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The Negative Attitude of Heterosexual People Towards Lesbian and Gay People in Kolkata

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ABSTRACT
The study tackles disparities in LGBTQ+ research findings between India and Western countries, with an emphasis on heterosexual attitudes and their impact on Kolkata's lesbian andgay community. The study included 60 participants, with an equal number of heterosexuals andLGBTQ+ people, and used measures such as the Psychological Well-Being Scale, the SPANEscale, and a semi-structured interview survey. The findings showed that LGBTQ+ people scored higher on self-acceptance, life purpose, and personal progress than heterosexuals, though there were noticeable disparities. Anxiety was common among LGBTQ+ members discussing gender identity difficulties with their families. While the SPANE scale suggested more good experiences overall, individuals also reported considerable unpleasant experiences, highlighting the need of striking a balance between positive and negative experiences. However, participants expressed a need for a greater balance, indicating that there is space forgrowth in this area.

Keywords: Heterosexual Attitudes, Lesbian and Gay Individuals, Kolkata, LGBTQ community, Well- being

INTRODUCTION:
Kolkata, a city renowned for its rich cultural legacy, still has social attitudes that negatively impact its LGBTQ+ community. Even in the face of global progressive movements supportingLGBTQ+ rights, heterosexual people still hold negative stereotypes about their lesbian and gay counterparts. It is imperative to comprehend the root causes of these beliefs in order to promoteinclusivity and improve the welfare of Kolkata's LGBTQ+ community.
Studies on heterosexism or homonegativity explore the ways in which heterosexual people have prejudices towards the LGBTQ+ population. It is essential to comprehend the causes of these negative stereotypes as well as how they affect LGBTQ+ people in order to develop measures that can lessen homophobia and advance equality and acceptance. Such research can reveal information about the social and cultural dynamics of particular areas, as West Bengal, India (Dentato, 2022).
Colgan et al. (2007) executed a research investigation on lesbian and homosexual workplace regulations, implying that legal safeguards might improve non-heterosexual employees' comfort in the workplace. Heteronormativity still exists in the workplace in spite of the implementation of such laws in many countries. This is especially true, where multinational corporations are the main proponents of gay-friendly legislation. This trend also applies to sizable businesses. There is still a hierarchy of sexual identities that portrays non- heterosexuality as the "other" and goes against the accepted norm, even in the face of legislativeinitiatives.
Pringle (2008) draws attention to how heteronormativity permeates the workplace and can limit the experiences of heterosexual employees in addition to having an impact on non-heterosexual people. Examining how heterosexual workers view and negotiate the constraints imposed by heteronormativity may shed light on the more general dynamics of workplace identity. It is crucial to comprehend how heteronormativity affects all workers, regardless of sexual orientation, because individuals are fashioned by the normative framework in which they function.
According to researcher Darrel, negative attitudes include a way of thinking that favours highlighting the bad rather than the good features of individuals, places, or things. These mindsets have the potential to cause discontent, annoyance, and life dissatisfaction. Negative attitudes are influenced by a number of things, such as opinions, mental processes, and prior experiences. In addition, cultural and religious views, ignorance, discrimination, and prejudice all have an impact on how society views LGBTQ+ people (Hajek et al., 2023; Warren et al., 2016).
Hatzenbuehler's (2009) study highlights sexual minorities' higher susceptibility to mental health issues compared to heterosexuals, attributing this disparity to unique minority stresses and general psychological processes. The research presents a thorough framework that suggestsstigma increases stress levels among sexual minorities, causing disruptive emotions, social barriers, and cognitive vulnerabilities that lead to widespread impulsivity and psychological problems. Furthermore, the framework proposes that these variables operate as mediators in the link between stigma-induced stress and mental health outcomes. Beyond understanding theinfluence of stigma on mental health, the framework offers useful insights for clinical therapy.This claim is backed by data from studies on depression, anxiety, and alcohol use disorders.

Author John Willey defines heterosexuality as a sexual orientation in which a person is drawn to people who are the "opposite" sex or gender to themselves. It has generally been viewed as the "typical" sexuality, with stigma attached to non-heterosexual orientations. Wilson et al. (2016) argues that although heterosexuality is widely accepted, sexual orientation is a multifaceted facet of human identity that can change over time and depending on the situation. The LGBTQ+ group, which includes those who identify as lesbian, gay, bisexual, transgender, and intersex, has long been subject to prejudice and stigma. Persistent discrimination and marginalization result in obstacles to accessing healthcare, harassment, violence, and legal discrimination, among other problems. These issues may be a factor in the LGBTQ+ community's increased prevalence of mental health illnesses and drug misuse (Goldberg et al.,2019; Nyeck & Shepherd, 2019).

Based on census and survey data, different estimates of the global LGBTQ+ population are made. Estimates vary widely among nations, from a few percentage points to double digit percentages of the total population in the US, EU, Brazil, and SA. As noted by Nomani (2021),prejudice and violence against LGBTQ+ people are still widespread, even in places where lawshave advanced.

Social stigma, discrimination, and limited access to healthcare providers who are culturally competent aggravate mental health issues among LGBTQ+ people, such as depression, anxiety, and suicidal thoughts and actions. According to Dawson et al. (2021) and Goyal (2021), addressing these difficulties effectively requires training for healthcare professionals, better public acceptance, and improved support.

According to study (Jain, 2013; Soohinda et al., 2018; Tomori et al., 2018; Uthappa et al., 2018), social rejection occurs before social stigma. This stigma includes discrimination, aggression, prejudice, unfavourable evaluations, and stereotypes (Bowling et al., 2019; Chakrapani et al., 2021; Haldar et al., 2015). Structural disrespect, described as a forerunner to structural stigma, leads to the development of health difficulties in the Indian LGBT community (Srivastava & Singh, 2015; Thomas et al., 2012; Woodford et al., 2012). This problem is exacerbated by structural biases such as bad administrative choices, institutional rules, criminalization, police harassment, media representation, labelling, and workplacebullying.

Sexual stigma serves as a link between general stigma and health consequences. Social rejection and exclusion from career opportunities might lead LGBT people to engage in sex work for a living. Due to societal taboos, these individuals frequently face barriers to accessingand using condoms, increasing their vulnerability to HIV/STIs (Azhar, 2018; Beattie et al., 2012; Bowling et al., 2016; Chakrapani, Newman, et al., 2017; Chakrapani et al., 2013, 2019; Chettiar, 2015; Mahapatra, 2016; Rhoton et al., 2016; Saha et al., 2015). Furthermore, the interwoven dynamics of self-negativity and sexual identity uncertainty lead to coping challenges for LGBT people (Bowling et al., 2016; Chakrapani, Newman, et al., 2017).

In a nutshell overcoming sociocultural prejudice and homophobia is essential to enhancing LGBTQ+ people's mental health and wellbeing. This calls for all-encompassing initiatives, such as increased access to inclusive healthcare services, policy reform, and education. We canhelp build a more just and encouraging society by addressing these issues, regardless of a person's gender identity or sexual orientation. According to Bowen and Blackmon (2003), an atmosphere where organisational interests take precedence over the well-being of individuals is created when there is silence on non-heterosexual identities. This eventually stifles the voicesof sexual minorities.

Ward and Winstanley (2005) address the dynamics of 'coming out' and the complicated process of declaring or hiding minority sexual identities in work environments. They claim that comprehending the creation, maintenance, and preservation of sexual identity requires taking into account the larger cultural context, especially in Western society, where non-heterosexual experiences are frequently considered as outliers. Organisational studies provide useful insights into questioning traditional sexuality assumptions, since organisational cultures frequently profess neutrality while tacitly promoting heteronormativity. Gherardi (1995) describes how organisational cultures neutralise sexuality by eliminating sexual diversity and promoting heteronormative standards, treating heterosexuality as the default. Despite legislative safeguards in certain nations, the dominant workplace attitude remains heteronormative.

The effect that legal, social, and cultural aspects have on homosexuals' standard of life. It drawsattention to the ways that prejudice, discrimination, and a lack of social acceptance can result in a range of detrimental effects, such as mental health problems, obstacles to receiving healthcare, and unequal treatment under the law. While there has been considerable progress in the global promotion of LGBTQ+ rights, obstacles still exist, requiring ongoing efforts to eliminate discrimination and advance inclusivity and equality. Although there has been an increase in understanding and acceptance of LGBTQ+ people in West Bengal, issues like prejudice and societal stigma still persist. Although the state government has made strides in favour of inclusivity and transgender rights, more has to be done to address public attitudes and challenges related to legal recognition.

(Kite, 1996) claim that their research delves into the subtle differences in perceptions of gay people, their actions, and civil rights between men and women. By means of an in-depth analysis of outcomes from many inquiries, they provide insightful understandings into the complex terrain of public views. Their inquiry uncovers possible patterns suggesting differentdegrees of support and acceptance for the LGBTQ+ group among men and women. Accordingto the researchers, these kinds of outcomes may be used as a basis for developing more focusedinterventions and educational initiatives that promote equality and inclusion. In addition, Kiteand Whitley stress how crucial it is to include a range of viewpoints in advocacy campaigns and the formulation of public policy in order to successfully negotiate the complicated web of

societal attitudes around sexual orientation.

According to (R. Fassinger, 2010) gender orientation, environmental circumstances, and sexual orientation—particularly as disclosed through identity disclosure—interact to influence leadership dynamics. They draw attention to the particular difficulties that sexual minorities have, such hidden stigma and social acceptance of discrimination, which have a big influenceon leadership. The authors emphasise the necessity for empirical study to examine many aspects of this complicated phenomena and argue for a multifaceted model to explain LGBT leadership.

(Mann, 2016) explores how an individual's sexual orientation and adherence to gender norms influence opinions of their hirability and performance in leadership jobs. Despite increased study into sexual minority issues in the workplace, knowing the influence of sexual orientation on leadership results is still limited. The study uses scenarios with applicants for managementpositions in retail sales to evaluate the impact of a leader's sexual orientation and gender role conformance on views of leadership. Unlike assumptions, sexual orientation had no influence on perceived hirability or competence in leadership jobs. However, unanticipated relationships were detected, indicating subtle dynamics in evaluating leaders depending on sexual orientation and behaviour. Considerations of changing societal perceptions of LGBT people and their effects on dynamics at work are prompted by the results.

The news headlines are examples of the struggles and advancements LGBTQ+ people in Kolkata have encountered. Through marriage ceremonies, some couples have been able to publicly express their love, but others still face social and legal barriers. These accounts highlight the significance of continued support and activism for LGBTQ+ rights in India.

The importance of assessing psychological well-being and positive/negative affect using different scales is also covered in the conversation. By assisting researchers in evaluating the effects of many circumstances on people's mental health and general well-being, these metricsoffer insightful information for support groups and interventions.

Last but not least, significant court rulings in India, like the one in the Navtej Singh Johar case, have been essential in furthering LGBTQ+ rights by overturning discriminatory legislation andfostering equality and acceptance. These verdicts represent progress towards a more accepting and helpful society for LGBTQ+ people in India, despite obstacles and sporadic opposition.

REVIEW OF LITERATURE:

The purpose of this research was to investigate the relationship between stereotypical beliefs held by homosexuals and heterosexuals, a subject that has been the subject of much global research.

Mays and Cochran (2001) discovered that LGBT people's psychological health is negatively impacted by perceived prejudice.

D'Augelli (2003) investigated victimization experiences pertaining to the declaration of sexual orientation, finding that victimization's detrimental consequences were lessened by family support.

Addressing minority stress and inequality, Meyer (2003) offered insights into variables affecting the mental health of LGB groups. In his 2018 study, Fingerhut identified specific stresses such as discrimination and stressed the significance of social support for the mental health of homosexual males.

Brown (2005) investigated the resilience elements and psychological well-being of homosexuals and lesbians in Australia by applying positive psychology concepts.

Cook's study refuted religious beliefs by emphasizing the role that genetics and environment play in determining sexual orientation.

According to Polder (2006), depression vulnerability in South African gay and lesbian people is significantly impacted by hate speech and low self-esteem.

Fingerhut's (2010) research emphasized the importance of social support in the identity formation and general well-being of gay men and lesbians.

Dozier (2014) explores the experiences of lesbian and gay faculty members in academia, concentrating on minority stress. The study identifies major stresses associated with sexual orientation, such as fear of discrimination, employment uncertainty, a lack of support, and theneed to hide gender identity. The author emphasizes the need of treating minority stress and creating welcoming workplaces for LGBTQ+ teachers in academia. These findings highlight the necessity of developing policies and procedures that promote diversity and inclusion in higher education institutions.

Hoppe (2014) concentrated on the experiences of LGBTQ youth with rejection and harassment, as well as methods to lessen the detrimental effects.

According to Higa et al. (2014), rejection from peers and family can lead to a rise in mental health issues, including anxiety and sadness, which affect LGBTQ youngsters specifically. Onthe other hand, mental health results were linked to greater community involvement, especiallyLGBTQ organisations.

In his 2016 discussion, Jawale highlighted the rights violations caused by discrimination against LGBTQ minorities in India.

Russell and Fish (2016) drew attention to the differences in mental health that LGBT youth experience as a result of minority stress.

Research has also looked at mental health problems among transgender people. According to Reisner et al. (2016), transgender people have a high prevalence of anxiety and depression, which has been connected to incidents of

harassment and violence. High rates of victimization, including discrimination and assault, were found among LGB people, according to Katz-Wise'smeta-analysis.
Research conducted in San Francisco by Wilson and Chen (2016) highlighted the need for programmes that address discrimination and foster tolerance by connecting it to mental healthproblems among transgender kids.
Yadav (2021) talked on hate crimes and discrimination in the job, as well as the social stigmathat LGBT people in India suffer.

METHODOLOGY:
Aim:

- The study's goal is to investigate the unfavourable perceptions that the heterosexual population has about the lesbian and gay community.

Objectives:
Its main objectives are:

- To study how the negative attitude of heterosexual people affects the lesbian and gaycommunity in Kolkata.
- To recognize the aspects of the negative attitude in order to mitigate the difficulties faced by lesbian and gay communities.

Sample:

- Using the snowball sampling technique, participants were chosen at random from equal groups of heterosexual and lesbian/gay people between the ages of 18 and 30. 30 of the study's 60 participants identified as heterosexual, and the remaining 30 as members ofthe lesbian and gay community.

Inclusion Criteria:

- Participants have to identify as lesbians or gays and be between the ages of 18 and 30.They also had to be proficient in reading and comprehending the local tongue.

Exclusion Criteria:

- Participants in the study had to be a minimum of 18 years old, bisexual, transgender, orincapable of reading, writing, or comprehending the local language.

Tools:

- Individual questionnaires on negative attitudes, positive and negative experiences, psychological well-being, and demographic information were filled out by each participant. In addition, participants' perspectives on sexuality were investigated usinga semi-structured interview schedule.

Ryff's Psychological Well-Being Scales:

- The six elements of psychological well-being measured by Ryff's Psychological Well- Being Scales are self-acceptance, positive relationships with others, environmental mastery, personal growth, and autonomy. Respondents rate their level of agreement ona six-point scale for each of the 42 items on the scale.

Validity and Reliability:

- A study by Bayani (2008) proved the validity and reliability of Ryff's Psychological Well-Being Scales, showing strong internal consistency and significant correlates withhappiness, life satisfaction and self-esteem measures.

The Scale of Positive and Negative Experience (SPANE) measures both good and negative emotional events in order to gauge a person's subjective well-being. The Positive Experience (SPANE-P) and Negative Experience (SPANE-N) subscales make up the scale. Six items total,each with a five-point rating, make up each subscale.

MEAN AGE OF HETEROSEXUAL	
MALE	FEMALE
26.2	24.5
MEAN AGE OF LESBIAN AND GAY	
LESBIAN	GAY

22.2	22.4

TABLE 2: Shows the frequency (%) distribution of education, sex gender identity and sexualorientation of Heterosexual and Lesbian and Gay.

		HETEROSEXUAL	LESBIAN AND GAY
		(%)	(%)
Education	School	-	7 (23)
	GRADUATE	7 (35)	7 (23)
	POST GRADUATE	18 (90)	16 (53)
	TOTAL	25	30
Sex	Female	11 (44)	15 (50)
	MALE	14 (56)	15 (50)
	TOTAL	25	30

As depicted in above table, in the sample, 50% of it is heterosexual and rest 50% is divided among LGBTQ community [Lesbian (50%) and Gay (50%)].

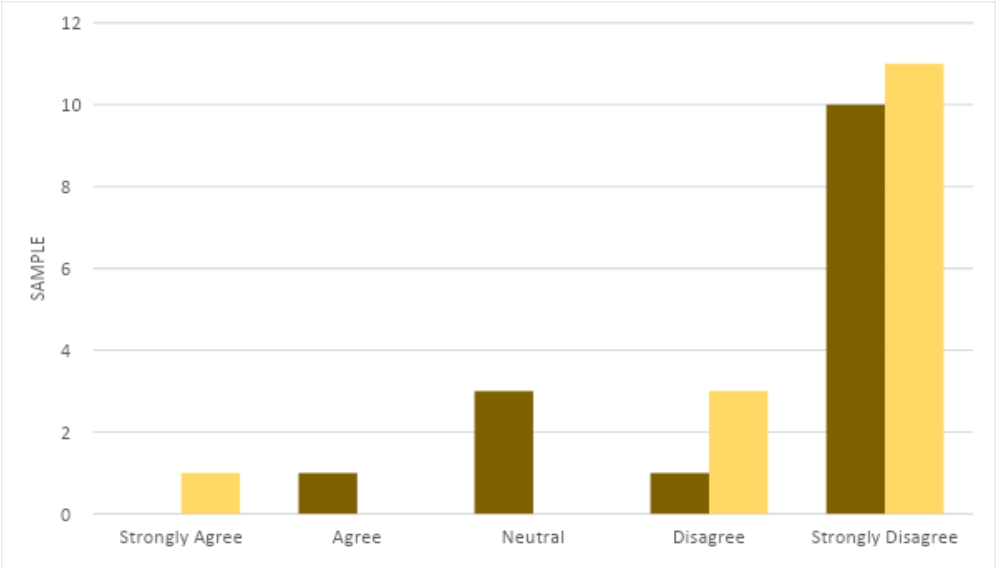
TABLE 3: Performance in Psychological well-being

PSYCHOLOGICAL WELL-BEING	
DOMAIN	MEAN
Autonomy	26.7
Environment mastery	24.7
Personal growth	28.9
Positive relation	26.4
Purpose in life	28.3
Self-acceptance	29.1

TABLE 4: Performance in Scale of Positive and Negative Experience Scale.

SCALE OF POSITIVE AND NEGATIVE EXPERIENCE SCALE.		
	TOTAL	MEAN
SPANE P-(POSITIVE)	645	21.5
SPANE N- (NEGATIVE)	591	19.7

HETEROSEXUAL PEOPLE:



Threats to our society's values and morals are posed by homosexuals.

Fig- shows that, out of the 30 heterosexual respondents, 10 males strongly disagreed, 1 disagreed, 3 were neutral, and 1 agreed with the idea that homosexuality poses a danger to our society's values and morality. 3 respondents disagreed, 1 strongly agreed, and 11 stronglydisagreed from the female respondents.
Homosexuals are emotionally more stable than heterosexuals.

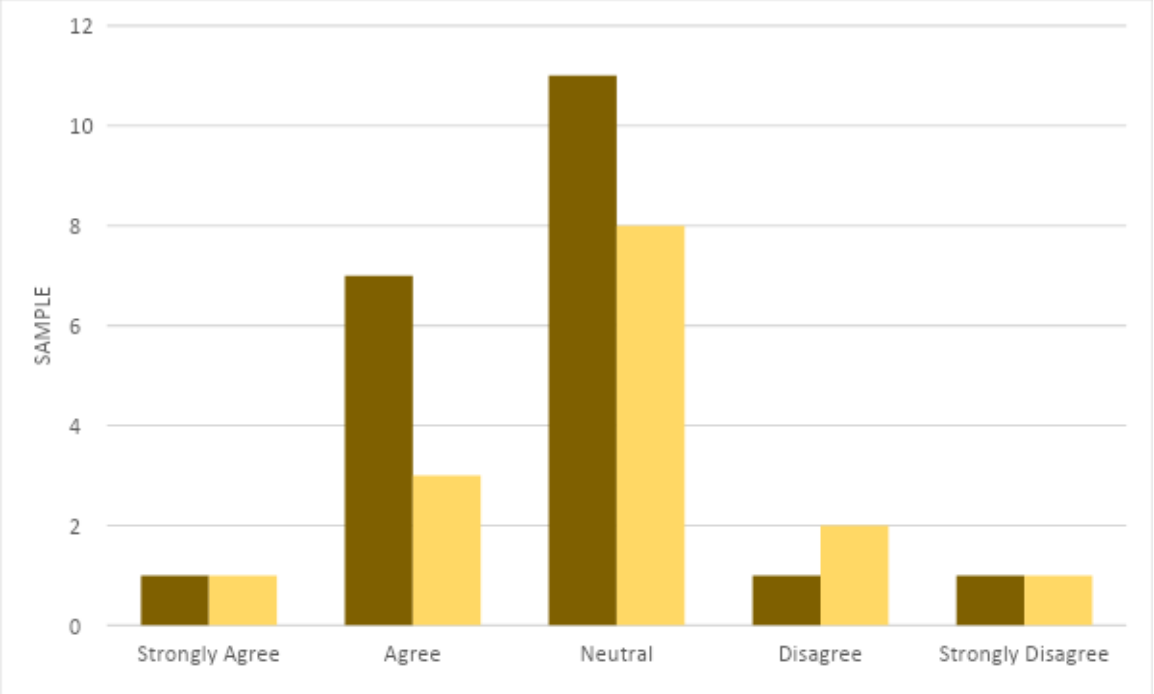


Fig.- shows that, out of the 30 heterosexual respondents, 1 male strongly disagreed, 1 disagreed,11 were neutral, 7 agreed, and 1 strongly agreed that homosexuals are more emotionally stable than heterosexuals. 1 highly agreed, 2 disagreed, eight were neutral, 3 agreed, and 1 extremelyagreed among the female responders

HOMOSEXUAL PEOPLE:
Ever encountered difficulties because of prejudice from society because of your sexualorientation or gender identity.

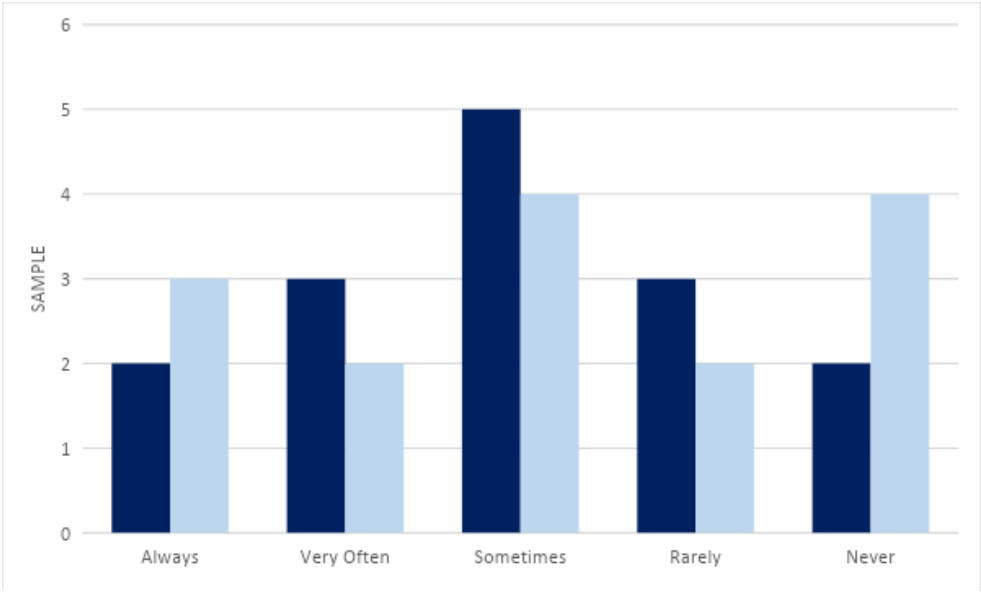


Fig- demonstrates that, out of the 30 homosexual's respondents, 2 gay individuals never encountered that they faced difficulties because of prejudice from society due to sexual orientation or gender identity, 3 rarely, 5 sometimes, and 3 extremely frequently or very oftenand 2 faced always discriminated because of their sexual orientations. Out of the 15

lesbians, 4 claimed they never faced difficulties because of prejudice from society due to sexual orientation or gender identity, 2 rarely did, 4 occasionally or sometimes did, 2 frequently did, and 3 said she always faced discrimination or prejudice from society because of their sexual orientations.
Ever avoided touching hands with a same-sex partner in public due to concern about being physically or verbally abused or threatened.

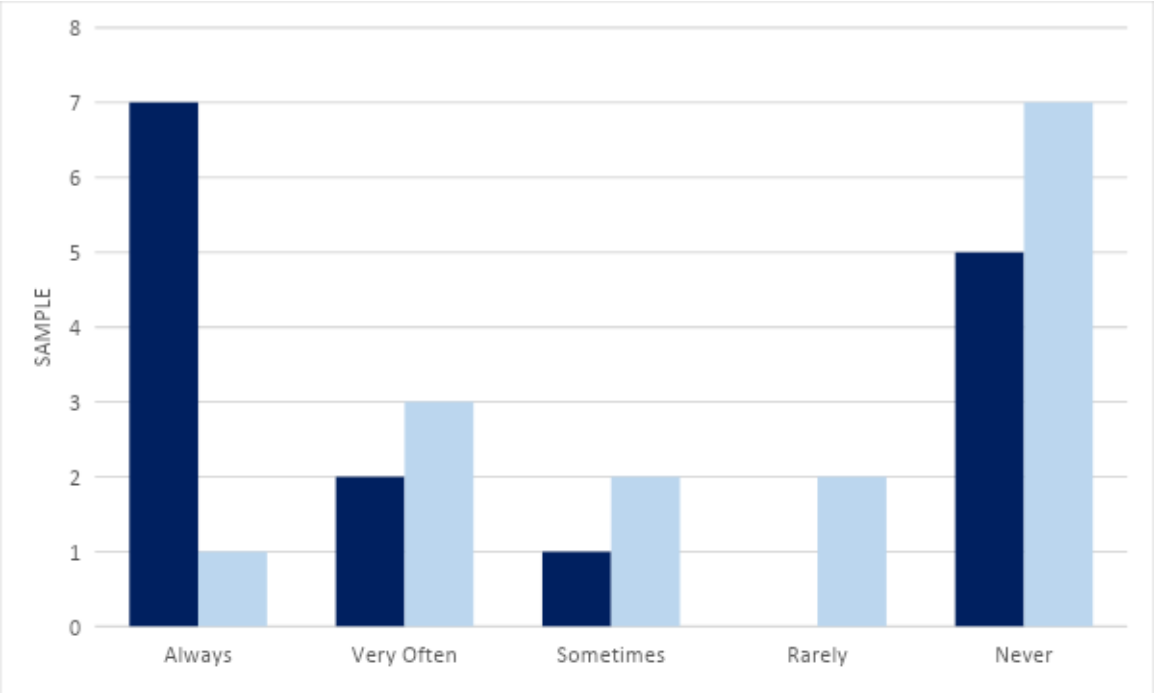


Fig- reveals that, of the 30 homosexual's respondents, 5 gay individual never ever avoided touching hands with a same-sex partner in public due to concern about being physically or verbally abused or threatened, 1 sometime, 2, very often, and 1 always never ever avoided touching hands with a same-sex partner in public due to concern about being physically or verbally abused or threatened .Of the 15 lesbians, 7 claimed they never ever avoided touchinghands with a same-sex partner in public due to concern about being physically or verbally abused or threatened, 2 said rarely, and 2 said they did sometimes, 3 said they did veryoften, and 3 claimed she always avoided touching hands with a same-sex partner in public dueto concern about being physically or verbally abused or threatened.
In order to highlight the paucity of Indian research on the topic, the data were analysed. This research examined life quality in order to identify the fundamental causes of negative opinionsand how they affect the psychological health of the LGBTQ population.

Several sections comprise the findings:
Details of the sociodemographic: Lesbian/gay and heterosexual participants made up the same number of the 60 participants in the study. Sample members had an average age of 25 and an average educational attainment of 17. Lesbian and gay participants displayed a variety of gender expressions, including female, male, gender-fluid, and queer identities, whereas heterosexual participants typically showed gender identities that matched the assigned sex at birth. Most of them classified as male or female. Because of the metropolitan location of the study and the recruitment from multiple colleges, the majority of participants were from urbanareas.
Analysis of semi-structured interviews: Due to taboos, homophobia, traditional ideas on sexuality, and the expectation of misinterpretation, many lesbian and homosexual participantsfelt uncomfortable talking about their sexual orientation with their families. Though they occasionally worried about prejudice or condemnation, they felt usually more at ease talking about their sexual orientation with friends and strangers. LGBTQ people often experienced negative social reactions and even refrained from making public displays of affection out of fear for their safety, which is indicative of pervasive prejudice and discrimination in society.
Results on the Scale of Positive and Negative Experiences (SPANE): There was a higher proportion of pleasant experiences than negative ones among the participants, indicating a generally positive state of mental health. It was felt, that there was an uneven distribution of good and bad experiences, with a slight inclination towards the former. The results highlight the difficulties that the LGBTQ community in India faces overall, especially with regard to discrimination, family support, and societal acceptance.

CONCLUSION:

Finding the causes of prejudice against heterosexual people and how it affects the LGBTQ community was the aim of this research. According to the Survey indicates that the lesbian andgay community suffers from abuse that has a variety of negative effects on their well-being. These effects include a negative impact on their social networks and physical health, as well as emotions of stress, anxiety, and powerlessness. Lesbian and gay people tend to score higher in categories like self-acceptance, life purpose, and personal progress despite these obstacles, according to the psychological well-being survey. However, as Robert (2009) pointed out in their research on the social and psychological well-being of the LGBTQ population, there were notable differences in other categories. In contrast to feeling more comfortable with peers and strangers, many individuals reported feeling uncomfortable about admitting their sexual orientation to family members. A number of concerns were brought to light through semi- structured interviews, such as the idea that homophobia is a disease, the fear of beingvictimized, and indirect discrimination. The study used purposive and snowball sampling techniques to gather data from 60 participants in Kolkata. In addition to confirming the resultsof the study's standardised instruments, the interview schedule offered insights into theparticular difficulties experienced by LGBTQ people.

LIMITATIONS:

The purposive and snowball sampling techniques were applied in this study. It provides contextfor the circumstance and could also serve as a demographic representative. Transgender people will not be included in the study, so their experiences will not be coveredby the recommendations and conclusions. Because the study is limited to West Bengal, its conclusions and recommendations could not apply to other parts of India because of variations in state-to-state cultural norms, levels of awareness, and educational attainment. Generalizations cannot be made because of the small sample size. The study's volunteer sample means that the findings might not apply to the general population.Those who are illiterate in English were not included.

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