

Multi-Dimensional Burden on Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: Health Perspective

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Keywords

Lesbian, Gay, Bisexual, Transgender, Mental Burden, Health Problems, LGBT Community

The basic objectives of this study to examine the health status and multi-dimensional burden among the Lesbian, Gay, Bisexual, and Transgender community. The study, based on secondary sources of the data which was undertaken from various published National and International papers and books. LGBT community suffers several forms of discrimination in: social stigma, family rejection, violence and poorer health outcomes than the general population across the world. Among the LGBT community higher level of physical health problems, de and substance abuse are common. Additionally, the women are at risk, significantly suffers high within the community. Interestingly, depression and social discrimination in LGBT encourage them to higher use of alcohol and tobacco which elevates their morbidity. Thereof, these persons spend high on health care in struggle of meeting their daily needs. Furthermore, they are facing serious health discrimination such as less use of health care services or poor treatment from the health care providers that are the mounting mental burden and many other health issues. This community requires much attention for getting equal rights as those of general population. Therefore, the public policies should ensure the more equal social, economic and health securities to LGBT community.

Introduction

Globally, researchers, seeking interest in work on issues of Lesbian, Gay, Bisexual, and Transgender (LGBT) community. Particularly, LGBT's physical or mental and social discrimination issues are at focus than the other [1, 2]. In addition, these people are at somewhat elevated risk for substance use-related morbidity [1]. The sexual identity is a complex issue that involves often complicated process; where and with whom they can learn about their identity; reinforce and support that identity within the community. Many studies reported LGBT's sexual orientation is linked to high risk for sexually transmitted diseases (STD), stress sensitive mental disorders like depression and generalized anxiety. This morbidity encourages them for high and unreasonable use of tobacco and alcohol [1-8].

The LGBT community suffers multiple ill health burden and multidimensional social discrimination than those of general population. Some studies on LGBT issues, reported the severity of discrimination for LGBT varies with their age, and discrimination in use of health care services with elevated economic burden [9, 39, 41]. The older adults confront more inequalities in physical and mental health issues. This reflects complex risk factors which discriminate and raise chronic stress. This leads to significantly poorer health care access in economic deprivation and social isolation [10, 40]. Therefore, the major risk of being rejected from community and natal family encourage LGBT person to suicide.

The Basic Identity of LGBT Person

The sexual identity development is the determination of self-identity in adaptation of sexual attraction with same or different gender. [11] Despite, there is no any standard single definition of the LGBT community, it is formed in various multidimensional group of individuals with unique characters and experiences, while, changes by race/ethnicity, economic levels and many other characteristics.

Before understanding the definition of Lesbian, Gay, Bisexual, and Transgender (LGBT) person, first looking the concept of sex and gender is quite relevant. Sex is assigned at birth, refers to one's biological status as either male or female, and it is primarily connected with physical attributes like chromosomes, hormone prevalence, and external and internal anatomy. Gender refers to the socially constructed roles, behaviours, activities, style and colour of wearing cloth and attributes that a given society considers appropriate for boys or girls [33, 40].

The description given below is a common identifier criterion for LGBT person,

- Lesbian: a woman who is physically, emotionally, and mentally attracted to other women.
- Gay: a man or woman who is physically, emotionally, and mentally attracted to the same gender. This term is used either only to identify men or all sexual minority individuals.
- Bisexual: a man or woman who is physically, emotionally, and mentally attracted to both genders.
- Transgender: a person whose self-identity as male or female differs from their anatomical sex determination at birth.

Globally, Lesbian, Gay, Bisexual, and Transgender (LGBT) community may organize themselves to support, movements for civil rights promoting LGBT rights in various places. While, among the community, gay population is frequently linked with certain symbols, like rainbow flag.

High Substance Abuse in LGBT

The rise in frequent health problems in LGBT person remains unexplained and inadequately characterized within their sexual orientation. However, Lesbian and/or homosexual suffer high depression than that of heterosexuals [12-13]. The mental depression/burden encourages person for high use of alcohol and tobacco rather than other reason. The lesbian and gay use high quantities of substance (abuse) than those of heterosexuals.

The depression and anxiety in LGBT person is contributed in numerous factors: younger lesbian, and bisexual woman's involvement in the lesbian bar or club attendance culture; coping with the stress of homophobia; and hetero-sexism by heavily alcohol drinking; smoking for reducing negative stress [14-15]. LGBT persons are unique in heavy use of drugs and alcohol because of which they suffer personal loss, diminished self-esteem and deteriorated health [16].

Health Care Challenge in Needs of LGBT

Many factors are associated with medical survives availability and accessibility in any community. The prevalence of transmitted diseases elevates risk for psychiatric morbidity among homosexual partners [17]. Even, the general population also has the health concern, but sexual, gender and several unique health challenges are more prevalent in LGBT person. Frequently, LGBT person confront serious social discrimination or challenges such as elimination by their family or general society [30, 37, 39]. The rejection by their peers, family and society leads serious mental health burden while they are experiencing gender and sexual-based violence too [18, 38]. The LGBT person face challenges from their peers in certain issues such as addressing the tensions concerning age appropriateness for children's education programs regarding homosexual relationships, intergenerational divisions, economic disadvantage, religiosity and incompatible environments overwhelmed with miss-information about sexuality [19]. Mental health care providers and clinicians frequently viewed homosexuality as a disease stated that abnormal, dysfunctional, perhaps immoral or criminal rather than biological phenomenon [20, 41].

Furthermore, they feel transgenderism remains a gender identity disorder such as the cause of distress for those have experience intense, persistent gender dysphonia among the society. The parent or families of LGBT person, more or less accept and support their transitioning LGBT especially in, access and use of health services within the mental health system [18, 21]. Although, disease transmission and immunity are functions individuals; LGBT person fails to check transitioning health and predict disproportionate risk for many diseases such as Sexually transmitted infections (STIs), Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV) infections.²² Many studies evidenced that, the more serious concern is observed when LGBT person tested HIV positive never returns to receive their report [23, 34, 35]. Those women affected with an STI/STD, or HIV/AIDS may deteriorate their ability of getting pregnant or poor outcomes of pregnancy. The high prevalence of chronic disease like STD, HIV/AIDS was found among the LGBT community than those of non-LGBT community [34, 35]. The LGBT community carries high burden of diseases over prolonged time as fail to seek timely essential treatment. Furthermore, the attempts of early consultation and treatment avoid the chances of further spread of infection or disease [38].

Behavioural Traits Impact on Mental Illness in LGBT

In society, significant health disparities exist for sexual orientation related to depression/burden, substance exploitation, social anxiety, altered body structure, homophobia and mental health related issues. The attempt to suicide rate is much higher among LGBT person. Many studies have identified various factors those are leading attempt of suicide, i.e. lack of social support, negativity, ineffective social strategies, ineffective coping psychiatric and substance abuse disorders, discrimination from their peers and family, homophobia and HIV/AIDS diagnosis [24-26, 37]. The Ramafedi et al. (1998) estimated higher risk of suicide attempts among lesbian, gay and bisexual identified youth community is account about 28 percent homosexual young boys, 21 percent, young bisexual or homosexual women, 15 percent of young heterosexual women and 4 percent heterosexual men are attempting to suicide [27].

The Russell & Joyner (2001) and Cochran & Mays (2001) are also observed consistent results in National Health and Nutrition Examination Survey in Canada. The result showed more suicidal attempt because of more mental negativity due to psychiatric conditions/psychotic disorders [12, 13, 28]. Many factors are responsible for the negativity, among them family rejection is the primary cause. Among mainstream mental health settings, often they feel compelled to hide their sexual orientation, gender identity and they mark the mental health status as often unwelcome. At this condition, they fail to understand anything or any exploration of their sexual orientation by care provider/ health worker. Thus, their sexual orientation further becomes risk of their mental illness. These behavioural traits of LGBT person discourage the support and attention of health staff.

Agony of Mental Health in LGBT

The deteriorated mental health of LGBT person is more or less depression phenomenon. The depressed LGBT person suffers sadness, irritability, negativity (attempt to suicide), anger, feeling hopelessness, unwelcome, uncontrollable worry, restlessness, physical pain, fatigue, loss of energy, difficulty in concentration, changing sleeping habits, changing sexual behaviour and withdrawal from social activities [40]. The LGBT person exhibits negative beliefs and attitudes, homophobia, stigma, and targeted violence such as bullying, harassment, and abuse. They also show, intrapersonal uncertainty when acknowledging, disclosing or asserting their sexual orientation, or gender-based identity within new or unfamiliar settings and multidimensional challenges related to the coming out process in day today life [25, 29, 30]. Various studies across the world reported the higher rate of mental illness, substance abuse and discrimination in LGBT adult person than those of heterosexual and non-LGBT population [31, 32, 37].

Impact of Social Support on LGBT Life

LGBT person confronts several health problems in addition to social discrimination [25, 30]. However, multi-dimensional burden rises risk of health hazards and encourage drug and tobacco use [4, 7, 37, 38]. Homophobia is a single factor which contributes a reason for many other problems. The Lesbian, Gay, Bisexual, and Transgender person face many health challenges and barriers; that frequently make it difficult for them to find out and receive proficient and affirming healthcare services. After confronting the various problems LGBT person perceives life is virtually non-existent; sometimes they commit suicide [24, 25, 27]. The LGBT persons face harassment, discrimination, suppressed stigma in their lifetime. These problems are linked with depression, disability, and poor general health exceptionally because of sexual orientation or homophobia [6, 11, 13, 14, 37]. Social support is one of the significant factor to reduce physical and mental ill health, stress and to improve a quality of life among the LGBT person [40]. Health inequalities resulting from social pressure or stigma defined as a health inequity; it can control through social support in society. Identity integration involves incorporating and consolidating as a lesbian, gay, bisexual identity and transgender [11, 30]. These are evident by the person coming to accept an LGBT identity, resolving internalized homophobia by transforming negative attitudes towards positive attitudes, feeling comfortable with non-LGBT population the idea that others may know about the many identities, and disclosing that identity to others.

Discussion and Conclusion

Overall discussion shows multi-steps LGBT community need help items of physical, mental and social; first starting from their own family to society. Though, society supports are significant medicine to reduce their more than half burden. Subsequently, basic health care services are required [41]. Considering the health services, necessities and obstacles to the care of the LGBT community has been challenging issues due to lack of the data on sexual orientation and gender identity. For identifying

discrimination of LGBT community is required to do more comprehensive research on health of LGBT people because these groups are high vulnerable for risk of morbidity [6, 11, 20, 37]. Rather, they desirable and will be best supported through fostering and growing with ongoing partnerships between essential health care and community. The study suggested government work together towards organizing essential services with the LGBT community; necessary health services that provide to members of the especially elder members. Rather, another concern/suggestion is that to make policy, programmes and strong law against social and health discrimination; provide accessible and affordable required health services for reducing discrimination and mental stress of the LGBT person [22, 23, 37, 39]. The government provides free medical services those are getting affected by STI or HIV/AIDS on the regular basis and follow their routine long-time [34, 35]. While, the less use of health care services among LGBT community, due to fear of discrimination, lack of knowledge about how to provide appropriate care, personal as refusing to use services are major causes may be lead increased morbidity [37, 39]. Through some catchy program for reducing their shyness at the local level with the help of local leaders, LGBT community Head and Government representative to make awareness about their rights. For their security purpose, the government allows and promote same-sex married partner and ownership of the land and property.

Furthermore, they still require more protection from gender-based or sexual orientation-based discrimination in employment for economic security, housing or public accommodations and also local levels to ensure the security and safety of the Lesbian, Gay, Bisexual, and Transgender population. If legislation person takes such kind of effort to make policy and programmes undoubtedly will contribute to health and social equality for the Lesbian, Gay, Bisexual, and Transgender population that can be benefited to reduce their physical and mental stress over life span and fostering quality of life. Non-government organizations (NGOs), social workers, human right workers, and psychologist may help at various levels to reduced mental burden, improve the quality of life of the LGBT person. Increase access to health care services and insurance individuals and their family too. Still, there is the need for more research on growing Lesbian, Gay, Bisexual, and Transgender community with comprehensive health requirement and the future plan also.

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References

- [1] Fergusson, D. M., Horwood, L., Ridder, E. M., & Beauvais, A. L. (2005). Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine*, 35(07), 971-981.
- [2] Tjepkema, M. (2008). Health care use among gay, lesbian and bisexual Canadians. *Health Reports*, 19(1), 53-64.
- [3] Burgard, S. A., Cochran, S. D., & Mays, V. M. (2005). Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women. *Drug and alcohol dependence*, 77(1), 61-70.
- [4] Cochran, S. D., Keenan, C., Schober, C., & Mays, V. M. (2000). Estimates of alcohol use and clinical treatment needs among homosexually active men and women in the US population. *Journal of consulting and clinical psychology*, 68(6), 1062.
- [5] Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of consulting and clinical psychology*, 71(1), 53.
- [6] Cochran, S. D., & Mays, V. M. (2007). Physical health complaints among lesbians, gay men, and bisexual and homosexually experienced heterosexual individuals: results from the California Quality of Life Survey. *American Journal of Public Health*, 97(11), 2048-2055.
- [7] Drabble, L. A., Midanik, L. T., & Trocki, K. (2005). Reports of alcohol consumption and alcohol-related problems among homosexual, bisexual and heterosexual respondents: results from the 2000 National Alcohol Survey. *Journal of studies on alcohol*, 111.

- [8] Wang, J., Häusermann, M., Ajdacic-Gross, V., Aggleton, P., & Weiss, M. G. (2007). High prevalence of mental disorders and comorbidity in the Geneva Gay Men's Health Study. *Social Psychiatry and Psychiatric Epidemiology*, 42(5), 414-420.
- [9] Fredriksen-Goldsen, K. I., Kim, H. J., Muraco, A., & Mincer, S. (2009). Chronically ill midlife and older lesbians, gay men, and bisexuals and their informal caregivers: The impact of the social context. *Sexuality Research and Social Policy Journal of NSRC*, 6(4), 52-64.
- [10] Fredriksen-Goldsen, K. I., Kim, H. J., Shiu, C., Goldsen, J., & Emlet, C. A. (2015). Successful aging among LGBT older adults: Physical and mental health-related quality of life by age group. *The Gerontologist*, 55(1), 154-168.
- [11] Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*.
- [12] Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health*, 91(6), 933.
- [13] Cochran, S. D., Mays, V. M., Alegria, M., Ortega, A. N., & Takeuchi, D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of consulting and clinical psychology*, 75(5), 785.
- [14] Hughes, T. L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. *Journal of Primary Prevention*, 22(3), 263-298.
- [15] Gruskin, E. P., Hart, S., Gordon, N., & Ackerson, L. (2001). Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization. *American Journal of Public Health*, 91(6), 976.
- [16] Ghindia, D. J., & Kola, L. A. (1996). Co-factors affecting substance abuse among homosexual men: an investigation within a midwestern gay community. *Drug and Alcohol Dependence*, 41(3), 167-177.
- [17] Skegg, K., Nada-Raja, S., Dickson, N., Paul, C., & Williams, S. (2003). Sexual orientation and self-harm in men and women. *American journal of Psychiatry*, 160(3), 541-546.
- [18] Taskforce, A. L. C., Harper, A., Finnerty, P., Martinez, M., Brace, A., Crethar, H. C., ... & Hammer, T. R. (2013). Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals: Approved by the ALGBTIC Board on June 22, 2012. *Journal of LGBT Issues in Counseling*, 7(1), 2-43.
- [19] Peter Gamache, M. B. A., & Lazear, K. J. (2009). Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit.
- [20] Stein, T. S. (1993). Overview of new developments in understanding homosexuality. *Review of psychiatry*, 12, 9-40.
- [21] McKay, B. (2011). Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Medical reference services quarterly*, 30(4), 393-401.
- [22] Wanyenze, R. K., Nawavvu, C., Namale, A. S., Mayanja, B., Bunnell, R., Abang, B., ... & Kamya, M. R. (2008). Acceptability of routine HIV counselling and testing, and HIV seroprevalence in Ugandan hospitals. *Bulletin of the World Health Organization*, 86(4), 302-309.
- [23] Centre for Disease Control and Prevention [CDC] (2015). Having an STD can increase your chances of getting HIV. Accessed 27 August 2015 Available at: <http://www.cdc.gov/std/hiv/default.htm>.
- [24] Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of consulting and clinical psychology*, 67(6), 859.
- [25] McDaniel, J. S., Purcell, D., & D'Augelli, A. R. (2001). The relationship between sexual orientation and risk for suicide: Research findings and future directions for research and prevention. *Suicide and Life-Threatening Behavior*, 31(s1), 84-105.
- [26] Mościcki, E. K. (1997). Identification of suicide risk factors using epidemiologic studies. *Psychiatric Clinics of North America*, 20(3), 499-517.
- [27] Remafedi, G., French, S., Story, M., Resnick, M. D., & Blum, R. (1998). The relationship between suicide risk and sexual orientation: results of a population-based study. *American Journal of Public Health*, 88(1), 57-60.
- [28] Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of public health*, 91(8), 1276-1281.
- [29] Gullotta, T. P., Ma, M. S. W., Gullotta, T. P., & Blau, G. M. (Eds.). (2008). *Family influences on childhood behavior and development: Evidence-based prevention and treatment approaches*. Routledge.
- [30] Oswald, R. F. (2002). Resilience within the family networks of lesbians and gay men: Intentionality and redefinition. *Journal of Marriage and Family*, 64(2), 374-383.
- [31] Cohen, D. A., & Reporting, A. (2015). Substance Abuse and Mental Health Services Administration 6.
- [32] Harper, G. W., & Schneider, M. (2003). Oppression and discrimination among lesbian, gay, bisexual, and transgendered people and communities: A challenge for community psychology. *American journal of community psychology*, 31(3-4), 243-252.

- [33] Verbrugge, L. M. (1978). Sex and gender in health and medicine. *Social Science & Medicine. Part A: Medical Psychology & Medical Sociology*, 12, 329-333.
- [34] Kenamer, J. D., Honnold, J., Bradford, J., & Hendricks, M. (2000). Differences in disclosure of sexuality among African American and White gay/bisexual men: Implications for HIV/AIDS prevention. *AIDS Education and Prevention*, 12(6), 519.
- [35] Kelly, J. A., Murphy, D. A., Sikkema, K. J., McAuliffe, T. L., Roffman, R. A., Solomon, L. J., ... & Collaborative, T. C. H. P. R. (1997). Randomised, controlled, community-level HIV-prevention intervention for sexual-risk behaviour among homosexual men in US cities. *The Lancet*, 350(9090), 1500-1505.
- [36] Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of youth and adolescence*, 38(7), 1001-1014.
- [37] Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, 135(4), 531.
- [38] Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of health and social behavior*, 38-56.
- [39] Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91(11), 1869-1876.
- [40] Cole, S. W., Kemeny, M. E., Taylor, S. E., & Visscher, B. R. (1996). Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology*, 15(4), 243.
- [41] Diamant, A. L., Wold, C., Spritzer, K., & Gelberg, L. (2000). Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual, and heterosexual women. *Archives of Family Medicine*, 9(10), 1043.