

The Mental Health of Young Men and Women

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ABSTRACT: *The research on sexual minority adolescents and young adults shows worse mental health than heterosexual peers. Bullying and physical assault are common stressors for sexual minorities. Although the sexual minority of young people has been examined in Iceland, a Nordic nation renowned for its great sexual equality, a significant issue is whether the mental health patterns of teenagers and young adults in Iceland are similar to other nations. This study's goal was to assess the mental health of young people in Iceland's sexual minority. We compared 16-20-year-old sex attracted and same-sex-attracted participants' mental health to other sex-attracted peers using population data. The study found that young people attracted to the sexual minority had greater degrees of depression, frustration, and perceived stress than other sexes. The research found that young women attracted to both sexes scored much higher on all metrics than any other group. We suggest that future study should distinguish between attraction of the same sex and both sexes, as well as gender analyses. Future study should concentrate on the well-being of both-sexed young women.*

KEYWORDS: *Bullying, Depression, Mental Health, Sexual Minority, Stressors.*

1. INTRODUCTION

According to research, adolescents and young adults who identify as members of the sexual minority suffer a variety of problems in their everyday lives that go beyond the usual stresses that affect other young people. Adolescents who identify as members of a sexual minority, for example, may experience stress related with coming out, fear of familial rejection, and other kinds of societal discrimination, among other things. As one prominent example, psychosocial stressors such as these are known to be major risk factors for the development of depression. The purpose of this study was to examine levels of depressed mood, frustration, and perceived stress among young adults who were attracted to the same sex as well as those who were attracted to both sexes in Iceland, which is considered a progressive country when it comes to issues involving sexual minorities.

While there has been an increase in public awareness of discrimination against sexual minorities, there has been minimal attempt to investigate the health and well-being of this group in Iceland. It is necessary to do more research to establish if the high levels of acceptance experienced by sexual minority kids in Iceland, in comparison to their heterosexual peers, have resulted in similar rates of mental well-being. We also wanted to see whether lifetime experiences of victimization (both physical and online) might explain variations in sexual orientation assessments of mental health. This was a secondary goal of our study[1].

1.1 The Psychological Well-Being of Sexual Minorities:

A significant amount of data, accumulated over the past two decades, indicates that those who identify as sexual minorities have worse mental and physical health when compared to the heterosexual community. The majority of the mental health research on sexual minorities has been devoted to suicide ideation and behaviour, which is especially common among young people who identify as members of a sexual minority. Young sexual minorities are more likely than their heterosexual classmates to suffer from despair and anxiety, to self-harm, to have poor self-esteem, and to use illicit substances than their heterosexual counterparts. Furthermore, research has indicated that, as compared to heterosexual adolescents, kids from sexual minority backgrounds perform worse academically.

Suicidal behaviour, despair, and stress have all been widely researched; nevertheless, many other emotions have gotten considerably less attention in the literature, with anger being a prominent example. When left uncontrolled throughout adolescence, anger has been linked to a number of negative consequences in adulthood, including elevated blood pressure, drug usage, and suicidal conduct, among other things. Angry adolescents have also been shown to be a significant mediator in the connection between bullying and delinquency among teenagers. However, little is known about the levels of anger experienced by adolescents who identify as sexual minorities. Since it has been demonstrated that anger and depressed mood co-occur in children and teenagers, it is reasonable to assume that young adults who identify as members of the sexual

minority will exhibit higher levels of anger than their heterosexual peers, although the reason for this disparity is currently unknown[2].

1.2 The Relationship Between Sexual Attraction Patterns and Mental Health:

The distinction between homosexuality and bisexuality in scientific study is a very recent development. However, according to the body of data that has collected over the last two decades, both sex-attracted people are at an even higher risk of poor mental health outcomes than same-sex-attracted individuals. Fighting one's sexual identity may be a risk factor, adding to the difficulties that young people are already experiencing in their life. For example, according to a meta-analysis conducted by Marshal et al., bisexual adolescents were almost five times more likely than their heterosexual counterparts to engage in suicide behaviour throughout adolescence. Despite the fact that the causes for this tendency are still unclear, bisexual persons may experience unique stresses in addition to the usual difficulties faced by sexual minorities.

Bi-phobia, for example, has been shown to exist in both heterosexual and gay societies, according to certain research findings. When compared to people who are attracted to the same sexes, individuals who are attracted to both sexes may experience "double prejudice." Studies have also shown that bisexual individuals are less open about their sexuality and have a greater degree of trouble accepting their sexuality than lesbians and gay people. In addition, studies discovered that the general public in the United States had a less positive opinion of bisexual individuals than they do of lesbians and gay people when evaluating the general public's perception of bisexuality[3].

1.3 Cultural Comparison and the Stress of Being a Minority:

Sexual minorities have seen significant increases in social acceptance across Western Europe during the last several decades. Iceland, an island nation in the North Atlantic Ocean, has taken a stand on the rights of sexual minorities that is unlike any other country in the world. Persons who identify as sexual minorities enjoy the same civil rights as heterosexual individuals, and Icelanders, on the whole, are tolerant of those who identify as sexual minorities. As evidence, Iceland was home to the world's first openly lesbian prime minister, who took office in 2009; a bill legalizing same-sex marriage was passed by an overwhelming majority in 2010; and the country's president was the first national head of state to officially address the Gay Pride Parade, which took place in 2016. Of course, political inclusion does not imply complete social inclusion for sexual minorities, and legal rights do not, in and of themselves, eliminate stigma, bullying, and other kinds of victimization that may exist. There are still issues that sexual minorities have to deal with in Iceland. Icelandic LGBT high school students participated in qualitative study that revealed that the country's educational system is mostly heteronormative and does not enable pupils to come out as they are[4].

This has been shown in studies conducted in multicultural settings on the mental health of people who identify as sexual minorities. For example, a recent study conducted in Norway, a country well known for its progressive approach to sexual minority issues, discovered that adolescents who identify as members of sexual minorities reported higher levels of depression, suicidal ideation, and drug use than their heterosexual counterparts. Furthermore, when compared to a study of teens from the United States, Norwegian sexual minority adolescents not only had comparable levels of mental health problems, but they also had similar levels of unpleasant health behaviors, such as cigarette smoking and alcohol use.

In an attempt to explain the health disparities between the heterosexual population and sexual minority groups, the concept of minority stress theory has been proposed as one approach. In a nutshell, the theory proposes that anti-gay stigma causes excessive stress, resulting in both mental and physical health problems. Studies from North America and Europe indicate that adolescents of the sexual minority are more likely than their heterosexual peers to experience bullying in school and harassment by peers or adults, both physically and sexually, as well as lower levels of happiness and well-being than their heterosexual peers.

The aggregation of these factors may possibly damage their ability to cope with stress in the future. In fact, according to one study conducted in the United States, sexual minority students had higher rates of drug use and suicidal ideation than heterosexual students among young people who had been victims of bullying at school, whereas this distinction between sexual minority students and heterosexual students was not found among those who had not been victims of bullying[5].

The importance of minority stress as a major causative factor for the mental health disparities of LGB adolescents has, however, been raised in recent years, particularly in light of results from socially progressive nations, and should be highlighted. According to twin studies conducted in adult populations, higher levels of depression, as well as neuroticism and psychoticism, were shown to be strongly linked with certain genetic factors. A study by Donahue and colleagues in Sweden discovered that although adolescents who identify as sexual minorities suffer greater levels of victimization and violence than their heterosexual classmates, their twins who identify as non-sexual minorities experience similar levels of victimization.

This led to the conclusion that, in this group, family characteristics (genetic or environmental) may be a contributing factor to poor psychological adjustment. In fact, a Rothblum and Factor American research of adult women found that openly lesbian women had much higher self-esteem than their heterosexual counterparts, according to the findings. Genetic and twin investigations, on the other hand, are still out of reach for the present study team.

Gender Disparities Among Sexual Minority Populations the State of One's Mental Health Not only do mental health indicators differ across people based on their sexual orientation, but gender also plays a significant impact. The intersectionality paradigm offers a useful viewpoint on the interaction of sexuality and gender that is worth considering. According to this perspective, all people are classified into a variety of social categories that are linked and complicated, with each category including a degree of oppression and influence. Because women continue to suffer discrimination and hurdles that men do not experience, and because bisexual people seem to face greater problems than lesbians and gay men, it should come as no surprise to learn that there are bisexual young women in our society[6].

According to research, bisexual female adolescents and bisexual young women are disproportionately at risk for negative outcomes such as increased substance use, depression, poor self-esteem, suicidal ideation, physical assault, and the use and sale of illegal substances as compared to other young women. As a result, at the current time, women who are both sexually attracted to males and women who are attracted to both men and women may suffer a number of disadvantages that other sexual minorities do not usually encounter. According to the idea of minority stress, in a male-dominated society, both sex-attracted women suffer difficulties as women, but they may also be considered a "invisible" category within the sexual minority culture, which is related to the theory of minority stress. Studies on this connection in the bisexual male population are less precise, however research into suicidal behaviour, which distinguishes between homosexual men and bisexual men, indicates that bisexual males are at a higher risk of suicide when compared to the gay community[7].

2. DISCUSSION

The Internet is an integral element of the life of the majority of young people. According to a recent research conducted with more than 25,000 youngsters aged 9 to 16 from 25 European nations, 93 percent of the participants used the internet at least once each week. For many young individuals, the Internet offers possibilities that they would not otherwise have access to in "real life." Because it provides an opportunity for sexual self-exploration in a relatively safe environment where it is possible to remain anonymous and where communication may be easier than in a face-to-face meeting, the Internet has been shown to be a particularly effective tool for addressing sensitive issues among sexual minority youth. According to the findings of a study conducted with same-sex attracted youth aged 14 to 21, they use the Internet to practice their sexual orientation, to find same-sex friendships or intimacy, to disclose their sexual orientation, to inform themselves about same-sex sexuality, to practice sex online, and to learn about and experience themselves as members of the gay community[8].

Youth who identify as sexual minorities may grow up in a setting of "compulsory heterosexuality," which may be a lonely and stressful experience, and they may see the Internet as a "lifeline" in this situation. Therefore, it is conceivable that sexual minority kids utilize the Internet in riskier and possibly dangerous ways than heterosexual adolescents as a result of this phenomenon. Those who have met someone online, for example, may be more willing to meet them face to face since there may be few other opportunities to meet other sexual minorities for friendship, sexual or romantic connections in "real life," as opposed to those who have met someone online. Relationships between teenage boys and adult men were found in one-quarter of the crimes

analyzed in a study on Internet-related sex crimes involving youth victims, and it was concluded that gay or questioning boys who use the Internet to find contacts or information about their sexual orientation may be vulnerable to adult men who seek to initiate sexual relationships. So far, there has been little investigation on the Internet-related victimization of sexual minorities among young people.

There is some evidence that young people from sexual minorities are more likely than heterosexual adolescents to engage in hazardous sexual behaviour. Men in a Swedish LGB-organization, for example, claimed having had sexual intercourse before the age of 14, while men in a population-based sample of 18-year-old high school students reported having had sexual intercourse before the age of 14 reported having done so. 7.2 percent of the LGB-sample admitted to selling sex at least once (3.9 percent admitted to doing so while they were less than 18 years old), compared to 1.5 percent of students in the high school sample, according to the same research. In previous study, it was shown that sexual minorities experienced poorer psychological well-being than their heterosexual peers, even after controlling for childhood victimization. In previous studies, it was shown that online and offline victimization were often coupled in the case of adolescents in general. Recent meta-analysis revealed that sexual minority children were on average more likely to suffer sexual abuse (OR 3.9), physical abuse at the hands of their parents (OR 2.3), peer assault at school (OR 2.7), or to skip school due to fear of being sexually abused (OR 3.9). (OR 3.9). Furthermore, even after controlling for childhood victimization, sexual minority adolescents reported greater rates of mental health issues such as severe depression, anxiety disorders, alcohol dependency, illicit substance use, or suicide attempts[9].

However, whereas prior study has focused mostly on the health consequences of child sexual abuse for victims of other races, there has been less investigation into the health consequences of child sexual abuse for sexual minorities. The notion of a feeling of coherence may be useful in furthering our understanding of the relationship between victimization and physical health. A sense of coherence is a global orientation to life that is comprised of three components: comprehensibility (understanding of situations and stimuli as structured, predictable, and explicable), manageability (belief that the resources required to meet demands are available), and meaningfulness (understanding of situations and stimuli as having meaning and significance) (feeling that life makes sense and that demands are challenges, worthy of investment and engagement).

It is anticipated that having a high sense of coherence would be associated with being able to cope well with stressful circumstances. Following the correction for socio-demographic factors, family structure, and parental attachment, prior study found that sexual abuse was significantly associated with a poor sense of coherence among male and female adolescents. To our knowledge, no prior study has been conducted on the feeling of coherence experienced by sexual minority adolescents. Many sexual-minority youths may find it difficult to develop a strong sense of coherence, particularly if they lack role models who are of the same sexual orientation as themselves, live in a heteronormative environment, are not open about their sexual orientation, or have received negative reactions to their sexual orientation.

When working with sexual minority kids, it is possible that health care professionals are unaware of the child's sexual orientation. When asked about their health care preferences, some sexual minorities stated that their sexual orientation is not a medical issue and that clinicians should concentrate solely on the presenting physical concern, while others stated that a clinician who was informed about their sexual orientation could provide better care. In addition, the vast majority of sexually abused teenagers come out with their abuse, frequently to a peer their own age but seldom to a professional. When disclosure happens in a supportive environment, the impact on the victims and their rehabilitation may be anticipated to be positive; but, when the reaction to the disclosure is negative, there may be societal costs and even negative consequences of disclosure. According to the findings of a review, research on sexual trauma disclosure that takes into account differences such as non-heterosexual orientation is limited[10].

3. CONCLUSION

The current study is the first recorded population study of the mental health of sexual minority young people to evaluate levels of anger, which is a major emotion among this group, in this age range. As a whole, young people who were attracted to the same sex as they were and who were attracted to both sexes reported greater levels of irritation, sad mood, and felt stress than their other-sex-attracted peers. Young women who were attracted to both sexes had a disproportionately high risk of poor mental health. Despite the fact that Iceland

is considered to be progressive and that sexual minorities are welcomed, this finding is consistent with prior research and indicates that further research is needed. As earlier research has indicated, gender has played a significant role in the connection between sexual orientation trends and mental well-being, particularly among young people. Individuals who identify as members of the sexual minority should not be regarded as a homogenous group, but rather as separate groups that experience a variety of difficulties and may depend on a variety of coping strategies, as shown by the present results.

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