

Research Paper

A Study on the Prevalence of Psychiatric Morbidity among Lesbian, Gay and Bisexual (LGB) Community of Assam and the Comparison of Psychiatric Morbidity among them

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ABSTRACT

Background: LGB community is also called “sexual minority” on the basis of their sexual identity or orientation as they are different from majority of society (Heterosexuals). This group of people who practice same sex behavior have been known since time immemorial. It has been put forward that this community faces a unique stress called “minority stress” in day-to-day life in terms of stigma, rejection, discrimination, violence etc. which correlates with poorer mental health outcomes (Meyer et al., 2008). **Aim:** To study the prevalence of psychiatric morbidity among the LGB Community of Assam and comparison of psychiatric morbidity among them. **Methodology:** It was a cross-sectional descriptive study among 50 samples of LGB community (age 18 years old or more) from Assam after consent. A self-constructed socio demographic profile, Modified Klein Sexual Orientation Grid (KSOG) scale and Mini international neuropsychiatric interview (M.I.N.I.) version 6.0.0 were used to collect data from the participants. The analysis of data was done by using SPSS. **Results:** The most prevalent psychiatric morbidity among the study population was MDD (52%), followed by non-alcohol substance use disorder (48%) particularly in the form nicotine (38%), GAD (38%), suicidality (24%), social phobia (20%), alcohol used disorder (16%), OCD (14%), panic disorder (6%), hypomania/mania (4%) and PTSD (4%). The comparison of psychiatric morbidity among the three groups found only PTSD was statistically significant. **Conclusion:** The prevalence of psychiatric morbidities was high among LGB population of Assam. Further qualitative and comparative studies among LGB population with other majority of population (Heterosexual) are recommended.

Keywords: Sexual Minority, LGB Community, Heterosexuals

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Human sexuality is an essence in procreation and existence of human life. Human sexuality is not only vital in reproduction but also is important in determining our gender identity and role in society in our daily lives. According to American Psychological Association sexual orientation refers to “an enduring emotional, romantic, and sexual attraction towards others”. On the basis of sexual orientation, there is categorization of 3 groups: homosexuals, heterosexuals and bisexuals. Homosexuals are the ones who has sexual attraction towards same sex, that is gays (male attraction to male) and lesbians (female attractions to female), heterosexuals are those who have sexual attraction toward opposite sex (male with female or vice versa) and bisexuals are those who have sexual attractions towards same sex and opposite sex (Sell R. L., 1996). Most of the people are heterosexual in nature and a few are homosexuals and bisexuals throughout globally. So this group of people: lesbian, gay and bisexual (LGB) people are also called the minority or LGB community as their sexual identity, orientation and sexual practice differ from majority of the society (Hottes et al., 2016). From many empirical studies like Netherlands Mental Health Survey and Incidence Study or NEMESIS (Stanford et al., 2001), National Health Interview Survey U.S.A and Cochran et al. 2003, have found higher prevalence of mental disorders among sexual minorities than heterosexuals.

Aim

To study the prevalence of psychiatric morbidity among the LGB Community of Assam and comparison of psychiatric morbidity among them.

Sample

The study was conducted among 50 participants from LGB Community of Assam. Participants age group were 18 years old or more. Snowball sampling technique was used to select the participants for the study. Person who did not give consent are excluded.

Instruments Used

- **Socio demographic Proforma:** A self-structured questionnaire was developed for the study to assess socio-demographic variables.
- **Modified Klein Sexual Orientation Grid (KSOG):** The scale sexual orientation self-rating in 7 different groups 1. Other sex only 2. Other sex mostly 3. Other sex somewhat more 4. Both sexes equally 5. Same sex somewhat more 6. Same sex mostly 7. Same sex only on variables of sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, heterosexual/homosexual lifestyle and self-identification.
- **Mini international neuropsychiatric interview (M.I.N.I.) version 6.0.0:** It is a structured interview administered to assess psychiatric disorders. It includes 16 Axis-I disorders and an Axis-II disorder (antisocial personality disorder). Answers are given in yes or no and then the responses are rated.

METHODOLOGY

Approach: The study design was a cross-sectional descriptive study.

Study population: Homosexual and bisexual population whose age were 18 years old or more.

Study site: This study was conducted in Assam (both urban and rural areas)

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Sampling method: Snowball sampling technique was used to select the participants for the study. The participants who fulfilled the inclusion criteria were selected for the study.

Sample size: The study included 50 samples from Assam.

Study duration: The study was conducted for a period of one and half year.

Inclusion criteria:

1. Persons fulfilling operational definition criteria of Lesbian, Gay and Bisexual and apparently healthy.
2. Age 18 years or more

Exclusion criteria: Person who did not give consent.

Ethical consideration: The data was collected after obtaining the approval from the Institute Ethical Committee (IEC) and Scientific Advisory Committee (SAC).

Statistical analysis

The analysis of data was done by using Statistical Package for Social Sciences (version 25.0). For analyzing the prevalence of psychiatric disorders, frequency and percentage tables were utilized. For comparing the prevalence of different psychiatric disorders among gay, lesbian and bisexual persons, Chi Square and Fischer Exact Test were used.

RESULT AND DISCUSSION

Socio Demographic profiles of the participants: The majority of the respondents reported their sex at birth is male sex at birth (82%), Hindu by religion (80%), from urban (92%), belong to the nuclear type of family (80%), students (58%) by occupation and the mean age of the respondents is 23.62 years (young age). Sexual orientation- most of the respondents were Gays (72%), Lesbians (16%) and Bisexuals (12%).

The prevalence of psychiatric morbidity was assessed by using Mini International Neuropsychiatric Interview (MINI) version 6. The prevalence of psychiatric morbidity among LGB community in the study population is shown in table 1. The most common psychiatric morbidity among the study population was Major Depressive Disorder or MDD (52%), followed by non-alcohol substance use disorder or NASUD (48%) particularly in the form nicotine (38%), Generalized Anxiety Disorder or GAD (38%), Suicidality (24%), social phobia (20%), alcohol used disorder (16%), Obsessive-Compulsive Disorder or OCD (14%), panic disorder (6%), hypomania/mania (4%) and Post Traumatic Stress Disorder or PTSD (4%).

Table 1: Prevalence of Psychiatric morbidity among LGB community

Variable		Frequency (N)	Percentage (%)
MDD	Yes	36	52.0
	Current	7	14.0
	Past	11	22.0
	Recurrent	8	16.0
Suicidality	Yes	12	24.0
	Current low	5	10.0

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Variable		Frequency (N)	Percentage (%)
	Current moderate	5	10.0
	Current high	2	4.0
Manic/Hypomanic episode	Yes	2	4.0
	Manic current	1	2.0
	Mania past	1	2.0
Panic Disorder	Yes	3	6.0
Social Phobia	Yes	10	20.0
OCD	Yes	7	14.0
PTSD	Yes	2	4.0
Alcohol	Yes	8	16.0
	Abuse	7	14.0
	Dependence	1	2.0
Non-alcohol Substance	Yes	24	48.0
	Nicotine	19	38.0
	Cannabis	5	10.0
	Abuse	14	28.0
	Dependence	10	20.0
GAD	Yes	19	38.0

The comparison of different psychiatric morbidities prevalence among LGB groups is shown in Table 2. Chi square was used to see difference and association among them. Since the lesbians and bisexuals samples were less comparing to gays and uneven, Fischer test was also used to find any statistical significance among the comparison of prevalence psychiatric morbidities among them. The comparison of psychiatric morbidity among the three groups found only PTSD was statistically significant (P value less than .05 is statistically significant).

Table 2: Comparison of different psychiatric morbidity among the LGB groups.

Variable		Gay	Lesbian	Bisexual	X ² / F-test	df	P
MDD	No	20(55.6%)	3(37.5%)	1(16.7%)	8.660	6	.194
	Current	6 (16.7%)	0 (0%)	1(16.7%)			
	Past	6(16.7%)	2(25.0%)	3(50.0%)			
	Recurrent	4(11.1%)	3(37.5%)	1(16.7%)			
Suicidal	No	29(80.6)	6(75.0)	3(50.0%)	7.036	6	.318
	Mild currently	3(8.3%)	0(0%)	2(33.3%)			
	Moderate Currently	3(8.3%)	1(12.5%)	1(16.7%)			
	High currently	1(2.8%)	1(12.5)	0(0%)			
Mania/Hypomania	No	34(94.4%)	8(100%)	6(100%)	.810	4	.937
	Current	1(2.8%)	0(0%)	0(0%)			
	past	1(2.8%)	0(0%)	0(0%)			
Panic Disorder	No	34(94.4%)	8(100%)	5(83.3%)	1.73	2	.420
	Yes	2(5.6%)	0(0%)	1(16.7%)			
Social Phobia	No	30(83.3%)	5(62.5%)	5(83.3%)	1.823	2	
	Yes	6(16.7%)	3(37.5%)	1(16.7%)			

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Variable		Gay	Lesbian	Bisexual	$\chi^2/ F\text{-test}$	df	P
OCD	No	30(83.3%)	7(87.5%)	6(100%)	1.204	2	.548
	Yes	6(16.7%)	1(12.5%)	-			
PTSD	No	36(100%)	6(75%)	6(100%)	10.938	2	.004
	Yes	-	2(25%)	-			
Alcohol	No	30(83.3%)	7(87.5%)	5(83.3%)	8.383	4	.079
	Abuse	6(16.7%)	1(12.5%)	-			
	Dependence	-	-	1(16.7%)			
Types of Substance	No	17(47.2%)	5(62.5%)	4(66.7%)	1.788	4	.775
	Nicotine	15(41.7%)	2(25%)	2(33.3%)			
	Cannabis	4(11.1%)	1(12.5)	-			
	Abuse	11(47.2%)	2(25%)	1(16.7%)	1.308	4	.860
	Dependence	8(22.2%)	1(12.5%)	1(16.7%)			
GAD	No	24(66.7%)	3(37.5%)	4(66.7%)	2.426	2	.297
	Yes	12(33.3%)	6(75%)	2(33.3%)			

CONCLUSION

This study had thrown some light on mental health issues among LGB persons of Assam state, India. The study found high prevalence of depression, substance use disorders, anxiety disorders, suicidality and other psychiatric morbidities among LGB persons. Limitations of the study were the sample size of the study was small and mostly students which could not be generalized to the whole LGB community. Future direction would be suggestion for qualitative or longitudinal study which will provide more clarity on mental health issues. More extensive and comparative studies with heterosexuals are recommended in near future.

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Conflict of Interest

The author(s) declared no conflict of interest.

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