

# A Study To Assess The Effectiveness Of Structured Teaching Programme On Stress & Coping Strategies To Reduce Psychosocial Stress Among Sexual Minorities From Sexual Minorities Rights Organisation In Bangalore

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## ABSTRACT

Sexual minorities do have a higher perceived stress level and altered coping behavior but incidence can be lowered by proper assessment, education and good referral system. A study was undertaken to assess the effectiveness of structure teaching program on stress and coping strategies to reduce psychosocial stress among sexual minorities at Sangama Sexual minorities rights organization Bangalore. **Objectives of the study** were to assess pre and post Interventional stress level and coping strategies among study participants and to identify the difference and association between pre & post interventional program with selected socio demographic variables. **Methods:** One group pre test-post test design with quantitative approach was used. 60 sexual minorities were selected using simple random sampling method. Data was collected through Perceived stress scale & Brief cope scale. **Results** of study revealed that in pre test (91%) of samples had moderate level of stress, (8.3%) had high level of stress and (100%) low level coping whereas in post test (76.7%) had low level of stress and (23.3%) had moderate stress level and (86.7%) had moderate level of coping, (13.3%) had low level of coping. Effectiveness of Planned Teaching Program was assessed using paired t - test which revealed that there was significant decrease in level of stress and improvement in their coping strategies at 0.05 level of significance. The association between post test stress levels with selected demographic variables was not significant, except age and marital status. The study findings depicts that structured teaching program on stress and coping strategies is an effective mode to reduce stress and in improving coping strategies among sexual minorities.

**Key words:** Sexual minorities, LGBT, Perceived Stress, Effectiveness, Coping strategies, structure teaching program.

## INTRODUCTION

*“Health is not mainly an issue of doctors, nurses, hospitals and social services; it is an issue of social justice”*

Sexuality is a complex human characteristic that refers not just to genital sex but to all the aspects of being male or female including feelings, attitudes, beliefs

and behaviors’. Like all human behavior, sexual orientation is a dynamic life long process of growth.

Approximately 10 percent of the population engages in homosexuality for others 20 percent to 40 percent sexual choice could either be male or female. Even though there are no universal values about

sexuality individuals do experience some common sexual desires. Human needs related to sexuality are tenderness, intimacy, sensuality, attachment, caring, procreating & attainment of good mental and physical health. Individuals get confounded from society as divergent from the normal variant change in the society. Some of them take leadership whereas; others need support from their fellow beings. These variants reflect the problem of society. Disharmony in society produces people who are emotionally devastated and socially abandoned. [1]

Sexual orientation refers to an individual's over all sexual responsiveness to men, women or both. Once established sexual orientation is usually but not always constant throughout life. Approximately 4 to 6 percent of men & 2 to 3 percent of women are exclusively homosexuals. [2] Scientific research has played a crucial role in the history of the Psychology of sexual orientation. The social changes over the past 30 years have brought in new scientific understanding of same sex sexual orientation, which have increased opportunities of same sex behavior and the stigma surrounding sexual minorities made it difficult to study such population. [3]

Sexual minorities such as lesbians, transgender, hijras, gays, bisexuals are been discriminated against due to their sexual orientation and gender identity into the realm of public discourse and link it to gender human rights and developments issues in India and other countries. Even though sexual minorities existed for many centuries they face many barriers and problems related to mental health. Since they have no space found in society it makes it impossible for them to avail, employment opportunities, education, housing, health facilities, marriage rights, vote identity these factors causes' psychosocial distress among sexual minorities. According to WHO sexual health integration of somatic, emotional, intellectual and social aspects of sexual being, in that are positively enriching

and that enhance personality, communication and love. [4]

To be successful in assessing and providing care, nurses need to value sexuality as a critical element of health and well being in general and be skillful in using conversation to identify and meet problems related to sexual self concept, body image and sexual identity. There by sexuality should be a concern in professional nursing care, because sexuality permeates an individual life both in illness and health.

#### **Need for the study**

As every year December 10<sup>th</sup> is observed to be a Human Rights Day all over the world. Despite the fact that human rights are guaranteed for every human being irrespective of their class, caste, religion, gender, sexuality, race, language, nationality, ethnicity or political beliefs, where as sexual minorities rights are bluntly violated everywhere in India, Lesbians, Gays, bisexuals, had always existed in all cultures at all times and we can find their mention in many religious and non religious art, literature and history including Rig Veda. Brihat Jalaka, Kama sutra, Arthashastra, Manusmiriti, Ramayana and sculptures of Kajuraho and Konarak. Our society views only hetero sexuality as normal non acceptance of sexual minorities makes it painful for lesbians, gays, bisexuals to accept their own, sexuality and makes them feel guilty shameful and isolated and they never attained social approval in any section of the Indian population. Hence they are pushed to live on the margins and where not given any space for them to live in the society. A study reported that 12 percent of unmarried men and 8% of married men reported that their first sexual experience was with another man, and most of them had it before they were 20 years of age. [5]

A study on suicidal behavior and gay related stress among gay and bisexual male adolescents was conducted in a community which reported attempted suicide about 39 percent of consecutive series of 138 self identified gay and bisexual males, ages 14 through 19 years in New York City gay

related stressors were significantly more common among suicide attempters. These findings imply that gay youths are at increased risk for attempting suicide, there by community based agencies need to enhance their awareness & actively seek to reduce gay related stress. [6] Another study on self esteem and supportiveness as predictors of emotional distress in a sample of 90 self identified urban gay male and lesbian youth experience isolation, self hatredness and other emotional stressors related to harassment and abuse from peers and adults leading to risk factors associated with alcohol, substance abuse, running away, educational problems indicated high levels of stressors. [7]

An investigation that had rated the suicide in samples of heterosexual verses the sexual minorities showed that 30% of the sexual minority group who responded to the question addressing past suicide attempts, that they had attempted suicide at least once and there was a statistically significant elevation in present suicide rates, depression and hopelessness. But these differences may be due to stress from social support and coping through acceptance. However, when controlling for other Psychosocial predators of present distress, significant differences between the two samples disappeared. [8] Young and middle aged adults who identified themselves as bisexuals had deepest feelings of anxiety, depression and negativity, [9] environmental factors associated with sexual orientation can be changed through interventional efforts. Due to rejection isolation, non acceptance and discrimination of sexual minorities from society causes significant stress which is concealed among sexual minorities. [10]

This motivated the investigator to select sexual minorities as a study participants and to provide health care justice to the affected individuals and orientation to what is known and not known about sexual minorities distress in order to reduce the prevailing distress investigator introduced teaching program on stress and coping strategies to

these sensitive and isolated groups and also assumed that the study can provide an insight on the importance of reducing the level of stress and improving their coping styles.

## **MATERIALS AND METHODS**

**Research approach** adopted was an evaluative approach.

**Research design** used for the study was one pretest post design. Study was conducted at Sangama sexual minority's rights organization Bangalore.

**Variables under study** were structured teaching program on stress & coping strategies as the independent variable and dependent variable (DV) was psychosocial stress among sexual minorities

**Target population** was Sexual minorities who had enrolled in sexual minority's rights organization Shivajinagar, Bangalore.

**Accessible population** refers to the Sexual minorities who are enrolled in sexual minority's rights organization, who fulfilled the inclusion criteria and was available during the period of study.

**Sample and size** consisted of 60 sexual minorities who were in age group of between 15-35 years from Sangama sexual minorities' rights organization at Bangalore Samples were selected by using Simple random sampling through lottery method.

**Sampling Criteria included** Sexual minorities who were enrolled in sexual minorities' rights organization and who were willing between the age group of 15 to 35 years to co-operate in study. Who could understand and communicate in Kannada & English.

**Data collection techniques used by the investigator were** standardized **Perceived stress scale & Brief Cope Scale** for data collection and structured questionnaires for demographic variables

**Description of the tool**

**Section A: Socio Demographic Data** consisting of 22 items.

**Section B: Consists of perceived stress & brief coping scales.**

**The Brief cope scale consisted of 20 items divided into 9 aspects** were use of instrumental social support, active coping denial religious coping use of emotional social support substance use acceptance suppression of competing activities and focus on venting of emotions. Coping level has been divided into 3 categories

Low ( $\leq 50$ percent),	If the score on the scale is 2
Moderate (51-75 percent)	If the score on the scale is 3
High ( $\geq 75$ percent) score	If the score on the scale is 4

The perceived stress scale consisted of 10 items divided into 3 aspects of stress full events in life. Daily hassles, major events and changes in coping resources. The stress level has been divided into 3 categories.

Low ( $\leq 50$ percent),	If the score on the scale is 2
Moderate (51-75 percent)	If the score on the scale is 3
High ( $\geq 75$ percent) score	If the score on the scale is 4

### Data Collection Method

A formal written permission was obtained from Co-coordinator sexual minorities' rights organization Shivajinagar, Bangalore. The data collection was done within a given period form 3<sup>rd</sup> Sept to 3<sup>rd</sup> Oct 2007 from Sexual Minorities of sexual minorities' rights organization who had fulfilled the inclusion criteria. After brief introduction of self and study investigator obtained consent of the participant and confidentiality was maintained during the data collection.

The participants were given pre-test and approximately 30 to 40 minutes were spent for the collecting the complete data. After that STP was administrated in their local language and the section took 45 minutes. After an interval of seven days, a post test was conducted for the sample using same structured questionnaire schedule for evaluating the effectiveness of STP.

**Ethical Clearance:** Was obtained from the research ethical committee of Sangama sexual minority rights organization was taken before starting the study. Anonymity of the subjects and confidentiality of was maintained. It was ensured that the study would not affect the participants in any way.

**Statistical Analysis:** Data was analyzed and interpreted by employing descriptive and inferential statistics. SPSS version 16.0 was

used to analyze the data. P value  $\leq 0.05$  was considered as significant.

## RESULTS

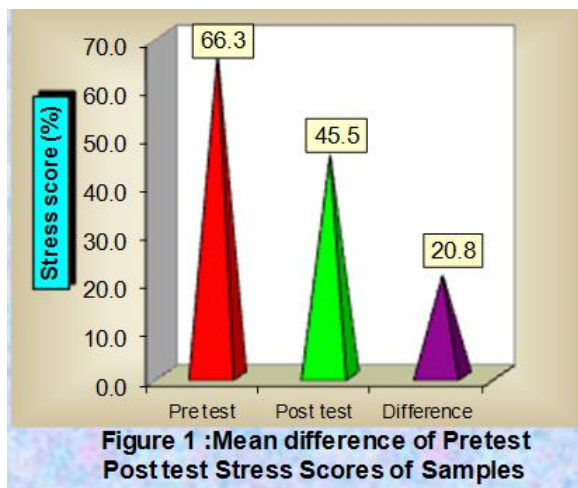
**The findings revealed that the subjects for the structure teaching program on stress and coping strategies are as follows.**

### Section A: Demographic Characteristics

This section described the characteristics of the sample. The sample consisted of 60 sexual minorities registered in Sangama sexual minorities' organization at Bangalore. Frequency and percentage were computed for describing the sample characteristic. The data represented that (40%) of samples belonged to the age group 24-28 years while 30% from age groups were between 18-23 years and 29-36 years. 51.7% of samples belong to female group while 48.3% from male group. Majority (61.7%) were single, 20% were married, 15% of the samples were separated and only 3.3 percent were divorced. Higher proportion of sexual minorities, 46.7 % were studied up to high school, 21.7 % were illiterate, 16.7% were in PUC, 15% were having secondary qualification. Majority of the samples 56.7% were self employed, 25% were in private occupation, 18.3% choose Business as their occupation. It is observed that 65% of the samples Birth order one, and 35 percent were in the birth order 2. It is observed that 51.7% were having two siblings, 33.3% were having one sibling, 8.3% were not having siblings and 6.7% were having 3 siblings. Majority of the subjects 70% were with the same sex sexual preference and 30% with the both sex sexual preference. It is observed that 71.7% were not seeking support from paramedical professionals and only 28.3% were seeking support from paramedical professionals. It was found that 100% of the subjects were not having any composition in the family. Majority of the subjects' 33.3 % present stay was with the association, 31.7% present stay was among friends, 26.7% were living with family. Majority of samples 28.3% were (1-2years) away from, 26.7%



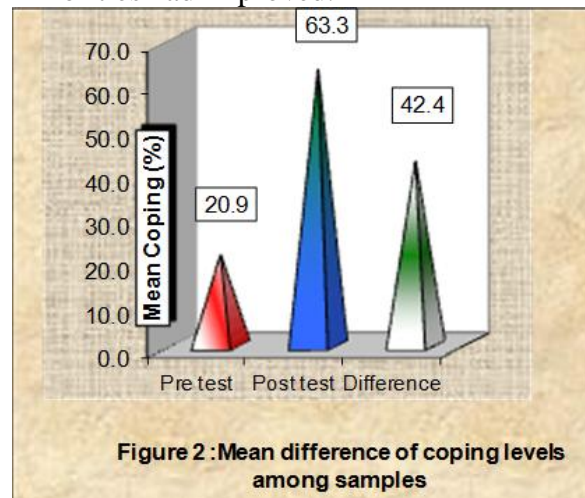
(3-4 years) away from family and 18.3% were (5-7years) away from family..Majority of the subjects 31.7% involved in cultured activities and 13.3% in sports. Majority of the subjects 16.7% were performing exercise and only 5% practicing yoga. Out of 60 samples 41 percent were spending time in watching movies, and only 9% spent time in music. 57% involved in use of Cigar, 28.3% involved in Tobacco use, 21.7% involved in Alcoholism, 15% involved in Pan use. Majority of samples 70% were satisfied with the background of association and 30 percent were not satisfied with the background of association.



The above figure 1 illustrates the assessment of perceived stress level during the pre and post test was about (9 1.7%) had moderate level of stress during pre test, 8.3% had high level of stress which is measured by chi square value of 5.991 with the significant level at 5%. Majority of samples 76.7% had low level of stress and 23.3% had moderate level of stress. It was measured by  $\chi^2$  value of 75.36 which is significant at 5% level.

Figure 2 depicts the assessment of coping level during the pre and post test was about (100 %) had low coping level during the pre test with the  $\chi^2$  value of 91.76 at a significance of 5% level. This showed that the stress level was at moderate level and very less coping among the study participants. Majority of samples 86.7 percent had moderate level of coping and

only 13.3 percent had low level of coping, after administering STP the coping of sexual minorities had improved.



Association of selected variables with pre and post test stress level. Finding of association between pretest stress level and selected demographic variables revealed that only marital status had a significant association at 5% level with a F. Value of 6.46 were  $F(0.05, 57, 2) = 3.160$  others such as Age, Sex, Qualification, Occupation, Family Income, Type of Family and Religion, had no significant association with stress level. Findings of association between post test stress level and selected demographic variables reveals that only Age with F – value 4.69 and marital status with F- value 3.17 had significant association at 5% level of  $F(0.05, 57.2) = 3.160$  with stress level others selected variables such as sex, qualification, occupation, family income, type of family and religion had no significant association with stress level.

Association of selected demographic variables with pre and post test level of coping Findings of association between post test stress level and selected demographic variables reveals that only Age with F – value 4.69 and marital status with F- value 3.17 had significant association at 5% level of  $F(0.05, 57.2) = 3.160$  with stress level others selected variables such as sex, qualification, occupation, family income, type of family and religion had no significant association with stress level. Findings of association between post test coping level and selected demographic

variables reveals that only Age, has a significant association with post test coping level with F value of 3.18 at 5% level and F .Other selected demographic variables such as sex, qualification, occupation, marital status type of family, and religion has no significant association with post test coping level.

**Analysis of effectiveness of structured teaching program in terms of decreased stress level and improved coping.** The mean post test stress level 45.5 percent was apparently lower than their mean pretest stress level 66.3 percent and the mean post test coping level 63.3% percent was apparently higher than their mean pre test coping level 20.9 percent. This suggested that the stress level decreased after structured teaching program due to improvement in coping strategies which shows that STP was highly effective in reducing the Psychosocial stress level among sexual minorities. The mean difference between the post test and pretest stress level of sexual minorities was found to be (18.73,  $P < 0.05$ ). This confirms that structured teaching program is an effective strategy. Hence hypothesis  $H_1$  and  $H_2$  was accepted.

## CONCLUSION

To summarize, since sexual minorities are alienated from society, as a health care professionals we need to focus on the weaker community without any discrimination as health is universal. From the current study it was been noticed that the perceived stress level of sexual minorities were high during the pre test stage, where as the stress level decreased during post test stage. Coping level of sexual minorities were low in pretest stage, where as the stress level decreased during post test stage. This showed that structured teaching program was an effective mode in improving the coping level and also to reduce psychosocial stress among sexual minorities.

**Nursing implication** The findings of study have implications on the field of nursing

education, nursing practice, nursing research and nursing administration. In nursing education, nursing curriculum equips the students with the essential knowledge, skills and attitude to fulfill their duties and responsibilities during the upcoming professional life. Nursing curriculum is a measure for motivating the students “to hunt for the knowledge”. Information regarding sexual minorities and their health care needs and seminar should be conducted as a part of nursing education. It helps the health personnel to enhance the knowledge, information and better improvement of practices and skills in the field of psychology and sexual minorities care and services. The results of the study enables the sexual minorities to cope themselves to overcome stress and to ventilate there feeling with health care professionals. The proper dissemination of information on sexual minorities is essential to help them to develop correct and healthy attitude towards mental stability.

**Nursing practice** The nurse have to make use of stress and coping scales to assess sexual minorities stress level and give more services to the weaker community.

**Nursing research:** The investigator found scarcity in literature and research conducted among sexual minorities, from this the investigator felt the need for nursing research in the areas of identification of sexual minorities and their conditions, to improve the coping and to reduce psychosocial stress among them. Research should be concluded to assess the stress and coping level of sexual minorities and take measures in order to reduce psychosocial stress among them.

**Nursing administration:** Study revealed that sexual minorities are existing and are focused in society but are considered to be the weaker and neglected community. Hence need to provide care and services to bring in social justice among sexual minorities.

**Limitations:** The study had the following limitations, minimal numbers of samples were included in the study hence the

generalization of findings are limited. The study was limited to only 60 samples due to unavailability of the samples.

**Recommendations:** A similar study can be undertaken with a large sample sizes for wider population and study may be designed to explore the stress and coping levels of sexual minorities. A comparative study can be done in selecting two different categories such as heterosexual's verses homosexuals and follow up of structured teaching program can be carried out to find the effectiveness stress and coping strategies.

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