

Letter

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 Mental health of heterosexual women married to homosexual men: a major but neglected issue

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Acknowledgment of homosexuality still appears to be non-existent in many nations, as opposed to Western countries where homosexuality and gay marriage are accepted and supported. Undoubtedly, ethnic, religious, legal and cultural values result in an insurmountable conflict towards same-sex orientation, encouraging individuals to 'rectify' homosexuality by entering into an unwanted heterosexual marriage, especially in nations such as India, Pakistan and China. 1,2 The aftermath of such marriages eventually causes an unhealthy turmoil in the lives of homosexual individuals. However, it is also reported that the wives of homosexual men experience comparable health-related problems, including physical, mental, psychosocial and sexual problems.² Although there are concerns pertaining to homosexuality, the health issues affecting the wives of homosexual men are typically disregarded and dismissed. Alongside the risks of physical violence and contracting HIV or sexually transmitted infections, upon disclosure of their husbands' sexual identity, the wives of homosexual men are at risk of emotional trauma, self-blaming and depersonalisation.³ Similarly, an extreme vulnerability to insomnia, depression, hopelessness and suicidal ideations is anticipated among these wives.^{2,4} It is also anticipated that in Asian cultures, where divorce rates are seemingly low, the wives of homosexual individuals are likely to live with endurance of the oppression of their husbands, leading to an exhausting journey involving health risks and psychological conditions such as anxiety, fear and seclusion.⁵ Therefore, there is a dire need for care and psychosocial support to promote the mental well-being of these women. In this regard, healthcare workers have a crucial role in facilitating these women to express their concerns and employ effective coping strategies with the help of psychological counselling. These strategies include joining support groups, demonstrating decision-making skills to restore or divorce the spousal relationship and planning accordingly. In addition, establishment of parental disclosure skills with respect to children appears to be a crucial step in these marriages for adaptive family support.^{2,4} Furthermore, it is the responsibility of healthcare workers to reduce stigmatisation of HIV and homosexual behaviour through sex education. 4 Sex education, relating in particular to sexual orientation, must be provided to the wives of homosexual individuals in order to understand this sexual minority comprehensively. This will result in the relegation of self-blaming and promotion of self-healing and closure. Moreover, couple therapy sessions can be introduced to initiate an open dialogue between the homosexual husband and his wife. The goal of the therapy pertains to two-way communication of views, ideas and feelings, and acceptance of concerns, opinions and reactions. Communication between the parties will facilitate an ultimate resolution of guilt, hurt and despair.3 On the other hand, considering the stigmatising societal norms that trigger the victimisation of heterosexual spouses married to members of homosexual minorities, it is the responsibility of policy makers to explore the rights of people who are affected alongside the sexual minority population. Altogether, this is the time to acknowledge this phenomenon as a major concern rather than discounting it as a mere societal ramification.^{2,4}

Declaration of interest

None.

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