Research Paper

Self–Esteem, Social Connectedness and Quality of Life Among the LGBTQI+ Community in South India

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ABSTRACT

LGBTQI+ is an initialism that stands for lesbian, gay, bisexual, and transgender. The initialism LGBTQI+ is intended to emphasize a diversity of sexuality and gender identity – based cultures. Self – esteem typically refers to how positively a person views themselves. This can reflect their self – image, accomplishments, and success. The concept of social connectedness emphasizes the importance of relations, respect and freedom from humiliation. Social connectedness is a sense of belonging to a group, family, or community. Quality of life is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. The main of this paper was to study the levels of self – esteem, social connectedness and quality of life among the LGBTQI+ community in South India and it's comparison with the heterosexual population. A sample of 160 individuals for the study, it being equally divided among the LGBTQI+ community (N = 80, 20 lesbians, 20 gays, 20 trans persons and 20 bisexuals) and heterosexual population (N = 80, 40 males and 40 females). The results states that homosexual population is high on self – esteem and low on social connectedness and quality of life in comparison to homosexual population. It was alos found that the levels of the variables mentioned is equally divided among all the identities of the LGBTQI+ population, with no difference.

Keywords: *Homosexuality, Oppression, Acceptance, Community.*

L GBTQI+ is an initialism that stands for lesbian, gay, bisexual, and transgender. In use since the 1990s, the term is an adaptation of the initialism LGB, which was used to replace the term gay in reference to the LGBTQI+ community beginning in the mid – to – late 1980s. The initialism LGBTQI+ is intended to emphasize a diversity of sexuality and gender identity – based cultures. It may be used to refer to anyone who is non – heterosexual or non – cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, a popular variant adds the letter Q for those who identify as queer their sexual identity, LGBTQI+ has been recorded since 1996.

They are maltreated and oppressed socially. Most of the time they are disowned by their own family due to the fact of being a transgender. They are having number of exasperating setbacks in a developing country like India. In addition, India has no proper data on their

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socio – economic status. In addition to a higher prevalence of mental health issues, transgender people typically experience barriers to healthcare, such as refusal of care, violence, and a lack of provider knowledge.

Self – Esteem

Self – esteem typically refers to how positively a person views themselves. This can reflect their self – image, accomplishments, and success. A 2018 study notes that in addition to anxiety and depression, transgender youth are at an increased risk of developing low self – esteem. A 2014 study notes that trans people may experience low self – esteem due to experiencing gender dysphoria and incongruence. A 2020 study adds that trans individuals who are comfortable with their appearance and gender identity have more self – esteem. This emphasizes the importance of supporting others to feel comfortable with their appearance and accept their gender identity to improve mental health. People with higher self – esteem are said to be more satisfied with their lives, have fewer interpersonal problems, achieve at a higher and more consistent level, and are less susceptible to psychological problems and physical illness than those with lower self – esteem.

McDonald (2018) conducted a review study stating that LGBTQI+ adolescents experience higher rates of mental health disorders than their heterosexual peers. The purpose of this systematic review of the literature was to examine studies evaluating social support and connectedness and its effects on mental health in the LGBTQI+ adolescent population. Higher levels of social support were associated with positive self – esteem. Lack of social support (or low social support) was associated with higher levels of depression, anxiety, alcohol or drug misuse, risky sexual behaviours, shame, and low self – esteem.

Seelman et al., (2016) in their study aimed at examining both blatant victimization and microaggressions and their association with psychological distress among LGBTQI+ college students. Sample of 497 students was collected. Both forms of discrimination are associated with lower self – esteem and greater stress and anxiety. Victimization is more negatively associated with self – esteem among trans students. The results emphasized the importance of addressing both blatant and subtle forms of discrimination targeting LGBTQI+ college students.

Wang et al., (2020) in their recent study examined internalized homophobia, self – esteem, social support and depressive symptoms among sexual minority women. The results stated that these sexual minority women at the brink of depressive symptoms and had a higher level of internalized homophobia and lower self – esteem. Perceived support from participants' partners, friends and families was related to lower risk of depressive symptoms.

Social Connectedness

Social connectedness is a sense of belonging to a group, family, or community. It's about the relationships people have with each other and their engagement with the broader community. Social connection is an integral component of health and well – being. A socially connected community is a place where everyone feels like they belong. It's where people know their neighbours and everyone has the proper support to get involved, build relationships and contribute to the creation of strong social networks. It's a place where spaces exist for people to gather with friends and neighbours. It's also a place where all planning and strategic initiatives take social connectedness into account. There are set of people who deprived of such connectedness, one of them being LGBTQI+ community.

These groups may lack or be denied certain resources, rights and opportunities, making them more susceptible to social isolation and exclusion.

Busby et al., (2020) conducted this study which aimed at examining two things, them being : determining the extent to which interpersonal victimization, discrimination, identity affirmation, and social connectedness are associated with suicide risk characteristics, and if race and/or ethnicity moderates this association and examining whether identity affirmation and social connectedness are protective against associations between victimization or discrimination and suicide risk characteristics. Results related to connectedness stated that it was inversely associated with depression severity, suicidal ideation severity, suicide attempt history, and moderated the association between victimization and suicide attempt history. LGBTQI+ identity affirmation moderated the link between victimization and depression.

Baumeister and Leary (1995) conducted a study in which social support has been identified as an important tool to reduce stress, and an important factor which can encourage social and psychological well – being among the LGBTQ individuals. Social support and social connectedness are related in the sense that they embrace the development of social relationships. People with low connectedness have reported higher levels of loneliness, anxiety, depression, and lower self – esteem, which are similar to the ailments reported by those who suffer from minority stress.

Dyar et al., (2019) in their survey examined family support, support from friends, and connectedness to a transgender community and how these forms of support come together to influence mental health and resilience. Greater than half of participants reported moderate to severe levels of anxious and depressive symptoms. Family social support had the strongest correlations with symptoms of anxiety and depression and was the only form of support associated with resilience when controlling for other forms of support.

Mendlein et al., (2016) in their study aimed at examining the relationship between connectedness to the LGBTQI+ community and depressive symptoms in a cross – sectional sample of 104 self – identified lesbian, gay, bisexual, transgender, and queer 18 – 35 year – old adults. It was hypothesized that higher levels of connectedness would be associated with lower levels of depressive symptoms. Results stated that a marginally significant negative relationship between perceived connectedness to the LGBTQI+ community and depressive symptoms, providing partial support for the first hypothesis.

Quality of life
WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

Quality of life is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. The term quality of life is inherently ambiguous, as it can refer both to the experience an individual has of his or her own life and to the living conditions in which individuals find themselves. Hence, quality of life is highly subjective. Whereas one person may define quality of life according to wealth or satisfaction with life, another person may define it in terms of capabilities (e.g., having the ability to live a good life in terms of emotional and physical well – being).

Paliwal and Ghosh (2018) conducted a study whose main aim was to assess the level of quality of life lived by the LGBTQI+ community in Jaipur, Rajasthan. The samples of 100 LGBTQI+ were selected from different NGOs of Jaipur that support their problems faced by these populations and work for their rights. WHO – Quality of Life questionnaire was administered on them and it was found that more that 50% of the population of gay and transgender lied in the category of low and very low levels of quality of life. However, majority of lesbians and bisexuals tend to have average quality of life. It was concluded that major steps should be taken for the upliftment of this society in the country.

Carpenter (2021) in his study aims at examining the role of spirituality, rurality, and LGBTQI+ connectedness in outness and quality of health. The sample comprised 2,202 self – identified gay and bisexual men aged 18 and older. The results pertaining to quality of life stated that bisexual men endorsed significantly lower levels of quality of life compared to their gay counterparts. Implications for future research regarding the role of spirituality and rurality in sexual minority health are discussed.

Kim and Goldsen (2016) conducted a study assessing factors contributing to ethnic and racial disparities in mental health quality of life among LGBTQ Community whose results suggested that perceived stress related to social disadvantage and marginalization plays an important role in mental health quality of life disparities.

METHODOLOGY

Aim and objectives of the study

- To analyze and study the difference between the levels of self – esteem, social connectedness and quality of life among the queer community (lesbians, gays, transgender persons, bisexual) in South India.
- To examine if there exists any difference in the levels of self – esteem, social connectedness and quality of life among the queer community and heterosexual individuals.

Hypothesis

- **H1:** There exists a difference between self – esteem, social connectedness and quality of life among the queer community (lesbians, gays, transgender persons, bisexual) and heterosexual individuals.
- **H2:** There is a difference between self – esteem, social connectedness and quality of life based on the identity of being a transgender person among the queer community.
- **H3:** There is difference between self – esteem, social connectedness and quality of life among the queer population (lesbians, gays, trans persons and bisexual).

Sample

The sample of this study involves 80 homosexual identified individuals (20 gays, 20 lesbians, 20 bisexual and 20 transgender persons) and 80 heterosexual identified individuals (40 females and 40 males) with total of 160 participants aimed for data collection via online mode. The sampling method used was snowball sampling which is a non-probability sampling method. The subjects participating in this study are free from diagnosed psychological distress.

Research Design
This is a comparative quantitative research study done using online survey method.

Tools
- **Socio – Demographic Form:** Asking for information like identity initials, assigned gender, identified gender, age, education and more.
- **The Rosenberg's Self – Esteem Scale:** The Rosenberg Self – Esteem Scale (RSES: Rosenberg, 1965) was the measure used in the current study to overall subjective self – esteem. This scale is a 10 – item self – report questionnaire assessing overall feelings of self – worth. Five negatively – worded statements and five – positively worded statements about oneself comprise the scale. Participants respond to the questions on a 4 – point Likert – type scale with responses ranging from 1 (strongly disagree) to 4 (strongly agree). Items are then summed to obtain a total score after reverse – coding the negatively – worded statements. Total RSES scores range from 10 to 40, higher scores indicate greater levels of self – esteem. The scale presented high ratings in reliability areas, internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90. Cronbach's alpha for this study's sample was $\alpha = .91$.
- **Social Connectedness Scale:** The primary scale of interest in this study is the social connectedness scale that was developed by Lee and Robbins (1995). The SCS-R is comprised of 20 items assessing experiences of closeness in inter-personal contexts, as well as difficulties establishing and maintaining a sense of closeness. Ten items are negatively worded while the remaining are positively worded. Negatively worded items are reverse scored so that a higher score indicates a greater degree of social connectedness The SCS-R uses a 6 – point rating scale from 1 (strongly disagree) to 6 (strongly agree). The scale can reach a score comprised between 20 and 120 with an item mean score comprised between 1 and 6. Authors considered a mean item score equal or greater than 3.5 (slightly agree to strongly agree) as indicating a greater tendency to feel socially connected. It shows high reliability with internal consistency $\alpha > .92$.
- **The Brunnsviken Quality of Life Scale (BBQ):** The scale is a 12 item self – report instrument developed to measure quality of life within six life areas (Leisure time, View on life, Creativity, Learning, Friends and Friendship, and View of self). Two items cover each area, one measures satisfaction while the other concerns the importance of that particular area. Each item is rated on a 5 – point Likert – type scale with scores from 0 (not agree at all) to 4 (agree completely). High scores indicate a good quality of life. The total score is obtained by multiplying the satisfaction and importance item for each area and then adding them. The maximum score is 92. The scale has been validated and the overall Cronbach's alpha coefficient was 0.82.

Procedure
The questionnaire is provided to the participants and they are asked to fill the consent form with demographic details and with complete consent are asked to proceed with reading the questions. The participant is instructed to choose and option out of the options provided for each question. The marked scores by the participants are calculated and analysed further to determine the objective of the study.

Analysis

Descriptive, percentage analysis, t – test, ANOVA and Non – Parametric tests (Mann Whitney U Test and Kruskal Wallis Test).

RESULTS

Table 1.0 Frequency of Mean and Standard Deviation of Self – Esteem, Social Connectedness and Quality of Life among whole population i.e., heterosexual and homosexual (lesbians, gays, trans persons, bisexual).

		Self - Esteem (se)	Social Connectedness (sc)	Quality of Life (qol)
Male	Mean	19.40	80.95	67.50
	Standard Deviation	5.99	15.48	23.01
Female	Mean	19.90	85.85	74.07
	Standard Deviation	6.44	20.06	18.63
Lesbian	Mean	24.80	71.70	44.25
	Standard Deviation	5.94	17.73	27.22
Gay	Mean	23.15	77.90	64.80
	Standard Deviation	5.20	19.39	23.84
Bisexual	Mean	21.55	82.80	58.35
	Standard Deviation	6.56	21.44	29.28
Trans person	Mean	25.95	70.05	51.65
	Standard Deviation	8.46	22.22	30.03

Table 2.0 The mean difference and the t-test values along with their significance, respectively of the scales of Self – Esteem, Social Connectedness and Quality of Life based on sexuality (heterosexuality and homosexuality).

	Mean difference	t - test	df	Sig.
Self Esteem (se)	-4.21250	-4.118	156.902	.539
Social Connectedness (sc)	7.78750	2.552	155.287	.173
Quality of Life (qol)	16.01250	4.065	46.25	.001

Correlation is significant at the 0.01 level (2 - tailed)

Table 3.0 and 4.0 The mean difference, the t-test values and the Mann Whitney U Test significance values, respectively of the scales of Self – Esteem, Social Connectedness and Quality of Life based on identifying themselves as a trans person or someone from the rest of the queer population (lesbians, gays and bisexual).

	Mean difference	t - test	df	Sig.
Self Esteem (se)	2.783	1.617	25.643	.017
Social Connectedness (sc)	-7.4667	-1.408	29.698	.431
Quality of Life (qol)	-4.500	-0.622	30.925	.622

Correlation is significant at the 0.01 level (2 - tailed)

	Sig.	Decision
If se being same between trans persons and rest of the homosexual population	.422	Reject the directional hypothesis.
If sc being same between trans persons and rest of the homosexual population	.266	Reject the directional hypothesis.
If qol being same between trans persons and rest of the homosexual population	.518	Reject the directional hypothesis.

Table 5.0 and 6.0 The Anova values and Kruskal Wallis Test significance of the scales of Self – Esteem, Social Connectedness and Quality of Life among the queer population (lesbians, gays, trans persons and bisexual).

		Sum of squares	df	Mean Square	F - value	Sig.
Self Esteem (se)	Between Groups	221.837	3	73.946	1.672	.180
	Within Groups	3361.65	76	44.232		
Social Connectedness (sc)	Between Groups	2062.837	3	687.612	1.672	.180
	Within Groups	31246.150	76	411.134		
Quality of Life (qol)	Between Groups	4854.550	3	1618.783	2.070	.111
	Within Groups	59407.400	76	781.676		

	Sig.	Decision
If se being same among he whole homosexual population.	.332	Reject the directional hypothesis.
If sc being same among he whole homosexual population.	.240	Reject the directional hypothesis.
If qol being same among he whole homosexual population.	.130	Reject the directional hypothesis.

The significance level is .05

DISCUSSION

The results of the study have been discussed in the context of hypotheses.

The first hypothesis states that there exists a difference between self – esteem, social connectedness and quality of life among the queer community (lesbians, gays, transgender persons, bisexual) and heterosexual individuals. Table 2.0 shows that the homosexual population (N = 80) is significantly more in self – esteem that the heterosexual population (N = 80), while on the other hand, heterosexual population is significantly more in social connectedness and quality of life than homosexual population. A study conducted by McDonald stated that LGBTQI+ adolescents experience higher rates of mental health disorders than their heterosexual peers. LGBTQI+ population reported significantly lower level of social support which directly affects in lowering the self – esteem. Higher levels of social support were associated with higher self – esteem. Lack of social support was associated with low self – esteem. Another study conducted by Baumeister and Leary in which it was found that social support as an important tool to reduce stress, and an important factor which can encourage social and psychological well – being among the LGBTQ individuals. People with low connectedness have reported higher levels of loneliness, anxiety, depression, and lower self – esteem, which are similar to the ailments reported by those who suffer from minority stress. The LGBTQI+ community scored significantly low in social connectedness than he heterosexual population. A study conducted by Paliwal and Ghosh and it was found that more that 50% of the population of gay and transgender lied in the category of low and very low levels of quality of life. However, majority of lesbians and bisexuals tend to have little low to average level quality of life

The results stating homosexual population having high levels of self – esteem than heterosexual population could be because as to how much worse they have already seen in their lives, making them immune and courageous enough, accepting themselves leading to high self – esteem whereas the heterosexual population is just trying to fit in, fighting all the competition and peer pressures that the society is throwing at them and is something that is contrary to prior studies for the same. The results of low levels of social connectedness and quality of life could be because the stigma that still exists in the society revolving around the LGBTQI+ community and their acceptance, where they are still looked down upon, not spoken to, few maybe abandoned by the family, oppressed, curbed various opportunities to grow and deprived of their basic rights. Thus, hypothesis 1 accepted i.e., there exists a difference between the levels of self – esteem, social connectedness and quality of life between the heterosexual community and LGBTQI+ community in South India.

In the second hypothesis, it is stated that there is a difference between self – esteem, social connectedness and quality of life based on the identity of being a transgender person among the queer community. Table 3.0 and 4.0 shows that there is no difference in the levels of self – esteem, social connectedness and quality of life based on the identity of trans persons vs lesbians, gays and bisexual. A study conducted by Coleman et al., found that trans persons reported significantly higher levels of direct transphobia and of victimization among the rest of identities of the community, having a significant adverse relationship to self – esteem. Furthermore, social support from friends was related to higher self – esteem for LGBTQI+ population, but not for transgender students. In another study conducted by Paliwal and Ghosh found that it was found that more that 50% of the population of gay and transgender lied in the category of low and very low levels of quality of life. However, majority of lesbians and bisexuals tend to have little low to average quality of life.

The results of equal distribution of self – esteem, social connectedness and quality of life among trans persons on one side vs gays, lesbians and bisexual on the other hand, rejects the directional hypothesis and does not stand in congruence to the studies mentioned above, which was measured through t-test to check the significant levels and mean difference and also the Mann Whitney – U Test. The so could be justified with irrespective there being stigma around, there has been awareness and opportunities provided to trans persons by various organizations who campaign for them and spread awareness, educate them, make them able, provide employment opportunities or so.

The third hypothesis states that there exists difference between self – esteem, social connectedness and quality of life among the queer population (lesbians, gays, trans persons and bisexual). The table 5.0 and 6.0 shows that there exists no difference in self – esteem, social connectedness and quality of life irrespective of whatever one's homosexual identity is i.e., lesbians, gays, trans persons and bisexual. In the study mentioned above Coleman et al., stated that trans persons were found to be having significantly lower self – esteem levels that the others. Another study by Whitlock and Galliher found and spoke about as to how low social connectedness is impacting them vulnerable to minority stress, spread throughout the domains of homosexuality. Another study mentioned above was by Paliwal and Ghosh that stated that more than 50% of the population of gay and transgender lied in the category of low and very low levels of quality of life and majority of lesbians and bisexuals tend to have average quality of life.

The results about equal distribution of self – esteem, social connectedness and quality of life among all the domains of homosexuality i.e., lesbians, gays, trans persons and bisexual rejects the directional hypothesis and partially stands in congruence with the studies mentioned above, which was again tested by Anova and Non-Parametric Tests of Kruskal Wallis Test. The so being if they are out, irrespective no matter how the country is trying to make the community normal, their still revolves a lot of unspoken facts and actions. If evaluated, there has been no open national queer affirmative and awareness campaigns to a level where everyone in the country recognizes the event. Also, the fact as to how hypocritic the society acts in terms of how we collectively stand with the members of the community, but on the parallel lines we do not provide them employment opportunities because of their sexuality and gender orientations and if given so, not hierarchal position. Apart from that it plays a role in apprehensiveness from the side of members of the community in how unaccepting and disdaining the society is towards them, reason being zero sexual education, cultural backgrounds as to how we've been not taught to see beyond the stereotypical binary gender orientations i.e., male and female. Cases of violence, bullying, mocking, abandonment, abuse, sexual risk and so could be a playing factor in low social connectedness and self – esteem.

Hence, due to the societal conditions and situations given, we've been bound to have the basic binary gender knowledge rather than anything beyond it. Thus, we as individuals fail to understand the perspective and the stance of the members of the community resulting in low self – esteem, social connectedness and their quality of life.

The other side of the coin, irrespective as to how negative the above world sounded, there are organizations and corporates that supports, campaigns for, educate, provide employment opportunities to the members of the community, empowering them and normalising them being them.

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