THEMATIC PAPER

HEALTH AND HOMOSEXUALITY

Health and happiness among homosexual couples in Europe

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Data from five waves (2002–10) of the European Social Survey were examined to see the extent to which heterosexual and homosexual couples differ in their health and happiness. Homosexual people had lower levels of self-rated health and happiness. We suggest that those who experience discrimination are more strongly integrated in their gay community, which, in turn, may bring positive effects in terms of happiness due to a sense of belonging, but may be accompanied by the specific health risks associated with this community.

It is often assumed that gays and lesbians suffer disproportionately from health problems (Frable *et al*, 1997; Sandfort *et al*, 2001). However, few studies have actually directly compared the health and happiness of heterosexual and homosexual people. These few studies have found that (sexually active) homosexual (and bisexual) people had lower levels of psychological well-being (e.g. Carlson & Steuer, 1985; Sandfort *et al*, 2001). We set out to answer the question: to what extent do heterosexual and homosexual couples differ in their health and happiness in the general population of European countries?

Previous insights

Although health and happiness are different aspects of people's well-being, studies have shown that the two are strongly associated (Borgonovi, 2008). Previous research has also shown that the determinants of (self-rated) health and happiness are comparable and partially consistent. Not surprisingly, health declines as people age. Unmarried people, poorly educated people, unemployed as well as non-religious people more often report poor health (Huijts & Kraaykamp, 2012). Marriage, high education, employment and religion provide protection against poor health.

Beyond these characteristics, sexual orientation is also considered to affect people's health. Sandfort *et al* (2001) and Carlson & Steuer (1985) found that psychological and psychiatric problems were significantly more prevalent among homosexual men and women. Three explanations are provided for the latter findings. First, poor health among homosexuals could be induced by the psychological stress that comes as a corollary of the solitary discovery of one's sexual identity, in a predominantly heterosexual environment (Remafedi, 1990; Meyer, 2003). Second, poor health could be induced by stress of (perceived) discrimination and stigmatisation of homosexual individuals after they have come out (e.g. Frable *et al*, 1997; Dean *et al*, 2000). Third, integration into the gay subculture could have negative health effects, in particular for men (Parker, 2001), because liberal norms in this subculture may induce risks of unsafe sex and drug use.

Data and measurements

Based on the research discussed above, we would expect to find lower (self-rated) health and happiness among homosexual people in European countries. Recent, high-quality data provide possibilities to test differences in self-rated health and happiness between homosexuals and heterosexuals. These data have been derived from five waves (2002–10) of the European Social Survey (from http://www.europeansocialsurvey.org). Household information enabled us to distinguish same-sex and different-sex couples, as well as people living alone. Respondents were asked to indicate the sex of all household members and to specify their relationship. Moreover, all respondents were asked whether they felt discriminated against because of their sexuality. We thus can identify same-sex couples who feel discriminated against and same-sex couples who do not.

We selected respondents aged between 15 and 80 years (n = 82 797). We included only those 9 countries in which we found at least 50 homosexuals living as a same-sex couple. We anticipated and found empirical evidence that the incidence of same-sex couples is lower in countries with a more unfavourable public opinion towards gays and lesbians (r = –0.60, disapproval rates from van den Akker *et al*, 2013). Consequently, this study includes countries with a relatively favourable public opinion towards homosexuality (Belgium, Denmark, France, Germany, Ireland, the Netherlands, Sweden, Switzerland and the UK).

Self-rated health, considered to be a valid measure of people's mental and physical condition (Huijts & Kraaykamp, 2012), was recorded on a five-point scale, ranging from 'very bad' (0) to 'very good' (4). *Happiness* was measured by asking how happy respondents were, with responses ranging from 'extremely unhappy' (0) to 'extremely happy' (10).

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Table 1

Self-rated health and happiness among respondents in same-sex couples, who either perceive discrimination or not, compared with respondents in different-sex couples, by country

	Self-rated health		Self-rated happiness	
	Same-sex couples: discrimination	Same-sex couples: no discrimination	Same-sex couples: discrimination	Same-sex couples: no discrimination
Belgium	–0.18	0.12	0.08	0.00
Denmark	0.03	–0.09	–1.51*	–0.01
France	–0.05	0.01	0.23	0.03
Germany	–0.44*	–0.04	0.18	–0.04
Ireland	–0.81	–0.09	–1.49	–0.46*
Netherlands	–0.16	–0.08	–0.18	0.01
Sweden	–1.20*	–0.14	–0.30	–0.13
Switzerland	–0.05	–0.04	0.87	–0.22
UK	0.13	0.11	–0.06	–0.10

*$P < 0.05$. Controlled for level of education, gender, age, paid employment, church attendance and level of urbanisation.
– = mean score is lower than that of respondents in different-sex couples; no sign = mean score is higher.

Source: European Social Survey (2002, 2004, 2006, 2008, 2010) (http://www.europeansocialsurvey.org).

Analyses and results

We conducted multilevel analyses of the variance in levels of self-rated health and happiness between countries and between individuals within these countries. We assessed the extent to which individuals in same-sex couples – those who feel discriminated against as well as those who do not – differ from different-sex couples in terms of the statistical mean scores on self-rated health and happiness. We initially found no evidence for lower levels of health among people in same-sex couples, whereas their levels of happiness were lower than those of their counterparts in different-sex couples.

Sandfort *et al* (2001) found that gays and lesbians are better educated, and better-educated people tend to report better health. We checked whether important determinants of health and happiness were differently distributed over homosexual and heterosexual individuals and whether, therefore, health differences varied similarly. After statistically controlling for these determinants, we found, in line with our expectation, that people in same-sex couples did report worse health than their counterparts in different-sex couples, but this held more strongly for those who felt discriminated against. We also found that people in same-sex couples reported lower levels of happiness than people in different-sex couples, but this held more strongly for same-sex couples who did *not* feel discriminated against.

In sum, our results suggest that homosexual people in couples are less healthy and less happy than heterosexual people. In addition, homosexual individuals who felt themselves to be discriminated against reported worse health and more happiness than homosexual individuals who did not experience discrimination. Furthermore, we found that the happiness gap between non-partnered and partnered heterosexuals was larger than the gap between homosexual and heterosexual partnered individuals, implying that marital status is a stronger determinant of happiness than is sexuality; this was not the case for self-rated health.

Consistent with previous research, we found that people who were well educated, those in paid employment and those who frequently attended church rated their health and happiness higher than their counterparts. Finally, we found that both health and happiness declined with age.

Table 1 shows a summary of the results for each country separately to assess whether our general findings were reflected in country-specific patterns. Because the group sizes differed substantially between the countries, findings of statistically significant differences in the parameters would be expected to vary. The pattern is nonetheless largely consistent. In most countries, homosexual people reported worse health and lower levels of happiness than their heterosexual counterparts. Second, although the pattern is a bit more mixed, in the majority of countries homosexual individuals who felt discriminated against reported lower levels of health but higher levels of happiness than homosexual people who did not feel discriminated against.

Discussion

This study corroborated the finding that homosexual people have lower levels of self-rated health and happiness. Discrimination seems to be a partial explanation at most, considering our finding that those who felt themselves to be discriminated against reported worse health but higher levels of happiness than homosexual individuals who did not feel themselves to be discriminated against. We therefore postulate an alternative mechanism: the former tend to be more strongly integrated into a gay community; this may bring positive effects in terms of happiness, due to a sense of belonging (Huijts & Kraaykamp, 2012), but may bring negative health effects because of the specific health risks associated with this particular community.

We observed only a selective set of countries: those with a gay-friendly climate. It is not unlikely that the size of the gap in health and happiness by sexual orientation would be larger if more gay-unfriendly contexts were included in the sample. Furthermore, our data related only to people living as couples, and marital status is an important determinant of well-being. For a complete insight into differences in health and happiness by sexual orientation, replication of this study among single homosexual and heterosexual people is needed.

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HEALTH AND HOMOSEXUALITY

THEMATIC PAPER

Attitudes towards sexual minorities among Chinese people: implications for mental health

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Heterosexuality continues to be regarded and adopted as a norm in the majority of Asian societies. In Hong Kong, lesbians and gay men are still encountering unfavourable attitudes from the general public (such as stereotyping and discrimination). This paper briefly reviews the legal and cultural context and notes in particular the situation in schools.

Despite the fact that homosexuality has been removed from the *Diagnostic and Statistical Manual of Mental Disorders* as a kind of mental illness since 1973 by the American Psychiatric Association, heterosexuality continues to be regarded (and adopted) as the norm in the cultures of a majority of Asian societies (Lim & Johnson, 2001). For instance, in Hong Kong, lesbians and gay men are still encountering unfavourable attitudes from the general public (such as stereotyping and discrimination) (Hong Kong Christian Institute, 2006; see also Human Rights Watch, 2001).

Attitudes towards sexual minorities

In Hong Kong, homosexuality has been decriminalised since 1991 and has been removed from the Chinese *Diagnostic Manual of Mental Disorders* since 2001 (Chan, 2008). Nonetheless, some Hong Kong medical professionals are still of the view that homosexuality is pathological. That is, gay and lesbian individuals have been perceived to be suffering from a pathological problem for no reason other than their sexual orientation. In a 2009 survey of 425 medical students from the University of Hong Kong, most respondents had fairly negative attitudes towards gay men and lesbians (Kan *et al*, 2009). Similarly, a survey was conducted among a sample of 462 Chinese social work students from three Hong Kong government-funded universities accredited by the Hong Kong Social Workers Registration Board for institutional training of practitioners in Hong Kong. Again, unfavourable attitudes towards lesbians and gay men were reported (Kwok *et al*, 2013). Among the five personal variables included in that study (sex, year of study at the university, religious affiliation, experience of volunteering services, and attendance on a course relating to sexual diversity), religious affiliation contributed the most in predicting differences in attitudes towards lesbians and gay men. Specifically, those in the study with Christian beliefs reported more negative attitudes towards lesbians and gay men than those without any religious affiliation. Other variables such as sex and extent of contact with homosexuals were also shown to have an impact on these unfavourable attitudes towards homosexuals. Those who were male (compared with their female counterparts) and who had no contact with sexual minorities (compared with those who had this kind of experience) reported more unfavourable attitudes towards sexual minorities.

In a comparative study in which 231 lesbians from Hong Kong and 199 lesbians from mainland China were interviewed, Chow & Cheng (2010) reported that lesbians were far more likely to be open about their sexual orientation with their friends than with their families. Although 95% of interviewees had told their friends of their sexual orientation, only 60% felt able to disclose this information to their families. A major reason was that the interviewees would expect severe damage to (or even a permanent loss of) some pivotal

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