde & Quick, 2010). Religion is a directly linked with the positive feeling but for LGBTQ community they feel that they have been declined by their religious authorities of having a different sexual orientation (Cotton et al., 2006). Many LGBTQ individuals who identify as Christians felt unwelcomed in the religious spaces (Compton, 2018). The LGBTQ youth revealed that the religious leaders had giving the hatred message against the sexual minorities through the mass media which had influence the religious families and the societies which constitute to social repression upon the LGBTQ youth.

LGBTQ youth

Lesbian, Gay, Bisexual, Transgender and Queer youth have a high risk with regard to their physical health, mental health problems and social repression like having a problem in schools, suicidal ideation, unprotected sex with partners, rape, eating disorders, kicked out from the house, being destitute and indulging in violence (Austin et al., 2009; Blake et al., 2001; Bontempo & D'Augelli, 2002; Cochran, Stewart, Ginzler, & Cauce, 2002; Garofalo, Wolf, Kessel, Palfrey, & Durant, 1998; Perdue, Hagan, Thiede, & Valleroy, 2003). These all adverse impact are not assured of just being a homosexual but this incident might increase because of being discriminated, excluded from the heterosexual society and being isolated of being a LGBTQ (Remadefi, 2008; Savin-Williams, 1995).

The high risk of poor mental health symptoms is found among the young LGBTQ people than the LGBTQ adults (Clements-Nolle, Marx, Katz, 2006). LGBTQ youth used to face discrimination in their homes at first side. Because of their sexual orientation half of the LGBT youth use to experience harassment. Parents whose children belong to sexual minority are commonly verbally abusive. Approximately one-third of the LGBTQ youth were the victim of physical violence by their family members after they came out of the closet or after revealing their sexual orientation. Parental conflict regarding sexual identity issues bring about parental abuse, and many LGBTQ minors have been kicked out from their homes by their parents. Eliminating from the family members will constitute to financial and social problem which will be more difficult to survive through by the LGBTQ individuals. (Sameluis & Wagberg, 2005). Mistreatment among LGBTQ youth is also not restricted to the home but also in the schools and in prison. Over two third of all LGBTQ youth have also been verbally and physically tutored on the basis of their sexual orientation or sexual identity.

When the sexual minority group enters to the child welfare system, they even get harassed or gets physical abuse or sexual abuse by the foster parents, the welfare staffs or group workers. After this when there is no other option left by them, they prefer to run away from the welfare which leads to make them homeless. In order to survive they choose to commit unlawful act by indulging in substance dealing and as a sex workers

which also leads them into a juvenile justice system, where again they have to face the discrimination and tortured by the police, judges and the entire staff and juvenile in detention centers (Mallory, Brown & Sears, 2017)

The terms and conditions for every young youth offender are notoriously inadequate in the juvenile detention centers which the LGBTQ youth had to face the extra challenges as compare to non- LGBTQ youth. The homophobic acts towards LGBTQ youths were not punished frequently. Due to the lack of their family members and friends support, they also face social isolation. In many juvenile detention centers over the country, molestation and non- sex by the staff workers and other juveniles is also a major issues. The problems of familial and social acceptableness can be distinctly awful or terrible for some LGBT youth who belong to racial and ethnic minority also (Thiede, & Valleroy, 2003).

The legal history of Section 377 of the Indian Penal Code

Section 377 of the Indian Penal Code (IPC) was authorized by the Lord Maculay, the president of Indian Law Commission, in 1860, as part of Britain's effort to impose Victorian values on its biggest colony. Similar laws were imposed on most of its colonies, including the United States of America.

It reads as follows:

"Section 377: Unnatural offences - Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to 10 years, and shall be liable to fine. Explanation - Penetration is sufficient to constitute the carnal intercourse necessary to the offence described in this section"

In criminalizing the homosexual activities, the minority community (Lesbian, Gay, Bisexual and Transgender; LGBTQ had to remain at the margins of the society, their sexual preference and activities kept secrets from families, communities and the authorities, for fear of blackmail and prosecution. Many innocent gay men got harassed and threatened by the police, including the NGO activist who was working for the LBGTQ

people who also got harassed and charged under section 377 of the IPC. For example in the year of 2002 when the four LGBTQ activists were distributing the condoms and educational pamphlets to gay men for HIV awareness were arrested for running a gay sex club and charged under section 377. The section 377 (Sodomy law) also had an adverse impact on the fight against HIV and AIDS among MSM (men sex with men) in India., when a group of physicians recommended that condoms should be distributed in a Delhi Prison where there were high reported rates of homosexual sex. The prison authorities refused just because homosexual is a crime under Section 377 and distribution of the condom would be a mean of condoning a criminal act (Mirsha, 2009).

In 1994, the AIDS Bhedbhav Virodi Andolan filed the first petition against section 377 in the New Delhi high Court. It was year of 2001 when the Naz Foundation which revived ABVA's (AIDS Bhedbhav Virodi Andolan) case for constitutional validity of section 377 for violating rights to privacy, dignity, health, non-discrimination and quality. The case was eventually won in Delhi with a landmark judgment in 2009. In 2013, the Supreme Court cancelled the Delhi high court order and restored the ban on homosexuality. In February 2016, a five-judge bench from the Supreme Court agreed to hear a curative petition on section 377. A nine judge Supreme Court bench ruled in August 2017 that right to privacy is fundamental right, but declared that the constitutionality of section 377 could only be decided by the bench hearing the curative petition (Shaikh & Pichika, 2018)

In January 2018, a three-member of the SC bench heard the petition to revisit the NAZ foundation judgment. The apex court on 17th July reserved its verdict on whether to decriminalize the section 377 or not. Finally the Supreme Court OF INDIA announced the judgment of decriminalization OF the Act of 377 of the Indian Penal Code on September 6th at 11:54PM which included the legalization of gay sex between consenting adults (Quint, 2019). The bench declared article 377 as 'unconstitutional' stating that homosexuality is not a mental disorder, but a natural state, AND THAT Section 377 is irrational and arbitrary. The judgment was delivered by Chief justice of India, Dipak Mirsha, and Justice Rohinton Nariman, AM Khanwilkar, DY Chandrachud and Indu Malhotra (Ghosh, 2019)

Section 377 and its law on LGBTQ

Consensual same sex sexual activity is a criminal offence against the law in many countries of the world. These law is known in different terms like ‘gross indecency’, ‘debauchery’, ‘buggery’ or ‘carnal intercourse against the order of nature’ but the generally used term for these is ‘Sodomy law’. The sodomy law had affected many people in terms of physical and emotional turmoil, especially those who belong to LGBTQ community. Even if one is not charged against, it is the society that to marginalizes the sexual minority communities (Baudh, 2013). This law was initiated by the colonial legislators and the barristers to strengthen their territorial control with no parley and cultural consultation. It was believed the law could influence the decency of the Europeans to the resistant groups. The Aberrant sex was not punishable in the indigenous cultures, and so this law was included in the legislation and thought to re-educate sexual practices in the colonial territories (Lennox & Matthew, 2013).

Mental health and wellbeing on LGBTQ community.

A major consequence of mental health problems of the LGBTQ community is death by suicide (Harris et al, 1997). Enduring LGBTQ related intolerance and discrimination has numerous negative effect on the LGBTQ individual’s mental health and standard of life (Meyer, 2003). The connection between suicide ideation and poor mental health has shown more visible among the LGBTQ individuals (Fergusson et al., 2005). Additionally, the lesbian, gay and bisexual individuals has exhibited more pervasiveness of mood, anxiety and substance use disorder as compared to heterosexual counterparts (Cochran et al., 2000).

Sexual minorities are one the most vulnerable groups for developing mental health problems and mental disorders due to high level of discrimination and marginalization (Hatzenbuehler, 2008). High Risk of Suicide has been increasing among the same sex partner in the European country like Denmark. Transgender people are forced to leave their homes by their own parents due to fear and shame of the society (Kokem, Person & Bimbi, 2009). They are brutally tortured, verbally and physically abused and threatened by the heterosexual community, which gets manifested in psychological disorders such as depression, suicidal ideation, panic attacks and eating disorder such as Bulimia nervosa

(Makadon, 2011). The increased level of discrimination has led to high possibilities of Psychiatric morbidities among the LGBTQ (Mays & Cochran, 2001). The queer community have feelings of isolation especially for those who reside in rural and conservative society. Among the LGBTQ community, the feeling of being deprived are very closely linked with outbreak of anxiety, depression and substance abuse (Carthaigh, 2010)

Extreme level of social non-acceptance, marginalization and intolerance decrease their sense of belonging and self-confidence. Many sexual minorities have ended up getting married to their opposite sex due to social repression and family pressure, and these marriages lead them into conflict, disagreement and end up with judicial separation which has made them experiencing an unsatisfactory life. Sexual and gender minorities face lots of difficulties in tenancy and are susceptible to make them change their locality frequently because of non-adjustment in the society. Most of the LGBTQ community are less educated because of their previous negative incidents which make them not suitable for many government jobs. Even if they are highly educated, they are either suspended or would not allow them to continue for a jobs if their identity is revealed. Discrimination faced by sexual and gender minorities will lead to poor social and emotional wellbeing (Sheshadri & Math, 2013).

The negative impact of section 377 in India

The Section 377 of IPC in India has an adverse effect on its mental health, Strengthen the Transgender Person bill, violets on the Right to Privacy, Right to health and from denial to freedom of the LGBTQ community (Shaikh et al., 2018). There is no proper and open discourse on the section 377 as a result of which very less portion of population are aware about this law. The law has never led to large number of arrest but the threats and extortion to the members of LGBTQ community has been prevailing. This kind of attitude towards the people of LGBTQ has led them remain hidden and voiceless of their homosexual behaviors. The section is effective as a threat, rather than as an actual punishment (Gupta, 2006).

According to International Court of Justice (2017) section 377 applies to all individuals based on their sexual orientation, gay and lesbian couples and especially to transgender women and men. They have been unreasonably targeted and apprehended under the Section 377 for engaging in sexual activity or simply getting doubt of engaging in anal or oral intercourse. Around 2,770 were taken to custody under the section 377. According to Rituparna (2018) even police and lawyers are unclear about the law, and due to this misapprehension, the police and house members use Section 377 to persecute and threat LGBTQ individuals. In the year of 2003, after the Supreme Court judgment, there was increase in brutality, verbal and physical abuse and discrimination of sexual and gender minority, along with unfavorable impact on HIV gay patients and hospital service (Halder et al., 2011). When the Delhi High Court ruled over section 377 in 2009, it was presumed that there will be possibility of having less discrimination against the LGBTQ community in India for accessibility to HIV/AIDS prevention and treatment.

Sexual minorities living in a jurisdiction which criminalizes homosexuality tend to have the low level of self-esteem and increased level of psychological maladjustment, depression and suicide. The section 377 criminalizes homosexual acts which made the LGBTQ community more vulnerable in the society and in the eye of the law. This made the sexual minorities remain in the closet and hide their sexual identity, their sexual preference and the activities from the family, societies and from the authorities due to fear of blackmail and prosecutions(Mirsha, 2009)

The law of section 377 had also impacted on the physical health of LGBTQ community. Towards the end of the 1980s when HIV/AIDS appear in India it had contradictory effect. The people who were infected by this disease were labeled and made themselves disappear from the society. Later the worker of HIV/AIDS prevention groups and the health campaigner understood that section 377 of IPC impede and discouraged the detection and safeguard of the vulnerable groups. The people who were active in the same sex activities felt hesitant to come out for condom giving out programs and HIV testing at health centers because they could get persecution from the law and authorities under section 377 of the Indian Penal Code (Borah, 2018)

The population of kinner (Transgender) sex workers are the most affected by the menace of section 377 Indian Penal Code (Narain, 2003). Elavarthi Manohar, Programme Coordinator of Sangama, a Bangalore-based organization working with sexual minority groups says: "The Hijra sex worker population often faces violence from the police and local goons. Because of Section 377, it is not possible to ask for redress."

Here are the some incidents that had adverse impact by the Law (Section 377 of IPC?)

1: Many workers who were working under the Non-Government Organization for sexual minorities were harassed. (Ramasubban, 2008)

2. An NGO called *Sangama* which used to work for the LGBTQ community were the victim of sustained repression and was ordered to conduct the meeting outside the city by the police in the year of 2002 in Bengaluru (Ramasubban, 2008).

3. In the year of 2001, four activists got arrested and realized after 47 days after the custody because they were falsely accused of running the gay sex bar and charged under section 377. But the fact was that, those four activists were working under the organization on HIV/AIDS and got arrested just because their employers, who were actually recognized by the State AIDS Control Society had been distributing condoms and pedagogical/ educational pamphlet to gay men (Gupta, 2006). According to Bondopadhyay (2002), during the custody those four activists were tortured brutally by the police.

4: In India, section 377 was probable to have negative impact on the campaigns against the HIV /AIDS. In the year of 1994, a group of physicians advised the prison authorities to distribute condoms in Delhi prison cell because of high rates of having MSM (Men having sex with men) which could transfer the virus from the infected prisoners to the other uninfected prisoners. But the prison authorities refused the recommendation because gay sex is criminal offence under section 377 and therefore disturbing the fight against HIV/AIDS campaigns (Agoramoorthy & Hsu, 2007).

5. Before the National Human Rights commission, when a boy compliant that he was given aversion therapy and non-prescriptive drugs to cure homosexuality a petition was filed to ask the direction to the Indian Psychological Association that homosexuality

was not a disease. However, the commission did not take any initiative regarding this matter by defending the section 377.

REVIEW OF LITERATURE

Matthew et al (2015) conducted the qualitative study on sexual minority status and psychological distress among the men who had MSM (Men sex with men). The result revealed that the participants had a psychological distress and low self-worth due to gender non conformity and sexual minority status. The discrimination from society, pressure to marry, and lack of social acceptance has compelled them to keep sexual minority status a secret.

Steven, Emily and Jose (2016) undertook an investigation to study the psychological well-being among religious and spiritual-identified young gay and bisexual men. The research found that the elements of religiosity was linked with psychological well-being among religious identified participants. Religious participation was negatively related with psychological well-being and spiritual coping was positively related with psychological well-being of young gay and bisexual men.

Gates (2014) conducted the report on the wellbeing of American LGBTQ. It was found the Americans who identifies themselves as gay, lesbian, bisexual and transgender have the lower level of wellbeing (i.e. social wellbeing, community wellbeing, financial wellbeing, Purpose wellbeing, Gallup-health way wellbeing and physical wellbeing) as compare to heterosexual counterparts.

Hebbar and Bihari (2017) conducted a study on psychiatric morbidity of transgender in Imphal, Manipur. The objective of the research was to access the psychiatric cognitive state of gender dysphoric people of Imphal. The results showed the high prevalence of comorbid psychiatric disorder among transgender. Furthermore, generalized anxiety disorder, depression, and suicide ideation were also found to be higher among transperson.

Emily et al., (2017) investigated the interactive effect of stigma and participation in the study after the passage of multiple anti-gay propaganda laws in Russian and in Ukraine on depression among MSM. The study found the bisexual men were directly linked with depression. The relation between stigma and the propaganda laws was significant. The results revealed the probable increase in depression among the participants after the passage of the anti-gay laws. Moreover, the depressive symptoms was found common among MSM.

Victoria (2017) conducted a study on the impact of parental reaction to sexual orientation on depressive symptoms and sexual risk behavior among Hispanic men who have sex with men. Study found the connection of parent response to sexual orientation with depressive symptoms were associated with safer sex among Hispanic men. A parents who knew about the sexual orientation, refusal of their sexual orientation from their parents was associate to higher level of depressive symptoms. Americanism was also linked with low level of depressive symptoms but was not associated to protected sexual behaviors.

Hebbar, Udayan and Rajkumar (2018) conducted the study on homosexual and their psychiatric morbidities in a Northeastern state of India, Manipur. The study aimed to assess the socio-demographic profiles and psychiatric morbidities of homosexuals. The study revealed that the homosexuals who had substance use disorder was having high level of psychiatric morbidities like anxiety disorder, depressive disorder and high suicide ideation.

Garima, Sanjeev and Neha (2018) investigated the sexual identity expression on the internet of homosexual, heterosexuals and bisexual in India. The study aimed to analyze the attitudes of the individuals with different sexual orientation towards internet infidelity. The study found that the homosexual attributed their involvement in online infidelity to psychological distress (depression and frustration), heterosexual attributed to social isolation (lack of emotional support, loneliness and boredom) and bisexual attributed to external influence (desire to explore and peer pressure).

Rao and Mason (2018) investigated the study in Minority stress and well-being under anti-sodomy legislation in India. The result depicted the significant differences in impact, sense of belonging, and depression symptoms between heterosexual and LGBTQ.

Elizabeth (2018) studied on multiple minority stress and LGBT community resilience among sexual minority men. The results showed that black African sexual minority men revealed the high levels of ethnic stigma in LGBT spaces as compared to white sexual minority men and Asian and Latino men. Consistent with minority stress theory, racial stigma in LGBT spaces and LGBT stigma in one's neighborhood were related with greater level of stress for sexual minority men of all racial group.

Rijn (2017) conducted the comparative study of wellbeing between the gay father with children, lesbian mother families and heterosexual IVF parent's families. The results showed that the all parents were having relatively low levels of parental stress, anxiety and depression, and were all satisfied with their relationships. After controlling for caregiver role (primary or secondary caregiver role), it was also found that there is no significant family type differences in parental stress, depression and anxiety.

Mark (2017) studied the mental health of sexual minority in youth. The result indicated that the youths belonging to Lesbian, Bisexual and Gay community studying mainly in high school was found to be more vulnerable to suicide and have reported suicidal attempts several times due to some different reasons as compared to heterosexual youths.

Lara (2017) conducted a study on demographics, wellbeing and mental health of Asexual Identity in a New Zealand. The study revealed that the self-identified asexual participants were more likely to be a women and less likely to be a cisgender and less likely to be in a serious romantic relationship or parent. It was also found that, as compared to heterosexual people, there was no significant difference of effect on mental health or physical health with a sexuality.

CHAPTER II
STATEMENT OF THE PROBLEM

Violation and discrimination towards LGBTQ is still a universal phenomenon and so is the likelihood of being persecuted as compared to heterosexual counterparts (Bontempo & D'Augelli, 2002). Studies have shown that being a target of discrimination can induce socially and culturally based stress, which further negatively affect psychological functioning and well-being and hence, it is a huge risk factor in the development of certain psychological disorders (Dohrenwend, 2000)

Focusing on the LGBTQ population, Meyer (2003) presented a stress theory. He recognized three mechanisms that make a sexual or gender minority status into a stress element: (a) victimization e.g., being bullied verbally and physically or discrimination at work (b): the anticipation of prejudice related events and the cost of concealment and (c): the internalization homophobia. Report conducted by Gates (2014) found that in America, Washington DC, the American who identifies as Gay, Lesbian, Bisexual and Transgender had lower level of wellbeing as compare to Non LGBT or Heterosexual people.

Homosexual activities conducted by both men and women are still considered as criminal offences in more than 80 countries, even if the act is consensual. The Section 377 interfere privacy and imposes strict law against the homosexual activities. It downgrade people where it puts them in an inferior position for loving who they love or how they appear as a person in a society. These laws dishonor people's solemnity by proclaiming their intimate feelings as illegal or unnatural which lowers their self-worth. It encourages and fosters brutality and gives impunity (freedom to discriminate); it gives authority to the police and others to arrest, extortion and harassment which make the people obfuscated and remain in terror (Lennox & Waites, 2013). According to Professor Goodman (2001) "Anti-sodomy laws have a variety of impact". The anti sodomy law firstly affect or change the mentality of the society for the LGBTQ members. Secondly this law also create the vulnerable status of the LGBTQ community which induces a poor relationships within the society. Third, the law also impact the society to reject LGBTQ community. They had to hide their identity and their relationships from the society because there is no place open for them, as they face harassment and discrimination from everyone. This law also has strong effect on the social standards which changes people's attitude towards the LGBTQ Community. The legislation that repudiates equal rights and protection to sexual minorities leads to more stress which is effecting the sense of belongingness of the

LGBTQ community. Therefore, the sense of belonging of the LGBTQ community is indirectly/directly affected the mental health i.e. depression, isolation, low self-esteem and suicide ideation (Rao & Mason, 2018). (Rubin (1984) even states that "the criminalization of homosexual activities enacted by the law are supposed to build, support and maintain or preserve a 'sexual apartheid' which will determine the marginality of homosexuality".

According to Gauges (2006), in India, around 25 lakh men practice homosexuality, where in India the police has misused the Section 377 law as a weapon to harass, blackmail for bribe, threaten and persecute them. Aside from exploitation of gay people, the law also induces the society to have negative perception towards homosexual relationships (Rozathar & Gupta, 2018). A clinical psychologist, Sadhana Vohra resident of Delhi, says: "Most people with an active homosexual life have had to deal with harassment from the police."

There is a constant violence and mistreatment towards LGBTQ community by the society if the sexual minorities are considered as criminals. In the legal sphere and socially, the outlaw of sexual minority's acts has a huge inimical effect which creates homophobic mindset and activities, and physical harassment and verbal abuse by the heterosexual group or the society. The anti-sodomy legislation also makes homosexuals to feel solitary and isolated (Hepple, 2012) which may have an adverse effect on low sense of belonging. The anti-sodomy law also have negative influence among the hospital care staff and professionals for treating the HIV/AIDS infected homosexual patients, which is the reason why most gay men are not presented at clinics for a testing. Homosexual patients are also often denied health care facilities as compare to heterosexual patients (Mirsha, 2009).

The results of qualitative research conducted by the Rao and Mason (2018) revealed that most of the LGBTQ or sexual minorities were "scared and threatened," "felt unsafe," "bullied", "suffocated," "like a criminal" and "like a second-class citizen," after being asked to analyze the impact of Section 377 of the IPC on them. The LGBTQ participants also indicated that they were more stressed out due to the pressure of disclosing their emotion towards their same sex partners and their sexual preference. It also revealed their sadness for not getting equal recognition for same sex marriages under the legislation. Some of the participants also felt that the Section 377 encourage

heterosexual people to objectify them as a criminals or devils. Few participants expressed that the larger appearance of the criminalization of homosexuals and making pessimistic comments about the LGBTQ community has influence on the family environment, which made it difficult to live their lives. Another participant had remarked by saying that they experienced more confidence after the decriminalizing the Section 377 law by the High Court in 2009, but when the Supreme Court overturned the judgment in 2013, it enforced the sexual minorities' to conceal their sexual orientation and gender identities which made them vulnerable to mental disturbance.

Other quantitative analysis also researched by the Rao and Mason (2018) found that there was a significance difference in the impact of Section 377, sense of belonging and depression symptoms between the participants of sexual minority and heterosexual person and also indicated that by the effect of anti-sodomy legislation or Section 377 of IPC has a good fit of the data to a model of minority stress. The analysis of the result also emphasized that there was an increased level of depression and decreased level of sense of belonging among the sexual minorities as compared to heterosexual participants. Therefore it can presume that the Section 377 of IPC may have an adverse effect on the mental health of LGBTQ community in India.

When Section 377 of IPC was scrapped down by the Supreme Court on September 6th 2018, the member of LBGQT community and their NGOs celebrated the victory after the long fight. The verdict of supreme court of India regarding section 377 escalated a new hope and relief among LGBT community. People are coming in forefront in the rallies and in social media expressing themselves freely. Around 15,000 people were gathered and marched together for the LGBT pride rally in the street of Mumbai celebrating the freedom of love (Ganapatye, 2019). The United Nations also welcomed the new law that has decriminalized the gay consensual sex (Thomas, 2018) and believed that the new judgment will remove the disgrace and bias against the LGBTQ individuals in the field of governmental, communal and economic work and status which will create a new understanding society (United Nations in India, 2018). The Supreme Court had also recognized the Mental Healthcare Act, 2017 for LGBTQ community and implicated the health care professionals and clinical practitioners (Kapoor & Pathore, 2018)

Positive impact of the decriminalization of Section 377 of the IPC on mental health and social wellbeing can be assumed from recent newspaper articles (example The Indian Express, 2018) where a gay person was reported to be happy that he was not a criminal anymore, who was also much supported by his parents in sensitizing the public about the LGBTQ status. Jain (2013) also concluded in his research study that the legitimacy of the law can help remove the disgrace related to sexual minorities and can assist them to feel more welcomed within the society. The decriminalization or legitimization is also well correlated with greater level of self-acceptance along with the emotional and psychological security among LGBTQ which leads to form the good relationship among the society and make stronger bond within the family. The repeal of section 377 would bring about family and social acceptance and also ensure higher level of self-confidence and mental health of the sexual minorities.

Sikkim is one of the second smallest and fastest developing states in India. It is encompassed by the Chumbi valley of Tibet and Bhutan in the East, Nepal in the West, Tibetan plateaus in the north and the District of Darjeeling of West Bengal in the south (Sikkim State Report, 2019). During the seventeenth century, Sikkim was a small kingdom ruled by the Namgyal Dynasty until 1975 and got merged with India which became the twenty-second state of India on May 16, 1975 (Lodrick & Chib, 2018). The geographical area of this state is 7,096 sq. km and total population is 666,792 in the census of 2014-2018. The state language which is spoken is Bhutia, Lepcha Nepali, Rai, Limboo (Subba), Mangar, Gurung, Tamang and Newar, but the most common official language used by the Sikkimese people is Nepali. It has a literacy rate of 81.42 % of the population (Sikkim State Report, 2019). In religion, Hindu are the majority in the 3 out of 4 district which comprise of 57.76% after Buddhist in 1 out of 4 districts which comprises 27.39% (Sikkim Religion Census, 2011).

It is observed that even before the decriminalization of Section 377 of IPC, the term LGBTQ was not even discussed nor talked about seriously among the society and in media by the people of Sikkim. It was also observed that right after the Supreme Court announced the verdict i.e. decriminalization of Section of 377, the few member of LGBTQ community started to open up show through interviews in the local news channel of Sikkim. The local news reporters also started talks regarding the issues of LGBTQ.

The new formed NGO, Rainbow Hills Association, also hosted Sikkim's first LGBTQ Pride Rally on the 27th January, 2019 after the Supreme Court Verdict (Quint, 2019) and as observed conducting the panel discussion among the LGBTQ members based on sexual minorities' issues. The former Chief Minister of Sikkim, Dr Pawan Kumar Chamling, also addressed by saying "The Sikkim Democratic Front political party WHAT IS SDF? has been working to bring the LGBTQ community into mainstream. Our inclusive politics ensures that every section of the community has a right to live with dignity." (Chamling, 2019). Dr Pawan Kumar Chamling was a first and former leading chief minister who shared and talked about gender acceptance and welcoming in with open arms in his speech (Mukhia, 2019) right after the repeal of the Section 377 of IPC.

It can be observed that after decriminalizing the Section 377 of IPC, a few LGBTQ members have positively reacted publicly in Sikkim. It may be presumed that the people of who belongs to the LGBTQ community in Sikkim might be significantly influenced in terms of their wellbeing and belongingness after the 377 law was scrapped. Empirical studies that have shown positive impact of repeal of the law, which criminalized the homosexual activities, is sparse (Rao & Mason, 2018). Hence the present study will attempt to determine the well-being and sense of belonging of the LGBTQ community members of Sikkim and attempt to see the impact of decriminalization of Section 377 of the IPC. It is assumed that such a study would help contribute to scientific knowledge about how changes in the perception of law and society towards LGBTQ community can significantly bring about changes to serve the mental wellbeing of the society.

Additionally, NGOs and government in Sikkim has not taken any awareness program about the LGBTQ community in Sikkim. The local people especially in rural areas are still unaware about the LGBTQ. It is observed that the local people still have the stereotypes towards LGBTQ people and some of them even don't know the existence of terms for the LGBTQ. This study could help the NGOs and the State to create sensitization regarding sexual minorities to the people of Sikkim and help the government institutions to take some initiatives in policy matters i.e. job opportunity program, vocational training, providing projects and funds etc. with regards to the vulnerable LGBTQ communities.

Based on the theoretical and empirical background with regard to sexual minorities, especially in Sikkim, the following objectives and hypotheses were drawn:

Objective:

1. To find the level of sense of belonging among LBGTQ sample in Sikkim.
2. To determine the Mental Health (*emotional, psychological and social wellbeing*) among LBGTQ sample in Sikkim after decriminalization of Section 377 of the IPC.
3. To see if there is any impact of decriminalization of section 377 in the well-being and belonging in LBGTQ sample in Sikkim.

Hypothesis:

1. Sense of belonging among the LBGTQ sample in Sikkim will be exploratory.
2. Emotional, Psychological and Social wellbeing of persons of LBGTQ community sample in Sikkim would be exploratory.
3. There will be a significant impact of decriminalization of section 377 on the LBGTQ community, their Sense of Belonging and Well-being.

CHAPTER III
METHODS AND PROCEDURES

Sample:

Snowball sampling was used to obtain the data comprised of 45 participants who belong to the LGBTQ community. The mean age of the participants was 25.76 years (SD=5.30) comprising of persons who ascertained their sexual status as being gay, bisexual lesbian, transgender, or queer. Regarding the employment status, 48.9% (n=22) were employed and 51.1% (n=23) were unemployed. Sub-samples from each of the sub-groups of gay, bisexual lesbian, transgender, and queer was obtained as far as possible. The male LGBTQ participants was 34 and female LGBTQ participants was 11.

Design of the study:

Single Group Design (LGBTQ) was used wherein the participants were given questionnaires to delineate the impact of decriminalization of Section 377 of IPC, and their well-being and sense of belonging through quantitative as well as qualitative means.

Procedure:

The data were collected in all the four districts of Sikkim that is East Sikkim, West Sikkim, North Sikkim and South Sikkim through snowball sampling where each identified LGBTQ participant refer another participant for the study. The total number of sample was 45 which were collected from the LGBTQ community in Sikkim. To find out the LGBTQ participants, good rapport was formed with founder of a NGOs for LGBTQ community (Rainbow Hills Association, Sikkim). Through help from them, the other LGBTQ participants were first contacted by the NGO leaders who introduced about the research and asked for their consent to be participants in the study. Through Whatsapp message, the participants were then contacted by the researcher and were met individually for data collection in a quiet and private setting. After creating a good rapport, the booklet was handed over to the participant and asked them to read the consent form which provide the researcher's contact information and description of the purpose of the study. After reading and signing the consent form and filling up the social demographic data, the participant was engaged in the first task, that is, reading about the priming text on decriminalization of Section 377 and completing the 3 open-ended questions that followed the priming text. The participants then completed the Mental Health Continuum Short Form (Corey L. Keyes, 2008), which measured the emotional, social and psychological

wellbeing and Sense of belonging Instrument Psychological Experience subscale (SOBI-P, Hartley & Patusky, 1995) which measured the sense of belonging of the participants. Each response session of the participants took approximately 40 minutes. The specimen copies of the psychological tools are given in the Appendix II, III, and IV.

Demographic items

In Socio-Demographic Data, the participants were required to indicate their Age, Sex, Employment and the sexual orientation or gender identity i:e Lesbian, Gay, Bisexual, Transgender and Queer by tick mark.

Psychological tools:

1: Measurement of wellbeing

Mental Health Continuum Short Form (MHC SF): (Corey L. Keyes, 2008): Mental health continuum short form is derived from the mental health continuum long form. It has a total of 14 items which includes 3 subscales - emotional wellbeing, social wellbeing and psychological wellbeing. The emotional well-being subscale includes three items that evaluate happiness, satisfaction, and interest in life; the social well-being subscale includes five items that evaluate social acceptance, social actualization, social contribution, social coherence, and social integration; and the psychological well-being subscale includes six items that evaluate autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Each items are to be rated on a 6-point Likert scale ranging from Never=0, once or twice=1, about once a week=2, 2 or 3 times a week=3, almost every day=4, every day=5) based on the experience of the past month.

2: Measurement of belongingness

Sense of belonging Instrument Psychological Experience subscale (SOBI): (Hartley & Patusky, 1995): It is an 18 item self-repot measured scale, designed to evaluate the extent to which a person discern being appraised, required and accepted by society in their social surroundings. The scale uses 4 point Likert scales for each item (1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree). Score on item 4 is to be reversed. The total score of belongingness is a sum of the score of the participant on each of the items and can range from 18 to 72. Previous studies of the research have shown high internal

consistency in depressed patients ($\alpha = .93$; Hagerty&Patusky, 1995), older adults ($\alpha = .92$; Kissane&McLaren, 2006) and traumatically brain injured individuals ($\alpha = .95$; Bay, Harerty, Williams, Kirsh& Gillespie, 2002).

3: *Priming text on decriminalization of Section 377 of IPC (Rao & Mason, 2018):*

The tool developed by Rao & Mason (2018) to study the impact of anti-sodomy law in India prior to decriminalization was improvised for use in this study. There are 3 rating scales in the text on decriminalization of Section 377, that is 1 (No impact at all), 2 (Some impact) and 3 (Significant impact). These was followed by two open-ended questions that is required to be answered in two or three sentences by the participants.

Statistical Analysis:

For the analysis of the data, suitable statistical techniques were adopted for the present study.

1: Means, standard deviation, Skewness, kurtosis and Cronbach' Alpha were calculated for all the variables.

2: Pearson's coefficient was used to assess the relationship between the subscale of emotional wellbeing, social wellbeing, psychological wellbeing and the scale of sense of belonging.

3: Linear Regression analysis was used to determine the influence of the decriminalization of Section 377 on sense of belonging of the LGBTQ community.

4: The qualitative data were transcribed and subjected to NVIVO analysis (a software for analysis of qualitative data).

CHAPTER 1V
RESULT AND DISCUSSIONS

Psychometric properties of the behavioral measures.

The response matrix of the measure of (i) Mental Health Continuum Short Form: (MHC-SF: Corey L. Keyes, 2008) and (ii) Sense of Belonging Instrument - Psychological Subscale (SOBI-P, Hartley & Patusky, 1995) were separately prepared and analyzed to check the psychometric adequacy for measurement among the sample of LGBTQ community in Sikkim.

The analysis of the psychometric adequacy of the behavioral measures included (i) item-total coefficients of correlation (ii) Reliability coefficients (Cronbach alpha of subscale and full scale). The scale Mean, item Mean and Standard Deviation of the full scales and sub-scales were included for comparison of the test scores. The Skewness and Kurtosis with their Standard Errors were also included to check the data distribution for statistical analysis by employing SPSS.

Psychometric properties of Sense of Belonging Instrument - Psychological Subscale (SOBI-P, Hartley & Patusky, 1995)

The Sense of Belonging Instrument Psychological Experience Subscale was developed by Hartley and Patusky, 1995 to measure the individual participant's perception of the society in his or her social surrounding. The scale is an 18 item scale and has 4 Likert-type scales i.e. 1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree. Item 4 "I generally feel that the people will accept me" is to be reverse scored. A high score on the SOBI-P indicates a greater sense of belongingness. Prior studies using this scale revealed adequate internal consistency in depressed patients ($\alpha=.93$; Hagerty & Patusky, 1995), older adults ($\alpha=.92$; Kissane & McLaren, 2006) and traumatically brain injured individuals ($\alpha=.95$; Bay, Harerty, Williams, Kirsh & Gillespie, 2002).

Sense of belonging is the main source to form and shape homogenous groups, communities and societies. All people have the need to belong. Sense of belonging has a temporary characteristic because it is accompanied by the person's social, cultural and emotional state in that state, with that group and at that time (Peter & Catapan, 2015). The feeling of sense of belonging develops from the individuals when he or she shares

their life experiences, dedication and achievements from their peers that can build their intellectual and personal career in future (Marchand & Kindermamm, 2008)

The result of item-total coefficients of correlation, reliability coefficients (Cronbach alpha) values of scale Mean, Standard Deviation, Skewness and kurtosis on Sense of Belonging for the LGBTQ sample are given together in Table 1.1. The results revealed that the reliability of the scale was .80 (Cronbach Alpha). The Total Mean of SOBI-P is 48.11. The Skewness and kurtosis are between -1 and +1 which indicates the data are normally distributed

Table: 1.1 Item-total coefficient of Cronbach Alpha, range of item total correlation, Mean, SD, Standard Error, Skewness and Kurtosis for subscale of Sense of Belonging for LGBTQ Community.

SOBI-P Scale	LGBTQ
Cronbach Alpha	.803
Range of item total correlation	.104-.613
N	45
Mean	48.11
Standard Deviation	7.37
Skewness	.500
Kurtosis	.376
Standard Error	1.10

(a) Psychometric Adequacy of Mental Health Continuum Short Form (MHC-SF; Corey L. Keyes, 2008)

The Mental Health Continuum Short Form (MHC-SF; Corey L. Keyes, 2008) is a 14-item measure of social, emotional and psychological wellbeing that have 6-point Likert scales, ranging from 0= never to 5=every day. Emotional, Social and psychological wellbeing subscale consist of 3, 5 and 7 items each respectively. The internal validity of

MHC-SF showed good reliability ($>.80$) and validity in adolescent and adults in America, Netherland and South Africa (Keyes, 2005; Keyes, 2008; Lamer et al., 2011)

Wellbeing is a condition where individual understands his or her own capabilities, handle the pressure work in their life, work constructively, and able to be socially helpful to his or her society (World Health Organization, 2005).

There are two approaches that has derived from the two general perspective of wellbeing that is Hedonic wellbeing and Eudemonic wellbeing. Hedonic wellbeing focuses on happiness and the experience of lovely emotions, it defines wellbeing as experience of attainment, pain avoidance and eudemonic. It focuses on self-realization. Wellbeing can be expressed in terms of the degree of fully functioning. In this approach the emotional wellbeing refers to Hedonic wellbeing and psychological wellbeing refers to Eudemonic welling (Ryan & Deci, 2001).

Emotional wellbeing: is the ability to practice the stress management techniques, resilience, and generate the emotions that lead to good feeling (Davis, 2019). According to Keyes (2013) emotional wellbeing is the cluster of signs reflecting the existence and non-existence of good feeling about life. The feeling may be operationalized as positive affect, happiness and life contentment. Positive effects could be cheerful, good spirited, calm, peaceful character with satisfaction in life. Happiness could be to experience the happiness about past and present life, and life contentment can be a sense of satisfaction with their past and present life regarding their successful jobs, marriage and having a good compassionate partners.

Social wellbeing is the ability to communicate and interact with the social surrounding, creating a good and healthy relationship with friends and others. It is ability of maintaining the support network against isolation (David, 2019). According to Keyes, (2002) the social wellbeing assesses the optimal functioning of an individual in life for social integration, contribution, coherence, actualization and acceptance.

Psychological wellbeing formulations are mainly based on human development and existential challenges of life (Ryff, 1989) such as self-acceptance reflecting the

positive attitude of the person. It can be personal growth in which a person learns to experience and recognize improvement, purpose in life which depicts strong goal orientation of a person. Positive relations engagement for meaningful relationships with others. Autonomy signifies power of being independent and environment mastery, it indicates that the individual indulges to effective use of opportunity with a sense of mastery in managing environmental factors (Robertson, 2018).

The result of item-total coefficient of correlation, reliability coefficient (Cronbach alpha) values of scale Mean, Standard Deviation, Skewness and Kurtosis on wellbeing for the LGBTQ sample are indicated in table 1.1. The result revealed considerable item-total coefficient of correlation of all the subscales (Emotional, Social and Psychological Wellbeing) and the Wellbeing full scale. The reliability of the subscale and the full scale was between .69-.86 Cronbach Alpha. The Cronbach Alpha for Emotional wellbeing was .85, .69 for Social Wellbeing, .71 for Psychological wellbeing and .86 for full scale of Wellbeing. Inter-scale coefficient of correlation emerged to be significantly positive between all the subscale and full scale. The Skewness and kurtosis of the social Wellbeing, emotional wellbeing and psychological wellbeing point value is between -1 and +1, which indicates that Emotional Wellbeing (-.882), Psychological Wellbeing (-.620) and Total Wellbeing (-.210) data are normally distributed.

Table-1.2: Item-total coefficients of correlation, interscale relationships, Range of item-total coefficient of correlation, Cronbach Alpha, Scale Mean, SD, Standard Error, Skewness and the Kurtosis for subscale and full scales Mental Health Continuum (Sub-Scales of the well-being, emotional well-being, social well-being, psychological well-being) for LGBTQ.

Mental Health Continuum scale	LGBTQ			
	Emotional Wellbeing	Social Wellbeing	Psychological Wellbeing	Total Wellbeing
Emotional Wellbeing	1			
Social Wellbeing	.595**	1		
Psychological Wellbeing	.460**	.677**	1	
Total Wellbeing	.760**	.903**	.872**	1
Range of Item-total coefficient of correlation	.65-.81	.38-.50	.36-.56	.49-.77
Cronbach Alpha	.863	.851	.693	.718
N	45	45	45	45
Mean	10.16	13.27	21.27	44.69
Standard Deviation	4.11	5.61	6.02	13.44
Standard Error	.613	.836	.897	2.003
Skewness	-.882	.023	-.620	-.210
Kurtosis	-.399	-.826	-.490	-.830

Sense of Belonging of LGBTQ community:

With regard to the first objective, the finding in the level of sense of belonging among LGBTQ sample in Sikkim, the following table 2.1 represents the standard deviation and item mean scores. The table 2.1 depicts an average sense of belonging as an item Mean score of 2.33 (SD= .403) on a 4-point Likert Scale is only slightly above the mid-point. The high level of sense of belonging indicated having good psychological, social, spiritual or physical involvement and attribution of meaningfulness to that environment. (Hagerty & Colleages, 1992)

This shows that the LGBTQ community in Sikkim has more or less average sense of belonging after the decriminalization of section 377. This finding is supported by Taiji (2018) where prior qualitative research found that the students who belong to LGBTQ community had experienced more belongingness when they were presented in Gay-Straight Alliances in which their friends and seniors are encouraging and are opening up about their sexual orientation.

The result of this study was analyzed both qualitatively and quantitatively. The findings of the quantitative analysis was supported by the findings of the qualitative analysis. It was revealed that the participants felt that they were protected and secure from the society. The transgender community also revealed that they could work at night without getting harassment from the police as before.

Following is the statement made by a participant of the study with regard to sense of belongingness. “Yes, it make me happy now I feel like I am also a part of society and we can do whatever we like to. Now we can live freely. Now we can breathe down. It has given me hope in humanity and acceptance of human being as they are given me joy and freedom.”

2.1: Item means and standard deviation of sense of belonging in LGBTQ community in Sikkim

Sense of Belonging	
Item Mean	2.33
Standard Deviation	.403

Wellbeing of LGBTQ Community in Sikkim

With regard to the second objective, that is to determine the Mental Health (emotional, psychological and social wellbeing) among LBGTQ sample in Sikkim post decriminalization of anti-sodomy law, the following table 2.2 represents the standard deviation and item Mean scores.

The table shows the item mean score of Emotional Wellbeing, Social Wellbeing, Psychological Wellbeing and Total wellbeing of the LGBTQ Community. The results indicate that the Emotional Wellbeing (M=3.36), Psychological Wellbeing (M=3.54) of LGBTQ community was above average whereas the Social wellbeing (M=2.65) of the LGBTQ community was below average in the 6-point Likert scale. It clearly shows that there was a good level of Mental Health (emotional wellbeing and psychological wellbeing) among the LGBTQ community in Sikkim.

The prior investigation by Meanly, Pingel and Buermieister (2016) revealed the participants of the research who identified themselves as non-religious but are gay and bisexual men was associated with a good psychological wellbeing. Therefore, it can be assumed that the LGBTQ community in Sikkim have good wellbeing

The decriminalization of sodomy law may have led to self-acceptance and psychological and emotional security or protection among gay men (Sinclair & Ross, 1985). Other factors for better wellbeing could be the acceptance of sexual minorities by their families at home and better relationships, as well as removal of marginalization of homosexuals by the society. (Lauw, 1994)

Dipika Jain (2013) also concluded in her study that among the LGBTQ community, members had a high gain in their confidence and self-acceptance after the decriminalization of section 377 although the participants still agreed that even after the repeal of the law, the mentality and attitudes by the police and society towards them did not change. Nevertheless, an improvement in self-confidence in LGBTQ community was seen.

The qualitative data for this study also supported this quantitative finding with regard to emotional and psychological wellbeing. The statement made by a participant in response to the questionnaire is given below:

“It makes me feel confident about who I am, I feel empowered and strengthened. It gives a sense of relief for me to realize that now I can discover my sexual orientation openly. Although it was an unspoken truth for many. I have a relief.”

The result also indicated a slightly low level of social wellbeing of the LGBTQ sample of this study. Low level of social wellbeing depicts poor social acceptance, actualization, contribution, coherence and integration (Corey L. Keyes, 2008). It can be assumed that due to non-acceptance and unchanged attitudes of the society towards the LGBTQ community, it could have caused partially low level of social wellbeing as revealed by the study. It was stated that the even after the decriminalization of section 377 by the Supreme Court of India, the members of the community feel that the law does not secure them in a constructive way (Quint, 2019).

The statements made by the participants with regard to social wellbeing is given below:

“People are given the rights to have sex but is that enough? The society won’t still embrace us, still shunned and alienated. Among LGBT community it is very effectible and so have impact but other straight or society don’t accept us and this law. And still don’t know about the new law.”

Table 2.2: Item means of emotional wellbeing, social wellbeing, psychological wellbeing and total wellbeing in the LGBTQ community in Sikkim.

	Emotional wellbeing	Social Wellbeing	Psychological wellbeing	Total Wellbeing
Item mean	3.36	2.65	3.54	3.19
Standard Deviation	1.35	1.12	1.00	.961

Table- 3: Pearson's Correlation of total well-being, emotional well-being, social well-being, psychological well-being and Sense of belonging for LGBTQ community

	Emotional Well-Being	Social Well-Being	Psychological Well-Being	Wellbeing	SOBI-P	IMPACT
Emotional Well-Being	1					
Social Well-Being	.595**	1				
Psychological Well-Being	.460**	.677**	1			
Well-Being	.760**	.903**	.872**	1		
SOBI-P	.315*	.246	.383**	.371*	1	
IMPACT	.130	.047	-.029	.046	-.351*	1
** Correlation is significant at the 0.01 (2-tailed)						
* Correlation is significant at the 0.05 (2-tailed)						

Table 3 shows that emotional wellbeing have a positive correlation with social well-being (.595; $p < 0.05$) and psychological well-being (.460; $p < 0.05$), whereas emotional well-being have the positive correlation with SOBI-P (.315; $p < 0.01$). The table also shows that the social well-being have no significance correlation with SOBI-P (-.247) whereas psychological well-being have the positive correlation with the SOBI-P (.383; $p < 0.01$) Well-being and SOBI-P were positively correlated (.371; $p < 0.05$). It also indicates that the impact has a negative correlation with the SOBI-P (-.351; $p < 0.05$) but no correlation with the Wellbeing, emotion, social and psychological wellbeing.

Impact of decriminalization of section 377 on wellbeing and belongingness in LGBTQ community.

There is no significant correlation between the Impact and the dependent variable of wellbeing, so the regression analysis cannot be run further for the hypothesis testing in wellbeing and impact variable. It may be noted that the Impact factor was tabbed using a single item scale, but which was followed up by open ended questions for the qualitative analyses.

Table 5 shows results of the simple linear regression of impact (dummy coded) of decriminalization of section 377 on sense of belongingness. The negative beta (-.38) reveals that increase in impact significantly predicted decrease in sense of belongingness. The impact of decriminalization of section 377 explains 29% of the variance in sense of belonging which is significant at 0.05 level among LGBTQ community in Sikkim. The hypothesis of significant impact of decriminalization of section 377 in the sense of belonging on the LGBTQ community was partially proven but in a negative direction.

It can be assumed that the decriminalization of Section 377 impacted the LGBTQ community to some extent on their sense of belonging. But at the same time, it might also increase negative attitude in the heterosexual community towards the LGBTQ community which can supposedly make the LGBTQ people more insecure in regards to their social life and even affect their sense of belongingness as it was also found that social wellbeing was less than average among the community. Recent case study conducted by the Dipika Jain (2013) has found that after the decriminalization of Section 377 in High Court of Delhi in year 2009, July, some of the respondent still expressed that the acceptance of LGBTQ community is only seen in the upper class people as compared to lower class people due to lack of awareness among them. The recent decriminalization and pride marches also brought the issue of LGBTQ in the media which could have made people more aware about the LGBTQ community and could have resurfaced the negative attitude towards them which in turn had negative impact on their sense of belongingness.

Table- 4: Coefficient of linear Regression of impact of decriminalization of section 377 on sense of belongingness

Model	Standardized coefficient				
	Beta	T	Sig.	R Square	Durbin Watson
1. (construct) Impact	-.38	-2.81	.008	.291	1.79

Dependent Variable: SOBI-P

Predictor: (Constant) IMPACT

Qualitative Analysis:

To further depict the impact of decriminalization of Section 377 of the IPC in the wake of impossibility of gathering within subject repeated measures data on pre and post decriminalization of the sodomy law, qualitative data was taken from each of the participants. First, based on the participants responses on the following questions, the participants were divided into three groups : No Impact (n=7), Some Impact (n= 28) and Significant Impact (n= 10 groups).

i). Please indicate the extent to which you think decriminalization of Section 377 that has given sexual freedom to the LGBTQ community has an impact on your life (Please tick below).

1: No impact at all

2: Some impact

3: Significant impact

Each group's responses on the following open-ended questions were then transcribed and subjected to qualitative data content analysis using NVIVO, a software for qualitative data analysis. The results in word cloud diagrams are portrayed in the ensuing.

ii). Briefly explain (in 1-3 sentences) how decriminalization of Section 377 impacts your life.

iii). Briefly explain (in 1-3 sentences) how this law makes you feel now that it is decriminalized.

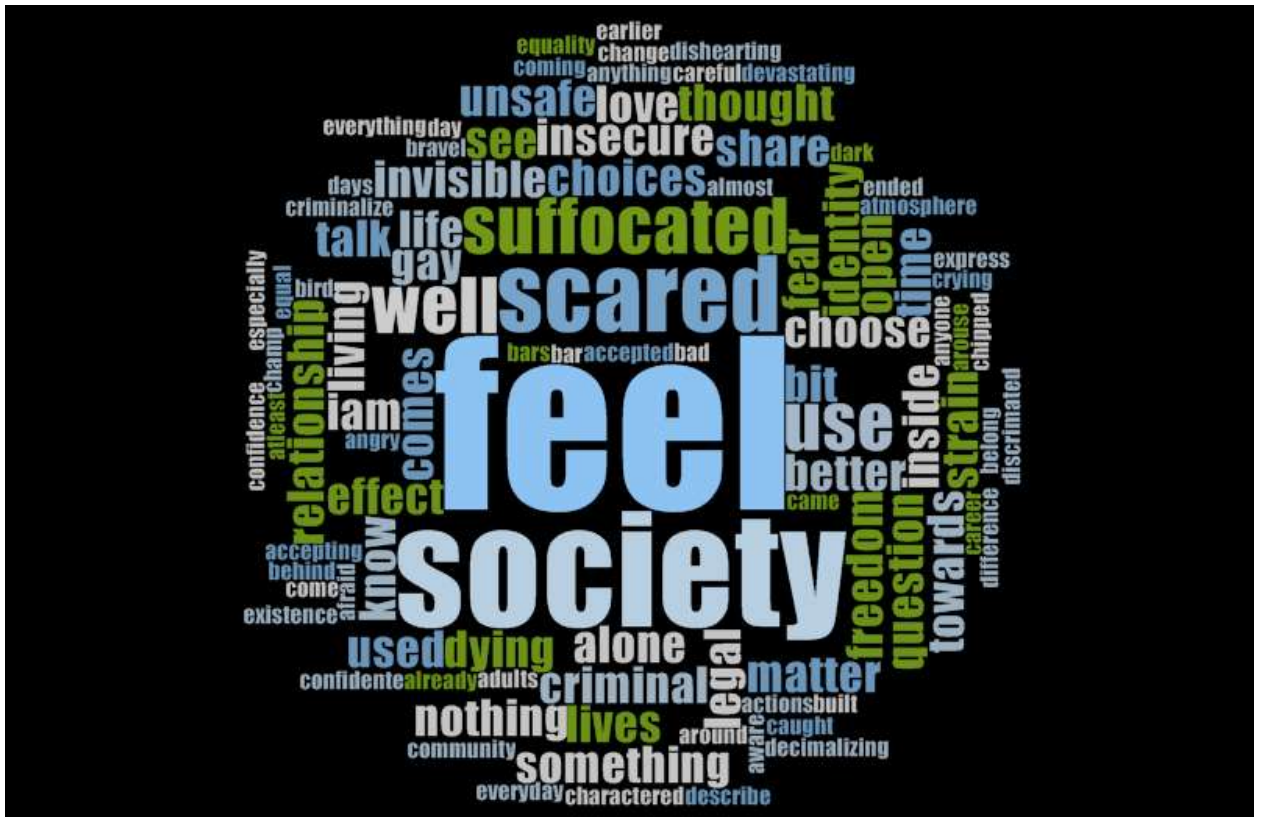
iv). How did you feel before decriminalizing of Section 377?

Table 5.1:a shows the word cloud diagram of no impact group before decriminalization of section 37.



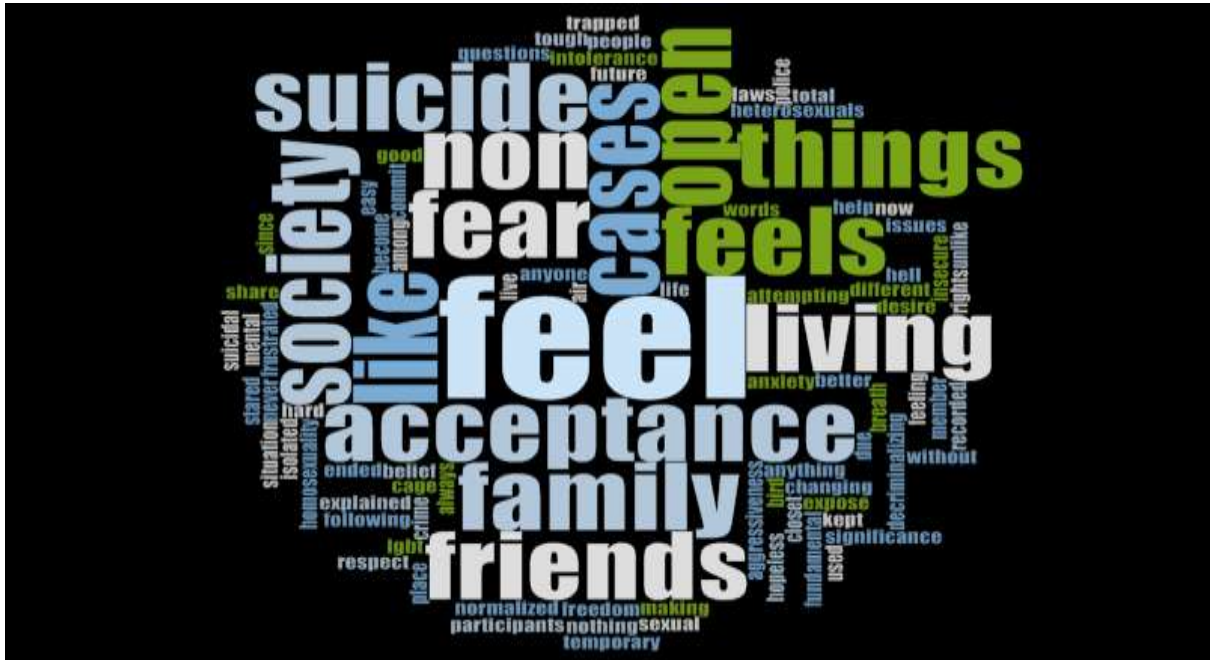
It can be seen that the word cloud of the No impact group before the decriminalization of section 377, the majority feeling that came out from the qualitative interview response is that before the decriminalization of section 377 they felt crime bad, unnatural, offensive about the way the society used to see them in a negative way and were vulnerable in their life. Few of them responded that they were not aware of this law before and did not have any idea about section 377.

Table 5.2: *b* shows the word cloud diagram of Some Impact group before decriminalization of section 377.



Qualitative analysis of the word clouds shows that the participants felt scared, angry, suffocated, invisible in the society, alone, dying, insecure, unsafe, devastating, disheartening, no freedom, fear of the society, was aware of being look down by the society, had problems for being in a same sex relationships before the break down of section 377. They also believed that the existence of section 377 was like a physical manifestation of that fear and security, an atmosphere of strain, dark phrase in their mind, no security in society in terms of freedom and equality, crying and hiding all their feeling towards the loved one.

Table 5.3: c shows the word cloud diagram of Significant Impact group before decriminalization of section 377.



The qualitative analysis of word cloud shows that before the decriminalization of section 377, a few LGBTQ participants wrote that they didn't feel anything because they came to know the about the section 377 only after the decriminalization. Suicide attempts and need for acceptance from family, friends, and society were the high frequency words for this group. The participants indicated that they have attempted suicide due to non-acceptance in the family and in the friends circle. They also expressed that society was not open or easy for them to share anything about themselves with anyone.

The less frequency in the word cloud of the participants shows that the society was not open or easy for them to share anything about themselves with anyone, felt like bird kept in a cage, living in a hell, fear, aggressiveness, hopeless, no respect, had anxiety, no freedom, was not confident, arouse question of identity, being trapped in a closet and intolerance against the law, fear of police harassment for involving into same sex sexual conduct, could not expose their feeling, had mental issues, did not have fundamental rights of following his sexual desire unlike heterosexuals.

The cloud word for No impact group showed that the participants were generally happy for the community. It also showed that they were personally happy but felt that the decriminalization would not change the mentality of the society.

The word cloud of the "Some Impact" group of the participants showed after decriminalization of section 377, they felt happy, equal, open, relief, comfortable, embraced, proud, confident, fearless, empowered, changed into something that they always dreamt of. On the other hand, some of the participants also responded that it had not changed anything much because people cannot suddenly accept them fully in the society and they still see them as different species. Like the participant number 41 felt that although this law is decriminalized in the country, very religious people still believe that love is just for opposite gender and people believe love for same gender is a sin and shameful act.

In the word cloud of "Significantly Impact" group the majority of the participants felt good, more open, better and comfortable, they also expressed that they did not feel any shame for being gay.

When we compare the word cloud of No Impact group, Some Impact group and Significant Impact group, the respondents of the No Impact group and Some Impact group influence are partially related because in both the groups we could see that they were happy within but they did not feel any change regarding the society as compared with the Significant Impact group after the decriminalization. This could have contributed to the negative correlations between Impact and sense of belonging in the analysis of the quantitative data.

Overview

The study was conducted on the wellbeing and sense of belonging among LGBTQ community after the decriminalization of section 377 in Sikkim. The summary of findings analyzed both quantitatively and qualitatively are given below:

The LGBTQ participants were found to have average level of Sense of Belonging. (2) The Psychological wellbeing and Emotional wellbeing were also found to be good among the LGBTQ community but below average in Social wellbeing among the LGBTQ community in Sikkim. (3) Significant positive correlation were found between Emotional wellbeing and Psychological wellbeing, Psychological wellbeing and Social wellbeing, and between Emotional wellbeing and Social wellbeing. There was no correlation between Social wellbeing and Sense of belongingness. There was significant negative correlation between the Impact of decriminalization of Section 377 and Sense of Belonging but no correlation between the Impact of decriminalization of Section 377 and Wellbeing. (4) The effect of decriminalization of Section 377 of IPC was found to have impact on sense of belonging but not on the wellbeing of LGBTQ community.

In the qualitative analysis the ANVIVO clouds depicted that the before the decriminalization of Section 377 of IPC, the majority of the No Impact group of participants felt bad, unnatural, offence and vulnerable. Few of the participants felt that they didn't feel anything even after the law was implemented before due to not being aware. The Some Impact group depicted that before the decriminalization of the law they felt scared, angry, suffocated, invisible in the society, alone, dying, insecure, devastating, disheartening, fear of society, aware of being looked down by the society. The high Frequency of the Significant Impact group indicated that before the decriminalization of they had a suicidal ideation and attempted to take their lives. The less frequency of the Significant Impact group indicated that they felt fear, aggressiveness, hopeless, induced anxiety, no respect, no freedom, being trapped in a closet.

When No impact group, Some Impact group and Significant Impact group were compared on how they felt after the decriminalization of Section 377, it depicted that that the No impact group was not personally happy but was happy for the LGBTQ community

for it. The Some Impact group felt happy, open, relief, comfortable, embraced, proud, confident, and empowered but some of the participants also felt that it did not bring about much change to them due to non-acceptance from the society. The Significant impact group of the participants felt self-accepted for being gay, good, more open, better and comfortable.

CHAPTER V
CONCLUSION

The main concern of the present study is to see the level of emotional wellbeing, psychological wellbeing, social wellbeing, sense of belonging and the influence of decriminalization of Section 377 of IPC on LGBTQ community in Sikkim. The specific objective laid out were: 1) to find the sense of belongingness among LGBTQ sample in Sikkim. 2), To determine the Mental Health (*emotional, psychological and social wellbeing*) among LGBTQ sample in Sikkim post decriminalization of anti-sodomy law, and 3) To see if there is any impact of decriminalization of section 377 in the well-being and belongingness in LGBTQ sample in Sikkim.

To fulfill the research objectives, 45 samples including gay, lesbians, bisexual, transgender and queer participants were selected by using the snow ball sampling in the 4 district of Sikkim (East Sikkim, West Sikkim, North Sikkim and South Sikkim). Demographic information of the subjects was obtained with the objectives to ascertain the homogeneity and representativeness of the sample across the LGBTQ for the study. Demographic data indicate the Mean age of LGBTQ participants was age mean was 25.7 and the Mean employment status of the employment and non-employment was 1.51.

The following scale were selected to measure the variables of interest: i) Mental Health Continuum Short Form (MHC-SF; Corey L. Keyes, 2008) and Sense of Belonging Instrument Psychological Experience Subscale (SOBI-P; Hartley and Patusky, 1995). For qualitative analysis the self-constructed tool that is Priming text on decriminalization of Section 377 of IPC: (Rao & Mason, 2018) was used. The psychometric adequacies of the behavioral measure were analyzed by employing SPSS. Analyses included (i) item-total coefficient of correlation and (ii) reliability coefficient (Cronbach alpha of the sub-scales and the full scales). Additionally the Full Scale Mean scores and SD values were appended for comparison of the test score between the variables, and the Skewness and kurtosis with Standard Error of full scales and the sub scales to check the data distribution for further statistical analysis.

Results of the psychometric checks of the behavioral measure of wellbeing and sense of belonging just withstood the test of psychometric checks for use in the population under study i.e LGBTQ community in Sikkim. The Mental Health Continuum Short Form subscales and Sense of Belonging Subscale Cronbach alpha coefficient was reliable.

The findings of the study revealed average level of sense of belongingness among LGBTQ community in Sikkim after the decriminalization of section 377 of IPC. There is a significant influence in sense of belongingness after the decriminalization of section 377 as revealed and explained in hypothesis 3. The verdict of Supreme Court on September 2019 gave a bit of hope for the member of LGBTQ, even though it was not totally in favour of the community but it gave a sense of relief to them. It can be assumed that the average level of sense of belongingness is because of the legal acceptance after the verdict from court.

With regard to Emotional wellbeing, Psychological wellbeing and Social wellbeing of person of LGBTQ community sample in Sikkim. Results revealed the high level of Emotional Wellbeing and Psychological Wellbeing and low level of Social Wellbeing among LGBTQ community in Sikkim. It might assume that due to non-acceptance and unchanged mentality of the society towards LGBTQ even after the decriminalization might have contributed in low level of social wellbeing. In support of this results, the qualitative analysis results of the present study also found that the conservative outlook of the society towards the members of LGBTQ still prevails. Their choice of sexual orientation is still viewed as social taboo. Though the judgment from the Supreme Court was declared recently in favour of the community nevertheless it will take a lot more time to become aware about the same. Anticipating for the future the acceptance and positive attitudes towards the LGBTQ community by making the social awareness and sensitization among the society which will constitute to good social wellbeing of the LGBTQ community (Jain, 2013).

In the third hypothesis, there will be a significant influence of decriminalization of Section 377 on wellbeing and sense of belonging of the LGBTQ community in Sikkim. Results revealed the negative significance influence on sense of belongingness after the decriminalization of Section 377. It was found that the increase in impact of Section of decriminalization of Section 377 significantly predicted decrease on sense of belonging.

An overview correlation of the Emotional wellbeing, Psychological wellbeing and Social wellbeing and sense of belonging showed the positive correlation between the emotional wellbeing and social wellbeing i: e., emotional wellbeing increase with an

increase in social wellbeing, a significance positive correlation between social wellbeing and psychological wellbeing i: e., social wellbeing increase with an increase in psychological wellbeing. It also revealed the positive significance between the psychological wellbeing and emotional wellbeing i: e., psychological wellbeing increase with an increase in emotional wellbeing. The correlation between the Social wellbeing and Sense of belonging was found to be non-significant. Sense of belongingness was significantly positively correlated with Emotional wellbeing i: e., Sense of belonging increase with an increase Emotional Wellbeing. Sense of Belonging was also significantly positively correlated with Psychological Wellbeing i: e., Sense of Belonging increase with an increase Psychological Wellbeing. Impact of decriminalization of Section 377 was not significantly correlated with Wellbeing. Whereas the Impact of Decriminalization of Section 377 was found to be negatively significant with the Sense of Belonging i: e, Impact of Section 377 decrease with an increase in Sense of Belonging.

A look at the qualitative analysis on LGBTQ community of Sikkim revealed that before the decriminalization of Section 377 of IPC, the participants of No Impact group indicated no awareness of Section 377 and its decriminalization, they expressed no problem experienced before the decriminalization. Few participants revealed vulnerable and offensive feelings because of the way society understood them with negative views. For example the participant no. 37 choose to remain preserved about relationships fearing social abuse.

The Some Impact group of LGBTQ community felt scared, suffocated, and invisible in the society, alone Dying, insecure, unsafe, devastating, and disheartening, no freedom and fear of the society. Many felt existence of Section 377 like a physical manifestation of fear and security inducing psychological strain and darkness. Insecurity of freedom and equality was observed. Love and relationships were hidden, saddened and cry full affairs with loved ones.

In Significant group, the high frequency of the participants indicated attempt of suicide for non-acceptance in the family and friendly relations. Difficulty of sharing intimate grievances and affection with anyone was experienced. Less frequency of the participants revealed difficulty of sharing feelings before decriminalization. They felt fear,

aggressiveness, hopelessness, no respect, like a bird kept in a cage and also induced anxiety and low self-confidence. It also led to trapped doubt of identity and intolerance against the law. Many of them revealed of fearing police harassment of involving into homosexual conduct and lacked fundamental rights of sexual desire unlike heterosexual.

As the No Impact group, Some Impact group and Significant impact group after the decriminalization of Section 377 in the qualitative analysis revealed that participant of no impact group were happy for the community. It showed some of their personal satisfaction but also expressed decriminalization would require more time to change the mentality of the society. Very few respondent were happy for other (LGBTQ community) but not personally embraced.

The Some Impact group of the participant showed that decriminalizing the Section 377 of the IPC made them happy, equal, open, relief, comfortable, embraced, proud, confident, fearlessly and empowered. On the other hand some of the participant also respondent less have changed and are treated as outcasts before.

The Significant Impact group the majority of the participants felt good, more open, better and comfortable, they also expressed that they do not feel any shame for being gay after the decriminalization of the law.

As overview finding comparison of No Impact group, Some Impact group and Significant Impact group after decriminalization of Section 377, the respondents of the Impact group and Some Impact group influence are partially related. Both group can be seen are happy within themselves but struggle due to no acceptance from general society as compared with the Significant Impact group after the decriminalization of Section 377 of IPC.

There are also some limitation applicable to the present study. The present study was carried among Lesbian, Gay, Bisexual, Transgender and Queer community only. For further implication of the research in future, different sexual orientation and gender minorities like Pansexual, Gender fluid, Gender non-conforming and Intersex can be included. Additionally in future, the same study could be conducted on a larger sample size in northeastern states like Manipur, Mizoram, Assam, Nagaland, Arunachal Pradesh

and Tripura for more reliable and meaningful results. The present study was conducted only in one group (LGBTQ as a whole result). In future, for inclusion of the study can also include factor like age, family and religion background, qualification for a more comprehensive result.

Based on the experience pertaining to the study, it was believed that the study would contribute the worth full comprehension of research in wellbeing and belongingness in LGBTQ in Sikkim. Additionally this research may help in creating awareness and could refer these sources for clear understanding of the issues in LGBTQ community or sensitization in the society. The study is concerned with the mental wellbeing of members of LGBTQ community thus creating awareness among themselves. Decriminalizing the law by the Supreme Court just won't help the LGBTQ individuals for improving their mental and wellbeing. The mentality and positive attitudes towards them is also together important in society. More acceptance and positive attitude towards LGBTQ community in the society can really help in improving the healthy relationship which may contribute to have good wellbeing and sense of belonging among the sexual and gender minorities. It would be more advantageous if society is aware of the issue and challenges faced by the member of LGBTQ community in daily basis and willing to accept and consider them as one within the society which will encourage them to be mentally strong.

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