FACTORS ASSOCIATED WITH DEPRESSION AMONG TRANSGENDERS

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ABSTRACT

Depression is a severe mental health issue that is affecting people all over the world. The goal of this study is to look at the direct and indirect impacts of internalised heterosexism, gender identity disclosure, and perceived overall stress on depression in transgender people. In Cochin, cross-sectional research was undertaken on 108 transgender people. Self-administered questionnaires were used to collect data. The Centre for Epidemiological Studies-Depression Scale was used to measure depression (CES-D). The related variables of depression were investigated using multivariate regression analysis. Mental health concerns are more common among transgender people than in the general population. Alcohol use was only shown to be linked with depression among transgender women in this study.

Keywords: *Depression; mental health; suicide; stress; social support*

INTRODUCTION

In Indian culture, transgender people are referred to as Hijras. They are neither masculine nor female, according to transgender people. Barren women, impotent males, eunuchs, and hermaphrodites/intersex were all considered "third sex" in ancient India. Today, transgender people are referred to as Kinnar, Jogtas / Jogappas, and Khusras by various societies. India's Hijras are the most well-known and populous third gender group in the modern world. These persons have been identified as one of the target groups for UN development projects that require particular attention. Our culture's treatment of transgender people is horrible, and they are denied fundamental rights. Transgender people are still not accepted in Indian society. Many transgender people suffer from mental health issues such as depression and suicide ideation, indicating that transgender people encounter a variety of issues in society.

Individuals with TGD have significant increases in mental health issues such as depression, anxiety, and suicidality. These mental health issues are fueled in part by stigmatisation and marginalisation, sometimes known as minority stress. According to large community-based studies, transgender people are more likely to suffer from depression. Given the persecution transgender people face, the high prevalence of sadness is unsurprising. However, it's critical to comprehend the elements that drive depression in this community, as well as how depression effects other transgender-related problems. This knowledge will assist in the development of viable treatment options for transgender depression.

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EFFECTS OF DEPRESSION & ANXIETY

Depression and anxiety are linked to prejudice and victimisation, and depression and anxiety are among the most frequent mental health issues among transgender persons. Transgender youth have higher mental health risks than non-transgender youth, including depression, anxiety, and suicide. Youth who identify as transgender are three times more likely to be unhappy and nervous. According to a research, depression was the most frequent mental health concern among transgender persons, with more than 60% of those in this category experiencing depression. More than half of transgender persons experienced depressive symptoms, and social support, transphobia, suicide thoughts, as well as income and education levels, were all linked to depression.

- **Suicidal Thoughts**

Suicide is one of the most tragic ways to terminate one's life. This occurrence is the second biggest cause of mortality among teenagers. Teenagers and adolescents are three times as prone than other people to commit suicide. Most transgender individuals are familiar with the concept of suicide, which is defined as considering or preparing to commit suicide. Suicidal ideation was shown to be substantially linked to depression. There are several risk factors for suicide among transgender people, including drug misuse, violence, sadness, anxiety, humiliation and prejudice, rape, sexual abuse, familial rejection, and a lack of social support.

- **Attempt on Suicide**

Suicide is a prevalent occurrence among transgender teenagers. 30% of transgender kids have tried suicide at least once, while 51% have simply considered it. Psychological distress and suicidal behaviour were linked to people's experiences of sexual violence, discrimination, and religious stigma among women of sexual minorities, including transgender women. Verbal and physical abuse by parents in the past, as well as low self-esteem, were factors in transgender youth's suicide attempts.

- **Self-harming**

A history of physical or sexual abuse was recognised as a key risk factor for behavioural issues relating to mental health, such as depression. Younger persons were more likely to engage in this behaviour, which was linked to emotions of guilt and humiliation. Self-harming behaviours are linked to mental health issues such as anxiety and depression in lesbians, gays, bisexuals, and transgender persons.

- **Infection with HIV**

In the globe, transgender women are 49 times more likely than other adults to be infected with HIV.

52 The transgender community is one of the most vulnerable to HIV infection. Risky sexual behaviours, such as unprotected anal intercourse and having several sexual partners, were mentioned by between 27 and 48 percent of transgender males.

- **Use of Alcohol and Other Drugs**

The stress caused by everyday fights with prejudice and stigma is a major contributor to these increased rates of drug use, as homosexual and transgender persons turn to cigarettes, alcohol, and other substances to cope. Transgender people's high substance-use rates are further fuelled by a dearth of culturally appropriate health-care providers.

RELATION BETWEEN SOCIAL SUPPORTS AND MENTAL HEALTH

Social support, which refers to interpersonal supports that assist people cope with stress, has emerged as a significant feature linked to resilience and may help TGD people avoid the detrimental effects of minority stress. Family, friends, and a TGD community are three significant categories from which TGD persons struggling with stigmatisation might seek help. The research on each of these specific sorts of support is sparse, but it gives a solid foundation from which to raise more complex questions about which types of supports are linked to improved mental health and resilience.

The majority of research on social support for TGD people tries to lump all types of social support together into a single construct. Social support, in general, is linked to decreased despair and anxiety in genderqueer people, according to one study. Furthermore, trans men and trans women have been linked to decreased non-suicidal self-injury when they have more social support. Social support, in addition to demographic factors and other recognised depression correlates like gender-related victimisation, may be an exceptionally significant predictor of mental health.

In TGD people, family social support is linked to better life satisfaction, fewer feelings of being a burden, and less sadness, as well as reduced psychological discomfort. Family support may be especially crucial in preventing TGD people from mental health problems.

METHOD

- **Participants and procedure**

The snowball sampling approach was used to perform cross-sectional research. Participants had to be at least 18 years old, have self-identified as male to female transgender for the previous 6 months, have changed physical appearance and live as a woman, be able to communicate, read, and write well, and be willing to participate, regardless of whether they had sex reassignment surgery or not. Those who had considered or planned to return to being a male or gay were disqualified. After briefing, data was gathered by self-administered questionnaires, eligibility screening for inclusion and exclusion criteria, and verbal informed permission. This research enrolled a total of 108 transgender women who met the study's requirements.

- **Measurements**

1. Characteristics of the socioeconomic group

Age, educational level, monthly income, employment, living situation, sex reassignment surgery, sexual-partnership status, and health status were all sociodemographic factors. The educational levels were divided into three categories: ≤ high school/vocational certificate, bachelor's degree, and > bachelor's degree. Monthly income (Baht) was classified into three categories: under ≤ 20,000, between 20,000 and 30,000, and over 30,000. Student, jobless, government official, corporation employee, business owner, and freelancer were all listed as occupations. Living arrangements were divided into four categories: single, with family, with a partner, and with a friend. Sex reassignment surgery (yes/no), sexual partnership (yes/no), cross-sex hormone usage (yes/no), disease history (yes/no), substance use (yes/no), smoking in the last 12 months (never, ever, and ex-smoker) were all used to determine health status. No, 1 time per month, 1-3 days per month, 1-2 days per week, 3-4 days per week, and 5-7 days per week were the categories for alcohol consumption in the previous 12 months.

2. Depression evaluation

In this investigation, the Center for Epidemiological Studies-Depression Scale (CES-D) was used to assess depression. There are 20 items on the CES-D scale. The total score ranges from 0 to 60. It was decided to use a verified cut-off score of higher than or equal to 16 points. Transgender women with depression have a total score of 16 or higher (16-60), whereas transgender women without depression have a score of less than 16. (0-15). The questionnaire employs a four-point Likert scale. All 16 negative questions are scored as follows: (0) "rarely or never," (1) "some or a little," (2) "sometimes or a significant portion of the time," and (3) "most or all of the time." All four affirmative questions had their scores flipped.

3. Analytical statistics

To illustrate the features of transgender women with and without depression, as well as to examine the prevalence of depression, descriptive analyses were undertaken. To find depression-related features, a logistic regression analysis was used. In a multivariable logistic regression model, all variables having a P-value of <0.2 in a bivariate logistic regression analysis were evaluated. Then, using multivariate regression analysis, the relationships that were statistically significant with a P-value of <0.05 were investigated, and an adjusted odds ratio (AOR) with a 95 percent confidence interval (CI) was generated.

RESULTS

Table 1 shows the demographics of the participants at the outset. This research drew the participation of 108 transsexual women. Transgender women varied in age from 18 to 53 years old, with 34 (30.6 percent) of them being between the ages of 25 and 30. Fifty-nine percent of participants (54.6%) were depressed, 52 (48.1%) had a Bachelor's degree, 46 (42.6%) had a

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monthly salary of less than 20,000 baht, 35 (32.4%) worked for a firm, and 54 (50.0%) lived with their families. Surprisingly, 84 (77.8%) employed cross-sex hormone instead of sex reassignment surgery. Sixty-four percent (59.3%) had a sexual relationship, 82 percent (75.9%) had no history of sickness, 56 percent (51.9%) had smoked in the previous 12 months, 46 percent (42.6%) had no substance usage, and 100 percent (92.6%) had never smoked.

Table 1. Participants' characteristics n (%)

Characteristics	Total	Without Depression	With Depression
Total	108	49 (45.4)	59 (54.6)
Age group			
≤ 24 y	22	9 (18.4)	13 (22.0)
25-30 y	34	15 (30.6)	19 (32.2)
31-35 y	20	11 (22.4)	10 (15.3)
>35 y	32	14 (28.6)	18 (30.5)
Educational level			
≤ High school/ Vocational certificate	39	18 (36.7)	21 (35.6)
Bachelor degree	52	25 (51.1)	27 (45.8)
> Bachelor degree	17	6 (12.2)	11 (18.6)
Monthly income (baht)			
≤ 20,000	46	21 (42.9)	25 (42.4)
20,000-30,000	26	11 (22.4)	15 (25.4)
> 30,000	36	17 (34.7)	19 (32.2)
Occupation Student Unemployed Government officer Company employee Business owner freelancer	12	5 (10.3)	7 (11.9)
	5	1 (2.0)	4 (6.8)
	24	9 (18.4)	15 (25.4)
	35	18 (36.7)	17 (28.8)
	14	8 (16.3)	6 (10.2)
	18	8 (16.3)	10 (16.9)
Living status			
Living alone	39	16 (32.7)	23 (39.0)
With family	54	25 (51.0)	29 (49.2)
With partner/ friend	15	8 (16.3)	7 (11.8)
Sex reassignment surgery			
No	84	34 (69.4)	50 (84.7)
Yes	24	15 (30.6)	9 (15.3)
Sexual partnership			
No	44	19 (38.8)	25 (42.4)
Yes	64	30 (61.2)	34 (57.6)
Cross-sex hormone use			
No	43	18 (36.7)	25 (42.4)
Yes	65	31 (63.3)	34 (57.6)

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Illness history No Yes	82 26	40 (81.6) 9 (18.4)	42 (71.2) 17 (28.8)
Smoking in the past 12 months Never Ever	 52 56	 25 (51.0) 24 (49.0)	 27 (45.8) 32 (54.2)
Alcohol drinking in the past 12 months No < 1time/month > 1 time/month	 31 31 46	 9 (18.4) 13 (26.5) 27 (55.1)	 22 (37.3) 18 (30.5) 19 (32.2)
Substance use No Yes	100 8	46 (93.9) 3 (6.1)	54 (91.5) 5 (8.5)

Sex reassignment surgery [odds ratio (OR) 2.45, 95 percent confidence interval (CI) 0.96-6.24], sickness history (OR 1.79, 95 percent CI 0.72-4.50), and drinking alcohol >1 time per month in the previous 12 months were all shown to be linked with depression in the crude analysis (OR 0.29, 95 percent CI 0.11- 0.76). After controlling for confounders, no link between sex reassignment surgery ($P = 0.08$), and disease history ($P = 0.30$) was discovered. Depression was shown to be substantially linked with greater drinking > 1 time per month in the previous 12 months in a multivariate logistic regression study (OR 0.33, 95%CI 0.12-0.91; $P = 0.03$) (Table2).

Table 2: Multivariate logistic regression analysis of association of depression with SRS, illness history and alcohol drinking in the past 12 months among transgender women

	Unadjusted OR (95%CI)	P	aAdjusted OR (95%CI)	P
Sex reassignment surgery No Yes	 2.45 (0.96-6.24) Ref.	 0.06	 2.35 (0.89-6.20) Ref.	 0.08
Illness history No Yes	 Ref. 1.79 (0.72-4.50)	 0.20	 Ref. 1.67 (0.62-4.46)	 0.30
Alcohol drinking in the past 12 months No < 1time/month > 1 time/month	 Ref. 0.57 (0.20-1.63) 0.29 (0.11-0.76)	 0.29 0.01	 Ref. 0.62 (0.21-1.85) 0.33 (0.12-0.91)	 0.40 0.03*

CI: Confidence interval, OR: SRS: Sex reassignment surgery

*P value significant at a level <0.05

CONCLUSION

The findings of this study reveal that transgender persons have much greater rates of mental and behavioural issues than the general population. Anxiety and sadness, suicidal ideation, drug addiction, self-harming activity without suicidal intent, and HIV infection were among the most

frequent disorders. Friends, acquaintances, classmates and professors, and even family members harass and abuse these people on a regular basis. HIV infection and other sexual misconducts are increased when you have a lot of sexual partners. As a result, many of these actions must be prevented by educating members of the community, particularly those who have direct contact with transgender persons. Governments should also create support programmes for transgender persons through training and counselling facilities, according to the report.

Because of social isolation, separation from family, prejudice, unemployment, and physical assault, researchers believe that transgender people suffer from depression. Transgender persons who have been diagnosed with gender identity disorder aspire to be the other gender and have demonstrated that this gender problem causes them difficulty in their everyday lives. As a result, more research is needed to discover many more links with depression in the transgender population.

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