



Prevalence of Depression, Anxiety, and Stress among Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals

Prasith Jayatilake*¹, Amandhi Caldera²

^{1,2} *University of Colombo*

Email address of the corresponding author - * prasithj@gmail.com

Abstract

Sexual minorities are a group seldom studied in Sri Lanka though they undergo discrimination and stigma which may lead to an increase in mental health issues. In order to further understand this, the present study aimed to explore prevalence rates of depression, anxiety, and stress among lesbian, gay, bisexual, and transgender (LGBT) individuals in Sri Lanka. To meet the objectives of the study, data was gathered from 162 LGBT individuals in Sri Lanka who were 18 years and older using snowball sampling method. The original and translated and validated Sinhala versions of the Depression Anxiety and Stress Scale-21 (DASS 21) were used to gather data along with a demographic questionnaire. Questionnaires were distributed through online methods. It was found that 70.4% of participants indicated presence of depression with 34.6% indicating extremely severe levels of depression, while 29.6% indicated no presence of depression. Furthermore, 66.7% of participants indicated presence of anxiety with 34% indicating extremely severe levels of anxiety, while 33.3% participants indicated no presence of anxiety. Lastly, 66.7% of participants indicated presence of stress with 25.9% indicating extremely severe levels of stress, while 33.3% of participants indicated no presence of stress. These findings highlight significant mental health challenges faced by LGBT individuals in Sri Lanka, indicating the need for targeted mental health interventions.

Keywords: homosexual; bisexual; transgender; mental health; Sri Lanka

Introduction

Sexual minorities experience distinct, chronic stressors related to their stigmatized identities, including victimization, prejudice, and discrimination. These distinct experiences, in addition to everyday or universal stressors, disproportionately compromise the mental health and well-being of LGBT individuals (Russell and Fish, 2016). A mapping study done by the Equal Ground organization in 2020 has found that 12 percent of a population of 4500 people covering all 25 districts in Sri Lanka, identify themselves as LGBT individuals (Equal Ground, 2020). Furthermore, there is a growing increase in the LGBT community being open about their sexuality via hotspots gathering, social media, and social meetings (Jinadasa et al., 2020). However, the LGBT population in Sri Lanka is subjected to legal, political, and social restraints. The Sri Lankan Penal Code of 1883, as amended by Act No. 22 of 1995, contains Sections 365 and 365A that criminalize homosexuality in the country. A violation of section 365A, which carries a sentence of two years or less in prison, permits the police to pursue this case in the Magistrates Court, as opposed to an offense that carries a sentence of three years or more in prison, which makes it an indictable offense that must be prosecuted by the Attorney General (Chandratilaka & Mahanamahewa, 2015). The legal, political, and

social background results in gross marginalization of the community, pushing them towards the fringes of social hierarchy (Equal Ground, 2020). A growing body of international research has proved a higher prevalence of mood and anxiety disorders, suicidality, and substance use among LGBT groups compared to heterosexuals, with many authors hypothesizing that disparities may result from prejudice and discrimination leading to distress, including minority stress; chronic stress that is specific to one's marginalized status. (Mongelli et al., 2019). There are several unpublished studies that have been done by university students over the years that could have given an insight into this area in Sri Lanka. For example, a study done in 2016 has found out that sexual minority males had significantly higher prevalence rates of depression (49.2% vs. 37.1%), anxiety (53.4% vs. 42.1%), and stress (46.1% vs. 27.4%) symptoms compared to heterosexual males (Pandithakoralage, 2016). According to this study, harassment and lack of social acceptance were prominent themes that were found to cause this difference. Although this is the background, conducting research on LGBT individuals in Sri Lanka has been limited by social and cultural restrictions (Jinadasa et al., 2020). Hence, there are lesser number of published studies in the country about the LGBT community. It has been noted that there are no publications on the psychiatric morbidity of Sri Lankan sexual minorities (Chandradasa, 2018). Given this state, it is important to conduct studies to further understand the nuances and dynamics of this population that is being oppressed and ignored. It is essential for professionals to know the mental health background of Sri Lankan LGBT individuals to design methods in supporting this community, if needed. Thus, this study provides a timely opportunity to understand the dynamics of mental health problems of LGBT individuals in Sri Lanka. The main objective of the current study is to determine the prevalence rates of depression, anxiety, and stress among LGBT individuals. Following are the specific objectives of the study: a) To explore the prevalence of depression among LGBT individuals; b) To explore

the prevalence of anxiety among LGBT individuals; c) To explore the prevalence of stress among LGBT individuals.

Materials and Methods

The study employed a quantitative survey design, utilizing both the original and validated Sinhala versions of the Depression Anxiety and Stress Scale-21 (DASS-21) to measure the prevalence and levels of depression, anxiety, and stress (Lovibond & Lovibond, 2004; Aththidiye, 2012). The internal consistency of the DASS-21 subscales was as follows: depression ($\alpha = 0.91$; Sinhala version $\alpha = 0.83$), anxiety ($\alpha = 0.84$; Sinhala version $\alpha = 0.76$), and stress ($\alpha = 0.90$; Sinhala version $\alpha = 0.80$) (Lovibond & Lovibond, 2004; Aththidiye, 2012). Additionally, a demographic questionnaire was developed to collect the background data. Participants who identified as lesbian, gay, bisexual, or transgender, were 18 years and older, and resided in Sri Lanka were considered for the study. Only participants who provided informed consent and were able to read and write in Sinhala or English were included. Estimating the sample size was challenging due to a lack of official data on the LGBT population in Sri Lanka and the absence of publications on their psychiatric morbidity (Chandradasa, 2018). Drawing on international and regional studies, which report prevalence rates of depressive and anxiety disorders among LGBTQIA+ individuals ranging from 2.7% to 79%, a prevalence rate of 79% was used for calculation (Kerridge et al., 2017; Wandrekar & Nigudkar, 2020). Using the formula for estimating population proportions with a specified precision, a sample size of 151 was determined to be adequate, given the hidden nature of the LGBT community in Sri Lanka and the challenges in accessing this group. Given the hidden nature of the LGBT community in Sri Lanka, snowball sampling was chosen for its effectiveness in reaching hard-to-access populations. Data was collected from October 2022 to February 2023 via online questionnaires (Google Forms), distributed through social media platforms. Links to the questionnaires were shared among

personal contacts and within LGBT-focused social media groups, encouraging further distribution. The data was first entered into SPSS 26 (Statistical Package for Social Sciences) datasheet. Random checks were carried out for 20% of the dataset, and the entered data was cleaned. The same software package was employed to conduct the descriptive analysis. Descriptive statistical analysis was used to describe the demographic characteristics of the sample, as well as the prevalence rates and levels of depression, anxiety, and stress among the sample. Lesbian, gay, bisexual, and transgender individuals were pooled together as a sexual minority, as their individual sample sizes were not adequate for a statistical analysis. Mild, moderate, severe, and extremely severe categories of the DASS-21 scale were combined into a new category, "presence of depression/anxiety/stress," while the "normal" category was considered as "absence of depression/anxiety/stress." This was done to understand the presence and absence of these conditions in a dichotomous nature, for clarity, as has been done in a previous study (Pandithakoralage, 2016).

Results

The study initially collected data from 182 individuals belonging to the sexual minority in Sri Lanka. After

excluding 20 questionnaires due to unmet inclusion criteria, the final sample comprised 162 participants. Of these, 54.9% were homosexual males, 4.9% were homosexual females, 27.8% were bisexual, and 12.3% were transgender. Transgender individuals were treated as a distinct category for this study despite the variance of sexual orientation and gender identity within the transgender category.

Demographic Characteristics of the Sample
The mean age of participants was 28.40 years (SD = 7.79), with ages ranging from 18 to 59 years. At the time of the study, 92% were either studying or employed. Additionally, 59.3% had not come out to their families or friends, whereas 40.7% had. Regarding family support for their sexual identity, 62.3% reported as "not supportive at all," 10.5% each reported as "not supportive" and "somewhat supportive," and 4.9% each reported as "supportive" and "very much supportive."

Prevalence of Depression among LGBT Individuals
As per the results 48 (29.6%) of 162 participants, indicated presence of no depression, while 114 (70.4%) of participants indicated presence of depression.

Further analysis as per norms and cut off scores of the

Table 1. Presence of depression

	Frequency (N)	%
No depression	48	29.6
Presence of depression	114	70.4
Total	162	100

DASS-21 depression sub-scale (Lovibond & Lovibond, 2004) indicated that 56 (34.6%) participants of the 162 sample have extremely severe levels of depression, while 19 (11.7%) participants have severe levels of depression. Out of the sample, 25 (15.4%) participants indicated moderate levels of depression, while 14 (8.6%) participants indicated mild levels of depression.

Prevalence of Anxiety among LGBT Individuals
As per the results, 54 (33.3%) of 162 participants indicated no presence of anxiety while 108 (66.7%) of participants indicated presence of anxiety.

Further analysis as per norms and cut off scores of the DASS-21 depression sub-scale (Lovibond & Lovibond, 2004) indicated that 55 (34.0%)

Table 2. Presence of anxiety

	Frequency (N)	%
No anxiety	54	33.3
Presence of anxiety	108	66.7
Total	162	100

participants of the 162 sample have extremely severe levels of anxiety, while 15 (9.3%) participants have severe levels of anxiety. Out of the sample, 31 (19.1%) participants indicated moderate levels of anxiety while 07 (4.3%) participants indicated mild levels of anxiety.

Prevalence of Stress among LGBT Individuals
As per the results, 54 (33.3%) of 162 participants indicated a presence of no stress, while 108 (66.7%) of participants indicated presence of stress.

Table 3. Presence of Stress

	Frequency (N)	%
No stress	54	33.3
Presence of stress	108	66.7
Total	162	100

Further analysis as per norms and cut off scores of the DASS-21 depression sub-scale (Lovibond & Lovibond, 2004) indicated that 42 (25.9%) participants of the 162 sample have extremely severe levels of stress, while 23 (14.2%) participants have severe levels of stress. Out of the sample, 22 (13.6%) participants indicated moderate levels of stress, while 21 (13.0%) participants indicated mild levels of stress.

Discussion

The current study indicated alarmingly high prevalence rates of mental health issues among LGBT individuals in Sri Lanka. It was found that 70.4% participants experienced depression, 66.7% experienced anxiety, and 66.7% experienced stress—significantly higher than the general population, as reported by a meta-analysis conducted in 2023, which found the overall pooled prevalence of depression to be 19.6% (Alwis et al., 2023). The higher prevalence

found in the current study could be due to the unique socio-political experiences of LGBT individuals in Sri Lanka when they are considered as a distinct group.

Although there have been no publications on the psychiatric morbidity of Sri Lankan sexual minorities (Chandradasa, 2018), international studies that have focused on LGBT populations from relatively similar socio cultural backgrounds, such as those in Tamil Nadu, India (Logie et al., 2012) and the Philippines (Alibudbud, 2022), report similar or even higher levels of mental health conditions. Given the social discrimination that sexual minorities endure in Sri Lanka, it is highly likely that they face a higher burden of psychological distress and suicidality (Chandradasa, 2018). This also signifies the importance of considering cultural and socio-political contexts in understanding mental health outcomes of LGBT individuals.

Studies show that minority stress is positively correlated to mental health outcomes, and policies targeted at promoting the civil rights of sexual minorities may help overcome these disparities (Mongelli et al., 2019). In Sri Lanka, LGBTQ individuals frequently experience many layers of marginalization, as the current legal background continues to perpetuate the stigma and discriminatory actions and attitudes that target sexual minorities. This also denies LGBT individuals getting the proper mental health care needed.

The absence of a legal protection, coupled with social discrimination is likely to contribute to an increased psychological distress experienced by LGBT individuals, further increasing the prevalence of mental health conditions.

Conclusion

This study reports significant mental health issues experienced by LGBT individuals in Sri Lanka, which is indicated by an overwhelming prevalence of depression, anxiety, and stress. The higher prevalence indicated in the current study, in comparison to other national and international studies, indicate the impact of a unique contextual socio-political experiences including criminalizing of sexual minorities within the legal framework resulting in these outcomes. However, as this is a cross-sectional study, more data needs to be gathered from longitudinal research to understand these causal factors. It should be noted that the relatively small sample size and the sampling method (snowball sampling) impact the generalizability of the findings. However, the study results do indicate a need for targeted mental health interventions that would facilitate unique issues LGBT individuals face.

Acknowledgement

This study is a section of the research conducted by the Principal Investigator as partial fulfilment of his MPhil in Clinical Psychology degree conducted at University of Colombo.

References

- Alibudbud, R. (2022). Gender in mental health: Comparison of the rate and social factors of depression, anxiety, and stress among young adult Filipino heterosexual cisgender men and women and LGBT+ individuals. *International Journal of Social Psychiatry*, 69(2), 430–437. <https://doi.org/10.1177/00207640221106874>
- Alwis, I., Baminiwatta, A., & Chandradasa, M. (2023). Prevalence and associated factors of depression in Sri Lanka: a systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, 59(2), 353–373. <https://doi.org/10.1007/s00127-023-02495-z>
- Aththidiye, R. (2012). Adaptation and Validation of the Depression, Anxiety and Stress Scale-21 (DASS-21), Among Students in the University of Colombo. Master's dissertation, University of Colombo; Colombo
- Chandradasa, M. (2018). Suicidal ideation in gay adolescents in the context of cultural stigma and criminalized homosexuality in Sri Lanka. *International Journal of Social Psychiatry*, 65(1), 83–84. <https://doi.org/10.1177/0020764018812921>
- Chandratilaka, M. A. N., & Mahanamahewa, P. (2015). Sexual orientation and human rights: Applicable laws of Sri Lanka and UK. In P. Mahanamahewa (Ed.), *Proceedings of the 8th International Research Conference, General Sir John Kotelawala Defence University (KDU), Ratmalana* (pp. 110-114). <http://ir.kdu.ac.lk/bitstream/handle/345/1368/law-019.pdf?sequence=1&isAllowed=y>
- Equal Ground. (n.d.). MAPPING LGBTIQ IDENTITIES IN SRI LANKA. Equal Ground. https://www.equal-ground.org/wp-content/uploads/Report_EG-edited.pdf

- Jinadasa, M., Perera, R., Dissanayake, D., & Kuruwita, D. (2020). Mapping and some aspect of Lesbian, Gay, Bisexual and Transgender (LGBT) in Sri Lanka. *International Journal Of Future Generation Communication And Networking*, 13, 1645-1655. Retrieved from https://www.researchgate.net/publication/344927590_Mapping_and_some_aspect_of_Lesbian_Gay_Bisexual_and_Transgender_LGBT_in_Sri_Lanka
- Kerridge, B. T., Pickering, R. P., Saha, T. D., Ruan, W. J., Chou, S. P., Zhang, H., Jung, J., & Hasin, D. S. (2017). Prevalence, sociodemographic correlates and DSM-5 substance use disorders and other psychiatric disorders among sexual minorities in the United States. *Drug and Alcohol Dependence*, 170, 82–92. <https://doi.org/10.1016/j.drugalcdep.2016.10.038>
- Logie, C. H., Newman, P. A., Chakrapani, V., & Shunmugam, M. (2012). Adapting the minority stress model: Associations between gender non-conformity stigma, HIV-related stigma and depression among men who have sex with men in South India. *Social Science & Medicine*, 74(8), 1261–1268. <https://doi.org/10.1016/j.socscimed.2012.01.008>
- Lovibond, S.H. & Lovibond, P.F. (2004). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.
- Mongelli, F., Perrone, D., Balducci, J., Sacchetti, A., Ferrari, S., Mattei, G., & Galeazzi, G. M. (2019). Minority stress and mental health among LGBT populations: an update on the evidence. *Minerva Psichiatrica*, 60(1). <https://doi.org/10.23736/s0391-1772.18.01995-7>
- Pandithakoralage, S. C. (2016). Comparison of prevalence rates of depression, anxiety and stress among males of sexual minorities and heterosexual males in Sri Lanka. Unpublished manuscript for the MPhil in Clinical Psychology program, University of Colombo. Available at Faculty of Graduate Studies Library, University of Colombo.
- Russell, S. and Fish, J., 2016. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual Review of Clinical Psychology*, 12(1), pp.465-487.
- Sani, M., Mahfouz, M. S., Bani, I., Alsomily, A. H., Alagi, D., Alsomily, N. Y., & Asiri, S. (2012). Prevalence of stress among medical students in Jizan University, Kingdom of Saudi Arabia. *Gulf Med J*, 1(1), 19-25.
- Wandrekar, J. R., & Nigudkar, A. S. (2020). What Do We Know About LGBTQIA+ Mental Health in India? A Review of Research From 2009 to 2019. *Journal of Psychosexual Health*, 2(1), 26–36. <https://doi.org/10.1177/2631831820918129>