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Social support relationships for sexual minority women in Mumbai, India: a photo elicitation interview study

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ABSTRACT

Little research exists on women who do not identify as heterosexual in India. Social support for sexual minority women may protect against the effects of discrimination. An examination of significant social relationships may point to both strengths and weaknesses in this support. We aimed to understand relationship prioritisation and communication patterns associated with the social support of sexual minority women in Mumbai. In partnership with the Humsafar Trust, India's oldest and largest sexual and gender minority-advocacy organisation, we conducted photo-elicitation interviews with 18 sexual minority women, using participants' photographs to prompt dialogue about their social support. Intimate partners were a source of dependable support and many of those without relationships were seeking them. Participants' extended networks included friends and family as well as less formal relationships of social support. Participants mediated their communication with particular social network members, which involved filtering information sexual identity, romantic interests, and personal aspirations, among others. The diverse relationships that sexual minority women have in their social support networks may be used to guide programmes to improve health outcomes.

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Introduction

In India, individuals assigned female at birth have fewer gender and sexual identity labels available to them than men (e.g. man, *kothi*, *panthi*) (Monro 2007). Regardless of self-identification, females in India are often assumed to be cisgender (assigned female at birth and identify as girls or women) and perceived as 'women'. This paper focuses on sexual minority women, or women who do not identify as heterosexual.

Women in India, regardless of their sexual identity, face stigma and discrimination as part of the patriarchal system that subjugates them (Johnson and Johnson 2001). Gender

discrimination begins *in utero*, with son preference and marriage costs for daughters (e.g. wedding and dowry) leading to pre-birth sex selection in a resource-constrained environment (Barcellos, Carvalho, and Lleras-Muney 2014). Girls born in India often suffer poor physical and/or mental health outcomes as the result of discrimination against them (Chari et al. 2012; Patel et al. 2006; Rao, Horton, and Raguram 2012).

Sexual minority women in India face additional adversity such as stigma based on their sexual identity (including illegality of same-sex sexual behaviours and heteronormative cultural attitudes), which may cause negative health outcomes. Stigma includes labelling, stereotyping, separation, status loss and discrimination through the use of power (Link and Phelan 2001). These forms of stigma may be internalised and translate to negative health outcomes, including psychological distress, health-compromising behaviours and stress-related psychiatric disorders (Cochran, Sullivan, and Mays 2003; Meyer 2003; Pascoe and Smart Richman 2009).

Additionally, individuals do not automatically or universally internalise stigma or absorb negative messages. They may exert resilience by resisting or mitigating the impacts of stigma (Crocker 1999). Another way in which individuals enact agency is by concealing their stigmatised identity to reduce discrimination or marginalisation; however, this concealment may also cause stress (Pachankis 2007).

One key to understanding how sexual minority women build resilience and resist negative outcomes may be their social support relationships. Social support is information that leads one to believe they are cared for and loved, esteemed and valued, and that they belong to a network of communication and mutual obligation (Cobb 1976). Social support may be categorised as emotional (e.g. affection), informational (e.g. advice), instrumental (e.g. tangible aid) or appraisal (e.g. information for self-evaluation) (House 1981). The effects of social support on health have been well documented, and social support and mortality are inversely related (for reviews see Berkman et al. 2000; Cohen 1988; Uchino 2004).

India's cultural patriarchy structures gender relations and norms in numerous ways and creates rigid divisions of roles and spaces for different genders (Amirtham 2011; Donner 2008). One relevant cultural aspect is the value placed on the natal family, with daughters often living with their natal families until heterosexual marriage (usually arranged). This custom may influence whether stigmatising issues are discussed, as women may fear family rejection and loss of basic resources such as food, housing and financial support (Bowling et al. 2016). Household duties and household spaces are traditionally gendered (like kitchens or wells when women fetch water). In Mumbai, where many young women work outside the home, this division is less rigid but still common. Shared space and cultural roles contribute to a kinship between female family members. Sexual minority stigma may threaten the closeness among female family members, making these gendered bonds fragile.

In this paper, we describe the perceived social support of sexual minority women in Mumbai, India, and their corresponding patterns of communication in those relationships. Characterising the ways that sexual minority women experience social support relationships in terms of social support exchange has implications for interventions and programmatic directions, by revealing gaps and highlighting strengths in current health promotion efforts targeted toward sexual and gender minority populations.

Methods

This study uses a community-based participatory research approach through an ongoing partnership with the Humsafar Trust. The Trust is India's oldest and largest advocacy organisation for sexual and gender minority individuals, including lesbian, gay, bisexual and transgender individuals and others who may use different identity labels (or no labels at all). In this project, we worked with the Trust's subgroup for sexual minority women (Umang). We conducted this study in Mumbai in order to build on our pre-existing partnership with the Humsafar Trust, as well as their entrée with local sexual minority women, who remain relatively hidden and underserved, even in comparison to other sexual minority groups.

To explore individuals' perceptions of social support, we used photo-elicitation interviews in which participants' photos prompt interview discussion. This methodology enhances the discussion of abstract phenomena (such as social support) through both visual and verbal methods. In addition to the ability to use both words and photographs to describe their experience, the process of taking and selecting photos facilitated participants' reflection. Photography is also common in Mumbai, given the prominence of the film and media industries, and was selected for its ease of access.

Participants

Photo-elicitation interviews were conducted with 18 participants. Inclusion criteria were that participants be at least 18 years of age, identify as a woman, not identify as 'heterosexual' and live in Mumbai. Participants were recruited through the Humsafar Trust's Facebook page, word of mouth and snowball sampling. We also utilised participant referral, giving participants recruitment cards to distribute within their social networks.

Data collection

Participants were asked to take digital photographs that represented both positive and negative aspects of their social support. Guidelines included: the participant must have taken all photos; only five photos could be brought to the interview (to limit interview discussion); and no identifiable information could be included (e.g. faces of participants or others). Digital cameras were available for participants; all participants but one used their own phone or digital camera. Digital photos were displayed on a laptop during the interview. Interviews began with a broad question of 'Tell me what's going on in this photo?' Additional questions were prompted by the photos and addressed participants' health behaviours (positive and negative), history and opinions on their engagement with online and in-person communities, and the perceived support given and received. In this paper, we explore relevant themes for social support relationships.

Data analysis

An India-based translation company transcribed the audio recordings of the interviews. Three undergraduate research assistants at Indiana University then proofread them for accuracy. Using Dedoose software (Dedoose 2016), a team of three coders created a codebook using inductive analysis. We grouped concepts to form themes by identifying groups of

words and sentences that were related using open coding (Corbin and Strauss 2008). Interrater reliability was confirmed using Dedoose's test function by having coders code the same interview and reaching consensus regarding code definition for any codes with kappa scores of less than 0.80. Then two coders (JB, EB) coded each interview, and one coder (BD) was available to discuss any potential divergences in coding. The same coders also coded photos for content and participants' use of the photo (i.e. how the photo was connected to the narrative) in the interview.

Human subjects protection

The photo elicitation interview protocols were informed by recommendations from the Humsafar Trust research staff (e.g. using a verbal consent process) and then verified (for content and translation accuracy) by the Trust's internal review board. They were then reviewed and accepted by the institutional review board of Indiana University, Bloomington. Participants selected their own pseudonyms for the study. Interviews were conducted in participants' preferred language (English or Hindi), with a female research assistant identified by the Humsafar Trust providing translation, if needed. Participants were given INR500 cash (about US\$9) to cover expenses.

Findings

Participants ranged in age from 20 to 51 years (see Table 1). Most were under 30 years of age and college-educated, and half identified as 'lesbian'. Three themes about relationship prioritisation and communication emerged from the interviews: close connections, extended connections and mediated communication.

Figure 1 depicts the elements of social support relationships reported by sexual minority women, although the individuals (sister, partner, mother) that feature within closer or more extended levels may differ by participant and may move between levels over time. The closeness of individuals may depend on life circumstances (e.g. physical proximity, sexual

Table 1. Interview demographics ($n = 18$).

Pseudonym	Age	Gender identity	Sexual identity	Education level
Cheeky de Ville	51	Feminine	Alternate lifestyle	Associate degree
Peppy	23	Female	Bisexual	Master's degree
Rohini	45	Female	Lesbian	Bachelor's degree
Kristin	27	Female	Lesbian	Master's degree
Namrata	30	Female	Lesbian	Master's degree
SD	29	Female	Lesbian	Bachelor's degree
Bhakti	23	Woman	Bisexual	Bachelor's degree
Wolfgang	20	Female	Bisexual	Some college
Skully	24	Female	Queer	Master's degree
Yanna	25	Cisgender woman	Bisexual	Master's degree
Sid	23	Andro	Lesbian	Bachelor's degree
Aamig	21	Girl	Lesbian	Some college
Gona	25	Human	Into women	High school
Aditi	25	Female	Lesbian	High school
Harshada	23	Woman	Lesbian	Bachelor's degree
Sonal	28	Andro	Bisexual	Bachelor's degree
Prachi	25	Unlabelled	Lesbian	Bachelor's degree
Ironica	22	Woman	Bisexual	Bachelor's degree

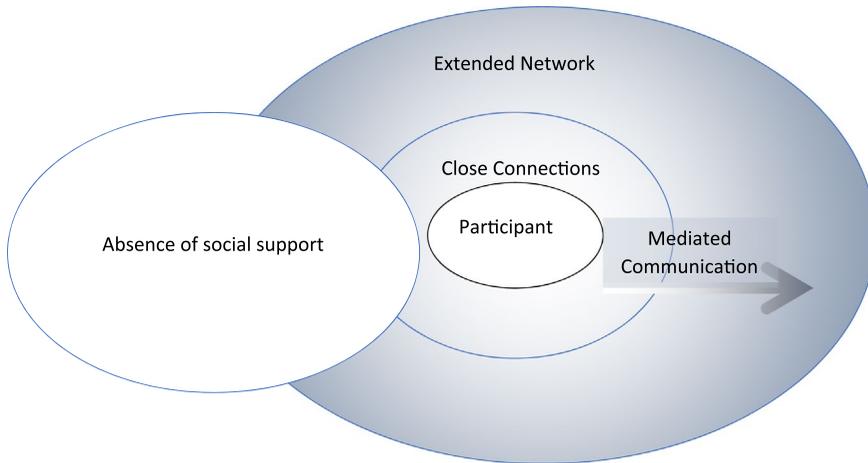


Figure 1. Structure of social support relationships for sexual minority women in Mumbai.

identity disclosure). Communication within inner circles was generally less mediated than in extended circles. For participants describing an absence of social support, this was omnipresent in their lives and affected close and extended levels of their support network.

Close connections

In general, participants kept a limited number (2–4) of individuals in close social contact. These relationships were marked by frequent (often daily) contact and full communication without much withheld.

Family as primary support

Photographs of mothers were often one of the first chosen by participants to start interviews. Nearly all participants alluded to the cultural norm of a daughter's mother as her best friend, even if it was not the case in their lives. Participant SD (29 years old) included a photo of her mother's lap saying that it 'feels like home' (see Figure 2a) and Sonal (28 years old) described a photo of her mother holding a pillow representing her hometown as 'home' (Figure 2b). Cheeky de Ville (51 years old) lost her mother six months preceding the interview after taking care of her for months (and represented her with a photo of one of her mothers' dolls silhouetted in Figure 2c). She was still recovering from this loss.

Participants with sisters often had close connections with them, and most had open communication with them. Many participants' sisters were overseas and they either included an older photo or chose just to describe their relationship. For long-distance sisters, they often missed the frequent contact. Skully (24 years) said her sister had seen all aspects of her and this deepened their relationship, 'You don't show certain sides to your friends. You don't show certain sides to your partner. The ugliest sides of sides will only come out at home' (Skully). Sonal's twin sister provided the unconditional love and support she desired from her family even when that was lacking from her parents: 'Support for me in terms of family is [my sister]. Like whatever I expected out of my family I can get from her' (Sonal, 28 years). Rohini (45 years) and Cheeky de Ville (51 years) were counter-examples, with

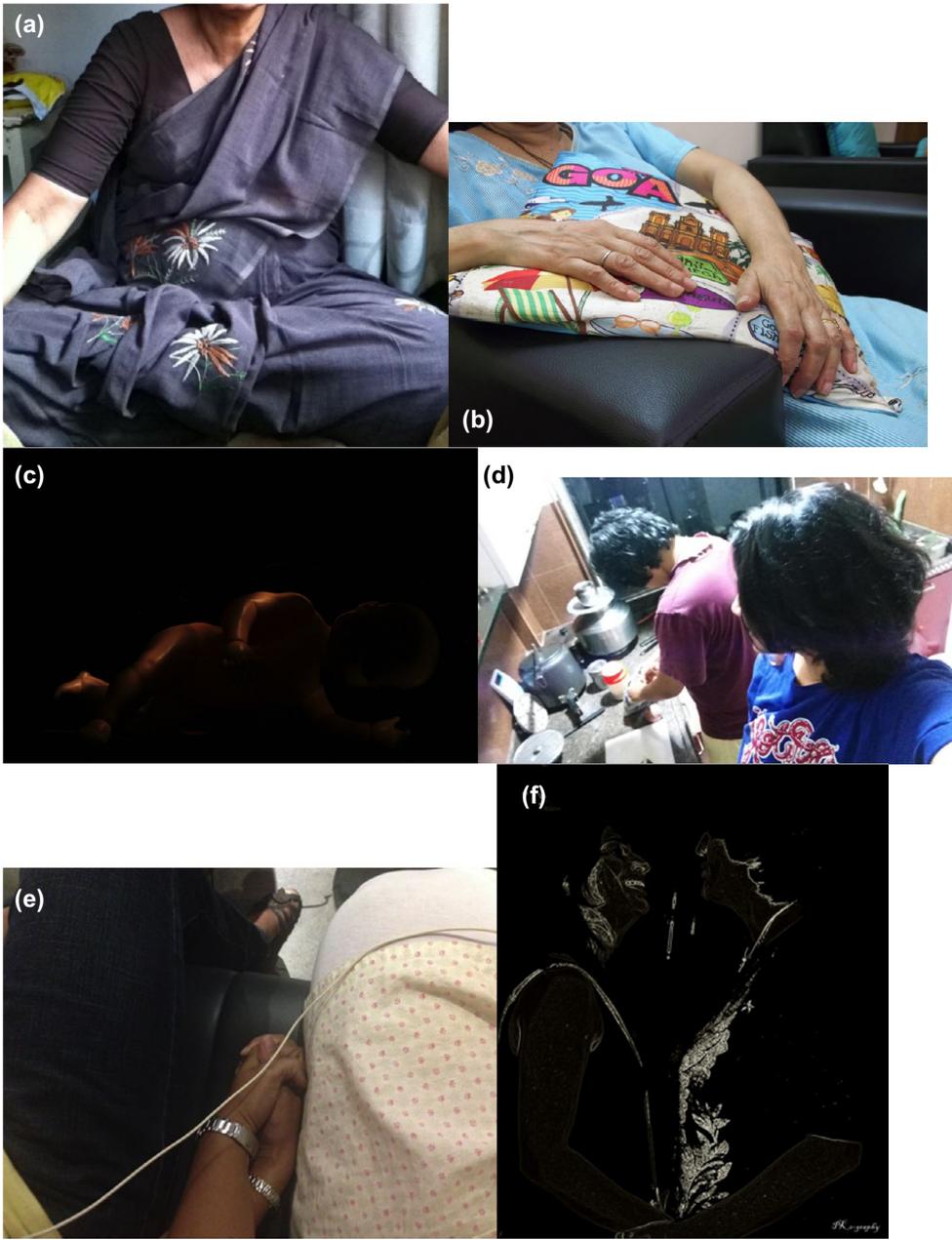


Figure 2. Close connections.

limited or challenging relationships with sisters: 'When it comes to the heart I can never confide in my sister. My sister's my rock but I find it easier to talk to a friend' (Rohini).

Intimate relationship partners as constant

Participants in long-term romantic relationships predominantly described their relationships as being dependable in their support. 'Things which I don't share with my family, which I don't show with my friends, I share it with [my partner]. It's good to know that she's always

there for me' (Sid, 23 years, Figure 2d). Sid's partner helped her select the photos and content for her interview. Sonal (28 years), who lived with her partner, said she would first seek financial support from her partner. Compared to most participants living with their parents, living with a partner was the goal but rarely the reality. Financial instability, lack of a partner and societal lack of acceptance were barriers to living with a partner.

Given the social stigma against same-sex relationships, the Internet was an important source of support for many participants. Participants set up meetings and communication with partners through online dating (e.g. OkCupid) or sexual minority groups' sites (e.g. Umang). SD's photo of her partner, who she met online, depicts this stigma (Figure 2e); she holds her partner's hand in a café, where they spend time because her partner is not welcome at SD's mother's house.

Those not in ongoing relationships often sought out this reliable support. Six participants discussed being unhappy with their current single status, and were either currently coping with a breakup and/or actively seeking a relationship: 'My biggest dream however shallow it is, is to have a great partner. And that is what keeps me alive to be frank' (Gona, 25 years). Many participants had concrete partner ideals. Ironica's ideal partner was someone who was not over-involved: 'I want that person [my partner] to be so secure and sure of me that I am not the most important thing in their life' (Ironica, 22 years). Prachi's desire for a partner is represented in a shadowy outline in Figure 2f; she wants a partner who would stand with her against the threat of being rejected by parents:

If we accidentally have to move out, financial stability is important. The person shouldn't be the one who backs out of a relationship ... I understand family always comes first but it is not the same. You have to think of the other person as well who is fighting for you with their family. So, you cannot just leave that person in the midway and just walk out of the relationship because your family doesn't want you to get in relation with a girl. (Prachi, 25 years)

Here, Prachi not only desires someone who will choose her over family in dealing with rejection, but someone who will also be able to financially afford to live apart from family.

For those dealing with a breakup, discussing their social support was sometimes challenging because they were actively coping with the loss. Kristin (27 years) was dealing with the recent end of an online relationship with a woman in Pakistan who she had dated for four years. Aamig was seeking a new partner in order to heal from the loss of her previous relationship: 'I have moved on 99% but to completely move on I need someone' (Aamig, 21 years).

Nearly all participants negotiated their parents' pressure to marry a man, often by delaying the process as long as they could. Parental monitoring complicated this negotiation:

I could not find a reason to reject [a guy brought to me for marriage]. I was dating a girl. That time I told my parents that I don't want to get married and that's it. They did not understand for few days, then they hired a detective behind me ... they found out that there was a girl I was seeing. (Namrata, 30 years)

Uniquely, Kristin had come from a conservative Muslim city to live on her own in Mumbai and she actively rejected her parents' pressures:

I told my dad that if he forced me to get married then I would divorce that guy. In our society, an unmarried woman is better than a divorcee so he thought fine, and he knows how stubborn I was and how aggressive I get. So, he said 'We will not force you'. (Kristin, 27 years)

Extended networks

Participants constructed communities of support, including friends in person and online as well as less formalised communities with casual interactions (Figure 3). Within participants' social support networks, some members were kept at a distance with less than daily contact.



Figure 3. Extended networks.

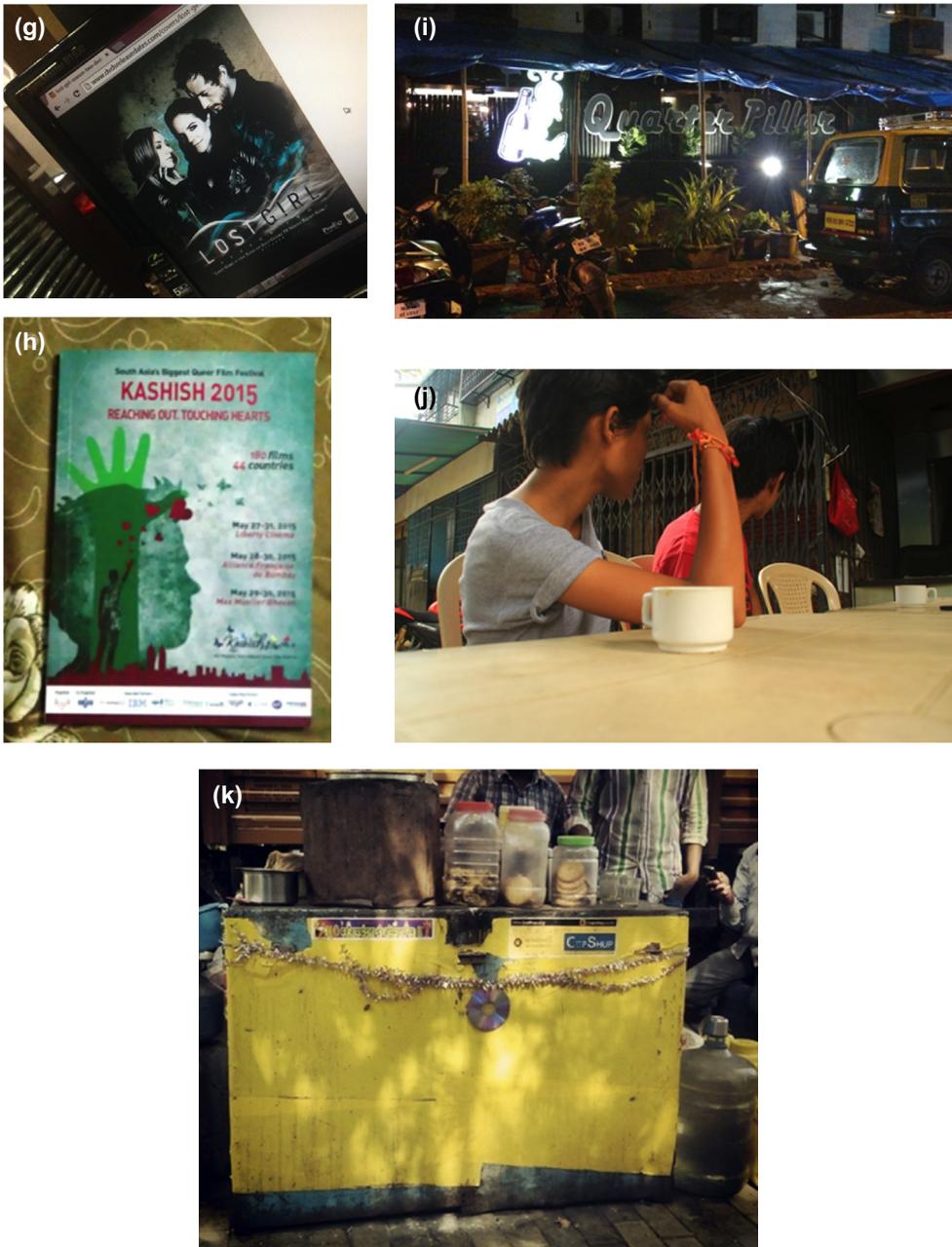


Figure 3. (Continued).

Friends as family

The majority of representations of friends were in groups (see Figures 3a–d) and participants described their role in bringing people together. Although nearly all participants included photos of a chosen community, the importance of birth family compared to these chosen communities varied across participants. In thinking of friends as family, Rohini described

the constancy of her friends: 'I met them when I was 17. Now I am 45 It's like furniture, they're there. If you discard it you'll miss it but if it's there, it's part of you.' Cheeky de Ville describes how she is rebuilding her social network and represented this with a photo taken through the window after the rain (Figure 3e).

Participants did not agree about whether the support of sexual minority friends was more important than that of heterosexual friends. Participants either said that: (1) there was no difference because love and support are universal or (2) sexual minority friends could understand better, especially about relationships and sexuality. Aditi felt there was no difference because all of her challenges in life related to aspects other than sexuality:

If I am not out to my straight friends then yes, she may not understand, like relationship issues [But a] problem is a problem. It is not necessary if it is something related to your sexuality or your love life. It can be anything. (Aditi, 25 years)

Others felt that sexual minority friends had a different quality of support: 'LGBT community support has a huge impact on a person's life. Straight person accepting you, it's fine but they will not understand what you are going through' (Kristin, 27 years). Aamig was involved with a university lesbian, gay, bisexual and transgender -advocacy group in which she played a visible role as one of the few females in the group (see figure 3f). Her friends in this group inspired her to come out and her involvement helped her to feel like a contributing member of a social network. Ironica was still building her sexual minority friend base and said, 'Most of my friends still don't understand what it's like to be queer.' Harshada (23 years) said that her sexual minority friends were more concerned while her heterosexual friends judged her for any problematic behaviours:

I don't like to hang out with straight people. They always judge me for everything. If not from me being a girl then me being a lesbian If not for that then about my smoking or not for that then how I look or how I do things.

Bhakti's (23 years) friend in the UK provided context for her experiences as a sexual minority woman in India:

He identified himself as a pansexual and it was unbelievable the confidence he carried around. He was as old as me. Just the difference is that he lived in UK for his entire life and I came from India. I was juggling with so many things that he had accepted early on in his teen years.

Online friends were a critical connection for some participants. SD (29 years old) was active in a Twitter fan network of a Canadian TV show, *Lost Girl*, in which there is a sexual minority woman character (Figure 3g). She met another sexual minority woman from India on this network and spoke about her committed support for her in the Indian context:

I was still very low thinking that I was in the middle of trying accept myself and I can't go through with all of this. I have to get married to a guy. I told her there is no hope for me but I will make sure there is hope for you, if I can do anything for you, I'll make sure at least you live a happy life in India.

Online interactions helped participants feel connected in the large urban context of Mumbai when it might not be possible to interact with sexual minority friends in person frequently. Four participants included photos of Mumbai-based organisations that hosted events (see Figure 3h). Kristin met a friend online in Mumbai before she moved to the city who introduced her to the Umang group. Namrata (30 years) described Gaysi, an online blog that also hosts events in Mumbai, as important for her to socially engage with other sexual minority women: 'It's very encouraging for women because you see lot of women [at events]. Offline events happen like once a month or so, but the online thing is always there.'

Informal interactions as affirming

Informal interactions held great meaning for participants, though they provided lower levels of social support. These interactions often involved people in the service industry, such as restaurants or bars. Namrata (30 years) describes the effect of receiving support from someone unexpected – the owner of her favourite bar (see Figure 3i): ‘It says that this world is not that bad. And India is not that backward. People are progressing; people are getting their mind open.’ Wolfgang (20 years) talked about the man who sold juice outside her college, and the ritual of sitting with her friends beside his stand. Similarly, Harshada (23 years) described her favourite small café (see Figure 3j): ‘[The owner and I] don’t talk actually. But whenever I am there he just smiles at me, I smile at him. I don’t even have to say that I need a tea or something.’ Yanna (25 years) summarises the impact of these interactions as (see Figure 3k):

I have kind of a relationship with this guy like every time I pass this [tea] store I smile at him and smiles at me It’s not like something that I need to do for my conscience but, it’s important that he catches my eye and he smiles and he is not afraid of me.

Mediated communication

Participants described how their communication, including discussing their sexuality, differed based on their relationships. Most participants had open communication (i.e. discussing nearly all aspects of their lives) with one or two individuals in their network, and they negotiated disclosure with others (Figure 4).

A few participants spoke about the ways they gave support to their parents by hiding negative emotions: ‘I don’t express much if I’m sad, because I feel they will be worried and I don’t want them to be worried about me If I am happy, I tell them’ (Sid, 23 years). Some participants spoke about communication challenges with their parents because of their parents being practical while they were more emotional, or their parents being religiously orthodox while they were not. Aditi (25 years) preferred talking to her mother about challenges due to the contrasting approach of her parents:

Mom will not give you advice. She will tell you her experiences. If I am telling you that this has happened, she will tell me ‘This happened in my life also and this is how I came out of it.’ Dad will just shout at me and will say ‘You are a brave girl, and you are not supposed to cry like a child. You are just supposed to get up and not to fight.’

The Indian cultural norm of a daughter’s mother as her best friend often included the expectation that mothers intuitively knew their daughters’ needs:

There is something wrong, and I don’t know what it is. There would be so many times that my mother says, ‘Ok this is what you want.’ And I ask, ‘How do you know?’ She says, ‘I am your mother, I know it.’ (SD, 29 years)

A few participants did not have this close relationship with their mother, and they struggled to reconcile this difference in the interview. Prachi (25 years) was adopted and bonded much more closely with her dad than her mom.

Mostly what happens is a girl tries to share things with mom because she is a lady and she understands more. But it is completely opposite with me. I never shared anything with mom because ... I felt that fear because she was very strict and she is still very strict about everything.

Wolfgang (20 years) included a photo of the family couch (Figure 4a), where many conversations took place with her parents and described the things she would discuss with her father (like him telling her small jokes) and with her mother (including her mother intuiting

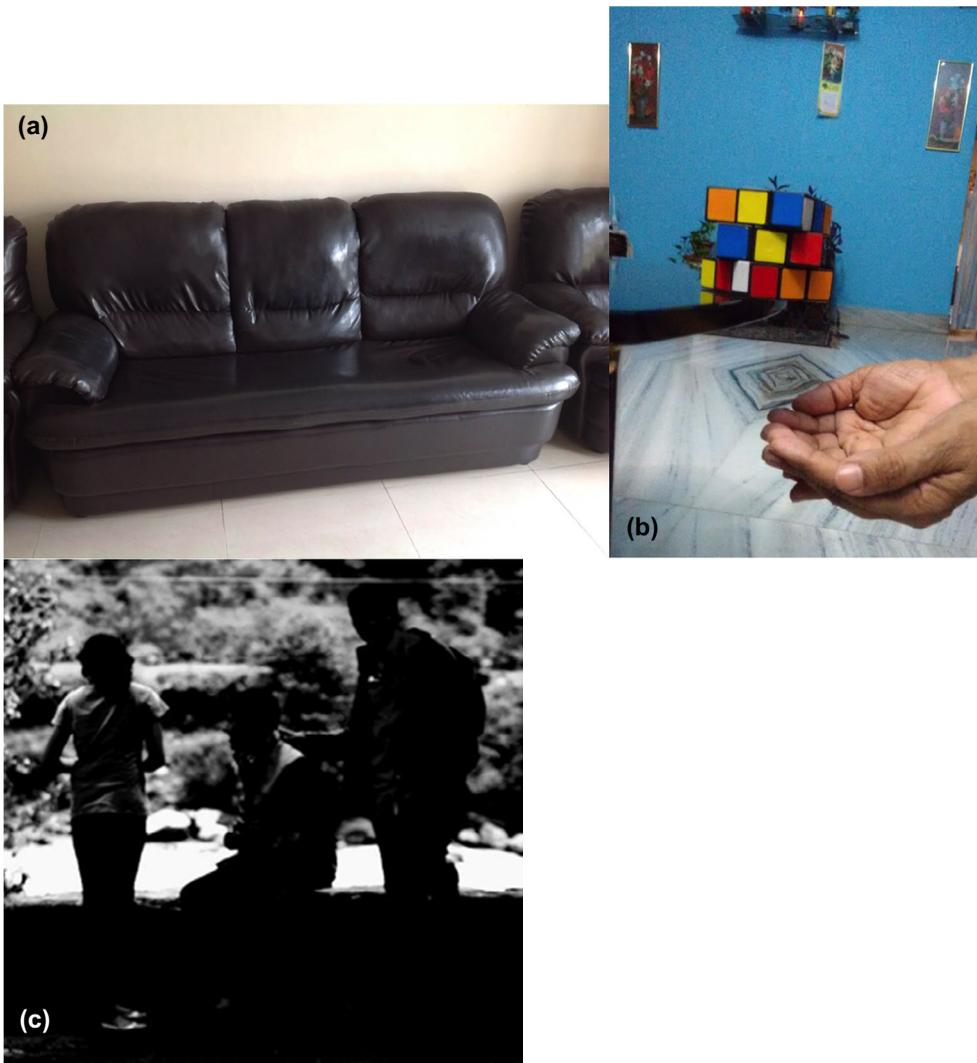


Figure 4. Mediated communication.

that something is wrong immediately). This is the only representation of a father in participants' photos. Even participants with strong relationships with their fathers did not include them in photos.

Coming out was often described as the most challenging communication with parents. Peppy described forming her bisexual identity and being on the edge, like a Rubik's cube with her mother's hands out to catch her (see Figure 4b):

I didn't know how I will tell it to people. It was my mom who, without knowing that something is wrong with her child, she was just very much loving, very caring and she did not push the matter further and she was just trying to help me out. (Peppy, 23 years)

Bhakti (23 years) took a photo of her mother but decided not to include it in her final five photos because it spurred a conversation about her sexual identity that was painful. She

described the pain in that recent conversation when her expectations of her mother's support were unmet:

[My mother] said, 'Yes but this is just a phase.' That took me by huge surprise because I was very disappointed She would be my rock, but knowing that rock doesn't exist or perhaps has crumbled over a period of time was really disheartening.

Participants also discussed photos that represented less concrete experiences with coming out – either dreams of the future or interpretations of moments in the past. Prachi (25 years) represented how she imagined coming out to her mom in the future with the help of her cousin (see Figure 4c):

When I get a relationship, I will be [asking] my cousin for their support because my mom is more connected to them. So, there are cousins who may make her understand that this is something not bad, this is something natural.

Cheeky de Ville's mother passed away after mental health decline. Cheeky de Ville did not come out to her before she died and wanted to include a photo of her mother with tears in her eyes:

That [moment] happened when [my mother] saw a girlfriend of mine lying beside me on the bed and she teared up. It was only yesterday when I saw it, that it occurred to me that she must have been lucid at the time and she didn't like what she had seen. (Cheeky de Ville, 51 years)

Professional relationships at work

Beyond family, relationships with colleagues were important for those who worked because of the time spent and like-mindedness or shared interests. Cheeky de Ville, who was out of work, wanted to get a job so she could rebuild her social life. However, work relationships were kept to a professional level through limited communication, in part as a resiliency strategy to protect against discrimination. Other participants kept their work colleagues at a certain distance: 'Ultimately, they are my colleagues and the profession part comes in. So, I don't want them to be too much involved in my personal life in short' (Sid, 23 years). Sonal (28 years) described the family atmosphere at work in which they comfortably chat about personal matters, but tries to keep her professional life separate from her personal one by creating boundaries (e.g. limiting the amount of time with co-workers outside of work hours).

At work, many participants were stressed by censoring themselves about their sexual identity or gender of their partners in front of colleagues:

It is because when you are working with them all the time they become your friends, so it's easier, you can just be yourself. And you always have to think about you are going to say and what you have to act like. To some level yes, I would not mind telling them, but only if they would be able to digest the fact that they work with somebody like that. I am not different but I don't want [them] to think like this way that I am different. (SD, 29 years)

Kristin (27 years) came out at work after her Korean boss noticed she was stressed and said that they could find her Pakistani 'boyfriend' a job at the organisation if that would help. When she told her boss that her boyfriend was actually her 'girlfriend' he said the management team was open-minded and she need not worry. Conversely, Peppy was frightened as she looked for a job after a rumour came out about her being gay when she was a lecturer, then a woman sexually harassed her:

It was after my first job when I found that people would come up and try to sexually harass me. Then the whole workplace, the department – when you're a lecturer yourself and you get these weird looks. I didn't want a second rumour ... I just left the job. (Peppy, 23 years)

Participants weighed risks of discrimination against the benefits of friendships and authenticity at work in deciding how they described themselves and their personal lives.

Discussion

This paper identifies some of the primary social relationships and priorities for sexual minority women in Mumbai, including family, intimate partners and friends. The way participants negotiate information sharing in their social support networks was an important resiliency strategy for them. Although these themes are consistent with Indian culture, this study's methodology provides a more nuanced examination of these relationships.

Participants' descriptions of relationships and communication correspond to the Convoy Model (Kahn and Antonucci 1980), to which our Figure 1 is similar in terms of its concentric circles of close, closer and closest social relationships. Their closest level describes relationships that are stable over time, and this was in contrast to the changes reported resulting from stigma or break ups. Additionally, informal support from individuals without a 'role' (such as service providers) emerging in our study does not easily fit within this model.

Formal social support, in which relationships have more frequent contact and/or increased amounts of support exchanged, formed a majority of the participants' social support. Partner relationships were critical both for those who had them and those seeking them. Future research may capture changes or constancy in relationships longitudinally. The shifts reported by our participants were different for younger participants (e.g. parental rejection) than older ones (e.g. parental loss).

Informal interactions complemented formal support for some. This finding was revealed primarily due to the use of photo elicitation interviews and how it empowered participants to reflect on their experience. These photos were often the last presented by participants, with other relationships (or lack thereof) being more at the forefront. In a traditional interview that did not specifically ask about informal support, this may not have emerged. The importance of these micro affirmations is a testament to the amount of stigma and exclusion faced by sexual minority women in Mumbai. Small interactions, such as a smile, were remarkable because they were different from most informal interactions for participants.

In spite of the importance of formal support, the impact of informal support in sexual minority women's lives should not be underestimated. It may support a positive worldview for them and give hope. Optimism and hope have been operationalised in unique ways but often are correlated (Rajandram et al. 2011). They have been tied to a number of health-related outcomes (such as reductions in anxiety and depression [Rajandram et al. 2011]). Within social support research in India, normative daily interactions (such as fetching water) were found to be significant sources of social support for women (Shakya, Christakis, and Fowler 2014; Snell-Rood 2015). Similarly, participants in this study described normative daily interactions with street vendors and service industry workers as affirming a positive worldview. Next steps in understanding social support with sexual minority women may include using social network analyses to look at the connections between individuals and map them visually (Smith and Christakis 2008). Furthermore, the role of hope and optimism as a protective factor for health of sexual minority women in India should be examined.

Participants were mixed in their views of the hierarchy between friends and family in their social support, as well as heterosexual friends compared to sexual minority friends. Sexuality-specific support reduced the negative effects of sexuality stress and anxiety. The mixed views

of support may be indicative of sexual minority women strategically engaging in social support that benefits them; those without supportive family may prioritise friends. Additionally, for participants who found the support from heterosexual friends to be lacking, they may have sought out or prioritised their sexual minority friends. The diversity of social support strategies represents a potential strength to be promoted within this community for positive health. For those that are not able to mobilise this diversity, this may be a promising intervention strategy for building resiliency.

Overall, the majority of participants prioritised their female family relationships. As participants discussed a cultural norm of closeness with their mother, this may be an important relationship to address in community programming for sexual minority women. Both positive and negative experiences with mothers affected participants' sense of mental wellbeing. Positive experiences of mothers listening to participants' experiences or affirming participants' relationships improved participants' mood and self-esteem. Negative experiences such as a distant relationship with their mothers or their mothers' rejection of their sexual identity negatively influenced participants' mood, sense of identity and self-esteem. Those with sisters often spoke of that relationship as paramount and unique. Participants' age may be related to this valuing of sisterhood, because we found counter-narratives with older participants not being as close or having challenged relationships with their sisters compared to younger participants.

For many participants in this study, careers and job opportunities were carefully negotiated connections with others. Providing workplace training on diversity and acceptance may help sexual minority women build a stronger social support at work and reduce workplace discrimination and stigma. Peppy's experience with sexual harassment is indicative of the need for increased education and protection for sexual minority individuals in the workplace.

Our study found that one stressful aspect of the family relationship was the ubiquitous pressure to marry a male partner from parents. This pressure and family influence is common throughout India (Sharangpani 2010). Heterosexual marriage pressure is common for sexual minority women (Arasu 2011), as well as sexual minority men, in India (Khan 2001). Being forced into an undesired marriage can affect mental and physical health (Ashraf 2015). Fostering more dialogues for strategies as well as raising awareness with parents about the negative effects of marriage pressure may reduce this stress. Although heterosexual marriage pressure was common, India has a legacy of diverse history of marriage rituals outside of the legal framework (Vanita 2005) and committed relationships were either a source of support or desired source of support for most participants. Training in healthy relationships and emotional support could strengthen intimate partnerships, a substantial component of sexual minority women's social support.

Strengths and limitations

This study utilised principles of community-based participatory research. The results were strengthened by having community members contribute to the photo elicitation interview guide, check Hindi language translation and discuss implications of themes. Additionally, using multiple coders enhanced the validity of our findings.

Photo elicitation interviewing addressed multiple ways of knowing by providing participants with visual and verbal opportunities to describe their experience; this allowed for a

deeper exploration of themes. It was not only the photos themselves that helped this exploration, but also participants' descriptions of the photo selection process. Photo elicitation interviewing also provided a deeper examination of the topic through participant reflection prior to the interview. The structure of the photo elicitation interviews gave participants more control of the interview process by choosing the interview question prompts (their photos) and the order of the photos – this may have increased their comfort in the interview.

Due to the Humsafar Trust's community networks, which are especially popular among younger people with higher levels of education attainment, the majority of our sample was under 30 years of age and well educated. Patterns of communication for older sexual minority women, and those with lower educational attainment, may be different due to varying uses of technology. Further, the photography component may have intimidated some potential participants. As neither of the interviewers were affiliated with the local Mumbai sexual minority women community on an ongoing basis, this may have reduced participants' comfort level with researchers outside of this population.

Conclusion

Participants in this study report diverse social relationships ranging from close family partnerships through diffuse casual interactions and international online friends. Family relationships with parents, especially mothers, and sisters are significant and negative experiences with family members caused stress for participants. Support from friends was described as either more constant than family support or as secondary to family; there were similar mixed messages as to whether other sexual minority friends provided social support or if support was important regardless of identity. Generally, intimate partners were viewed as important providers of social support, or participants perceived that they would be if they had a partner. Work relationships and casual interactions were less close but still provided key support for many participants. Future research might further explore these issues so as to support the development of programmes to improve health and wellbeing among sexual minority women by targeting the levels of social support that are most significant for individuals and providing skills and resources to help women build trust and support within these relationships.

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