

Psychological Problems and Their Associated Causal Factors among Transgender of Pakistan

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ABSTRACT

Background: Depression is one of the most frequently diagnosed psychiatric illnesses, which remains a big cause of mortality and morbidity among all groups of population. **Objectives:** The main objective of the study is to analyse the psychological problems and their associated causal factors among transgender of Pakistan. **Methods:** This qualitative study was conducted in Lahore City during November 2019 to Feb 2020. The data was collected from transgender community of Pakistan for the analysis of psychological problems and their associated causal factors. The data was collected through a designed interview. **Results:** The data was collected from 50 participants of transgender community. The mean age of our study population was 25 ± 7.88 years. There are 61.9% participants who have not awareness about their rights and 73.5% have no formal education. Almost 23.8% participants used alcohol and 37.6% have worked as a sex worker forcefully. **Conclusion:** It is concluded that addressing issues concerning gender-related victimization and family support, and ensuring a focus on transgender youths are likely to be important considerations for interventions related to preventing or treating psychological distress.

Keywords: Factors, Transgender, Community, Mental health.

INTRODUCTION

Depression is one of the most frequently diagnosed psychiatric illnesses, which remains a big cause of mortality and morbidity among all groups of population. Things are not different in our part of the world as depression remains a common mental health illness in our population. If untreated, it may lead to serious consequences including severe depression with psychotic illness, physical problems and even suicide.^[1] Transgender and gender-nonconforming individuals have gender identities, expressions, or behaviors that are not typically associated with the sex they were assigned at birth. They may identify more strongly with the opposite gender (e.g., transgender males who are natal females and transgender females who are natal males), or they may identify outside the gender binary (e.g., individuals who identify with neither or both genders). It is of concern that psychiatric morbidity prevalence estimates are substantially higher among transgender individuals than that of both the general population and sexual minority subpopulations.^[2]

An emerging body of research has begun to examine the determinants of psychopathology among transgender people in an attempt to address these disparities in mental health. Through this research, demographic and psychosocial factors that are known

determinants of general population mental health have also been identified as risk factors for reduced mental health among this minority group.^[3] For example, younger age, low socioeconomic status, living in a rural area, and poor social support have all been linked to poorer mental health outcomes among transgender individuals.^[4]

A famous symbol for the transgender community is the Transgender Pride flag, designed by Bartlett, & Bukowski (2000) at United States, it consisted of two blue one white in the center and two pink horizontal stripes, it depicts that blue color reflect the male pink depicts females where as white in the center reflects no gender, neutral gender. 31st march is now declared as International Transgender Day worldwide that is purports to celebrate to make people aware about the rights of transgender and stop discrimination against them.^[5]

Objectives

The main objective of the study is to analyse the psychological problems and their associated causal factors among transgender of Pakistan.

MATERIALS AND METHODS

This qualitative study was conducted in Lahore City during November 2019 to Feb 2020. The data was collected from transgender community of Pakistan for the analysis of psychological problems and their associated causal factors. The data was collected through a designed interview. Constructivism paradigm was used. In current investigation, the

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researcher explored the reality of the Transgender with the collaboration of researcher and participants. The phenomenological tradition was used in order to explore the lived experiences of Transgender. Snowball sampling technique was used.

Data collection

Data were collected through Semi-structured interview which contains open-ended questions and some probing questions. An audio recorder was used for recording the interviews and all interviews were fully transcribed. The researcher ensured informed consent from all participants. All participants signed a consent form in which stated that they were willing to participate in the interview. In consent form the researcher ensuring participants about the confidentiality throughout the process. The in-depth interview was conducted directly with the participants. A total of 50 participants were interviewed for this study.

RESULTS

The data was collected from 50 participants of transgender community. The mean age of our study population was 25 ± 7.88 years. There are 61.9% participants who have not awareness about their rights and 73.5% have no formal education. Almost 23.8% participants used alcohol and 37.6% have worked as a sex worker forcefully.

Table 1: Demographic profile and characteristics of transgenders

Variables	Number (n)	Percentage (%)
Lack of awareness about their rights	11	61.9
No formal education or less than 5th grade	13	73.5
No health education or psychotherapy session	15	82.5
Alcohol use	4	23.8
Living with Gurus/group	16	9.1
Satisfied with Guru's attitude	16	85.2
Temporary residence (Not in stable housing)	16	86.2
Institutional discrimination	17	91.5
Suicidal thought (no attempt)	7	38.6
Suicidal attempt	3	18.5
Selling sex	14	39.2
Forced sex	27	37.6
Begging	14	15.7

Psychological Problems of Transgender

Lack of Social Support and Anxiety. Anxiety was defined as an emotional feeling of tension, worry and physical changes like increase in blood pressure. In anxiety disorders people experienced recurring intrusive thoughts or concerns and they tried to avoid that situations of worry. In this research many transgender reported that they feel tension and anxiety because of lack of support and care. In

Pakistan, no one help them and no one give them protection. They used to worry about their future and are quite scared regarding their elderly age. Because they think that they will not have any social support in their old age. Due to these worries they suffer headache and muscle aches.^[6]

Insomnia

Insomnia is defined as prolonged and usual abnormal lack of ability to obtained appropriate sleep. Many participants described that they suffer sleep problem. They feel difficulty to get asleep. Their sleep disturbed due to worry about future, no social support, and poor pragmatics. They thought their lives were in danger. They spent whole night with painful thoughts.

Suicidal Ideation

Suicidal ideation also known as suicidal thoughts defined as thoughts about kill one and arranged a detailed plan of killing one. The most of people who practice suicidal ideation did not take it through. The current study participants reported that they used to have suicidal thoughts due to cruel behaviour of people. They thought about suicide in order to get relief from poor life.^[7]

Family Negligence and Low Self Esteem

Self-esteem is how we perceive our value to the world and how valuable we think we are to others. Self-esteem affects our trust in others, our relationships, our work nearly every part of our lives. Positive self-esteem gives us the strength and flexibility to take charge of our lives and grow from our mistakes without the fear of rejection. Negative self-esteem makes us weaken and grow our fear of rejection. In this research, many participants reported that they feel as worthless. They feel this world not make for them. They stay here as an unimportant person. They have fear of rejection from others.

Physical abuse

In the study, it was found that 32% of respondents experience physical abuse during childhood. Data shows that an absolute majority (100%) of the respondents agrees that the reason for starting sex work is because they need money. Apart from this, a majority (98%) of the respondents could not find another job and even though if they found one, they could not earn enough money from that job and it does not suffice their needs. Furthermore, 99% of the respondents find it that sex work earns them good money and less time constraints, making them opted for this profession.

Use of alcohol

It was found that 79.00% of the respondents use alcohol. Only 21.00% of the respondents do not take alcohol. The data show that majority of the respondents had used alcohol for >2 years. In the

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study, it was found that 85% of the respondents were using tobacco and intake of cannabis was present in 12% of the respondents.^[8]

Social and health inequities

Women involved in sex work face disproportionate social and health inequities compared to the general population, including high rates of violence, poor sexual health, and vulnerabilities to HIV and STIs. In comparison to the growing body of research on HIV in sex work, analyses of mental health of women in sex work remain sparse and are limited to only a few studies from urban settings in Europe, North America, Australia and Asia. Evidence from previous studies indicate that women in sex work may experience a high burden of mental illness, especially mood disorder, suicidal ideation, and post-traumatic stress disorder (PTSD).^[9]

Protection of rights Act 2018

The Transgender Persons (Protection of Rights) Act, 2018 is law of Pakistan which was enacted by the parliament in 2018 to legally provide equality to transgender people and to safeguard their rights. The law is aimed at to legally recognise transgender people in the country. It also allows them to get all the benefits likewise non-transgender people. In March 2020, the International Court of Justice addressed the provision of Pakistan after releasing a paper at International Transgender Day of Visibility. The ICJ highlighted features of the provision. Pakistan, according to the Aljazeera is the one of the first nations that legally recognised transgender people.

DISCUSSION

The purpose of this article was to examine the association between the experiences of discrimination (physical, institutional and societal) and indulging of these sexual minorities into risky and dangerous ways of earning their livelihood and the occurrence of suicidal and no suicidal self-harm. Our findings provide evidence that transgender community living in Pakistan face extreme form of social exclusion mainly because of negative attitude of people towards them as shown by Ahmed et al study.^[10] Discriminatory victimization, institutional discrimination, physical/verbal abuse, forced sex at the tender age and lack of support from the family and community all have the potential for sizeable effects on the risky behaviors; including high rates of suicidal ideation/attempts in transgender, selling sex and drug abuse.^[11]

In regards to psychological distress, one important factor to emerge from the present study was social support. Although previous research has shown that social support is an important protective factor for transgender mental health, the relative importance

of different sources of support has not been addressed; thus, the present study has revealed some unique findings in this regard. The findings indicated that, relative to other sources, family of origin may have the most influence in protecting against psychological distress.^[12] The protective value of familial support has also been observed among individuals of sexual minority groups. This finding may be a function of the differing potency of ascribed relationships (family) compared with achieved relationships (friends or partners).^[13] Because gender-identity affirmation is less likely to occur within transgender individuals' ascribed relationships, our findings support a need to encourage family members to be open and receptive sources of support.^[14]

Limitations

The results of this study have revealed some important findings, but the design was not without limitations. First, the composite index we used to assess experiences of victimization did not include experiences of discrimination such as being denied employment, housing, or access to health services. These experiences of discrimination appear to be strongly linked with mental health among transgender individuals.^[15] Furthermore, the question addressing experiences of victimization referred to sexual or gender identity, and it was therefore not possible to separate the experience of homophobia from transphobia. In future studies, researchers may wish to consider more fine-grained measures of victimization and discrimination, and should consider assessing homophobia and transphobia separately.^[16]

CONCLUSION

It is concluded that addressing issues concerning gender-related victimization and family support, and ensuring a focus on transgender youths are likely to be important considerations for interventions related to preventing or treating psychological distress. In addition, it elucidates the disproportionate burden of mental health diagnoses among sex workers who work in informal and outdoor spaces, suggesting the need to further explore appropriate outreach and safer workplace interventions to support sex workers' mental health. Transgender faced depression, anxiety, low self-esteem as psychological issue, insomnia, suicidal ideation, social withdrawal and distress.

REFERENCES

1. Sanders TA. continuum of risk? The management of health, physical and emotional risks by female sex workers. *Sociol Health Illn.* 2004;26(5):557-574.

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2. Rossler W, Koch U, Lauber C, Hass AK, Altwegg M, Ajdacic-Gross V, et al. The mental health of female sex workers. *Acta Psychiatr Scand.* 2010;122(2):143–152.
3. Surratt HL, Kurtz SP, Chen M, Mooss AHIV. risk among female sex workers in Miami: the impact of violent victimization and untreated mental illness. *AIDS Care.* 2012;24(5):553–561.
4. Benoit C, Millar A, Empowerment P. Dispelling myths and understanding realities: Working conditions, health status, and exiting experiences of sex workers: Department of Sociology, University of Victoria. 2001.
5. Cohan D, Lutnick A, Davidson P, Cloniger C, Herlyn A, Breyer J, et al. Sex worker health: San Francisco style. *Sex Transm Infect.* 2006;82(5):418–422.
6. Shannon K, Bright V, Duddy J, Tyndall MW. Access and utilization of HIV treatment and services among women sex workers in Vancouver's Downtown Eastside. *J Urban Health.* 2005;82(3):488–497.]
7. Beyrer C, Crago AL, Bekker LG, Butler J, Shannon K, Kerrigan D, et al. An action agenda for HIV and sex workers. *Lancet.* 2015;385(9964):287–301.
8. Roxburgh A, Degenhardt L, Copeland J. Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry.* 2006;6:24.
9. Surratt HL, Kurtz SP, Weaver JC, Inciardi JA. The connections of mental health problems, violent life experiences, and the social milieu of the “stroll” with the HIV risk behaviors of female street sex workers. *Journal of Psychology & Human Sexuality.* 2005;17(1-2):23–44.
10. Ulibarri MD, Hiller SP, Lozada R, Rangel MG, Stockman JK, Silverman JG, et al. Prevalence and characteristics of abuse experiences and depression symptoms among injection drug-using female sex workers in Mexico. *J Environ Public Health.* 2013;2013:631479.
11. Su S, Li X, Zhang L, Lin D, Zhang C, Zhou Y. Age group differences in HIV risk and mental health problems among female sex workers in Southwest China. *AIDS Care.* 2014;26(8):1019–1026.
12. Stuber J, Meyer I, Link B. Stigma, prejudice, discrimination and health. *Soc Sci Med.* 2008;67(3):351–357.
13. Rada, R. E., & Johnson-Leong, C. (2004). Stress, burnout, anxiety and depression among dentists. *The Journal of the American Dental Association*, 135(6), 788-794.
14. Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, 22(6), 716-729.
15. Patel, A. V., Diver, W. R., Teras, L. R., Birmann, B. M., & Gapstur, S. M. (2013). Body mass index, height and risk of lymphoid neoplasms in a large United States cohort. *Leukemia & lymphoma*, 54(6), 1221-1227.
16. Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance– rejection among transwomen of color. *Journal of Family Psychology*, 23(6), 853

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