THE UNIVERSITY *of York*

The Department of Health Sciences

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Contents

1 Summary Details

Table I: Summary of the proposal.

Proposal	
Title	Exploring impact of home-based parental educational intervention on psychological well-being of homosexual youth
Start Date	1 May 2020
Duration of award	3 years
Funding Request (GBP)	457000
University of York, United Kingdom	
Name	Department of Health Sciences, University of York, United Kindgom.
Description	The University of York is one of the foremost Universities in the UK and a member of the Russell Group of leading UK Universities. It has an outstanding record of research, teaching, and training across a full range of disciplines. The Department of Health Sciences includes over 280 academics, teachers, researchers and support staff engaged in delivering research, professional development, education and training. Our core aim is excellence in research and teaching, while contributing to improving health and healthcare through the application of our research to policy and practice.
Address	University of York, Heslington, York YO10 5DD, United Kingdom

2 Summary

Research on psychological well-being of homosexual youth (HY) has widely acknowledged the positive effect of parental support on the youth's physical, mental, emotional, social and financial well-being (Parra et al., 2018; D'amico et al., 2015; Katz-Wise et al., 2016; McConnell et al., 2016). Existing evidence confirms that parental acceptance is associated with improved quality of life, decreased anxiety, suicide ideation, internalization of homophobia, substance abuse and other self-harm behaviors among HY (Snapp et al., 2015; Katz-Wise et al., 2016; Mills-Koonce et al., 2018; Huebner et al., 2019; Ryan et al., 2010; Waldner and Magruder, 1999; D'amico et al., 2015). In contrast, parental rejection adversely impacts the psychological well-being of homosexual youth (PWBHY)(Braga et al., 2017; Parra et al., 2018; Willoughby et al., 2008; McConnell et al., 2016; Bouris et al., 2010; Grossman et al., 2019; Mills-Koonce et al., 2018). Therefore, it is essential that interventions aimed at enhancing the psychological well-being of homosexual youth, indicated by, subjective happiness, life satisfaction and depression (Ryff and Keyes, 1995), actively involve parents. To this end, the current study attempts to assess the efficacy of an educational intervention aimed at parents of homosexual youth in improving the latter's psychological well-being. An 8-week long, twice-a-week, home-based virtual educational intervention aimed at parents who disapprove of their child's sexual orientation post-disclosure is proposed. Three validated metrices are used as the primary outcome measures: attitude of parents towards homosexuality (Ahuja, 2017), child's perception of parental attitude toward them (Kwiatkowski, 2010) and psychological well-being of homosexual youth (Ryff and Keyes, 1995). It is hypothesized that educational intervention positively shifts parental attitude towards homosexuality, indirectly improves the youth's perception of parental attitude towards them and cumulatively enhances their psychological well-being.

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3 Health Challenge/Issue

Psychological well-being of homosexual youth is significantly impacted by parental support. Particularly in a traditional society such as India, parental support depends considerably on the existing culture and societal values and the struggle for self-acceptance is often intertwined with family's social respect. In such a situation disclosing identity to parents can be an intensely stressful life event (Amala et al., 2019; Ahuja, 2017; Ahuja et al., 2018; Subhrajit, 2014) further impairing the PWBHY (Rozatkar and Gupta, 2018; Sharma and Subramanyam, 2020). Therefore, it is vital that efforts are made to educate parents and raise their awareness about homosexuality so as to minimise the damage to PWBHY.

Social subordination and exclusion of HY has undesirable economic and health care repercussions. Discrimination against HY directly results in economic inefficiencies, diminished productivity (Dagenais-Desmarais and Savoie, 2012), unemployment, increased poverty and poor education opportunities (Badgett, 2014). According to a preliminary study by World Bank on LGBT (Lesbian, Gay, Bisexual and Transgender) people in India, the approximate economic cost of homophobia in India is about 1.7% of the Gross Domestic Product (Badgett, 2014). Furthermore, in 2012, the highest estimate of health cost of homophobia was 23.1 billion dollar due to HIV, depression and suicide (ibid).

Given the intricate role the society and culture play in the PWBHY in India and the paucity of research in the field (Rao and Jacob, 2012), there is a sociological and public health case to investigate it. This would potentially help in identifying culturally-applicable and contextually-feasible strategies to mitigate the psychological distress HY undergo in India. To this end, the proposed study focuses on the psychological well-being of those homosexual youth whose parents disapprove of their sexual orientation and attempts to enhance it through parental education intervention.

3.1 Inclusion Criteria

- Children belong to the age group of 23-30 years.

- Children and families based in New Delhi.

- English and Hindi understanding by parents.

- Both parents should be willing to participate.

3.2 Exclusion criteria

- Bisexual people. Homosexual youth in pre-disclosure phase.

- Parents with severe chronic health conditions or cognitive impairment.

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4 Local Context

Indian Supreme Court legalized homosexuality in 2018 but the profoundly complex social, cultural and religious environment around homosexuality in the country continues to dictate homosexual youth's decision to disclose their identity to parents (Rozatkar and Gupta, 2018). Enormous pressure to conform to the heteronormative convention whilst denying the most crucial aspect of self-identity can take a huge toll on their psychological well-being (Rozatkar and Gupta, 2018; Jacob, 2015). High degree of ignorance, hostility, abuse and insensitivity towards homosexual people in the country (Ahuja, 2017; Ahuja et al., 2018; Misra, 2009) further complicates the situation. Moreover, according to World Values Survey 2014, 24% of Indians consider homosexuality as unjustifiable and violence, hatred and abuse against homosexual youth and their families is quite pervasive(Jacob, 2015). In fact, a 2016 Youth Survey shows that 6 in 10 youth view homosexuality as wrong (Amala et al., 2019). The discrepancy between the legal and societal status of homosexual people in India is readily evident, and could also be indicative of lack of political support beyond legalization, particularly related to protection and safeguard of rights of homosexual people. In conclusion thus, the existing social and cultural climate on homosexuality in India is in an early state of evolution and quite contrary to as expected by law, endangering psychological well-being of homosexual youth.

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5 Solution

Several studies have demonstrated the efficacy of educational interventions in improving the general populace' attitude towards homosexual people(Emfinger, 2012; Ahuja et al., 2018; Newcomb et al., 2019). The unit of analysis in these studies has commonly been youth, community members (Ahuja et al., 2018) and family (Bouris et al., 2010; Huebner et al., 2013; Snapp et al., 2015). However, as per researcher's knowledge, no study has focused specifically on disapproving parents of HY. Active involvement of directly affected parents is crucial for it allows awareness creation where it is most required and also presents an ideal situation to assess the efficacy of the intervention. Also the evidence regarding effectiveness of counselling for HY and their family in reducing stress, anxiety and fostering acceptance is well-documented (Cramer, 1986; Coenen, 1998), but unique cultural taboos against psychological counselling in India could impede in achieving similar results (Gautam and Jain, 2010; Kishore et al., 2011).

Taking cognizance of the existing gap and unique contextual challenges presented by India, an 8-week long, twice-a-week, home-based virtual educational intervention program targetted at disapproving parents of HY is proposed. The mobile-phone based framework is adopted to ensure maximum participation of parents and ease of delivery of intervention. Choice of the virtual framework is also guided by the ethical responsibility to ensure anonymity and confidentiality to the participants and pre-empt any identity disclosure to the wider public which could be detrimental to the participants.

The intervention consists of 8 pairs of video and discussion packages; a pair is released every week to the parents on their mobile-phones. The video is a 30-minute session by speakers from diverse fields (Fig. 1.). These sessions are based on the modality and coherence principles which emphasize speech and use of visual elements for knowledge transfer. The discussion package is mainly a platform for a 45 minute online discussion (audio/video) related to the video of the week and attempts to gain preliminary insight about the understanding acquired by the participants. It is designed as a tool used to gain information about the challenges faced by parents and to answer their questions, resolve confusions and social apprehensions. A gap of two days is provided between the video and discussion sessions to allow participants time for reflection on the video content. In-build online training is provided to parents before the starting of the intervention. The solution is novel in that it recognizes the need to focus on disapproving parents to improve the well-being of HY, emphasizes the collective role of several actors in raising awareness about homosexuality and exploits an accessible platform to transfer information in a culturally-sensitive environment.
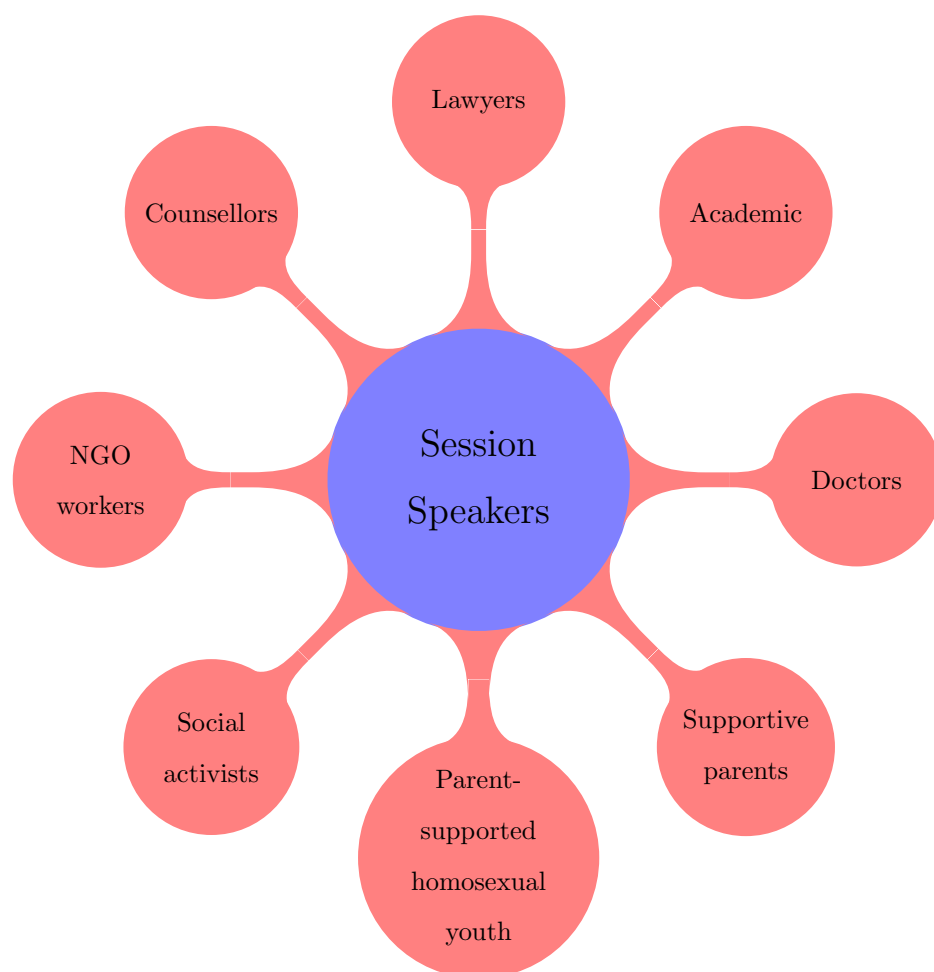
Figure 1: Diagram showing type of speakers for the video sessions.

6 Plan

6.1 Organization

The intervention is carried out in collaboration with Harmless Hugs, an organization that focuses on community building for LGBT people in India. The organization has more than 7500 members across India and actively organizes sessions, meetings, discussion forums to spread awareness about the LGBT rights in India.

6.2 Recruitment

Harmless Hugs is a close-knit LGBT organization and the members can be expected to possess a certain degree of familiarity regarding the personal struggles of the other member(s). Hence, purposive, non-probabilistic snowball sampling is used to identify subjects for the study. Each subject is briefly explained about the research before suggestion of the subsequent potential subject could be made. A total of 30 subjects are identified. Detail explanation of the research objectives and methods is provided to the identified subjects through a letter. It also encloses an invite for parents' participation and consent form. A time window of 3 weeks is provided to identified subjects during which response on final participation as parent-child dyad is solicited.

Identification of 30 youths is based on the assumption that one-third of them would be able to provide the required 10 parent-child dyads. If more than 10 parent-child dyads are obtained, decision will be taken based on time taken for response; small response time is assumed to be associated with greater willingness of parents to participate, a proxy for less degree of parental disapproval. The aim is to identify parent-child dyads with highest requirement for the intervention so that the efficacy of the intervention could be measured appropriately. Voluntary termination from the study is permissible.

6.3 Resource requirement

A full-time driver and 10-seater vehicle for the research team. Minor stationery items.

6.4 Planned activities

- Meeting with potential session speakers to explain the context and objective of the research. Intention to participate is solicited in the meeting following which video shooting commences.

- Development of mobile phone based virtual-framework for delivery of intervention.

- With a functional virtual framework, meeting with the Harmless Hugs organization is arranged. The team at the organization is briefed about the project and mutually agreeable protocols are established.

6.5   Task responsibilities during intervention

- Continuous monitoring of the participation of parents in the weekly sessions. Any concern/grievance experienced by participants/children during the intervention is duly addressed.

- Weekly focused group discussion is organized two-days after the video session.

6.6   Milestones

6.6.1   Sampling

- Identification of 10 parent-child dyads.

6.6.2   Baseline measurement

- Attitude of parents towards homosexuality using Attitude Towards Homosexuality Scale for Indians (AHSI) (Ahuja, 2017).

- Perception of HY about their parents' attitude towards them using Parental Attitude Scale (Kwiatkowski, 2010).

- Psychological well-being of youth given by (Ryff and Keyes, 1995).

6.6.3   Intervention phase

- Weekly administering of videos.

- Weekly online focused group discussions.

- Process measures and balance measures operate in the background.

6.6.4   Immediate post-intervention phase

- Post-intervention measurement.

- Parents and youth interviews seeking feedback on intervention and personal experience.

6.6.5   Data Handling

Following steps undertaken in given order:

- Data assimilation.

- Data pre-processing, cleaning, coding.

- Data Analysis.

- Documentation of findings.

6.6.6   Post-intervention phase

- Bi-annual youth psychological well-being and their perception of parental attitude measured for two years.

6.6.7   Post two-year follow-up

- Interview with parents and children after two years.

- Integration of findings with previous documentation.

- Dissemination of findings. (Section 10.)

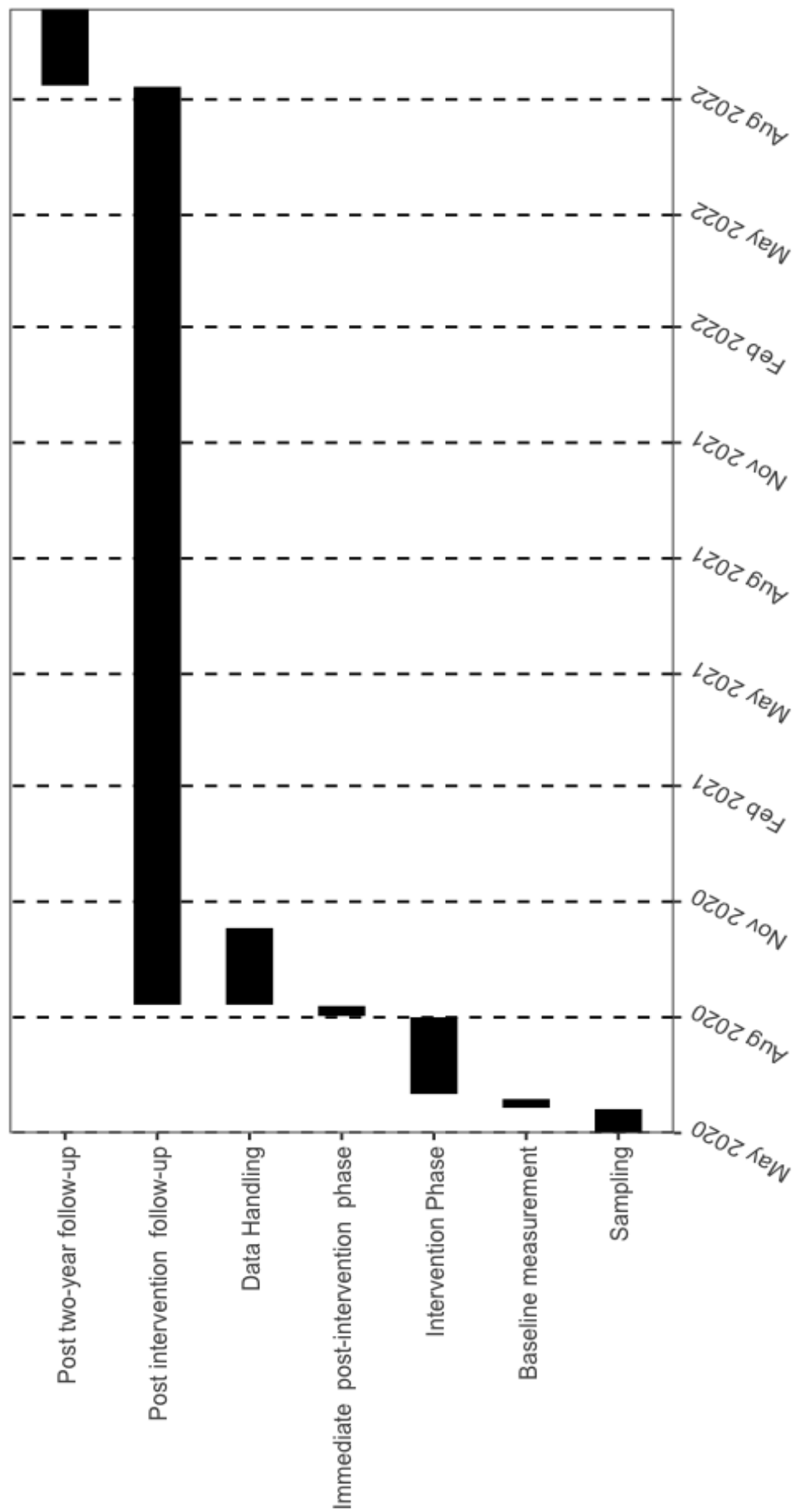Fig. 2 shows the timeline of the project.

(499/500).

Figure 2: Project Timeline.

7 Impact and Project Sustainability

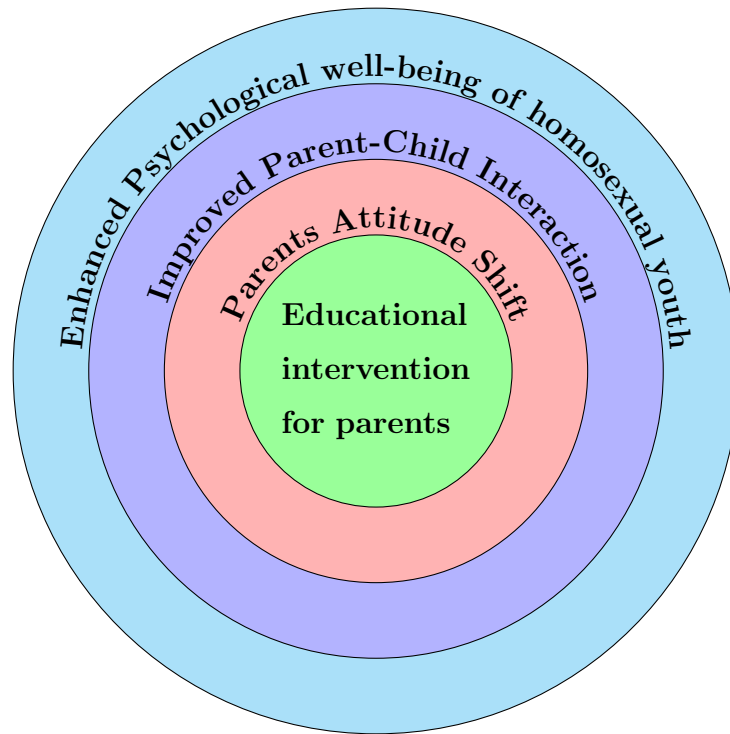Fig. 3 describes the expected impact of the project.

Figure 3: Diagram showing the impact of project. Intervention is at the center of the figure and its effect represented by surrounding circles arranged in order of precedence. The second circle denotes the immediate level impact, the third denotes the intermediate level impact and the fourth circle denotes the individual level impact.

Following intervention, enhanced awareness of homosexuality and positive attitudinal shift among disapproving parents is anticipated - **immediate impact/direct impact**. The enhanced awareness would potentially weaken the impact of stress-producing event in the family - disapproval with the disclosed homosexual identity, facilitating a more empathetic stance towards the child, ultimately uplifting their PWB as demonstrated by the ABC-X model of the Family Stress Theory (Duvall, 1950; Hill, 1958). In fact, Minority Stress Theory confirms that the mental and behavioural health of HY improves significantly with enhanced family support (Katz-Wise et al., 2016; Snapp et al., 2015). Moreover, Sexual Identity Development Model shows that parental

acceptance is associated with a reduction in internalized stress among HY contributing to development of a positive self-concept (D'amico et al., 2015). This cumulative and indirect impact of parental intervention on the PWBHY is referred to as the - **individual level impact/micro-level impact**. The immediate and individual level impact could facilitate culture of empathy and unconditional acceptance of homosexual youth in the immediate surrounding of the participating families – **mezzo-level impact**.

To ensure sustainability of the project, it is decided that the video-packages and the documentary based on the interviews of parents and children will be released online (YouTube, Facebook, Twitter) free-of-cost to the wider public and will also be shared with organizations working in the field of Gender and Minority Rights in India. Evidence of the effectiveness of such measure to sustain awareness is found in a 2013 pilot study which noted an improvement in the self-efficacy for parenting an LGB child following a film-based intervention (Huebner et al., 2013). The impact of these online resources would be monitored regularly in real-time through viewership statistics and content analysis of audience comments and discern the **community level impact**. Support from media and film industry would greatly contribute to wider reach of the message and findings of the research project and maximize the **long-term impact/macro-level impact**.
(297/300)

8 Success Measures

8.1 Primary Outcome Measures

- Parental attitude towards homosexuality measured by 20-item Attitude Towards Homosexuality Scale for Indians (AHSI). The scale has shown satisfactory reliability and construct validity in Indian context (Ahuja, 2017).

- HY's perception of parent behaviour using 75-item Parental Attitude Scale (PAS) (Kwiatkowski, 2010). It is assumed to be a more reliable indicator of parental attitude change.

- PWBHY, indicated by subjective perception of happiness, life satisfaction and depression is measured using an 18-item assessment developed by Ryff and Keyes (1995).

8.2 Process Measures

- Weekly account of following measures is taken for the duration of the intervention:

  - Number of parents attending video sessions.

  - Number of parents attending discussion sessions.

- Bi-annual measurement of PWBHY and their perception of parental attitude for two years post-intervention.

At least 70% participation desired per week for 8 weeks.

8.3 Balance Measures

Account of following metrics is vital to ensure that intervention does not cause stress to subjects. These are self-reported.

- Cases among parents with discomfort with the sessions.

- Cases among youth with stress related to parental intervention.

At most 3 cases of discomfort/stress considered as indicator of appropriateness of the design and delivery of the intervention.

8.4 Data Analysis

Since the sample size is small, non-parametric tests will be used.

- Wilcoxon Signed Rank test is used for:

  - attitude of parents towards homosexuality (AHSI Scale).

  - youth's perception of their parental behavior towards them (PAS Scale).

  - psychological well-being of youth.

- Spearman correlation used for exploring relationship between youth's perception of their parental behavior towards them (PAS Scale) and psychological well-being of youth.

Statistically significant (p=0.05) increase in the ranks of primary outcome measures indicates efficacy of the intervention.

8.5 Sustainability measures beyond project

Post-project completion video sessions and interview-based documentary are shared on online platforms and viewer's statistics and comments are monitored regularly to evaluate wider impact to the community. Periodic content analysis is done to extract the sentiments of viewers and assess sustainability beyond project.

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9 Capacity Building

9.1 Project staff training themes

Online questionnaire administering, data collection, interview conduct, creation of interview schedule and data collection.

9.2 Organization strengthening

Following actions are taken to strength the efficiency of participating organizations:

- Identification and removal of barriers to parental involvement.

- Foster collaboration with multiple stakeholders both nationally and internationally (Chandler and Kennedy, 2015) and advance learning.

- Utilize technology to advance awareness (Pond and Bokoff, 2015); cellphone framework, online media and data visualization tools are used.

- Designing innovative methods to facilitate data collection.

- Talent management and Leadership development: Encourage parents of homosexual youth to share knowledge and personal experience using peer-to-peer learning and knowledge-transfer model (Raynor et al., n.d.).

- Improve access to journal articles and research reports on LGBT research.

(100/100)

10 Dissemination

Table II: Table describing the approach to disseminate the results of the project and potential impact.

Beneficiary	Dissemination Type	Potential Impact
Research community	Dissemination of research findings through paper presentation in national, international conferences and journals.	Reinforcement of the necessity to strengthen research on psychological well-being of homosexual youth in conservative and traditional cultural societies and role of family as a primary support figure. Promotion of novel, innovative and sustainable methods to create long-term impact in the such families and communities.
Civil society organizations, Non-profit organizations, government bodies working in the area of LGBT rights and network organizations.	Share detailed project findings in form of a report and documentary compilation of interviews.	Distribution of information and expansion of knowledge-base on strategies related to psychological well-being of homosexual youth in India and the associated challenges, limitations and drawbacks.
Local public, online viewers	Upload documentary compilation of interviews online.	Advancement of current understanding of life of homosexual people and the struggle of their families in the Indian community.
Resident Associations (Prior permission required)	Screening of documentary based on compiled interviews.	Parents sensitization and promotion of early dialogue on homosexuality within families and communities.

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Appendices

A   Budget

Table III: Detailed description of budget requirement. Cost is in GBP.

Cost headings				Year 1	Year 2	Year 3	Total
Staff Costs							
Staff Type	Count	Per Capita	Total				
Recruitment Team	3	15000	45000	45000	-	-	45000
Intervention Monitoring Team	2	24000	48000	24000	12000	12000	48000
Full-time Counsellors	2	30000	60000	12000	30000	15000	15000
Full-time Researchers	2	90000	180000	60000	60000	60000	180000
Software Developers	2	9000	18000	18000	-	-	18000
Video Editors	2	24000	48000	48000	-	-	48000
Speaker Invitees	8	3000	24000	24000	-	-	24000
Total Staff Costs							**378000**
Staff Travel and Subsistence							
Travel Type		Alotted Funds					
Recruitment Team: Briefing Parents		6000		6000	-	-	6000
Intervention Team: Video Shooting		12000		12000	-	-	12000
Researchers: Qualitative Study		18000		9000	-	9000	18000
Total Staff Travel and Subsistence Costs							**36000**
Training							
Training Type		Alotted Funds					
Intervention Conduct		6000		6000	-	-	6000
Contextual Counselling Conduct		6000		6000	-	-	6000
Qualitative Interview Conduct		6000		6000	-	-	6000
Total Training Costs							**18000**
Dissemination				5000	5000	5000	**15000**
Emergency Funds				As per requirement			**10000**
							457000