

Student Corner

Psychological Stressors and Suicidal Ideation Among Transgender in Lahore, Pakistan

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Abstract

Objective: Transgenders, in Pakistan, face verbal victimization, physical discrimination and sexual abuse at the hands of society, which endanger both their physical and mental health significantly. The aim of the study was to measure the frequency of psychological stressors and suicidal ideation among adult trans-gender individuals in Lahore, Pakistan.

Methods: A cross-sectional study using snow-ball sampling technique was conducted, from January 2019 to September 2019. 113 transgenders (sample size calculated using confidence interval of 95% and absolute precision of 9%) were interviewed at the Fountain House of Lahore, Pakistan. A questionnaire based on Kessler scale of psychological distress served the purpose of data collection tool. The questionnaires were translated into two languages, Urdu and English, for the ease of the participants. Data obtained was analyzed using SPSS-26, with a significance level set at $p < 0.05$.

Results: High levels of psychological distress (47.7%) were prevalent among the transgenders. Verbal victimization (69.9%), institutional discrimination (32.7%), physical discrimination (33.6%), sexual abuse (33.6%), workplace discrimination (43.4%) and lack of family support (38.1%) were reported in large proportion.

Conclusion: Levels of psychological stressors and suicidal ideation among transgenders were alarmingly high. The transgender community is socially excluded by the society where they face discriminatory behavior in daily life. Such attitudes make them vulnerable to psychological stress.

Keywords: Transgenders, suicidal ideation.

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Introduction

World Health Organization defines transgenders as “the people whose gender identity and expression do not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender or otherwise considered gender non-conforming.” Though a significant part of the community, these people still lack the recognition and basic human rights in many parts of the world. Unfortunately, the adversities and miseries faced by this down-trodden part of community are intensifying with the passage of time. Denial of acceptance by parents, siblings and society force them to live in isolation, which leads them to depression and suicidal thoughts.¹ Most of the transgenders encounter persecution, brutality and inhumane behavior during their lifetime.² Economic instability and psychological

trauma add on to their distress.³ They are insulted in public, afflicted with sexual abuse due to which they suffer from sexually transmitted diseases like AIDS, not allowed to enter mosques or restaurants, not given access to educational institutions and are the victims of human trafficking.⁴ All these factors contribute to high rates of depression (36.2%) and anxiety (40%) which paves way to suicidal ideations.^{5,6} Research proves that those transgenders who are afflicted with maltreatment, prejudice and intolerance are more prone to have suicidal thoughts.⁷ Alarmingly, suicidal attempts are reported to be as high as 30% among transgenders compared to 1.9-8.7% among the general population.⁸ In India, 50% of them try to commit suicide at least once before their 20th birthday.⁹

“Hijra” or “Khawaja Sara”, as they are commonly referred to by the people in Pakistan, make about 2% of the total

population of this country. This means around 4 million people, which is a considerable number.¹⁰ Unfortunately, the attitude of society towards them is not very welcoming which makes them vulnerable to institutional discrimination (91.5%), physical attacks (77.8%) and drug abuse (37.6%).¹¹ Social exclusion is the reason due to which they have to adopt begging and commercial sex work (39.2%) to earn bread and butter.¹² These grave circumstances are responsible for the suicidal ideation among 48% and suicidal desire among 40% of transgender.¹⁰ Measures have been taken to alleviate their situation, which include issuance of national identity cards, action by the Supreme Court of Pakistan in 2013 to grant them basic human rights and setting up of a school (The Gender Guardian) in 2018 to educate them. However, still there remains huge room for improvement.

The issues and troubles faced by the transgender community needs proper and timely addressing. A deep insight into the statistical analysis of the rates of suicidal tendencies among the transgender in Pakistan is a crucial step towards the understanding of the plight of this community. In this way, necessary interventions can be planned and steps can be taken to bring down the increasing number of suicidal attempts and to alleviate the pitiful condition of transgender. This research aims to determine the prevalence of inclination to suicide among the transgender community of Pakistan.

Methods

A cross-sectional study was carried out in Fountain House of Lahore, Pakistan. The total duration of the study was 9 months, from 1st Jan to 1st Sep 2019. The data was collected from 113 transgenders using snowball sampling technique. Sample size was estimated by using 95% confidence interval, 9% absolute precision. The interviews of transgenders were conducted privately at Fountain House to build a rapport and to break the ice. The information was obtained through direct interview using close ended questionnaire to gather information related to demographic and psychological variables plus a Kessler scale of psychological distress based questionnaire was used to find the level of psychological distress among them. Both of them were bilingually translated (English and Urdu). Eligible participants identified as transgender (having no plan of any surgical intervention, hormone therapy, trans-specific psychotherapy or counseling) were between 18-80 year age group. Thus participants in the study were recruited to represent transgender population in Lahore, Pakistan. The Institutional Review Board of King Edward Medical University approved the study which included procedures to protect participants' rights and privacy and to address risk issues related to Suicidal ideation.

Participants indicated their age, education (coded as didn't attend school, till middle, till matric, college or university), religious affiliation (coded as attended mosque or church daily, weekly, monthly or yearly), housing status (coded as living alone, with family, with other transgenders or in shelter homes/NGOs), employment status (coded as employed or not employed) and monthly income (coded as <5000 Rs., 5000-6000, 6000-7000 or >7000 Rs.).

A range of psychological variables were assessed including,

Participants were asked if they ever experienced 1) verbal harassment like insulting comments or hateful speech and that too how often (seldomly, often or on a daily basis) 2) Physical harassment like slaps, kicks, knife or stone attacks 3) Sexual harassment and that if they thought it had to do with their transgender status.

Participants were asked questions to assess experiences of discrimination in areas of healthcare, employment, institution and law enforcing agencies and that too how often (never, seldom, often or always). They were asked if they had faced difficulty in getting CNIC or other documents.

Participants were asked if they were in contact with their parents/siblings and about their terms (coded as very friendly or not very friendly) and whether their family support them (coded as never, sometimes or always). They were also asked about how the general population approached them and whom did they turn to for support (biological family, straight people, current partners or LGBT family).

Participants were asked if they had been injecting drugs or smoking or drinking alcohol (coded as daily, weekly, monthly or yearly).

Participants were asked if they ever had inclination towards ending their lives, if they had ever tried to harm themselves or to commit suicide (coded as never or sometimes/often)

Kessler psychological distress scale(K10): It is a 10 item scale to assess an individual's psychological distress. Participants indicated on a 5-point scale how often they felt 10 affective statements in the past 4 weeks, such as "How often did u feel depressed?" and "How often did u feel worthless?" Commonly accepted cutoffs (20-24 for mild, 25-29 for moderate and 30 or more for severe mental disorder) were used to identify the proportion of participants who reported mild, moderate or severe psychological distress. K10 has demonstrated sound reliability and validity. In the current study, the internal consistency coefficient was $\alpha=0.958$.

Statistical analysis: The demographic profile of the sample was computed in the first instance. Then the

proportion of participants who reported high or very high psychological distress was determined. Quantitative variables like age were presented as mean±SD. Qualitative variables as institutional discrimination were presented as frequency and percentage. The significance level was set at p<0.05 and all analysis was conducted with SPSS 26.

Results

Out of the sample, 47.7% reported high or very high levels of psychological distress according to the scores on the K10. The mean age of the study population was 54±4 years. The middle age group of 45-55 years was found to be having maximum participation in the research conducted and had higher levels of psychological distress at this part of their lives due to factors like lack of family support, <5000 Rupees of monthly income. A large percentage of the study sample reported verbal victimization very oftenly which acts as a major contributing factor towards psychological distress. Table no. 1 shows the frequency distribution of the demographic and psychological variables among the sample of transgenders. 51.3% of the transgenders involved in the study sample didn't attend school at all, 65.5% were unemployed, 61.9% had less than 5000 Rs. monthly income, 40.7% were victim of verbal victimization, 19.5% reported physical victimization, 22.1% reported workplace discrimination. Table no. 2 shows the valid percentage of suicidal ideation among the given sample

Table 1: Demographic Characteristics of transgender

Charact eristics	Response	n	%
Age	18-25	1	0.9
	25-35	4	3.5
	35-45	14	12.4
	45-55	49	43.4
	55 or more	45	39.8
Education	Didn't attend school	58	51.3
	Till middle	46	40.7
	Till matric	6	5.3
	Attended College	2	1.8
	University	1	0.9
Housing status	Living alone	39	34.5
	Living with family	33	29.2
	Living with other transgenders	37	32.7
	In shelter home/NGOs	4	3.5
Religious status	Attends mosque/church daily	52	46.0
	Weekly	36	31.9
	Monthly	10	8.8
	Yearly	15	13.27

of transgenders. 47.8% reported that they experienced suicidal ideation sometimes while 10.6% experienced it very often.

Table 2: Economic Status of Transgenders

Status	Response	n	%
Employment	Employed	39	34.5
	Unemployed	74	65.5
Monthly income	<Rs. 5000	70	61.9
	5000-6000	18	15.9
	6000-7000	7	6.2
	>Rs. 7000	18	15.9

Table 3: Addiction Status of Transgender

Status	Response	n	%
Drug Abuse	No	104	94.7
	Yes daily	7	3.5
	Once a year	2	1.8
Smoking	No	79	69.9
	Daily	27	23.9
	Weekly	5	4.4
	Monthly	2	1.8
Alcohol intake	No	106	93.7
	Daily	3	2.7
	Weekly	2	1.8
	Monthly	1	0.9
	Yearly	1	0.9

Table 4: Family Support and status of transgender

Status	Response	n	%
Family contact	No	36	31.9
	Live with them	23	20.4
	Meeting daily	12	10.6
	Meeting weekly	7	6.2
	Monthly/Yearly	35	31
Family terms	Very Friendly	57	50.4
	Not very friendly	54	47.8
	No answer	2	1.8
Family support	Never	43	38.1
	Always	42	37.2
	Sometimes	28	24.8

Discussion

Among the transgenders who were approached and interviewed for this study, 47.7% were found to be highly distressed psychologically. When considering the harsh circumstances they face, the challenges they encounter in their daily life to make both ends meet and the cruelty that is inflicted upon them by the society, this high percentage seems to have a sound reasoning.

Table 5: *Discrimination status of transgenders.*

Status	Response	n	%
Verbal victimization	No	34	30.1
	Often	46	40.7
	Daily	11	9.7
Physical victimization	No	75	66.4
	Seldom	14	12.4
	Often	22	19.5
	Daily	2	1.8
Sexual abuse	No	75	66.4
	Seldom	18	15.9
	Often	17	15
	Daily	3	2.7
Healthplace discrimination	Never	82	72.6
	Seldom	17	15
	Often	13	11.5
	Always	1	0.9
Workplace discrimination	Never	64	56.6
	Seldom	25	22.1
	Often	21	18.6
	Always	3	2.7
Institutional discrimination	Never	76	67.3
	Seldom	12	10.6
	Often	10	8.8
	Always	15	13.3
Law discrimination	Never	81	71.7
	Sometimes	16	14.2
	Always	16	14.2

Table 6: *Valid percentage of suicidal ideation among transgender.*

Suicidal ideation	Frequency	Percentage	Valid percentage
No	47	41.6	41.6
Sometimes	54	47.8	47.8
Very often/ repeatedly	12	10.6	10.6
Total	113	100.0	100.0

This result came out to be similar to that of a research in Australia. In that research, 46.0% of transgenders report to be suffering from significant levels of psychological distress.¹² Other studies have also shown high rates of depression (36.2%) and anxiety (40%) which is a threat to their mental health.^{5,6} Understandably, the miseries faced by the transgenders force them to view life as a trouble in itself. They try to find redemption in ending their lives. Among the study population, 47.8% reported that they sometimes feel the urge to commit

suicide, while 10.6% felt the same very often. Other researches have also calculated the prevalence of suicidal ideation to be as much as 60%¹³, 48%¹⁶ and 64.9%.¹⁷ These rates demand urgent effective measures for the betterment of their pitiful situation. Unfortunately, transgenders in Pakistan have little access to educational opportunities, as supported by our findings. Only 5.3% attended school till grade 10. 1.8% had been to a college and a small percentage of 0.9% reported to have studied in a university. Luckily, other parts of the world provide the transgenders their right to education. The researchers in Virginia⁷ found out that a significant percentage of 78.3% of transgenders has attended a college. This shocking difference can be explained by the lack of acknowledgement and acceptance by the society, social exclusion, fear of being ridiculed and bullied by their cisgender peers and inaccessibility to educational institutions which is responsible for low literary rates of transgenders in Pakistan. Unemployment is another factor that worsens the life status of transgenders. Only 34.5% of transgenders reported to be employed. Remaining 65.5% were jobless, major reason being lack of education or a skill. This situation makes it very difficult for them to earn their bread and butter. Similar research in the USA shows unemployment rate of 44% among transgenders¹⁸. This can be a ray of hope, indicating improvement in society's behaviour, which now has started to believe that the doors of employment should be equally open to everyone, regardless of their gender identity.

Majority of the transgenders (61.9%) reported that the money they were able to gather at the end of a month usually amounted to less than Rs. 5000, indicative of the extreme poverty they live in. This percentage was consistent with the statistics we obtained for their employment status. Only 15.9% claimed their monthly earnings to reach above Rs. 7000. The studies conducted in Rawalpindi and Islamabad also show 65.6% of transgenders to be earning less than Rs. 10000 in a month.¹⁴ Getting a roof to live under is not easy for transgenders. They preferred living with other transgenders (32.7%) or in shelter homes (3.5%). Surprisingly, 34.5% reported to be living alone, mostly in their small rented houses, because they found it more comfortable for themselves. Similar results are found by other studies where estimates show that 1 in 5 transgender people are housed unstably and need shelter homes to abide in.¹⁹ Majority of transgenders (94.7%) reported to be uninvolved in drug abuse. Similar were the statistics for smoking and alcoholism, where 69.9% reported that they did not smoke and 93.8% reported that they did not consume alcohol. This could be due to religious restrictions and society norms. Another cause for such results could be the adversity of their living conditions where they often find themselves penniless and unable to pay for

basic food commodities. In such circumstances, it is understandable that they do not spend the scarce money they have on drugs or cigarettes. In other developing countries, studies show greater proportions of transgenders to be using cigarettes and alcohol. In India, 54% of transgenders consume alcohol often.²⁰ In Bangalore, 31% have tobacco abuse risk and 15% have alcohol abuse risk.²¹ This contrast can be due to different cultures and lifestyles. Transgenders reported high rates of verbal victimization (69.9%) and physical insults (33.6%), reflecting a lack of acceptance and tolerance by society. Often this vulnerable population finds itself being inflicted with abusive and humiliating language and physical attacks, which shows the inhumane behaviour of cisgender people towards them. Studies in USA also show violence victimization experienced by 40% or more of the transgenders.^{20,21} This is further supported by the findings of our research. Sexual abuse was reported by 33.6% of the transgenders. However, considering the sensitivity of nature of this topic and that many transgenders find it extremely uncomfortable and painful recalling such horrific experiences, the actual statistics could be higher. In developed countries, this rate is not as high, probably because of the respectful outlook of the society towards them where only 19% of the transgenders report sexual abuse.²² Many transgenders beamed up when they were asked about their parents and siblings. 50.4% reported to have friendly terms with their family and 61.9% reported to have the support of their families. 20.4% of the transgenders told us that they lived with their families. 47.8% met their families now and often. However, there were those among them who got gloomy at this topic, as they had no contact with their families (31.9%) or had no support of their families (38.1%). Other studies also prove that 62% of the transgenders are devoid of family support.¹⁸ When asked about the attitude of doctors towards them, majority (72.6%) were satisfied and reported that they never found doctors to be biased towards them. This is consistent with the results of a similar research in Pakistan where satisfaction with the healthcare professionals is found out to be 62%.¹¹ The mean age of the study population came out to be 54 years, whereas prevalence of suicidal ideation can be expected to be much higher in younger age groups. Future studies should focus on including younger transgenders. Also, the sample was condensed in one city of Pakistan, and the results were generalized to the whole country. Future work can include data from various other cities of Pakistan. Future studies can also explore areas like drug abuse and sexual violence. However, considering the facts that approaching the transgenders, gaining their confidence and bringing them to open up about the unpleasant experiences of their lives, is not a piece of cake, this research has its own merits and strengths.

This research can highlight future interventional areas for authorities to take measures to bring improvement in the condition of this part of the community, which, sadly, suffers at the hands of the community itself.

Conclusion

The research concludes that transgenders in Pakistan continue to live under extremely pathetic conditions which promote psychological distress among them. Suicidal ideation further adds to their heart-rending situation. The responsible factors like illiteracy, unemployment, gender-based verbal, physical and sexual victimization and social exclusion should be modified in such a way that there can be hope for the creation of a friendly environment for transgenders, where they are provided basic human rights and access to all the privileges of a prosperous life.

Ethical Considerations

Informed consent was taken. The study adheres to the ethical guidelines for human participation specified by IRB of KEMU which granted full approval of the study.

Conflict of Interest: None

Funding Source: None

References

1. Yadegarfar M, Meinhold-Bergmann ME, Ho R. Family rejection, social isolation, and loneliness as predictors of negative health outcomes (depression, suicidal ideation, and sexual risk behavior) among Thai male-to-female transgender adolescents. *J LGBT Youth*. 2014;11(4):347-63.
2. Lombardi E L, Wilchins R A, Priesing D, Malouf D. Gender violence: Transgender experiences with violence and discrimination. *J Homosex*. 2002;42(1):89-101.
3. Lenning E, Buist CL. Social, psychological and economic challenges faced by transgender individuals and their significant others: Gaining insight through personal narratives. *Cult Health Sex*. 2013;15(1):44-57.
4. Khusboo, R., & Hotchandani. Problems of Transgenders in India: A study from social exclusion to social inclusion. *Int J Hum Res Soc Sci*. 2017;4(4):73-80.
5. Budge S L, Adelson J L, Howard K A. Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *J Consult Clin Psychol*. 2013;81(3): 545.
6. Pitts M K, Couch M, Mulcare H, Croy S, Mitchell A. Transgender people in Australia and New Zealand: Health, well-being and access to health services. *Femin Psychol*. 2009;19(4):475-95.
7. Rood B A, Puckett J A, Pantalone D W, Bradford J B. Predictors of suicidal ideation in a statewide sample of transgender individuals. *LGBT Health*. 2015; 2(3): 270-5.

8. Bockting W O, Miner M H, Swinburne Romine R E, Hamilton A, Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *Am J Public Health*. 2013;103(5), 943-51.
9. Virupaksha H G, Muralidhar D, Ramakrishna J. (2016). Suicide and suicidal behavior among transgender persons. *Ind J Psychol Med*. 2016; 38(6): 505-9.
10. Slatch IM, Ahmed MM, Mubarak F. Depression and suicidal ideation among transgenders. *J Rawal Med Col*. 2018;8(4): 353-6.
11. Shah HBU, Rashid F, Atif I, Hydrie M Z, Fawad M W B, Muzaffar H Z et al. Challenges faced by marginalized communities such as transgenders in Pakistan. *Pan Af Med J*. 2018;30(1):1-7.
12. Bariola, E, Lyons, A, Leonard, W, Pitts, M, Badcock, P, & Couch, M. Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *Am J Public Health*. 2015;105(10):2108-16.
13. Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suic Life Threat Behav*. 2007;37(5): 527-37.
14. Nuttbrock L, Hwahng S, Bockting W, Rosenblum A, Mason M, Macri M, Becker J. Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *J Sex Res*. 2010;47(1): 12-23.
15. Abdullah MA, Basharat Z, Kamal B, Sattar N Y, Hassan Z F, Jan, A D, Shafqat, A. Is social exclusion pushing the Pakistani Hijras (Transgenders) towards commercial sex work? A qualitative study. *BMC Int Health Hum Rights*. 2012;12(1): 1-9.
16. Barboza, G E, Dominguez, S, Chace, E. Physical victimization, gender identity and suicide risk among transgender men and women. *Prevent Med Rep*. 2016; 4(3): 385-90.
17. Spicer SS. Healthcare needs of the transgender homeless population. *J Gay Lesb Ment Health*. 2010; 14(4): 320-39.
18. Sridevi Sivakami PL, Veena KV. Social Exclusion have a negative impact on the health of the Transgender. *Indian Streams Res J*, 2011;1(1): 1-4.
19. Budania SK. Rapid assessment of mental health needs and planning of mental health services for the Transgender (Hijras) community. Bangalore: National Institute of Mental Health and Neuro Sciences (NIMHANS). 2012.
20. Stotzer RL. Violence against transgender people: A review of United States data. *Aggres Viol Behav*. 2009; 14(3):170-9.
21. Xavier JM, Bobbin M, Singer B, Budd E. A needs assessment of transgendered people of color living in Washington, DC. *Int J Transgend*. 2005;8(2-3):31-47.
22. Heintz AJ, & Melendez RM. Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals. *J Interp Viol*. 2006; 21(2): 193-208.