

Depression and Suicidal Ideation among Transgenders

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Abstract

Background: To study the frequency of depression and suicidal ideations among adult trans-gender individuals.

Methods: It was a cross-sectional and descriptive study. Data was obtained from snow ball sample of transgender individuals. An informed consent explaining the procedure and purpose of study and assuring the confidentiality was taken. Data were collected in two phases. In phase I, 60 transgender individuals were screened by using two questionnaires (Hamilton Rating Scale for Depression and Beck's Scale for Suicidal Ideation) and in phase II, 7 interviews were conducted to gather the qualitative data.

Results: Five percent had mild depression, 18% showed moderate Depression, 37% severe depression and 40% were found having very severe depression. High tendency of suicidal ideation was found in 48%. Forty percent depicted higher suicidal desire and 60% expressed having a low suicidal desire.

Conclusion: Majority of the transgender individuals reported having severe depression and suicidal ideations. Results suggested the positive correlation between depression and suicidal ideation.

Key Words: Depression, Suicidal ideation, Transgenders

Introduction

Transgenders, Transsexuals and persons with Gender identity Disorder or Gender Dysphoria are synonymous terms and used interchangeably. Transgender is an individuals, whose sense of being male or female differs from that associated with birth sex.¹ Transgender people mostly live and dress either part-time or full-time as the opposite sex.² The Transgender umbrella may incorporate many different cases of people whose sexual orientation, personality or behaviour may vary from social desires.³ Transsexuals are individuals who are either not happy

or do not accept themselves as a member of the sex or gender to which they were assigned by the anatomical structure of the body.⁴ Gender Dysphoria is a strong and persistent feelings of identification with the opposite gender and discomforts with one's own assigned sex that result in significant distress or impairment. People with Gender Dysphoria desire to live as members of the opposite sex and often dress and use mannerisms associated with the other gender.⁵ Sexual orientation additionally is impacted by culture, class, and race since conduct, exercises and characteristics seen as fitting in one society or gathering might be seen miss-fitting in another.⁶ Transgenders exist in all over the World, In Pakistan, their prevalence of transgenders has been roughly estimated to be 2% which means that their total population would be around 4 million, which is a significant number.

Globally, more than 300 million peoples are influenced by depression (4.4% of the world's population) and according to WHO, it is the largest contributor to global disability and deaths due to depression leading to suicide, which sums up to 800 000 per year. And the estimated number of people with depression is increasing with the increasing population.⁷ Depression is more common among females.⁸ In Pakistan about 14% of people are affected by Depression.⁹ According to a study conducted in India the range for suicidal attempts among transgenders lie between 32% to 50% across the countries.¹⁰

In South Asian countries transgender usually belong to a low socioeconomic status. Majority of them live a miserable life due to multiple factors, for example, they are not usually accepted by their families, they have to live away from their families, they face a lot of humiliation and stigma by the society, not given their basic rights of education and employment and often discriminated and marginalized. They are destined to face physical and sexual abuse on regular basis.¹⁰ They are forced to earn their livelihood by singing, dancing, begging or even by becoming sex-workers. All this leads to multiple social, psychological and medical problems like HIV, syphilis and other sexually transmitted diseases. Among psychological problems,

low self-esteem, depression and suicidal ideation and attempts are common findings. Similarly, personality disorders especially emotionally unstable personality and substance abuse are frequently found in this community and the rates of these disorders are higher than those found in general population.¹¹

Subjects and Methods

This study was designed to assess the level of depression and suicidal ideation among transgenders. To investigate the relationship of demographic factors to their frequency of depression and suicidal ideation, a cross sectional research design was used for the study. This design determined if a relationship exists between two or more variable. Sample was selected by using snowball sampling technique for the study. The data was collected from transgender community found in Rawalpindi and Islamabad. Sample consisted of 60 Transgenders individuals. The inclusion criteria were computerized National Identity Cards (CNICs) that are given by government to this 3rd gender community. A demographic data sheet was devised including name, age, education, gender, status/ source of income. Quantitative aspect of study was measured by using two scales: Hamilton rating scale for depression and Beck’s scale for suicidal ideation.¹² The Urdu translation of Hamilton rating scale for depression was used which has been translated and validated by Ali M Hashmi and Urdu translation of Beck’s scale for suicidal ideation was used which has been done by Nailah Ayub.^{13,14} Acquaintance of Transgenders was provided by their community head. Meeting with the community head (Guru) of the transgenders was convened with the help of psychiatrists from Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi as they had already arranged an awareness seminar in 2016 for this community. Participants were informed about the purpose of research. Two scales along with demographic sheet were provided to the participants to gather the data.⁷ interviews were conducted at Institute of Psychiatry, Benazir Bhutto hospital to gather the qualitative data. Ten questions were included in the interview about the risk factors, protective factors and their coping strategies. Analysis of research was conducted using Statistical Package for the Social Sciences (SPSS) version 20.

Results

Sample consisted of Transgenders ranging from ages 18-60. Most of the sample lay in between 18 to 30 years

that make up 60% of the total sample. There were 49% males and 51% females, mostly have no education, the source of income of majority is dancing and most of them are in contact with their family (Table 1).The alpha coefficient for HAM-D was medium whereas the alpha coefficient for BSSI was relatively high (Table 2). Depression was a common finding, 37% had severe depression and 40% very severe depression (Table 3).

Table 1:Demographic characteristics

Variables	Categories	f (%)
Age (years)	18-30	36(60)
	31-40	13(22)
	41-50	10(17)
	51-60	1(1)
Gender	Transgender Male	29(48)
	Transgender	31(52)
Education	Female	4(6)
	Educated	56(94)
Source of income	Uneducated	33(55)
	Dancers	22(37)
	Beggars	5(8)
In contact with family	Others	54(90)
	Yes	6(10)
	No	

Table 2:Descriptive Statistics and Alpha Coefficients of Depression and suicidal ideation among transgenders

Variables				Range		
	M	SD	α	Potential	Actual	Skew
HAMD	17.78	6.78	.76	2-33	0-54	.024
BSSI	15.38	7.56	.87	23-46	19-57	.67

HAMD=Hamilton rating scale for Depression. BSSI= Beck’s scale for suicidal ideation.

Table 3:Levels of Depression and Suicidal ideations among Transgenders (n=60)

Variables	Levels	f (%)
HAMD	Normal(0-7)	0(0)
	Mild(8-13)	3(5.0)
BSSI	Moderate(14-18)	11(18)
	Severe depression(19-22)	22(37)
	Very severe depression(≥23)	24(40)
	High>15	29(48)
ASD	Low <15	31(52)
	High>5	24(40)
SP	Low<5	36(60)
	High>2	25(42)
PSD	Low<2	35(58)
	High>23	36(60)
	Low<23	24(40)

HAMD= Hamilton rating scale for Depression, BSSI= Beck’s scale for suicidal ideation, ASD= active suicide desire, SP= suicide plan, PSD= passive suicide Desire.

Table 4: Mean , Standard Deviation and t-values for depression and suicidal ideation in male and female transgenders

Variables	Groups						95%CI
	Male (n=29)		Female(n=31)		T	P	
	M	SD	M	SD			
HAMD	15.8	6.1	19.5	6.9	-2.14	0.3	LL UL -7.0 -2
BSSI	15.4	8.1	15.2	7.0	.098	.9	-3.7 4.1

HAMD=Hamilton rating scale for Depression. BSSI= Beck’s scale for suicidal ideation.

Table 5: Mean, standard deviation and t value for depression and suicidal ideation in terms of contact with family and without family support in Transgenders

Variables	Groups						95%CI
	Contact (n=29)		No contact (n=31)		T	P	
	M	SD	M	SD			
HAMD	17.74	6.79	18.1	7.25	-.14	.88	LL UL -6.3 5.4
BSSI	15.09	7.58	18.0	7.45	-.89	.37	-9.43 3.6

HAMD=Hamilton rating scale for Depression. BSSI= Beck’s scale for suicidal ideation.

Table 6: Mean, Standard Deviation and Anova values for Depression and suicidal ideations among transgenders age groups

Variables	M(SD)	F	p	95%CI		
				LL	UP	
HAMD	18-30years(36)	18(6.90)	1.953	.132	15.66	20.33
	31-40years(13)	18.46(6.13)			14.75	22.16
	41-50years(10)	17.7(6.09)			13.34	22.05
	51-60years(1)	2(1)			-	-
	BSSI	18-30years(36)	16.05(7.30)	1.17	.32	13.5
BSSI	31-40years(13)	16.07(8.99)			10.6	21.5
	41-50years(10)	13.20(6.08)			8.84	17.5
	51-60years(1)	4			-	-

HAMD=Hamilton rating scale for depression, BSSI= Beck’s scale for suicidal ideation, M=mean;SD= standard deviation, p= significance, LL=lower limit, UP= upper limit, CL= confidence interval.

Table 7: Mean (M), Standard Deviation (S.D.) and ANOVA values for Depression and suicidal ideations among transgenders Education groups

Variables	M(SD)	F	P	95%CI		
				LL	UP	
HAMD	None(37)	18(7.21)	.26	.76	15.59	20.40
	Below Matric(19)	17(6.50)			13.89	20.13
	Above Matric(4)	19.5(4.20)			12.81	26.18
BSSI	None(37)	15.78(7.25)	.15	.85	13.36	18.20
	Below Matric(19)	14.57(7.25)			10.28	18.87
	Above Matric(4)	15.50(3.41)			10.06	20.93

HAMD=Hamilton rating scale for depression, BSSI= Beck’s scale for suicidal ideation, M=mean;SD= standard deviation, p= significance, LL=lower limit, UP= upper limit, CL= confidence interval.

Sample scored low scale of suicide ideation and its subscales (ASD, SP and PSD) (Table 4 &5). Anova

value of .132 and .328 for HAMD and BSSI among age categories of transgenders individuals which is not significant (Table 6). Anova value of .767 and .857 for HAMD and BSSI among education categories of transgenders which is not significant, non significant p value for depression and suicide ideation (Table 7). Anova value of .260 and .098 for HAMD and BSSI among income categories of transgenders individuals which is not significant (Table 8)

Table 8: Mean , Standard Deviation and ANOVA values for Depression and suicidal ideation among different occupation of transgender individuals

Variables	M(SD)	F	P	95% CI		
				LL	UP	
HAMD	Dancer(33)	17.09(6.29)	1.3	.2	14.8	19.3
	Beggars(22)	19.5(7.50)			16.1	22.8
	Others(5)	14.80(5.89)			7.4	22.1
BSSI	Dancers(33)	13.93(6.83)	2.4	.09	11.5	16.3
	Beggars(22)	16.18(8.34)			12.4	19.8
	Others(5)	21.40(6.18)			13.7	29.0

HAMD=Hamilton rating scale for depression, BSSI= Beck’s scale for suicidal ideation, M=mean SD= standard deviation, p= significance, LL=lower limit, UP= upper limit, CL= confidence interval.

Table 9: Correlation among the variables of scales and their sub scales.

Variables	HAMD	BSSI	ASD	SP	PSP
HAMD	-	.595**	.295*	.757**	.537**
BSSI		-	.435**	.628**	.975**
ASD			-	.212	.268*
SP				-	.608**
PSP					-

Correlation is significant at p<.05; p<.01. Edu= Education of target sample; Sib= Number of siblings; Source= source of income; Contact; contact with family; TBSSI= Beck scale for suicidal ideation; ASD= Active suicidal desires; SP= Suicide plan; PSD= Passive suicide desires.

Significant positive correlation existed between HAMD and BSSI (.595**), ASD (.295*), SP (.757**) and PSP (.537**). BSSI also had a significant positive correlation with ASD (.435**), SP (.628**) and with PSP (.975**). Significant positive correlation existed between ASD and PSP(.268*), SP and PSP(.608**) (Table 9).

Discussion

This research provides evidence that transgenders are at a higher risk of depression leading to suicide. Majority of the transgenders reported severe depression and suicidal ideations. Results suggested the positive correlation between depression and suicidal ideation. These rates clearly show the need to effectively form policies and counter measures to reduce depression and suicide risks among Trans population. Currently in Pakistan there are various

recorded cases of discrimination, rejection, sexual abuse and violence against Trans-men and women which mainly lead to depression and suicidal attempts among them.⁷

Exploitation, rejection, discrimination and biased behavior was generally identified in close relation with self-destructive behaviour among transgenders and high prevalence of suicidal ideation and attempts was found in individuals having experienced such stressors. Another major factor for the depression and suicidal ideation was any disability or disease such as HIV, hepatitis and others.¹⁵ Similarly prevalence of suicide and depression was found higher among respondents classified as trans-women than in trans-men. It is likewise conceivable that higher rates and prevalence of lifetime suicidal attempts might be expected due to the poor quality of life, joblessness and problems related to general medical services, and the inability to bear the cost of the services.¹⁶ In some cases it was also found that individuals abstained from telling everyone about their transgender status as it was observed to be related with high pervasiveness of depression and lifetime suicidal attempts for those who openly expressed. Most of them continue with their daily routines such as go to mosques and perform different activities in disguise as the revelation of one's transgender status adds to suicide risk and depression the reason being acknowledged by others as transgenders increases the possibility of discrimination, physical abuse and low self-esteem resulting in depression and suicide.¹⁷ However, pervasiveness of lifetime suicide attempts was observed to be lower among respondents, who refrain from telling people about their sexual status and such individuals kept their life at a low profile. They experienced less stressors such as discrimination, rejection and portrayed their sexual way of life following or sticking to one gender at a particular time. By and large, these discoveries propose that the biggest defensive factor against the suicidal ideation among such groups could also be the fact of not being perceived by others as transgenders. Thus all this may somehow work in protecting them as it reduces exposure to such stressors leading to low self-esteem, depression and ultimately suicide or self-harm.¹⁸

Research on sexual minority groups is limited and has not been able to encompass a vast majority to fully relate to and cover the various mental health issues being faced by them. Even though most of them are either bound or forced to not speak or disclose their true identities mainly because of many reasons such as religion, culture, family disgrace or the fear of the

society to be judged or rejected and sometimes often seen to have subjected to violence or victimization and sometimes they are under great amount of pressure from their gurus, all these contribute to the exceptionally high level of depression and suicidality among these gender non-conforming respondents.

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