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Attitudes towards homosexuality among psychiatrists in India: a survey-based cross-sectional study

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Summary

Aims: To assess attitudes towards homosexuality among psychiatrists in India.

Method: An informed consent form and a semi-structured proforma were sent online to 3348 psychiatrists across India. Multiple questions pertaining to age, gender, religion, type of practice, work area, and any discomfort in seeing homosexual patients and in referring patients to a homosexual colleague were sent to consenting psychiatrists. Afterwards participants were asked to complete the Heterosexual Attitude Towards Homosexuality (HATH) scale. The data thus obtained were statistically analyzed.

Results: In all, 190 psychiatrists consented to the study and submitted completed forms. The mean age of the respondents was 42.9 ± 11.8 and the male/female ratio was 3.8. Most psychiatrists (n=105) reported that they see between 1 and 10 homosexual patients per year and 95.26% reported that they were comfortable doing so. Most (83.15%) were comfortable referring a patient to a homosexual colleague. The mean HATH score was 59.3 ± 4.6 and there was no significant difference across gender, age, work area and practice profile.

Discussion: Attitudes towards homosexuality among psychiatrists in India appear to be neutral and do not vary across age, gender, work area and practice profile. Psychiatrists are mostly comfortable managing homosexual patients and referring patients to homosexual colleagues.

homosexuality, attitude, psychiatrists, HATH, India

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'Sexuality' is described in the Oxford Dictionary of English as a 'capacity for sexual feelings'. This definition does not state that the sexual feelings are essentially between individuals of the opposite gender. However, our cultural background and upbringing makes us assume that sexuality is essentially heterosexual–a sexual relationship between people of the opposite gender. In fact, Indian society considers sex a highly intimate topic and talking about sex in public is forbidden. This is not to say that homosexuality was not common throughout Indian history. *Rigveda*, one of the sacred books of Hinduism, includes a statement regarding sexuality,*VikritiEvamPrakriti*, which means "what seems natural is also unnatural"[1].

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Homosexuality is not a particularly rare phenomenon. As it may be seen as a controversial concept in some cultures, people are generally not comfortable in disclosing their homosexual orientation and hence the prevalence of homosexuality is difficult to ascertain in community-based studies. Worldwide, it is estimated at 2–4% of the population[2-4]. Socio culturally, homosexuality is still mostly not seen as normality. Initially, the *Diagnostic and Statistical Manual of Mental Disorders* classed homosexuality as an illness and it was only in 1973, backed by scientific evidence, that the American Psychiatric Association (APA) finally removed homosexuality from its list of illnesses[5].The World Health Organization followed in 1990 and removed homosexuality from the *International Classification of Diseases* (ICD-10) [6]. In the legal world homosexuality has had varying acceptability as well. From1861, section 377 of Indian Penal Code criminalized the homosexual act, making it punishable by law; it carried a life sentence. In an effort to modify the law, the Naz foundation filed Public Interest Litigation to challenge Section 377 in Delhi High Court, which struck off much of the Section as unconstitutional in 2009 [7]. However, the win was short lived as in 2013 the Supreme Court of India upheld the constitutionality of Section 377, thereby making homosexuality punishable again [8].

In such an air of uncertainty, it is natural for people to have varying attitudes towards homosexuality. Some may consider it normal, some may be neutral and some may consider it abnormal. Among all concerned by this issue, doctors, and especially psychiatrists, hold a unique position. Psychiatrists often come across various aspects of homosexuality when seeing a homosexual patient with related problems or when visited by the family of a homosexual patient seeking a cure for homosexuality. In such circumstances, while guiding the homosexual person or their family, the attitude expressed by a treating psychiatrist is critical. There have been few studies assessing psychiatrists' attitudes regarding homosexuality around the world and to the best of our knowledge, there have been no such studies in India. Therefore, we designed this survey-based study to evaluate the attitudes of Indian psychiatrists towards homosexuality.

STUDY OBJECTIVES

The study had two main objectives:

- to assess the attitudes of psychiatrists in India towards homosexuality
- to compare the attitudes of psychiatrists towards homosexuality across age, gender, area of work and practice profile.

METHOD

Study design

A cross-sectional online survey-based study carried out over a period of 1 month.

Inclusion and exclusion criteria

All psychiatrists whose email IDs were available in the membership directory of Indian Psychiatric Society, of either gender and of all ages, were included in the study. Psychiatrists who did not give consent were excluded.

Questionnaires

After seeking approval from the institutional ethics committee for research on human subjects, a written informed consent and a semi-structured proforma were sent online to 3348 psychiatrists across India using the Google Forms online app. The consent form stated that there was no compulsion to participate in the study and the participants had a full right to withdraw their consent anytime during the study period. Participants' confidentiality was protected and it was stated that the results obtained from the study would be used exclusively for the purpose of research.

In the proforma, multiple questions were included pertaining to the demographics (age, gender, religion) and the psychiatrists' career (practice profile, work area, years of experience, discomfort in seeing homosexual patients and discomfort in referring patients to a homosexual colleague), and the participants were then asked to complete the Heterosexual Attitude Towards Homosexuality (HATH) scale. HATH is a 20-item 5-point Likert scale

validated by Larsen et al [9].Although it has been in use for over 30 years, it was used in various attitudinal studies concerning homosexuality in the past and this allows us to compare our results across different studies. The scale contains 20 statements pertaining to homosexuality, with scores ranging from 1 to 5 (strongly agree, agree, disagree, strongly disagree or neutral). Most of the items are scored upfront whereas items 3, 4, 5, 6, 13, 14, 15, 17, 18 and 20 need to be scored in reverse. A total score of 20–49 is considered 'homophilic', 50-60 is considered 'neutral', and 70-100 is considered 'homophobic'. The total HATH scores were compared for age, gender, place and profile of practice. An item-wise mean score was also calculated to assess the participants' attitudes on individual items.

Statistics

The data collected through Google Forms were retrieved in Excel format and analyzed using SPSS version 15. Descriptive statistics were used to calculate means and standard deviations and *z*-test and ANOVA were used to assess the difference in the mean HATH scores across various variables. $P<0.05$ was considered significant.

RESULTS

In all, 3348 psychiatrists were approached for the study through e-mail. Of these, 233 agreed to participate (6.9%) and sent back their forms: 190 forms were completed and were used for further analysis. The age range of respondents was 26 to 72 years with a mean of 42.9 ± 11.8. The male/female ratio was 150:40 (3.8). The majority of the population was Hindu (n=159) followed by Christians (n=10), Muslims (n=6), Buddhists (n=3) and Sikhs (n=2); the remaining 10 declared themselves agnostic, non-religious, atheist or preferred not to declare their religion.

Most psychiatrists reported that they see between 1 and 10 homosexual patients per year (n=105). Only 7 respondents never saw any homosexual patient in their practice. Regarding the level of discomfort when treating homosexual patients for psychiatric illness, the majority of psychiatrists (95.26%) reported that they were comfortable doing so, with only 2.1% reporting the experience as uncomfortable. Five respondents were not able to comment about their discomfort in such situations. Similarly, most psychiatrists (83.15%) were comfortable in referring a patient to a colleague knowing that he/she is a homosexual; some said that they were uncomfortable doing so (6.84%) while some had reserved their opinion to themselves (10%)(Table1).

Table 1: Seeing homosexual patients in practice and referring a random patient to a homosexual colleague

How often do you see homosexual patients in your clinic/hospital (number per year)?	Frequency n (%)
Never	7 (3.6%)
1–10	105 (55.2%)
11–30	12 (6.3%)
31–50	3 (1.5%)
More than 50	2 (1.05%)
Are you comfortable treating homosexuals for their psychiatric illnesses if any?	
Not comfortable	4 (2.10%)
Can't say	5 (2.63%)
Comfortable	181 (95.26%)
If your colleague doctor is homosexual, will you be comfortable referring your patient to him/her?	
Not comfortable	13 (6.84%)
Can't say	19 (10%)
Comfortable	158 (83.15%)

The mean HATH score of all the respondents ranged from 20 to 69 with a mean score of 59.3 ± 4.6. None of the respondents scored in the homophobic range of 70-100 and only 3 (1.5%) scored in the homophilic range. Later, an attempt was made to assess the mean scores of all respondents on each of the HATH items: the lower scores of 1 and 2 were considered favorable responses, a score of 3 was considered a neutral response and a score of 4 and 5 were considered as unfavorable. The respondents' attitudes were most favorable to the statement "Homosexuals should have equal opportunity of employment" (mean item score 1.49 ± 0.71), with 94.2% in favor and only 2.1% against. The respondents were relatively un-favorable towards the following statements, in decreasing order: "Homosexuals should be barred from the teaching profession" (mean item score 4.38 ± 0.88); "Those in favor of homosexuality tend to be homosexuals themselves" (4.37 ± 0.85); "Homosexuality is a mental disorder" (4.19 ± 1.07); "Homosexuality is immoral" (4.17 ± 1.08); "I avoid homosexuals whenever possible" (4.06 ± 1.05); "Homosexuals should not be allowed to work with children" (3.89 ± 1.30); "All homosexual bars should be closed down" (3.85 ± 1.11); "Homosexuality endangers the institution of the family" (3.67 ± 1.20); and "Homosexuals do need psychological treatment" (3.48 ± 1.25)(Table 2).

Table 2: Item-wise mean score of each of the 20 statements of the HATH scale

Statements of HATH	Score Mean ± SD
1. I enjoy the company of homosexuals.	2.91 ± 0.97
2. It would be beneficial to society to recognize homosexuality as normal.	1.95 ± 1.10
3. Homosexuals should not be allowed to work with children.	3.89 ± 1.30
4. Homosexuality is immoral.	4.17 ± 1.08
5. Homosexuality is a mental disorder.	4.19 ± 1.07
6. All homosexual bars should be closed down.	3.85 ± 1.11
7. Homosexuals are mistreated in our society.	1.72± 0.77
8. Homosexuals should be given social equality.	1.63 ± 0.84
9. Homosexuals are a viable part of our society.	1.69 ± 0.77
10. Homosexuals should have equal opportunity employment.	1.49 ± 0.71
11. There is no reason to restrict the places where homosexuals work.	1.56 ± 0.79
12. Homosexuals should be free to date whomever they want.	1.92 ± 1.04
13. Homosexuality is a sin.	4.29 ± 1.10
14. Homosexuals do need psychological treatment.	3.48 ± 1.25
15. Homosexuality endangers the institution of the family.	3.67 ± 1.20
16. Homosexuals should be accepted completely into our society.	1.86 ± 0.98
17. Homosexuals should be barred from the teaching profession.	4.38 ± 0.88
18. Those in favor of homosexuality tend to be homosexuals themselves.	4.37 ± 0.85
19. There should be no restrictions on homosexuality.	2.14 ± 1.22
20. I avoid homosexuals whenever possible.	4.06 ± 1.05

The mean HATH scores were compared for respondents based on their age group (less than 40 years, n=77, and more than 40 years, n=113) and were found to be 59.73 ± 3.91 and 59.03 ± 5.11 respectively. The difference was not significant (p = 0.3). The mean HATH scores were then compared for male and female respondents: 59.14 ± 4.88 for male respondents (n=153) and 60.03± 3.62 for female respondents (n=36); the difference was not significant (p = 0.3) (Table 3).

Table 3: Distribution of mean HATH scores across age and gender

Variables		n	HATH scores (mean ± SD)	p	t	d.f.
Age	< 40 years	77	59.73 ± 3.91	0.31	1.017	188
	≥ 40 years	113	59.03 ± 5.11			
Gender	Males	153	59.14 ± 4.88	0.30	1.020	187
	Females	36	60.03± 3.62			

The respondents were asked about their place of work, namely, whether they work in a rural or an urban area. The mean HATH score of those working in a rural area (n=24) was 59.29 ± 4.99 and of those working in an urban area (n=166) 59.31 ± 4.63. There were 96 respondents working in a teaching institute and 94 respondents associated with a clinic, hospital or working in the community. The mean HATH score in the first group was 59.68 ± 5.54 and in the second group it was 58.94 ± 3.54. In both cases the difference was found to be non-significant (p = 0.98 and p=0.2 respectively) (Table 4).

Table 4: Distribution of mean HATH scores across area of practice and practice profile of practice

Variables		n	HATH scores (mean ± SD)	p	t	d.f.
Place of practice	Rural	24	59.29 ± 4.99	0.98	1.021	188
	Urban	166	59.31 ± 4.63			
Profile of practice	Teaching institute	96	59.68 ± 5.54	0.27	1.095	188
	Clinic/ hospital/ community	94	58.94 ± 3.54			

DISCUSSION

Attitudes towards homosexuality held by psychiatrists in a particular country can influence the way homosexuality is perceived in the general society: a favorable attitude will have a favorable impact and an unfavorable attitude will have a negative impact. To the best of our knowledge, our study assessing the attitudes of psychiatrists in India towards homosexuality is the first of its kind in the country. The response rate was low (6.9%), as we received 233 responses from the consenting psychiatrists. Such low response rates are frequent among online clinician surveys. Possible reasons might include that the topic surveyed is not of particular interest to potential respondents [10,11]. Of the responses received, 190 were complete and were used for analysis. Even though the world prevalence of homosexuality is around 2–4% [2-4], most of the psychiatrists in India reported to be seeing only 1–10 homosexual patients per year. Seven respondents had never encountered a homosexual patient. This could be due to low self-reporting by patients due to stigma or due to psychiatrists' failure to ask specifically about sexual orientation during history taking [12,13]. In a study in Poland that aimed to assess expectations and concerns of psychotherapists towards non-heterosexual patients, it was reported that around a quarter (22.73%) of respondents had never seen a non-heterosexual patient[14].Often patients have no inhibitions about discussing their sexual orientation but want such topics to be initiated by a doctor[15].We should always try to include the question about sexual orientation in our routine history taking; that way we may be able to identify more homosexual patients during our routine clinical work.

Most of the respondents reported being comfortable when treating homosexual patients (95.26%). This however has varied over time.

Among older studies, when homosexuality had a different status in medicine, Kuntz reported that doctors were uncomfortable with homosexual patients, who made up a large part of an average practice [16]. Similarly, 37–69% of physicians had reported discomfort while attending to homosexual patients in various studies conducted in the 1970s and 80s [17-19]. However, more recent studies have indicated a change, as Tellez et al. [20] and Smith et al. [21] reported that 73% to 82% of physicians were comfortable seeing homosexual patients. In the study of psychotherapists in Poland, 41.41% of respondents felt that they would be helpless when faced with the social situation of an LGB (lesbian-gay-bisexual) person [14].

The low level of discomfort noted in our study might be due to the exclusive opinion of psychiatry specialists who are ideally more oriented towards the needs of homosexual patients [18]. A portion of the responding psychiatrists (6.8%) felt that they were not comfortable referring patients to a homosexual colleague. These results were still better compared with the findings of the 1994 survey of homosexual doctors, where 17% had been denied referrals, 34% had experienced verbal harassment and only 12% felt that they were treated as equals by their fellow doctors [22,23]. Again, as our study sample included only psychiatrists, their positive attitude to the needs of the homosexual population could have accounted for these better results [18].

The mean HATH score of all respondents taken together (59.3 ± 4.6) lay in the neutral range of 50-69, indicating that respondents were neither homophilic (20-49) nor homophobic (70-100). The range of the mean HATH score was 20-69. None of the respondents scored in the homophobic range of 70-100 and only three respondents (1.5%) scored in the homophilic range. In a similar study done in 1986 on 930 doctors using the HATH scale, it was found that 37% of the respondents scored 20-49 (homophilic), 40.1% scored 50-69 (neutral) and 22.9% scored 70-100 (homophobic). Among the various specialties, 32% of orthopedic surgeons, 30.5% of general surgeons and 31.4% of gynecologists scored in the homophobic range, however, only 1.6% of psychiatrists did [18]. Having received their training in sexual orientation and emotional problems, psychiatrists may harbor a relatively positive attitude towards homosexuality [22]. Further, it has been stated in literature that doctors' attitudes towards homosexuality are becoming more positive over the years [18]. These facts could explain the absence of homophobic responses in our sample of 190 psychiatrists in India surveyed about 3 decades after the discussed study.

We compared the attitude towards homosexuality across age (< 40 years vs ≥ 40 years), gender (males vs females), place of work (urban vs rural) and practice profile (teaching institute or clinic/hospital/community). We found that statistically there was no significant difference between the attitudes of psychiatrists across all these variables. Hou et al. [25] assessed the differences in attitudes towards homosexuality across various demographic variables among female psychiatric nurses in Taiwan. Like in our study, the authors observed that there was no statistical difference across age, years of exposure, area of work, work profile, marital status, religion and sexual orientation. They found significantly better attitudes among nurses who were more educated, more knowledgeable about homosexuality and those who had a friend or relative who was a homosexual. Dauglas et al. [26] studied attitudes towards homosexuality in 37 medical officers and 91 registered nurses, whereas Smith et al. studied the 4385 members of San Diego County Medical Society's (SDCMS) physicians [27]. Both found that there was no significant difference between the attitudes across various demographic variables except gender, where females were relatively more homophobic than males. However, this was not reflected among the psychiatrists in our study, where both male and female psychiatrists showed neutral attitudes.

The respondents expressed the most favorable attitude towards the statement that homosexual individuals should have equal opportunities for employment (mean item score 1.49 ± 0.71). Researchers have always insisted on such attitudes on various platforms [28-30]. However, the majority were not comfortable with homosexuals being employed in the teaching profession (mean item score 4.38 ± 0.88). Other concepts towards which the psychiatrists were relatively unfavorable were, in decreasing order: people favoring homosexuality being ho-

mosexual themselves, homosexuality as a mental disorder, homosexuality as immoral, avoiding homosexuals whenever possible, not allowing homosexuals to work with children, closing down homosexual bars, homosexuality endangering the institution of the family and homosexuals needing psychological treatment. In the Polish study by Iniewicz et al., although only 45.96% of the psychotherapists believed that homosexual orientation is not a developmental deviation, a small minority (3.54%) believed sexual orientation to be a mental disorder [14]. A detailed review of literature carried out by Stevenson in 2000 concluded that a gay man is no more likely than a straight man to engage in a sexual activity with children, and "cases of perpetration of sexual behavior with a prepubescent child by an adult lesbian are virtually nonexistent" [31]. However, in our study, some psychiatrists were still concerned about the exposure of children to homosexual people. Similarly, Dinno et al. [32], in their review on the effect of homosexuality on traditional heterosexual marriages, stated that allowing same-sex marriage would undermine respect for the unique status of traditional marriage, and this could lead to further deinstitutionalization, including an increase in out-of-wedlock births, divorce etc. The same concerns were shared by respondents in our study.

Although there are few reservations, overall the attitude of psychiatrists in India towards homosexuality is mostly neutral and tolerant. Further, the psychiatrists' attitudes are not related to age, gender, place of practice and practice profile. Psychiatric associations in India are striving to influence the political and legal circles to help the cause of homosexuality. Common reasons cited in the literature for the neutral or positive attitude of psychiatrists towards homosexuality are the psychiatric training and the removal of homosexuality as an illness from the official classifications system of diseases [24], an increased visibility of homosexual people [33], promoting homosexuality as biological normalcy [33], various social movements led by LGBT (lesbian-gay-bisexual-transgender) groups and probably also the legal and political support for the movement worldwide[8]. Similar factors may have led to an overall neutral attitude of psychiatrists in India towards homosexuality in our study.

CONCLUSIONS

Psychiatrists in India tend to express a neutral attitude towards homosexuality. Most are comfortable seeing homosexual patients at work and do not mind referring their patients to a colleague who they know is homosexual. These attitudes do not vary across age, gender, place of practice and practice profile.

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