



## Review Article

# Homosexuality among Males

Ajay Kumar, Assistant Professor, Department of Psychiatry, Institute of Mental Health and Hospital, Agra, U.P, India

### Abstract

Male homosexuality has strong biological basis; social and psychological theories also advocate it as a normal behavioral variant. It has been dropped out from the list of disorders by American Psychiatric Association as well as World Health Organization. Male homosexuals are marginalized due to stigma, victimized by the negative attitude of society due to their association with HIV/AIDS and hence vulnerable to various mental illnesses like depression, substance use disorder, anxiety disorders and suicide.

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Correspondence should be addressed to :

Dr. Ajay Kumar, Asst. Professor

Department of Psychiatry, Institute of Mental Health and Hospital, Agra, U.P, India

Email- ajaypgimer2016@gmail.com

### Introduction

Human sexual behavior is a composite entity with multiple dimensions like biological sex, gender role, social and cultural identity. It impinges social, religious, political and legal aspect hence remain a matter of debate. Homosexuality, heterosexuality, bisexuality and transsexuality are some of the terms used to described diverse sexual behavior, some of the sexual behaviors are not in concordance with the individual or society and considered as abnormal.

Homosexuality per say is a heterogenous group known for sexual feeling for same gender. In 1973, the American Psychiatric Association (APA) and in 1992, the

World Health Organization (WHO), officially accepted homosexuality as normal variant. Many countries decriminalize homosexuality and legally recognize same-sex civil union and marriage. In 1980s, homosexuality has been associated with HIV/AIDS and leads to negative attitude of society towards it. Due to various factors person with homosexual behavior has high prevalence of mental disorders like depression, substance use disorders (SUD) and suicide.

### Male homosexuality

Male homosexuality remains a bone of contention since time of immemorial due to various social, religious and political reasons.

There are two types of approaches seen in the literature, the essentialist and social constructionist. Essentialist approach dominated prior to 1970s and considered sexual orientation as static and permanent character, according to essentialist, people are either homosexuals or heterosexuals. It does not accommodate the possibility of bisexual orientation (Hansen & Evans, 1985) and recognized it as biologically and psychologically pathological (Hart, 1984). On the other hand, social constructionist sees it as continuum ranging from exclusive homosexuality to heterosexuality and acknowledged that the sexual orientation may change over time. More recently, the term lesbian, gay, bisexual and transgenders (LGBT) popularly use to denote the group. "LGB" refers to the sexual orientation while "T" stands for transgender or gender non-conforming. Researchers suggest that male homosexuality far common and has stronger biological basis as compared to female homosexuality. The following etiological factors have been suggested in relation to male homosexuality:

**Biological factors** Impressive amount of empirical data from family studies, immunological studies, hormonal studies and neuro-imaging suggest that biology is a significant regulator of male homosexuality.

**Family studies** An older brother increase the odds of homosexuality

in subsequent born male. While having an elder sister, younger brother, or younger sister have no such associations. Family studies found no significant association with any class of siblings in female homosexuality, this phenomenon is called as the fraternal birth effect (Blanchard & Klassen, 1997; A. F. Bogaert, 2006; Gómez-Gil et al., 2011; Iemmola&CamperioCiani, 2009; Vanderlaan&Vasey, 2011) .

**Immunological studies** Male homosexuality could be a consequence of autoimmune reaction against male specific molecules of the fetus (Savic, Berglund, & Lindstrom, 2005). Maternal immunization to male specific molecules leads to formation of maternal anti-male antibody which side track sexual differentiation of male fetus brain from the typical male brain development (Swaab & Hofman, 1990). In other words, antimale antibody produce feminization of male fetus brain and responsible for the subsequent male homosexual behavior.

**Hormonal studies** Male homosexual in contrast to male heterosexuals has hypothalamic activation in reaction to male pheromones (Brodie, Gartrell, Doering, & Rhue, 1974). Studies on hormonal profile shows higher testosterone level among homosexual male than non-homosexual male (Jannini, Fisher, Bitzer, & McMahan, 2009; Meyer-Bahlburg, 1984) which goes in favors

of hyper-sexuality (Anthony F. Bogaert & Hershberger, 1999) hyper androgenic state expressed as certain dimorphic parameters like larger genitalia (McFadden & Champlin, 2000), higher auditory evoked potential (Williams et al., 2000), and the length of second and forth finger (Eigenberg, 1992).

**Anatomical studies** Post-mortem studies of male homosexual brains revealed increase size of the suprachiasmatic nucleus, twice the size of its heterosexual counterpart (Swaab&Hofman, 1990). Further, the third notch of anterior hypothalamus (INAH3) also found to be 2 to 3 times smaller in homosexual men as compared to heterosexual men (LeVay, 1991).

**Psychological theories** Classical psychological theories hypothesized the adult sexual orientation based on childhood experiences (Drescher J, 2009). Human are psycho sexually neutral and sexual orientation are shaped by environmental influence, parenting style, relation pattern with friends and relatives. Psychoanalytic theory emphasis on the childhood experience and unresolved Oedipus complex in male due to castration anxiety.

**Evolutional aspect** Homosexuality widely prevalent in animal kingdom, around 1500 species on planet exhibit it (Byne, 2003). Evolutionary theory proposed that adaptive traits persist through natural selection within the species

hence heterosexuality should be favored by natural selection and homosexuality should abolished. Contrary to the Darwinian theory of natural selection, homosexuality persists in small but consistent percentage of population hence represent Darwinian paradox (Cardoso & Werner, 2013; Muscarella, Fink, Grammer, & Kirk-Smith, 2001) .

**Psychosocial aspects** Male homosexuals show no objective impairment in judgment, stability and vocational ability on psychological assessments (Rao & Jacob, 2012). Studies on non-heterosexual individual shown high level of chronic stress due to various psychosocial factors. Studies on non-heterosexuals suggest that as compared to their heterosexual counterpart, non-heterosexual suffers from more mental health problems. The stigma, to homosexuals create a stressful social environment which resulted in various mental disorders. Minority stress theory (Meyer, 2003) emphasised the relation between stigma, prejudice attached to homo sexuality and increase prevalence of mental illness.

### **Male Homosexuality and Mental illness**

There is high prevalence of depression, anxiety disorders, substance use disorders (SUD) and suicides among homosexual men (Cochran, 2001; Cochran & Mays, 2000; Mustanski, Garofalo, & Emerson, 2010). In addition, LGBT

students regularly victimise of bullying at school; end up homeless; have elevated rates of poverty, food insecurity, and joblessness.

In India, frequent reports of sexual violence and harassments against men who have sex with men (MSM) is a matter of serious concern (Chakrapani, Babu, & Ebenezer, 2004; Chakrapani, Newman, Shunmugam, Logie, & Samuel, 2017; Chakrapani, Newman, Shunmugam, McLuckie, & Melwin, 2007; Newman, Chakrapani, Cook, Shunmugam, & Kakinami, 2008). In India also high rate of depression, anxiety, alcohol use and suicidality have been found among MSM (Chakrapani et al., 2017; Mimiaga et al., 2013; Sivasubramanian et al., 2011). The high prevalence rate of psychiatric morbidity among lesbian, gay and bisexual (LGB) resulted due to stress, poor coping skills, internalized homophobia and expectation of rejection (Meyer, 2003).

### **Male homosexuality and HIV/AIDS**

Historical association between HIV/AIDS with homosexuality further enhance stigma and leads to societal rejection of men who have sex with men (MSM). MSM shown higher prevalence of HIV infection around the world, predominantly in Asia (Van Griensven & De Lind Van Wijngaarden, 2010). India also has high prevalence of HIV positive cases among MSM, ranging from 7 to 16.5% (Independent Evaluation of National AIDS Control Programme, 2007; United Nations General

Assembly Special Session on HIV/AIDS, 2010; Thomas et al., 2009). The United Nations General Assembly Special Session on HIV/AIDS Report estimates that there are about 3.1 million MSM in India. The overall prevalence of HIV infection among adults estimated to be 0.31 per cent (0.25-0.39%) in 2009 (United Nations General Assembly Special Session on HIV/AIDS, 2010). Association of HIV/AIDS with homosexuality perceived negatively, LGBT community blamed for spreading HIV/AIDS, and resulted in hatred, intolerance, and fear to LGBT community, called as Homophobia. Such attitude further stigmatized LGBT community at an individual, cultural, structural, and legal level.

### **Male homosexuality in India**

In India male homosexual live in a complex hierarchical system. Most gender nonconforming person have to leave or abandon by their family due to stigma which results in poor social supports to them. Gay are self-identified MSM (western acculturation), the receptive male partner in anal and oral sex who typically have effeminate mannerism known as kothis while the insertive partner in anal and oral sex known as panthis. MSM who involve in both receptive and insertive sexual activity known as double decker (Asthana & Oostvogels, 2001; Dandona et al., 2005; Nandi, Kamat, Bhavalkar, & Banerjee, 1994).

The traditional and relatively older

system is the Hijra (male to female trans person) community, organised in a hierarchical role defined manner, often provide them emotional, monetary, and psychological support. Hijra subculture has Guru (master), and Chela (disciple) who receive support from their Gurus as well as kinship created within the Hijra community (Setia et al., 2008). Hijra subculture provide a social support and resilience which help in managing sexual and gender minority stigma-relate stress and in preventing depression (Mimiaga et al., 2015).

Indian penal code section 377 dealt with sexual activities like homosexual activities, sex with minor, non-consensual sex and bestiality but was struck down in a landmark judgment of Delhi High Court in July 2009 (“Delhi high court decriminalizes homosexuality,” Press, 2009). The judgment was reversed by Supreme court of India on 11 December 2013 (Rajgopal, 2017). Later, on 6 September 2018 Supreme Court of India decriminalised section 377 (The Wire Staff, 2018).

### **Role of Psychiatry**

Male homosexuals are vulnerable for various psychiatric disorders. Reports suggest that Psychiatrist and mental health professionals have anti-homosexual attitudes (Kalra, Gupta, & Bhugra, 2010).

Psychiatrists need to overcome of such negative attitude and have to

be well equipped to handles sensitive issues like male homosexuality. The major role of psychiatrist is to destigmatise and depathologize homosexuality and help family to accept it. If any psychiatric disorder present then treat it, there is no role of psychiatrist to deal with changing orientation of these individuals.

### **Conclusion**

As such there are no clear determinants of male homosexuality but there are indications that a numbers of factors can interact to make same sex-orientation more likely, followed by the impact of socio-cultural factors. Male homosexuals are risk population for stress, depression, substance use disorders, and suicide. There are need for further research and requirement for mental health professional to be more equipped and skilled to deal with such cases.

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