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Prevalence of Loneliness and Suicidality among Transgender in Jharkhand: A Cross-Sectional Study

Anuradha Kumari¹

Dr. Sudhinta Sinha²

ABSTRACT

Background: In India, gender and sexual minorities, such as transgender experience consistent social exclusion, which creates a heightened risk for negative psychological issues. The transgender community encounters profound marginalization due to their different gender identity, low economic growth, and barriers to accessing affirming healthcare facilities and social services. **Objective:** This study aimed to assess the levels of loneliness and suicidality among transgender. **Method:** A sample of 150 transgender from five districts of Jharkhand was obtained. The Perceived Loneliness Scale and Suicide Risk Eleven Scale were utilised to collect data. Descriptive statistics (mean and SD) were used to summarize the loneliness and suicidality scores. In this study, a t-test was used to examine significant differences between urban and rural transgender in terms of loneliness and suicidality scores. A simple linear regression was also used to assess the association between loneliness and suicidality. **Results:** The results found a relationship between loneliness and suicidality. In addition, 43%(n=65) of the sample reported having attempted suicide at least once and more than once in their lives, and 34% (n=51) reflected suicidal thoughts or attitudes. **Conclusion:** Transgender experienced an average level of loneliness and higher levels of suicidality.

Keywords: Transgender, loneliness, suicidality, Jharkhand

In India, gender and sexual minority communities, such as hijra, kothi, and other LGBTQ+ identified persons, encounter continuous social exclusion that makes them vulnerable to negative psychological outcomes. Jharkhand is mostly a rural and semi-urban populated state which has conservative social norms and limited mental health infrastructure. Gender and sexual minorities, such as transgender,

¹ Research Scholar, Department of Psychology, BBMK University, Dhanbad, Jharkhand

² Associate Professor and Clinical Psychologist, Department of Psychology, SSLNTM College, BBMKU, Dhanbad

experience profound marginalization due to the intersection of gender identity, regional underdevelopment, and barriers to access affirming health care facilities.

Transgender is an umbrella term used for individuals whose gender identity does not align with their biological sex. Transgender persons are people whose gender identity or gender expression does not match the sex they were assigned at birth. This concept goes beyond simply categorizing individuals as male or female based on biological characteristics at birth and includes a more complex and fluid understanding of gender (Nagoshi et al., 2012).

As per the American Psychological Association, transgender refers to people whose gender identity, gender expression, and behavior do not align with their assigned sex at birth (American Psychological Association, 2015). Sex and gender are different terms that are commonly used interchangeably. Sex is related to biological factors, such as anatomical structure and hormones, but gender is linked to social and psychological components. Transgender have a different gender identity and challenge the fixed gender categories prevalent in most cultures (Diamond, 2002). Gender identity refers to an individual's internal sense of being male, female, or something else. The transgender community varies based on different cultures, lived experiences, and social structures (Sutherland, 2023). Transgender often question the traditional gender binary roles and identities. Research indicates that most transgender believe that gender roles are socially created and that gender identity should be more fluid and dynamic than the conventional binary system. Transgender encounter distinctive social issues related to societal attitudes towards gender affirmation and discrimination, stigmatization, and social exclusion. These difficulties impact various aspects of their lives, such as employment and social inclusion (Fleischman et al., 2025; Primecz & Pelyhe, 2024).

Minority stress is linked with poor mental health outcomes, such as high psychological distress and loneliness among gender and sexual minorities (Elmer et al., 2022). Most of the existing Indian studies related to the LGBTQ community are highly concentrated in metropolitan cities and the southern part of India. However, Jharkhand, a less urbanized and socioeconomically constrained state, is underrepresented, and there is a gap in understanding the psychological experiences of transgender. Transgender are also known as hijra or kinnar in Jharkhand. The present study aimed to assess the levels of loneliness and suicidality among transgender in Jharkhand.

In a cross-sectional study, a high prevalence rate of loneliness (83.3 %), perceived social support (77.7 %), and objective social isolation were observed among transgender and gender diverse individuals (Hajek et al., 2023). Various risk factors, including low socioeconomic status, health issues, and social exclusion, are associated with common problems faced by transgender people. Transgender often encounter profound social exclusion and socioeconomic disadvantages. This increases the risk of loneliness among transgender and may exceed these general rates. (Aaron et al., 2025) conducted a study in a particular residential area of Madurai to analyze the level of loneliness and psychological distress among transgender. They found a moderate degree of loneliness in the majority of transgender 16(53.3%), a moderately high degree of loneliness in 13(43.3%), and a high degree of loneliness in 1(3.3%) sample. Also, the majority of transgender 22(73.3%) experienced mild distress, 5(16.5%) did not have any distress, and 3(10%) reported high distress. The findings showed a significant positive correlation between loneliness and psychological distress.

Suicide can be understood through multiple perspectives, including psychological, sociological, and personal factors. Broadly, suicide is the act of intentionally ending one's own life. From the psychological perspective, behavior and thoughts are involved in the self-determination to end life, and it is related to complex emotional and cognitive factors such as depression, hopelessness and suicidal ideation (Klonsky et al., 2016; Yöyen & Keleş, 2024). Gender and sexual minority groups persistently experience higher rates of depression, suicidal ideation, and attempts compared to the cisgender population. There are many factors involved in elevating the risk of suicidality, such as societal rejection, lack of affirming care, experiences of heterosexuality and transphobic victimization, and increased internal feelings of shame and

rejection sensitivity. Among sexual minorities, these types of relational mechanisms act as mediators between victimization and suicidality (Horwitz et al., 2020; Mereish et al., 2018).

A study was conducted among transgender in Nepal, which provides valuable information to understand the prevalence of suicidality in the Indian transgender community. Researchers found suicidal ideation in 39.8%, suicide plans in 19.5%, and suicide attempts in 15.3% of the sample in the Nepalese surveillance survey (Kohlbrenner et al., 2016). This study highlights that discrimination is a leading risk factor for suicidal thoughts and suicidality among transgender individuals. A meta-ethnography synthesizing research has emphasized that transgender experience multiple interconnected issues that cause an increased risk of psychological distress and suicidality. There are macro-level elements, such as personal and family experiences, community and organisational-level impact, and societal and legal frameworks, that are filled with stigma and discrimination (Sarika et al., 2025).

(Arora et al., 2024) conducted a cross-sectional study to understand factors related to suicidal thoughts and self-harm within the LGBTQ+ community. Previous experiences of abuse were highly associated with higher suicidal ideation. (Halli et al., 2021) investigated the pervasive symptoms of anxiety, depression and suicidality among transgender in Bangalore city. Forty-five percent of participants who identified as hijra or kothi reported high anxiety, and one-third of participants experienced a high level of depression; before the one-month survey, 42% of them had suicidal ideation or suicidal attempts. Participants suffering from high anxiety were alcoholics and had no formal education, and participants with high depression had no formal education and also did not live with their spouse after marriage. Physical appearance was also found to be associated with suicidality.

MATERIALS AND METHODS

Objectives

- To evaluate the prevalence of loneliness and suicidality among transgender.

Hypotheses

- Transgender with higher loneliness are associated with higher suicidality.
- Transgender from rural areas have higher levels of loneliness and suicidality than those from urban areas.

The present study focused on assessing the prevalence of loneliness and suicidality among transgender in Jharkhand. In this study, a mixed-methods approach and a cross-sectional research design were used for a hard-to-reach population.

Sample

For this study, purposive sampling was used to collect samples. A total of 150 samples from five districts of Jharkhand (Bokaro, Dhanbad, Ranchi, Jamshedpur, and Hazaribagh) were purposively collected.

Inclusion criteria:

- Individuals aged >18 years.
- Individuals identifying as male-to-female transgender (MTF) or hijra/kinnar.

Exclusion criteria:

- Lesbian, Gay, Bisexual, Queer (LGBQ) and other gender minority groups beyond transgender identity, because this study is focused on transgender.

Tools

- The Perceived Loneliness Scale was used, which was developed by Dr. Praveen Kumar Jha. This is a self-report measurement of an individual's subjective feeling of loneliness. It is a five-point Likert scale ranging from "totally agree" to "totally disagree" with 36 items.
- Suicidal Risk Eleven Scale (SRS) was used to assess suicidal tendency, and it was developed by S. K. Verma, A. Nehra, R. Kaur, A. Puri, and K. Das to assess the level of

suicide risk. It is a self-administered visual analogue scale which has 11 statements related to suicide, absence and presence of suicidal thoughts, and prior suicidal actions.

Variables

Independent Variable: Transgender

Dependent Variable: Loneliness, Suicidality

Data collection

Purposive sampling was used to collect the data. Data were collected using a combination of validated psychometric instruments and interviews with the participants. Before starting data collection, informed consent was obtained from the participants, and they were assured confidentiality. In 2026, data were collected from five districts of Jharkhand: Bokaro, Dhanbad, Ranchi, Jamshedpur, and Hazaribagh. The sample comprised 150 transgender women (MTF), assessed individually. For data analysis, the mean, SD, t-test, and simple linear regression were applied.

RESULT AND DISCUSSION

Table 1

Represents the sociodemographic characteristics of Transgender(N=150)

Variables	Category	n	%
Age group	20-40	117	78%
	40-60	33	22%
Residential area	Urban	129	86%
	Rural	21	14%
Educational qualification	No formal education	15	10%
	Primary education	12	8%
	Secondary and higher secondary education	113	75%
	Graduates and Masters	10	7%
Family support	Full or partial	79	53%
	No support	71	47%
Type of earning	Badhai	131	87%
	Tata Steel and other sectors	6	4%
	Begging on trains and toll roads	13	9%

Table 2

Represents the mean, SD, and SEM of Transgender on the perceived loneliness scale scores

N	Total score	Mean	SD	SEM
150	18529	123.53	14.9	1.22

A total of 150 respondents were assessed using the loneliness scale. The participants obtained a total score on loneliness score was 18,529. The mean loneliness score was 123.53 (SD = 14.90), which reflects the variation in loneliness scores. The standard deviation of individual participants' loneliness scores was 14.90 points from the sample mean. The standard error of the mean was 1.22, suggesting a relatively precise mean.

Figure 1

Represents distributions of transgender by level of loneliness responses

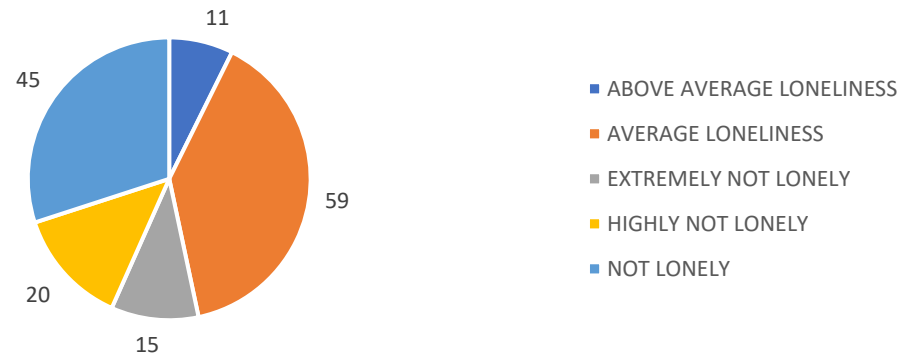


Figure 1 shows the distribution of loneliness levels among the 150 participants. The largest proportion of respondents, 39% (n = 59), reported average levels of loneliness. This was followed by 30% (n = 45) who reported not being lonely, 13% (n = 20) who reported highly not lonely levels, and 10% (n = 15) who reported extremely not lonely levels. Combined, these three "not lonely" categories accounted for 53% (n = 80) of the sample, indicating that most participants experienced minimal to no loneliness. A smaller subset, 7% (n = 11), reported above-average loneliness, representing the group at heightened risk within this sample. These findings suggest that most participants did not report elevated loneliness, and a meaningful minority (7%) experienced above-average levels, while 39% experienced average levels of loneliness.

Table 3

Represents the mean, SD, and SEM of Transgender on the suicide risk eleven scale scores

N	Total score	Mean	SD	SEM
150	8510	56.7	28	2.29

The mean score of the Suicide Risk Eleven Scale was 56.7 (SD = 28, SEM = 2.29) among the 150 participants. This indicates that the average suicide risk score in the sample was 56.7; however, the large standard deviation shows substantial variation in scores across participants. The standard error of the mean was 2.29, which indicates that the average suicidality score had good precision, enhancing the reliability of these findings. The relatively large standard deviation indicates a significant variation in the suicide risk scores among participants. This reflects diversification in the level of suicide risk within the sample. The total suicidality score was 8510 for all participants.

Figure 2

Represents the number of participants' responses on the suicidal risk eleven scale



Figure 2 shows the distribution of participants' responses on the suicidality scale. The most frequent statement was "life is a burden" 21% (n = 31), followed by 15% (n = 22) who reported

“It is better if I die”, and 19% (n = 29) said, “I want to commit suicide”. Also, 18% (n = 27) said, “I tried once to commit suicide”; 14% (n = 21) reported that they attempted suicide twice, and 11% (n = 17) attempted suicide multiple times. Only 2% (n = 3) said that suicide is a sin. In total, 43% (n = 65) of responses indicated a history of one or more attempts, while 34% (n = 51) reflected suicidal thoughts or attitudes.

Table 4

Simple Linear Regression analysis predicting suicidality from loneliness

Predictor	B	SE B	t	p
Intercept	14.747	18.905	0.780	.437
Loneliness score	0.340	0.152	2.237	.027

A simple linear regression analysis was conducted to assess the relationship between loneliness and suicidality. The results showed that loneliness significantly predicted suicidality (B = 0.340, SE B = 0.152, t = 2.237, p = .027). Specifically, each one-unit increase in the loneliness score was associated with a 0.340-unit increase in the suicidality score.

Table 5

Independent-samples t-test results for loneliness and suicidality by residential area

Variables	Urban mean & SD	Rural mean & SD	t	p
Loneliness	M = 124, SD = 15	M = 124, SD = 14.7	0.014	.988
Suicidality	M = 56.5, SD = 28	M = 58.1, SD = 28.6	0.239	.811

An independent-samples t-test was calculated to compare rural and urban transgender scores on loneliness and suicidality. No significant differences were found between rural and urban transgender, $t(148) = 0.014$, $p = .988$ on the loneliness scale. This indicates that both groups reported similar levels of loneliness. Similarly, no significant differences were detected between urban and rural transgender, $t(148) = 0.239$, $p = .811$. This suggests that residential area was not significantly associated with suicidality among transgender. Overall, the results showed that transgender from rural and urban areas did not have significant differences in either loneliness or suicidality scores.

The absence of significant rural-urban differences in suicidality and loneliness among transgender indicates that other factors, such as family support, peer support, and minority stress, have a greater impact than residential areas alone.

This study found that most of the transgender participants did not report higher levels of loneliness, and minor participants experienced above-average levels, while 39% experienced average levels of loneliness. The variability in loneliness scores indicates that the participants did not experience social disconnection within the same range. This variability highlights differences in family acceptance, peer support, financial security, housing stability, access to gender-affirming services, experience of discrimination, and engagement in supportive transgender-community networks. (Awan et al., 2024) examined loneliness and different aspects of the mental health of transgender. They found that transgender experience extensive loneliness throughout their lives because of societal exclusion and maltreatment. They are mocked, judged, and rejected by their own families and do not have a secure place to live. They face a higher level of loneliness and difficulties in every aspect of life, despite having a strong peer community of transgender. Stigma-related stressors and limited social support increase negative mental health outcomes; on the other hand, family, peer, and community support act as protective factors (Chakrapani et al., 2017).

Suicidality among transgender is a significant public health issue, characterized by high rates of suicidal ideation and attempts. This indicates the diversity of suicidality experiences,

reflecting a wide range of individual differences in risk factors, coping mechanisms, and support systems. (Halдар et al., 2026) conducted a structured interview among transgender to understand factors related to suicidal ideation, suicidal planning, and suicidal attempts. In the last 12 months, 78 participants out of 204 experienced suicidal thoughts; 58 planned suicide, and, at least once, 35 attempted suicide. They found a significant relationship with current earning sources such as begging, and drug abuse in the past three months, and facing stressful situations in the past twelve months. Additionally, suffering from gender dysphoria, and being diagnosed with generalized anxiety disorder.

These findings indicate serious issues regarding suicidal ideation among transgender. According to minority stress theory, chronic exposure to stigma, discrimination, and social marginalization increases the risk of loneliness, suicidal ideation, and suicidal behavior among sexual or gender minority groups.

In the context of Jharkhand, suicidality among transgender is shaped by the accessibility of healthcare facilities and social and educational environments. Social exclusion by families, communities, workplaces, and healthcare settings increases feelings of isolation and blocks opportunities to make meaningful relationships (Hotchandani, 2017).

This study has several limitations. This was a cross-sectional design; therefore, it cannot establish that loneliness causes suicidality or that the relationship operates in the opposite direction. In addition, self-reported responses can be influenced by social desirability bias. Additionally, participants were not from this study; therefore, the findings may not be generalizable.

Collectively, these results showcase the complexity of suicidality in transgender. This is a good time to focus on mental health care and address stressors such as discrimination, stigma, social rejection, and barriers to gender affirmation care. Specific preventive strategies such as counselling, peer support networks, and Govt. schemes should be implemented to reduce systemic inequalities that cause loneliness and suicidality among transgender.

CONCLUSION

This study examined the levels of loneliness and suicidality among transgender in Jharkhand. The results underlined that both factors, loneliness and suicidality, represent significant psychosocial issues within this population. These findings emphasize the urgent need for mental health policy and practice in Jharkhand. Some Govt. initiatives such as family sensitization programs, awareness programs in educational institutions and govt. offices, peer support networks, counselling services, and gender-affirming care need to be implemented to reduce loneliness and suicidality. Government actions must focus on establishing equality and equity in healthcare, housing, employment, and education sectors for transgender so that they can live their lives without facing discrimination.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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