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RESEARCH ARTICLE

Psychiatric morbidities among sexual minorities in India: A cross-sectional study from a north-east state of Manipur

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ABSTRACT

Background: Sexual minorities refer to individuals whose sexual identity, gender orientation, and sexual practices differ from that of surrounding society. In general, they are called lesbian, gay, bisexual, transgender, and queer individuals. Because of the stigma and discrimination, they are prone to many psychological issues. **Aims and Objectives:** The aim of the study was to study the psychiatric morbidities among sexual minority people of Manipur. **Materials and Methods:** A cross-sectional study conducted with the help of a non-governmental organization in a northeast state of Manipur after getting ethical committee approval. A total of 70 sexual minority individuals were selected using non-probability sampling. After taking the consent, a semi-structured pro forma was used to collect sociodemographic details. Mini-international neuropsychiatry interview-plus was administered to assess psychiatric morbidities. **Results:** Lesser family support and a higher history of sexual abuse were present in our study group. Depression was found in 25% of lesbians and transgender each and in 20% of gay people in our group whereas current suicidal risk was seen among 31.2% of transgender and 15% among lesbians and gays in our study sample. Anxiety spectrum of disorders was present in 41.6% of lesbians, 35% of gays, 33.3% of bisexuals, and in 53.1% of transgender. Substance dependence was present among 41.6% lesbians, 66.6% of gays, 66.6% of bisexuals, and 43.7% of transgender. **Conclusion:** Higher prevalence of psychiatric morbidities was found among these sexual minority individuals and hence prompting for a necessary intervention at the earliest.

KEY WORDS: Depression; Anxiety; Substance Abuse; Sexual Minority

INTRODUCTION

Sexual minorities refer to individuals whose sexual identity, gender orientation, and sexual practices differ from that of surrounding society. This group typically includes people

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who identify as lesbian, gay, bisexual and transgender (LGBT), and other non-heteronormative individuals.^[1]

Although in a historic judgment, homosexuality practices in India have been de-criminalized, transgender people are still included under the spectrum of gender identity disorder as per ICD-10.^[2] Sexual minorities face unique social, legal, and health-related challenges due to their divergence from societal norms regarding sexuality and gender. Often they are discriminated and stigmatized and are denied of their basic rights. Sexual minorities are at high risk of developing HIV and other sexually transmitted disorders mainly due to unprotected sex and higher substance abuse.^[3,4] Higher prevalence of

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psychiatric morbidities was also seen among these individuals mainly attributed to stigma and discrimination. ^[5] They are forced early to leave their home because of parental and societal rejection and many end up in having forced sex for a living. ^[6] To overcome their sorrows they often indulge in many recreational substances of abuse. ^[7,8] There are not many articles found in India regarding the mental health status of these marginalized people and hence this cross-sectional study was conducted to find out psychiatric morbidities among sexual minority people of Manipur.

MATERIALS AND METHODS

It was a single interview, cross-sectional study conducted from September 2016 to December 2017. Ethical clearance from the institutional ethics committee was taken. Seventy consenting lesbian (12), gay (20), bisexual (6) and transgender (32), and individuals who are aged above 18 years were interviewed at their workplaces/locality with the help of a nongovernmental organization (NGO) organization (All Manipur Nupi Manbi Association). This NGO works for the welfare of the sexual minority people of Manipur. Non-probability convenience sampling was used. Those having significant medical diseases or any comorbid medical illness were excluded along with those who were not willing to participate in the study. After obtaining written informed consent, each participant was interviewed individually and confidentiality was maintained.

Semi-structured pro forma was used to collect information on age, gender, sexual orientation, locality, and other sociodemographic data were used. Mini-international neuropsychiatry interview-plus scale was used to assess the presence of psychiatric morbidities. The data collected were checked, entered, and processed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 16.0 (SPSS Inc., Chicago, IL, USA).

RESULTS

In our sample mean age of lesbians was 29.1, gays 27.5, bisexuals 28.2 and transgender was 27.1 years. Majority of 58.3% of lesbians and 56.2% of transgender studied till 10th or less, whereas, 70% of gays were studied more than 10th and graduated. A majority of all the groups were residing at urban areas in a nuclear type of family. About 58.3% of lesbians and 66.6% of bisexuals were employed but 80% of gays and 53.1% of transgender were unemployed. Family acceptance and support were seen in only 12.5% of transgender groups. History of sexual abuse was present in 41.6% of lesbians, 15% of gays, 33.3% of bisexuals, and in 12.5% of transgender [Table 1].

Depression was found in 25% of lesbians and transgender each and in 20% of gay people in our group whereas current

suicidal risk was seen among 31.2% of transgender and 15% among lesbians and gays in our study sample. Anxiety spectrum of disorders was present in 41.6% of lesbians, 35% of gays, 33.3% of bisexuals, and in 53.1% of transgender. Substance dependence was present in among 41.6% of lesbians, 66.6% of gays, 66.6% of bisexuals, and 43.7% of transgender [Table 2].

DISCUSSION

Family acceptance and support were seen in only 12.5% of the transgender group. History of sexual abuse was present in 41.6% of lesbians, 15% of gays, 33.3% of bisexuals, and in 12.5% of transgender. Similar findings were seen in Khan et al., in their study. [9] Overall well-being of sexual minority individuals is negatively influenced by stigmatization, social isolation, and discrimination.[10-12] Reisner et al., found a lifetime major depressive episode of 35.4% among transgender people of their study group.[13] A systematic review by King et al., reported a lifetime prevalence of depression to be at least 1.5 times higher in lesbian, gay, and bisexual people.[14] In addition, Cochran et al. showed the lifetime prevalence of depression to be 34.4% among Latino and Asian-American lesbians and gays in 2007 in their study. [15] Similarly, depression was found in 25% of lesbians and transgender each and in 20% of gay people in our group. Sivasubramanian et al. where 24% of the lesbians, gays, and bisexual individuals were suffering from anxiety-related disorders in their study.[16] Suicidality, generalized anxiety disorder, and post-traumatic stress disorder were reported among 20.2%, 7.9%, and 9.8% by Reisner et al., in their transgender study group.[12] Furthermore, Cochran et al. showed the lifetime prevalence of anxiety disorders to be 18.7% in gays and 14.1% in lesbians.[14] Similar to the above studies anxiety spectrum of disorders was present in 41.6% of lesbians, 35% of gays, 33.3% of bisexuals, and in 53.1% of transgender people in our study group. Higher prevalence of suicidal behaviors was reported by Sivasubramanian et al., where 45% of their study population were had suicidal ideas during their interview and 66% were at low risk, 19% at moderate risk, and 15% at high risk.[15] In a meta-analysis by Marshal et al. showed 26% of lesbians, gays, and bisexuals exhibiting suicidal risk behavior.[17] The current suicidal risk was seen among 31.2% of transgender and in 15% of lesbians and gays in our study sample.

In a systematic review by King *et al.*, it was found that lesbian and bisexual women were particularly at risk of substance dependence. [13] Furthermore, Meyer *et al.* studied the prevalence of lifetime mental disorders among LGBT in New York in 2005 and found out that 35.5% of people had substance use disorders. [18] Comparatively higher prevalence of substance dependence was present in our study group although no significant difference was found within the group. It was among 41.6% of lesbians, 66.6% of gays,

Table 1: Sociodemographic details of the study sample							
Characteristic	Lesbians n=12 (17.1%)	Gays n=20 (28.5%)	Bisexuals n=6 (8%)	Transgender n=32 (45%)			
Mean age in years	29.1	27.5	28.2	27.1			
Education							
Uneducated Studied till 10 th Graduate and above	7 (58.3) 5 (16.6)	2 (10) 4 (20) 14 (70)	3 (50) 3 (50)	12 (37.5) 18 (56.2) 2 (6)			
Locality							
Urban– Rural	8 (66.6) 4 (33.3)	12 (60) 8 (40)	5 (83.3) 1 (16.6)	20 (62.5) 12 (37.5)			
Employment							
Employed Unemployed	7 (58.3) 5 (41.6)	4 (20) 14 (80)	4 (66.6) 2 (33.3)	15 (46.8) 17 (53.1)			
Type of family							
Joint Nuclear	2 (15.3) 10 (83.3)	0 20 (100)	1 (16.6) 5 (83.3)	12 (37.5) 20 (62.5)			
Family acceptance and support	4 (33.3)	6 (30)	2 (33.3)	6 (18.7)			
History of sexual abuse	5 (41.6)	3 (15)	2 (33.3)	4 (12.5)			

Table 2: Axis 1 diagnosis among the study population								
Axis 1 diagnosis	Lesbians n=12 (17.1%)	Gays n=20 (28.5%)	Bisexuals n=66 (8%)	Transgender n=3232 (45%)	<i>P</i> -value			
Depression								
Current episode	3 (25)	4 (20)	-	8 (25)	0.4			
Current suicidal risk	2 (15.3)	3 (15)	-	10 (31.2)	0.1			
Anxiety spectrum disorders	5 (41.6)	7 (35)	2 (33.3)	17 (53.1)	0.2			
Substance dependence	5 (41.6)	8 (66.6)	4 (66.6)	14 (43.7)	0.1			

66.6% of bisexuals, and 43.7% of transgender. It could be because of the higher prevalence of overall substance abusers in Manipur.^[19,20]

The smaller sample size was one of the important limitations of our study. NGO selection bias was another limitation which could have been reduced by simple random sampling from the community.

CONCLUSION

Sexual minority individuals deserve equal rights provided by law as any other individual in India. Comparatively higher psychiatric morbidities among these individuals necessitates proactive intervention among the medical as well as general public to uplift the dignity and livelihood of these groups of people.

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