

Suicide Ideation in LGBTQ+ Community in the Northern Part of India: A Cross-sectional Study

Abstract

Background: The mental health challenges within India's LGBTQ+ community are often overlooked, making it essential to study suicide ideation within this population.

Materials and Methods: A cross-sectional study was done with an online structured survey consisting of 12 questions related to socio-demographic characteristics, mental health, discrimination and suicidal thoughts. The sampling method used in this research paper was the snowball technique. In the data analysis, the Chi-square test was conducted using SPSS Software.

Results: A sample of 59 LGBTQ+ people in India was collected. Gay (54%), bisexual (19%), lesbian (12%), non-binary (7%), pansexual (5%) and transgender (3%) participated in this study. Suicidal thoughts occurred to 66.07% of them at least once in their lives. Those who had previously experienced verbal abuse had much higher suicidal thoughts ($P = 0.05$ with a 95% confidence interval).

Conclusion: To broaden the dialogue on suicide prevention, it is imperative that we actively incorporate LGBTQ+ individuals. This can be achieved through initiatives such as establishing counselling centres, wellness hubs and healing facilities, amongst other essential measures.

Keywords: Discrimination, LGBTQ+, mental health, physical abuse, suicide

Introduction

Mental health issues are likely to become the new pandemic in the coming years.^[1] Suicide is a multifaceted phenomenon arising from the intricate interplay of biological, psychological, cognitive and environmental elements.^[2] Amongst the lesbian, gay, bisexual and transgender (LGBTQ+) community, there exist additional disparities in health outcomes.^[3] Having mental health conditions are stigmatised in India, and those with mental health issues are often shunned.^[4,5] The LGBTQ+ population in India does not get commensurate health policy attention and their mental health is often overlooked. This community encounters a range of additional challenges, including discrimination, bias, the deprivation of civil and human rights, harassment, familial estrangement, anxiety, substance abuse, experiences of violence, gender nonconformity, low self-esteem, suicidal thoughts and various health

problems, with a particular emphasis on mental health.^[6-8] Compared to the general population, transgender people in India have been observed to have a high prevalence of suicide ideation, with an approximate suicide rate of 31%, and around half of them have made at least one suicide attempt during their lifetimes. In the state of Karnataka alone, 40–50 people commit suicide each year.^[9] Suicide prevention has not been adequately addressed due to a lack of awareness and stigma in many cultures.^[10] When LGBTQ+ youth contemplate or commit suicide, it is often not solely because of their sexual orientation or gender identity but rather as a response to a range of distressing factors. The lack of research studies, which include information about sexual orientation and gender identity, makes it harder to study the health of LGBTQ+ individuals, leading to limited research in this area.

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Materials and Methods

Design and duration

A cross-sectional study carried out from October 2021 to April 2022.

Sample size & Place of study

Fifty-nine LGBTQ+ individuals residing in.

Noida, Uttar Pradesh, India.

Data collection

An online structured survey with 12 questions on mental health, discrimination and suicide ideation, including socio-demographic details, was prepared and used. All participants provided informed consent in person, and parental consent was obtained for those under 18 years of age.

Sampling method

Snowball sampling was used in this study which is a non-probability method where new participants are recruited by existing ones. This method is valuable for researching individuals with distinctive characteristics, such as sexual orientation, especially when they are hard to locate, like LGBTQ individuals.

Sample size calculation

In this study, a sample size of 59 cases was determined with a 95% confidence level and a $\pm 12\%$ margin of error.

The calculation used the formula: $n = Z^2 p (1 - p)/d^2$, with Z as the Z statistic at a 5% significance level, d as the margin of error and p representing the expected prevalence (set at 31%).

Inclusion and exclusion criteria

Participants who provided informed consent and self-identified as LGBTQ+ individuals living in India while also possessing access to mobile phones for survey participation were included in this study. The participants under the age of 15 and those with incomplete or inconsistent survey responses were excluded from the study.

Statistical analysis

Data from participants were first entered into Microsoft Excel (2009) spreadsheets. Subsequent analysis was carried out using (IBM Corp. Released 2019. IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp). The Chi-square test was used to identify associations at a significance level of ($P < 0.05$).

Ethical clearance

The research was reviewed and approved by the Institutional Ethics Committee at Amity University, Noida, under the ethical number AUUP/IEC/AUG/2021/04.

Results

Table 1 illustrates that the majority of study participants were between 15 and 25 years old, with an average age of 22.32 ± 1.78 years. Based on their external appearance, 67.7% of them were male. Graduates made up much of the sample population (40.6%).

The Chi-square test could not be applied due to the limited data available for variables such as age, gender, education and

Table 1: Analysis of sociodemographic factors

Sociodemographic characteristics	n (%)
Age	
15–25	29 (49.1)
25–35	23 (38.9)
35–45	5 (8.4)
45 and above	2 (3.38)
Gender (based on appearance)	
Male	40 (67.7)
Female	12 (20.3)
Transgender	2 (3.38)
Non-binary	5 (8.47)
Education	
Primary	1 (1.69)
High-school	3 (5.08)
Undergraduates	9 (15.25)
Graduates	24 (40.67)
Postgraduates	19 (32.20)
Doctorates	2 (3.38)
Illiterates	1 (1.69)

residence, making it impossible to establish an association with suicide ideation. There were 54% gay, 19% bisexual, 12% lesbian, 7% non-Binary, 5% pansexual and 3% transgender [Figure 1].

According to Figure 2, 22.03% did not disclose their identity to their families or the public, whereas 77.97% did. The disclosure of their sexual identity did not lead to an increase in the prevalence of suicide ideation. Around 66.07% of them had suicidal thoughts at least once in their lives [Figure 3].

Those who had previously experienced verbal abuse had significantly higher suicidal ideation ($P < 0.05$). Sixty-four percent population did not seek substance abuse to cope with suicidal thoughts. Nearly 50.84% of the population did not seek any therapy or counselling as they did not feel respected in their respective medical setting or their surroundings [Table 2].

Discussion

To our knowledge, this study is the first in India to explore suicidal thoughts within the LGBTQ+ community, contributing to the understanding of factors related to self-harm and suicidal thoughts amongst LGBTQ+ youth. Young adults experiencing verbal abuse were more likely to self-harm and have suicidal thoughts. Transgender youth, as shown in another study, had significantly higher rates of self-harm, suicidal thoughts and suicide attempts than non-transgender youth.^[11,12]

In another study, suicide attempts were notably linked to factors such as living alone, experiencing physical violence from a casual partner and encountering sexual violence from a family member. Moreover, non-binary individuals had a significantly higher likelihood of suicidal ideation, being over four times more likely than their male or female counterparts.^[13] In addition, young individuals who identified as homosexual and felt their parents were more rejective when they disclosed their sexual orientation, experienced higher psychological distress, highlighting the importance of recognising and supporting these vulnerable groups.^[14]

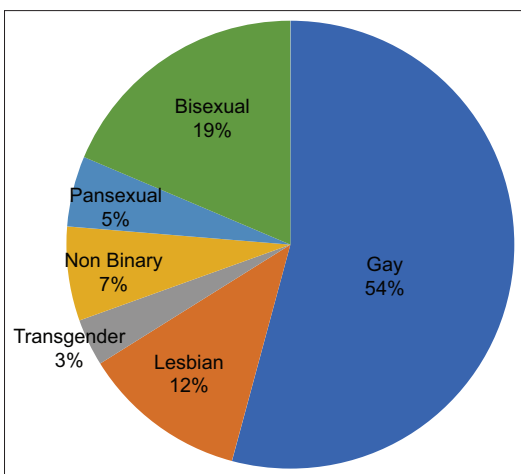


Figure 1: Sexual orientation

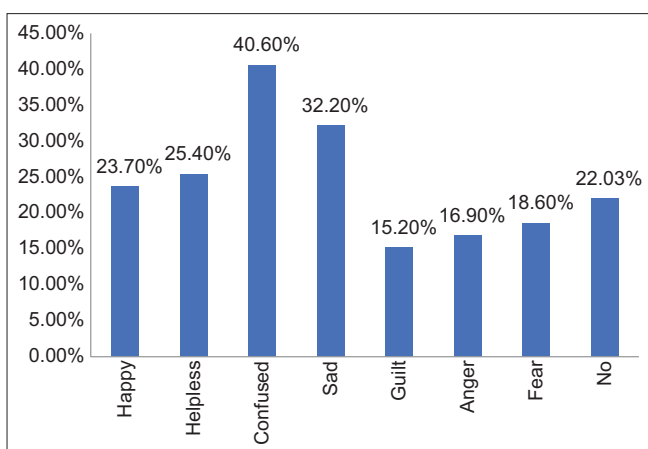


Figure 2: Identity disclosure

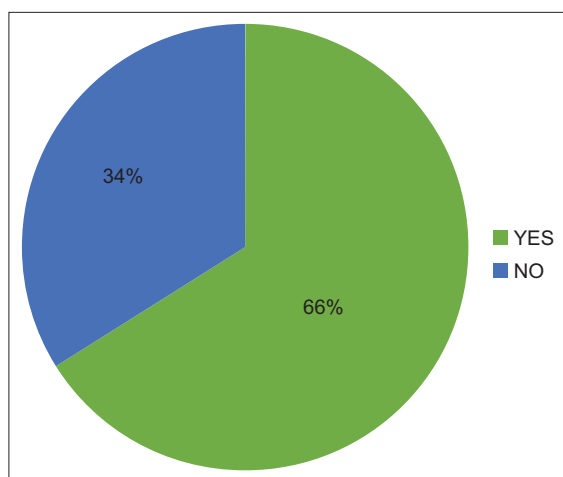


Figure 3: Suicide ideation in the sample population

This research informs interventions and support systems for LGBTQ+ well-being, emphasising the need for suicide prevention and early intervention, particularly amongst these individuals. Further research is essential to explore the link between sexual identity and suicide rates, considering factors such as religion and ethnicity, and to develop tailored preventative measures

Table 2: The association between suicide ideation and a different variable

Variables	Suicide - yes, n (%)	Ideation - no, n (%)	P
Identity disclosure			
Yes	28 (60.8)	18 (39.2)	0.042
No	8 (61.5)	5 (38.4)	
Verbal abuse			
Yes	27 (65.8)	14 (34.1)	0.004
No	9 (50)	9 (50)	
Physical abuse			
Yes	22 (73.3)	8 (26.6)	0.250
No	14 (48.2)	15 (51.7)	
Suffocated			
Yes	33 (70.2)	14 (29.7)	0.965
No	3 (25)	9 (75)	
Therapy/counselling			
Yes	19 (67.8)	9 (32.1)	0.306
No	17 (54.8)	14 (45.1)	

and support services for vulnerable subgroups within the LGBTQ+ community. The stigma associated with mental health problems and LGBTQ+ identities hinders individuals from seeking help. When people with mental health issues internalise this stigma, they begin to accept the harmful stereotypes, resulting in reduced self-esteem and feelings of shame.^[15] To attain universal healthcare coverage, it is essential to implement public health campaigns against this stigma. This research highlights the necessity for a comprehensive strategy that encompasses inclusive healthcare practices, policy modifications, anti-stigma initiatives, education and additional research to enhance primary healthcare for LGBTQ+ individuals in India. This includes training for healthcare professionals to address mental health issues within the LGBTQ+ community and provide unbiased healthcare. Such an approach can enhance their mental well-being, overall health and safeguard their healthcare rights. Furthermore, this study provides a foundation for future investigations into how social disparities influence suicide risk across diverse social identities and sexual orientations.

India has implemented policy reforms aimed at strengthening primary healthcare services under the Ayushman Bharat Health and Wellness Centres.^[16,17] Similarly, there is a robust mechanism for community engagement in health.^[18]

These opportunities and mechanisms should be utilised to sensitise the relevant stakeholders, including community members and medical and health workers, to LGBTQ+ issues. The training materials and IEC materials should also be appropriately adapted.

Conclusion

To address LGBTQ+ mental health challenges in India, it is crucial to develop accessible and culturally sensitive mental health services, combat stigma through nationwide campaigns, implement educational programmes promoting acceptance and reducing discrimination, offer training for healthcare providers, and invest in ongoing research to understand evolving mental health needs throughout LGBTQ+ individuals' life stages. These actions should collectively aim to improve mental well-being and access to essential mental health services for these communities in India.

Relevance to the Preventive Medicine:

The rising suicide rates, particularly within the LGBTQ+ community, highlight the need for proactive measures to identify and address risk factors and promote mental well-being. Preventive medicine plays a critical role in early intervention, reducing stigma and implementing awareness campaigns to prevent mental health issues and suicidal thoughts.

Implication for the clinical practice:

Clinicians in any country need LGBTQ+ cultural competence, mental health screenings and tailored care. The LGBTQ+ friendly centres with trained professionals are essential. Clinicians should combat stigma, address substance abuse and support family dynamics. Advocacy for LGBTQ+ rights and collaboration with community organisations is crucial, along with regular follow-up care.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Data availability statement

The data supporting the conclusions of this study can be obtained upon request from Dr. Shazina Saeed, the corresponding author. However, the data cannot be made publicly accessible due to its containing information that might jeopardise the privacy of the research participants.

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