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The prevalence of mental disorders among lesbian, gay, bisexual and transgender (LGBT) in Baghdad

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Abstract

The term LGBT is commonly used as short hand for lesbian, gay, bisexual and transgender community, mental disorders higher prevalence among LGBT due to historical antigay stance and stigmatization of those people. To identify the prevalence of mental disorders in LGBT community and relation to their demographic variables. A case series study of 350 LGBT person in multicenter study in Baghdad was conduct within 4 years (2009-2013), Kinsey homo and heterosexual sexual scale used as a tool for assessment of sexual orientation and DSM 4 criteria for diagnosis of mental disorders. Only 150 Of 350 LGBT people suffered from mental disorders, regarding females the depression commonest (29%) followed by sadism (27%), while males depression and pedophilia commonest (17.8%) followed by nicotine and substance misuse (17%). The mental disorders were common among LGBT and there is different gender distribution.

Key words: Lesbian; Gay; Bisexual; Transgender; Mental disorders.

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Introduction

The term “LGBT” is commonly used as shorthand for the lesbian gay, bisexual and transgender community. Transgender (or trans-sexual) is a term related to gender identity, or someone’s sense of being a man or woman, boy or girl. The term gay

typically refers to a man who is romantically and emotionally attracted to other men. Lesbian (or gay woman) refers to a woman who is romantically and emotionally attracted to other women. Bisexual refers to someone who is romantically and emotionally attracted to men and women [1].

Recent research reports rates of homosexuality in 2 to 4 percent of the population. A 1994 survey by the US Bureau of the Census concluded that the male prevalence rate for homosexuality is 2 to 3 percent, lesbian about 1-2% ,while bisexual 3% (Kaplan 2007) [2] similar prevalence in Iraq [3] (Salim 2012). LGBT people are subject to institutionalized prejudice, social stress, social exclusion (even within families) and anti-homosexual hatred and violence and often internalize a sense of shame about their sexuality [4, 5]. Lifestyle factors such as alcohol and drugs misuse also increase the risk of morbidity [4] as well as suicide attempts [6]. The study of mental health of lesbian, gay, and bisexual populations has been complicated by the debate on the classification of homosexuality as a mental disorder during the 1960s and early 1970s [7] (Bayer, 1981). Although the debate on classification ended in 1973 with the removal of homosexuality from the second edition of the Diagnostic and Statistical Manual of Mental Disorders DSM [8, 9], LGBT people have higher prevalence of mental disorders than heterosexual people with the historical antigay stance and the stigmatization of LGB persons [10] (Bailey, 1999). “Homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities Finally, LGBT people are just as diverse as everyone else and in every community [11].

The homosexual relation in the Iraqi society are considered as acts that is banned by Islamic legislation and rejected by Iraqi ethical and value and punished by Iraqi punishment law no.111 for year 1969 (regulated) (it done by force) by the statement of act 393 paragraph ,and the act 394 paragraph, or if the indecent happened took place without agreement according to act [12]. The aims of the study:

1. To know the prevalence of mental disorders among lesbian, gay, bisexual and transgender (LGBT) in Baghdad.
2. To throw a light on most important socio-economic variables that may affect or associated with mental disorders among LGBT effect of gender on occurrence of those disorders.

Method

Participants

A case series study of 350 LGBT persons in Baghdad was conducted within 4 years from of august 2009 to august 2013 as our patients in multicenter in AL-Rashad sex clinic, Ibn Rushed sex clinic, Kamal AL-Samarae psychosexual clinic, out patients psychiatric clinic in Baghdad teaching hospital and AL-Emam Ali psychiatric unit. Active community search was done looking for LBGT personnel at AL Bataween and AL Aumah garden in Bab-Asharqe square (area in Baghdad were gay are available).

Instrument

Kinsey homo and heterosexual scale [11] ASA tool used in this study translated to Arabic language and approved by 3 consultant psychiatrist oral informed consent was taken from each patient, eligible subject recruited were stabilized out patients who met DSM4 criteria to diagnose any comorbid disorder, patients consecutively attending outpatient clinic were asked to fulfill questionnaires comprising in information on social and demographic characteristics.

All collected data were introduced to personal computer, MINITAB statistical program Version 16 was used in statistical analysis. Student t-test and chi-square test were used to elicit any significant associations between related variables. *P* value ≤ 0.05 considered as cut off point. Regarding number of patients were 150 (27 females, 123 males) excluded from total sample 350 peoples (mean 200 LGBT without mental disorder and few of them refuse study).

Statistical analyses

Both Simultaneous and Hierarchical Binary Logistic Regression (LR) analyses were applied to examine the hypothesized relationships between age, gender, education, and marital status as independent variables and consulting faith healers as a dependent variable. In the Hierarchical LR, covariates were entered during four sequential blocks: age in block one, mender in block two, education in block three, and marital status in block four. These blocking sequences were applied to test the amount of differences loaded by each factor on the prediction of faith healers consultations. All statistical analyses were conducted by Statistical Package for Social

Sciences (SPSS-15) considering *P* value of ≤ 0.05 was considered as a level of significance.

Results

Three hundred and fifty LGBT persons (275 male and 75 female) were interviewed during this study, 150 of them (123 male and 27 female) were suffering from one or more types of mental disorders.

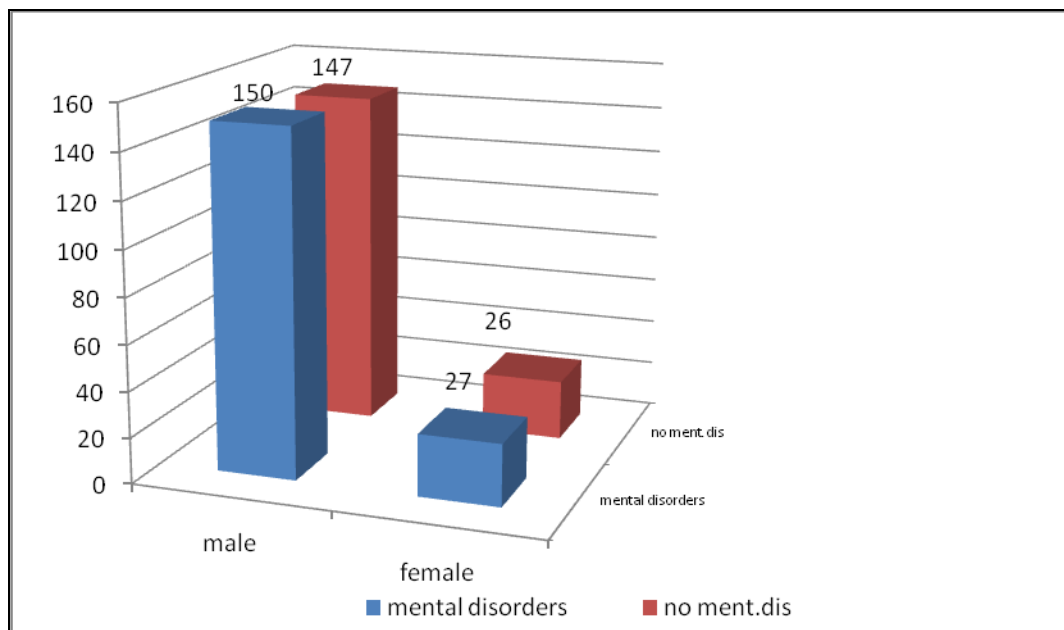


Figure 1.
Distribution of LGBT cases according to gender and presence of mental disorders.

Age	female		Male	
	no	%	no	%
10-20	1	3	7	7,6
20-30	3	11	27	21.9
30-40	8	29	22	17.8
40-50	11	40	30	24.3
50-60	4	10	32	26.01
70-80	0	0	5	4
Total	27	100	123	100
Mean	40.59		1.32	
Stan. Deviation	10.14		10.01	
P value	0.749			

Table 1.
Distribution of patients according to their age groups and gender
Range for females (18-54), range for males (19-61). There was no significant association between age groups and getting LGBT when we look to the difference in the matter of gender

Marital status	female		Male	
	No	%	No	%
Single	17	62	72	58,5
Married	10	37	47	38,2
Divorced	0	0	4	3.2
Total	27	100	123	100

Table 2.
Distribution of patients according to their marital status and gender
Chi-Sq = 0.180, DF = 1, P-Value = 0.672
For better calculation of chi-sq divorced and married groups. Considered as one

Level of education	Female		Male	
	No	%	No	%
Primary & illiterate	9	24.4	33	26.7
Secondary	5	18	32	26
Higher	13	48	58	47,1
Total	27	100	123	100

Table 3.
Distribution of female patients according to their educational level
Chi-Sq = 0.844, DF = 2, P-Value = 0.656

Socioeconomic status	female		Male	
	No	%	No	%
High	3	11	12	9,7
Mid	11	40	51	41,4
Low	13	48	60	48,7
Total	27	100	123	100

Table 4.
Distribution of female patients according to their socioeconomic status
Chi-Sq = 0.004, DF = 1, P-Value = 0.953For better calculation of chi-sq high & mid classes considered as one

Type of comorbidity	No	%
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Depression	8	29
Sadism	7	27
Telephonescatologia	2	7,4
Antisocial personality disorder.	2	7,4
General anxiety disorder	1	3,7
Alcoholic	1	3,7
Fitishism	1	3,7
Nicotine dependence	1	3,7
Transsexualism	1	3,7
Hysterionic personality d.	1	3,7
Total	27	100

Table 5.
Distribution of Female patients according to psychiatric comorbidity

Type of psychiatric of comorbidity	No	%
Depression	22	17,8
pedophilia	22	17,8
Nicotine and substance misuse	21	17
Alcohol dependency	21	17
zoophilia	8	6,5
Antisocial pd	6	4,8
Transexualism	5	4
Social phobia	4	3,2
OCD	4	3,2
exhibitionism	4	3,2
sadism	2	1,6
General anxiety disorder	1	0,8
frottuirism	1	0,8
dysparonia	1	0,8
impotance	1	0,8
Premature ejaculation	1	0,8
incest	1	0,8
Paranoid pd	1	0,8
Telephonescatologia	1	0,8
Total	123	100

Table 5.
Distribution of Female patients according to psychiatric comorbidity

Discussion

This is the first large Iraqi-based cross sectional study of mental disorders among LGBT population, we found high rate of depressive disorder followed by paraphilias and neurotic disorders among them. In table 1, display the distribution of the patients according to their ages which mean age of the sample 40.59 for females and 40.32 for males, with range 18-54 for females and 19-61 for males, the commonest age for females (40-50)40% while for males (50-60) 26,01%. Which is inconsistent with other study [13] (Meyer IH. *et al* 2008) which showed that commonest age of the sample (30-44) this may interpret to cultural and social stigma, exposure to discrimination, and repression to disclose their sexual orientation and this prevent them to seek sexual consultation other explanation might due to poor sexual education and religious covering in our community, other factors may include small sample size and may be unrepresentative for age group as shown in other study [14] (James et al 2004).

In table 2, regarding the marital status of the patients we found that majority of male and female patients were single 17(62%) for female and 72(58.2) for male, while married male 47(38,2%) and married female 17(62%) which accord to other study (James et al 2004) single male 441(76%) and single female 266(65%) also reflected the prevalence rate of the sample of mental disorders among gay and lesbian [15] (Singleton *et al*).

In table 3, deals with the educational level of the sample we found that majority of male patients were illiterate 58(47%) and only 6(4.8%) finished their high education while the picture reverses in females patients showed that higher education 13(48%) and illiterate only 2(7.4%) which accord to other study [16] (Boyd et al 2003) mean that in our society female with higher education easily to explore their sexual orientation than those with lower education level and similar to male patients; i.e. low education level associated with more comorbidity specially those homeless and without any job [17] (Henry et al 1999).

In table 4, the socioeconomic status of our sample were plotted after the previous model in Iraq(18) (Al sabagh) in which most of them from low socioeconomic status poor 13 (48%) for female and 60(48,7%) for male patients, our results goes generally with body of the literature in hand in which deterioration in economic position including falling in household and poor living standard is generally associated with modest

increase in prevalence of all mental disorder among the sample specially depression in both, other explanation hostility, discrimination, stigma, negative attitude prejudice even from their family member obligate them to chose place with less living standards with poor income away from sight of other population [19] (Whit beck et al 2004).

In table 5 and 6, which showed types of mental comorbidity in the females and male patient respectively the result as follow: depression 8(27%), sadism 7(29%), 2(7.4) for telephone scatologia and antisocial personality disorder, while fetishism, GAD, alcohol and nicotine dependency the result were 1(3.7%), regarding the prevalence of depression and neurotic disorder accord other study 30.7% [20] (Cochrane et al), while prevalence of alcohol and substance misuse disorder much less common due to cultural, social, religious covering, in our society which more stigmatize and hostile attitude even verbal, physical aggression toward those female.

Regarding paraphilia (telephone scatologia and sadism) in female sample little high than other study [21] (Dodge et al 2006) which reflected their aggressive and persistent sexual need and gratification in hostile manner specially toward similar sex using telephone or public or explicit way of other partner again for religious and social norm and cultural background of our society.

Regarding male patients results of mental comorbidity similar finding and similar explanation but less prevalence of depression 21(17%) and similar for neurotic disorder (social phobia, OCD were 4(3.2%) but presence other type of paraphilia: pedophilia 22(17.8%) was accord with [22], and exhibitionism were 4(3.2%) similar finding in other study [23] this mean these 2-mental comorbidity similar to prevalence in all society.

Regarding prevalence of zoophilia with homosexual and bisexual male patients the result 8(6.5) which higher than other study specially in younger age group this could be in interpreted in the way that there few studies about this disorder and most of them about population survey, more so this disorder could have higher prevalence in our setting for cultural and geographical reasons as Iraq is composed of rural and suburban areas.

Regarding transsexual patients the number so small only one female and she was lesbian with history of depression and difficult to seek psychosexual consultation due

to negative and hostile attitude even threaten them by killing them by other [12] other stigma, social and cultural restriction.

There were only five transsexual patients three of them had history of depression and one of them, social phobia, other GAD, this low prevalence might be due to hostile and aggression attitude or even physical violence from other or from their family member, which reflected high level of repression and difficult to display their own sexual orientation freely and easily [24] (Meltzer et al 1995).

In conclusion; our finding show that: 1) LGBT people are at significant higher risk of mental disorder like depression, paraphilias, neurotic disorders. 2) An awareness of mental health need of LGBT people should become standard part of training for health and social work professionals. 3) Further researches to address reason for the increased risk of mental health problem in this population and to implement and assess appropriate intervention are needed. 4) There is an urgent need for mental health legislation in order to develop LGBT, sensitive services and an obvious initial step would be the incorporation of LGBT issue into diversity training for staff.

Competing interests

The author declare that there is no conflict of interest.

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