

Depression and its correlates in men who have sex with men attending a community based organization

Rajat M. Oswal^{1*}, Falguni M. Patel², Dinesh M. Rathor³, Kamlesh R. Dave⁴, Ritambhara Y. Mehta⁵

¹Assistant Professor, Department of Psychiatry, Medical College Baroda, Vadodara

²Assistant Professor, Department of Psychiatry, SMIMER Medical College, Surat

³Associate Professor and Medical Superintendent, Institute of Mental Health and Hospital, Agra, U.P

⁴Associate Professor, Department of Psychiatry, Government Medical College Surat

⁵Professor & Head, Department of Psychiatry, Government Medical College Surat

ABSTRACT

BACKGROUND: Men who have sex with men (MSM) is a sexual minority population which is discriminated against, victimized and faces stigma. Risk for mental health problems especially depression is higher in this population. This study was carried to study the prevalence of depression and its correlates in MSM. **MATERIALS AND METHODS:** Fifty MSM were studied who attended a community based organization for MSM. Sexual orientation was assessed using Kinsey Scale and depression was assessed using Hamilton rating scale for depression. **RESULTS:** Prevalence of depression in this study is 28 % which is very high. Suicide related symptoms were present in 22% of subjects. Depression is associated with the belief that homosexuality is abnormal, and longstanding guilt about having sex with a person of the same sex. **CONCLUSION:** Mental health needs of marginalized and victimized population deserve special attention but sadly among MSM it is a highly ignored area in our country. This study emphasizes the need of paying attention to the mental health needs of MSM, looking at the high rates of depression among them found in our study. A lot of work needs to be done to bring about attitudinal change in the society towards MSM, which will go in a long way in improving the mental health of MSM as a community.

Key words: Depression, Homosexual, Mental Health, MSM, Suicide

INTRODUCTION

Sexual orientation refers to a person's erotic response tendency or sexual attractions-homosexual, heterosexual or bisexual.¹ Men who have sex with men (MSM) is a behavior defined diverse population hard to study particularly in India as it is not only a matter of social stigma and taboo but has legal issues as well.

Anti-homosexual attitudes, including homophobia, heterosexism and moral condemnation of homosexuality are common leading to violence against homosexuals. Homosexuals frequently face victimization on the basis of their sexual orientation in form of harassment, verbal abuse, assault, rape and murder. Discrimination by the society at large including family members, authorities like police and doctors can create a lot of

psychological distress.¹

Homosexuality is still considered as immoral, indecent and sinful in India and violence against homosexuals is widely prevalent. Belonging to the same society homosexuals may also harbor similar attitudes towards homosexuality. However, changes in Psychiatry and medicine's nosology in the last few decades has led to a dramatic increase in social acceptance of openly gay, lesbian and bisexual individuals in Western countries. This acceptance is a rapidly evolving worldwide social phenomenon. Among marginalized population there is lot of mental health issues including depression. Worldwide, MSM as a marginalized group has been found to be at a higher risk for depression, suicide risk, risky sexual behavior, HIV infection and face stigma both related to MSM and HIV. In India depression among MSM population is a sparsely studied subject. This study examines the prevalence of depression in MSM and its correlates.

MATERIALS AND METHODS

*Corresponding Author:

Rajat M. Oswal,

E 201- Vishranti Greens, 30 Meters off Gotri Road,

Opp Yash Complex, Gotri,

Vadodara - 390021

Email: rajatoswal@yahoo.com

This study was conducted in the premises of a community based organization (CBO) Lakshya which works for the overall betterment of the MSM population and GBT (Gay Bisexual Transgender) communities pertaining to issues of Sexuality, Sexual Health, Mental Health, Social Security and Social and Emotional wellbeing of the GBT (Gay, Bisexual and Transgender) Communities. Every third MSM attending the CBO was recruited for the study. A total of 50 MSM were included in the study. It is very challenging to recruit MSM directly as they are not forthcoming due to social stigma and legal issues regarding such relationships. Convenience sampling such as one adopted by us then becomes a way to access this population. A detailed one to one interview was conducted and information regarding socio-demographic profile, sexual orientation, sexual behaviour, beliefs regarding homosexuality, substance use, disturbances in major areas of functioning, past history, personal history, family history, and mental status examination was obtained using a semi structured Performa in a one to one direct interview with the subjects. Interview was conducted privately to ensure the confidentiality of participants and in Gujarati/Hindi language which was understood well by the participants. Written consent was obtained before conducting the interview with the participants. Participants were informed that participation in this study was completely voluntary and that they could withdraw consent at any stage of the study. They were also informed that they could refuse to answer any question if they were not comfortable answering it. Persons who were sero-reactive for HIV were not included in the study.

The Kinsey heterosexual-homosexual scale² was used in this study which is a widely used instrument for describing sexual orientation.

1. Exclusively heterosexual with no homosexual
2. Predominantly heterosexual, only incidental homosexual.
3. Predominantly heterosexual, but more than incidental homosexual.
4. Equally heterosexual and homosexual.
5. Predominantly homosexual, but more than incidental heterosexual.

6. Predominantly homosexual, only incidental heterosexual.
7. Exclusively homosexual with no heterosexual.

Depression was assessed using Hamilton rating scale for depression. The HAM-D developed in early 1960s by M. Hamilton, is the most widely used rating scale to assess symptoms of depression. The strengths of HAM-D include its excellent validation/research base and ease of administration. Items on HAM-D are scored from 0 to 2 or from 0 to 4 with total score ranging from 0 to 50. Ratings are completed by the examiner based on patient interview and observations. The analysis of the score was done with score 0-7 suggesting no depression, 8-16 as mild depression, 17-23 as moderate depression and >24 as severe depression.³

All the findings were analyzed statistically using Microsoft excel and an attempt was made to compare the results of the present study with similar other studies available.

RESULTS

A total of 50 MSM were studied who met the inclusion and exclusion criteria. The data generated was analyzed and the results are as follows.

Table 1: Distribution of subjects according to socio-demographic characteristics

Variable	Category	n	%
Age	<20	6	12
	21-30	29	58
	31-40	11	22
	41-50	2	4
	>50	2	4
Religion	Hindu	37	74
	Muslim	11	22
	Others	2	4
Level of Education	Illiterate	8	16
	Primary	8	16
	Secondary and above	34	68
Occupation	Unemployed	3	6
	Labour work	7	14
	Service/job	26	52
	Business/self employed	14	28
Average monthly income (in rupees)	<5000	33	66
	5000 – 10,000	8	16
	10,000 – 15,000	5	10
	>15,000	4	8
Family type	Nuclear	15	30
	Joint	20	40
	Extended	3	6
	Single	12	24

The range of age group of subjects is 18 to 55 years with mean age being 28.6 years. Around 74% of the subjects were Hindus while rest of

the subjects belonged to Muslim and Christian religion. 84% of the subjects had obtained some level of education. Majority (66%) of the subjects were in lower socioeconomic group. 19 of them were unmarried whereas 31 were married.

Sexual orientation:

Table 2: Distribution of subjects' sexual orientation according to the Kinsey Scale

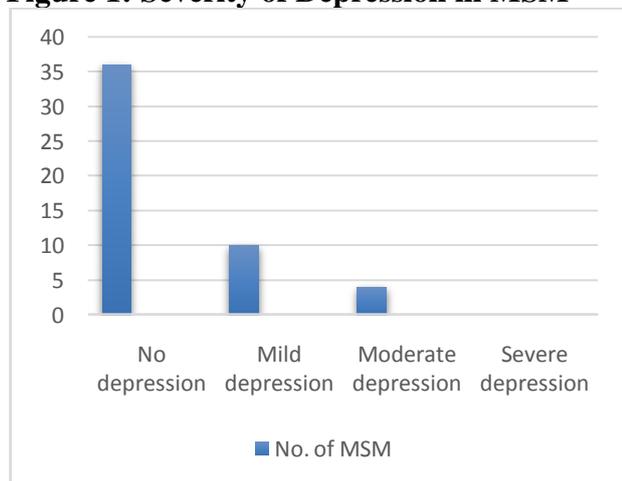
Kinsey Scale score	Number of subjects	Percentage (%)
0	0	0
1	3	6
2	3	6
3	6	12
4	13	26
5	7	14
6	18	36
Total	50	100

According to the Kinsey Scale, 36% of the subjects were exclusively homosexual and 26% were predominantly homosexual but more than incidentally heterosexual. No exclusively heterosexual subjects were studied as per the inclusion criteria.

Prevalence of depression and its correlates

In the present study the prevalence of depression among MSM was found to be 28% (n=14). 22% of the subjects in the present study had suicide related symptoms. As seen in the figure 1 ten MSM had mild depression while four had moderate depression.

Figure 1: Severity of Depression in MSM



In our study we did not find any statistically significant relationship between depression and religion, age groups, literacy, occupation, socio-economic strata or family type. Only one subject was diagnosed with alcohol dependence.

Despite the difficulties and stigma associated with homosexuality most of the subjects (76%) had readily availability of partner. 23 (46%) had

steady partnership while 27 (54%) had multiple partners. Out of 50 MSM studied 10 reported that they preferred active role (referred to as 'panthi') during sex, 33 preferred passive role (referred to as 'kothi') and 7 of them had no such preference also (referred to as 'double decker' in their parlance). 36% of the subjects who wanted to leave homosexuality had depression while 7% of subjects who did not want to leave homosexuality had depression. 17 MSMs reported history of sexual abuse. 18 subjects had disclosed their identity as MSM to a significant person in his life.

In this study occasional or no availability of partner, having multiple sexual partners, active or passive role played during sex, desire to stop having sex with other men, history of sexual abuse and disclosure of MSM activity were not associated with depression.

Those who believed that homosexuality as abnormal and had longstanding guilt about having sex with men were associated with depression which is statistically significant.

DISCUSSION

This study reveals that the prevalence of depression is very high among MSM with 28% of them studied suffering from depression compared to general population. This is line with previous studies in our country with wide variation in the rates of depression ranging from 11-34.6% which is way higher than general population considering only males were studied who have lower rates of depression.^{4,5,6,7,8,9} The variation in the rates may be due to the variation in population studied, sampling techniques and instruments used for assessing depression. The higher rates of depression is in line with worldwide statistics which has shown rates of depression to be higher among MSM compared to general population.^{10,11,12} The higher rates are seen across continents though in varying degrees from 22.8% to as high as 56%.^{13,14,15,16,17}

This study did not find any association of depression with socio-demographic factors or their typology. This may be due to small sample size and majority of the subjects belonged to lower socioeconomic strata (66%) which is an identified risk factor for depression and could have contributed to the higher rates of depression¹⁸. This was despite the fact that they

were associated with a CBO which provided good social support and acceptance. Only one subject was suffering from alcohol dependence so no comment can be made regarding its association with depression in MSM.

Patel et al in their study in southern India found that depression among MSMs is significantly associated with their typology, condom use in anal sex, experience of physical or sexual violence, alcohol use, experience of STI symptoms, HIV status, predominantly Panthi and AC/DC, debt, mobile for sexual work and those who do not want to report their HIV status.⁷ They also report that MSM who are associated with a community are less likely to be depressed.⁷ While Tomori et al found that being kothi, disclosure of being MSM and use of injection drugs and alcohol to be significantly associated with depression in MSM.⁴

In our study depression was significantly associated with their belief that homosexuality as abnormal and the feeling of guilt about having sex with a person of same sex. This belief was longstanding and not secondary to depression among the MSM studied. Upbringing in a society with widespread heterosexism may infuse a feeling of guilt associated with homosexual behaviour among MSM. The stresses of indulging in a behaviour thought of as abnormal may be the cause of increased rates of depression. Mimiaga et al reported that self-acceptance may be an important resilience factor that can protect and foster better psychosocial health.¹⁹

Almost one fourth of the subject studied had suicide related symptoms. King et al in their meta-analyses of lifetime prevalence of suicidal ideation revealed risk ratios of 2.04 for both sexes (range: both sexes 1.72 to 2.42; men 2.0 to 4.10; women 1.75 to 2.10) with considerable heterogeneity.¹¹

LIMITATIONS

The findings of the study should be interpreted with caution as the sample studied is small and is not representative of MSM in general population. A large number of subjects belonged to lower socioeconomic strata. The study also did not have a control group which was difficult to establish. Further study is needed with larger sample to substantiate the findings of this study.

The diagnosis of MDD (Major depressive disorder) was not made using DSM or ICD criteria but relied on Hamilton rating scale for Depression.

CONCLUSION

Mental health needs of marginalized and victimized population deserves special attention but sadly among MSM it is neglected in our country. This study emphasizes the need of paying attention to the mental health needs of MSM looking at the high rates of depression among them found in our study. Depression among MSM seems to be associated with the belief that homosexuality is abnormal and guilt of having sexual relation with person of same sex. A change in the attitude towards homosexuality will result in change in the outlook not only of the society but of MSM themselves. Lot of work needs to be done to bring about attitudinal change in the society towards MSM which will go in a long way to improve the mental health of MSM as a community.

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REFERENCES

1. Homosexuality, Gay and Lesbian Identity and Homosexual Behaviour. In: Kaplan and Sadock's Comprehensive Textbook of Psychiatry. 8th ed. p. 1936–65
2. <https://www.kinseyinstitute.org/research/publications/kinsey-scale.php>. 2016.
3. Zimmerman M, Martinez JH, Young D, Chelminski I, Dalrymple K. Severity classification on the Hamilton depression rating scale. *J Affect Disord*. 2013 Sep;150(2):384–8.
4. Tomori C, McFall AM, Srikrishnan AK, Mehta SH, Solomon SS, Anand S, et al. Diverse Rates of Depression Among Men Who Have Sex with Men (MSM) Across India: Insights from a Multi-site Mixed Method Study. Vol. 20, *AIDS and Behavior*. 2016. 304-316 p.

5. Safren SA, Thomas BE, Mimiaga MJ, Chandrasekaran V, Menon S, Swaminathan S, et al. Depressive symptoms and human immunodeficiency virus risk behavior among men who have sex with men in Chennai, India. *Psychol Health Med.* 2009;14(6):705–15.
6. Sivasubramanian M, Mimiaga MJ, Mayer KH, Anand VR, Johnson C V., Prabhugate P, et al. Suicidality, clinical depression, and anxiety disorders are highly prevalent in men who have sex with men in Mumbai, India: Findings from a community-recruited sample. *Psychol Health Med.* 2011 Aug;16(4):450–62.
7. Patel SK, Prabhakar P, Saggurti N. Factors Associated with Mental Depression among Men Who Have Sex with Men in Southern India. *Health (Irvine Calif).* 2015;(September):1114–23.
8. Deb S, Dutta S, Dasgupta A, Roy S. Hidden Psychiatric Morbidities and General Health Status Among Men Who have Sex with Men and Other Clients of a Sexually Transmitted Disease Clinic of Kolkata: A Comparative Study. *Indian J Community Med.* 2010;35(1):193–7.
9. Prajapati AC, Parikh S, Bala D V. A study of mental health status of men who have sex with men in Ahmedabad city. *Indian J Psychiatry.* 2014;56(2):161–4.
10. Cochran SD, Mays VM. Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: results from NHANES III. *Am J Public Health.* 2000 Apr;90(4):573–8.
11. King M, Semlyen J, Tai SS, Killaspy H, Osborn D, Popelyuk D, et al. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry.* 2008;8:70.
12. Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annu Rev Clin Psychol.* 2016;12(Gibson 1989):465–87.
13. Ahaneku H, Ross MW, Nyoni JE, Selwyn B, Troisi C, Mbwambo J, et al. Depression and HIV risk among men who have sex with men in Tanzania. *AIDS Care.* 2016;28(sup1):140–7.
14. Stoloff K, Joska JA, Feast D, De Swardt G, Hugo J, Struthers H, et al. A Description of Common Mental Disorders in Men Who Have Sex with Men (MSM) Referred for Assessment and Intervention at an MSM Clinic in Cape Town, South Africa. *AIDS Behav.* 2013 May 27;17(S1):77–81.
15. Reisner SL, Mimiaga MJ, Skeer M, Bright D, Cranston K, Isenberg D, et al. Clinically Significant Depressive Symptoms as a Risk Factor for HIV Infection Among Black MSM in Massachusetts. *AIDS Behav.* 2009 Aug 22;13(4):798–810.
16. Secor AM, Wahome E, Micheni M, Rao D, Simoni JM, Sanders EJ, et al. Depression, substance abuse and stigma among men who have sex with men in coastal Kenya. *AIDS.* 2015;29 Suppl 3(0 3):S251-9.
17. Cochran SD, Mays VM. Prevalence of Primary Mental Health Morbidity and Suicide Symptoms among Gay and Bisexual Men. In: *Unequal Opportunity: Health Disparities Affecting Gay and Bisexual Men in the United States.* 2009.
18. Grover S, Dutt A, Avasthi A. An overview of Indian research in depression. *Indian J Psychiatry.* 2010;52(7):178.
19. Mimiaga MJ, Closson EF, Thomas B, Mayer KH, Betancourt T, Menon S, et al. Garnering an In-depth Understanding of Men Who Have Sex with Men in Chennai, India: A Qualitative Analysis of Sexual Minority Status and Psychological Distress. *Arch Sex Behav.* 2015;44(7):2077–86.