



Social rejection, minority stress, and suicidal ideation among LGBTQ people in Pakistan and Indonesia: A comparative narrative review

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Abstract

Suicidal ideation among lesbian, gay, bisexual, transgender, and queer (LGBTQ) people is well documented in high-income countries, but evidence from Muslim-majority countries in Asia is scattered. This narrative review examined how social rejection and minority stress relate to suicidal ideation among LGBTQ people in Pakistan and Indonesia, two Muslim-majority countries with similar family and religious norms but different legal systems. Structured searches of five databases and institutional sources (2021–2026) identified 16 documents: eight primary empirical studies (three from Pakistan, five from Indonesia), one regional systematic review, six legal, human-rights, or news records, and one global public-health source. The empirical studies were appraised with criteria adapted from the JBI checklists, and all documents were synthesized by directed qualitative content analysis guided by Minority Stress Theory and the Interpersonal Theory of Suicide. All empirical studies were cross-sectional, and only one used a national probability sample. In Pakistan, small community studies of transgender people linked discrimination, depression, and anxiety with suicide attempts and suicidal ideation. In Indonesia, a national adolescent survey found higher adjusted odds of suicidal ideation among gender-diverse (aOR 6.16) and sexually diverse (aOR 3.41) adolescents, and community studies reported high distress and unmet need for services. No included study measured thwarted belongingness or perceived burdensomeness, and only one related a measured minority stressor to a suicide-related outcome. The proposed pathway from minority stress to suicidal ideation through these interpersonal mechanisms therefore remains a hypothesis in both countries. The review contributes an evidence map that separates measured findings from theory-based inferences, and it proposes testable hypotheses for primary research with culturally adapted measures.

Keywords: *minority stress; social rejection; suicidal ideation; interpersonal theory of suicide; sexual and gender minorities; narrative review; Pakistan; Indonesia*

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Introduction

Suicide is a major global public-health problem. The World Health Organization (WHO) estimates that more than 720,000 people die by suicide each year, that suicide was the third leading cause of death among people aged 15–29 years in 2021, and that 73% of suicides occur in low-and middle-income countries (World Health Organization, 2025). The WHO also identifies lesbian, gay, bisexual, transgender, and intersex people among the groups with high suicide rates linked to discrimination, and notes that only about 80 Member States have vital registration data of sufficient quality to estimate suicide rates directly (World Health Organization, 2025). Suicide-related outcomes in stigmatized groups living in middle-income countries are therefore likely to be under-recorded.

Research from high-income countries has established that sexual and gender minority (SGM) people report more suicidal ideation and suicide attempts than heterosexual and cisgender people (Russell & Fish, 2016; Wittlin et al., 2023). A meta-analysis of studies with LGBT adolescents and young adults found that minority stressors such as victimization, rejection, and internalized stigma are associated with both suicidal ideation and suicide attempts (de Lange et al., 2022). Daily-diary evidence further shows that, on days when sexual and gender minority youth experience more minority stressors, they report more intense suicidal ideation, and that this association is partly accounted for by negative affect and emotion dysregulation (Mereish et al., 2023). Population-level work also indicates that a more hostile social environment is associated with higher odds of suicide attempts among lesbian, gay, and bisexual youth (Hatzenbuehler, 2011).

This evidence base is drawn largely from North America, Europe, and Australia. Studies of SGM mental health in low- and middle-income countries remain limited, although most of the world's young people live in these countries and criminalizing laws are more common there (Fine et al., 2025). A systematic review of mental-health difficulties among LGBTQ people in Southeast Asia identified 25 quantitative studies and reported heightened prevalence of mental-health difficulties together with frequent exposure to minority stressors, but Indonesia was represented by very few studies (Tan & Saw, 2023). For Pakistan, the available research is concentrated on transgender communities and relies mainly on small non-probability samples (Ali et al., 2022; Gul & Mohsin, 2023; John et al., 2025).

To check whether a synthesis of this topic already existed, we searched the databases described in Section 3.2 for systematic, scoping, and narrative reviews that combined terms for SGM populations, suicide-related or mental-health outcomes, and Pakistan or Indonesia (final update: 3 October 2026). The closest work was the Southeast Asian systematic review by Tan and Saw (2023). That review included few Indonesian studies and, because of its regional scope, no studies from Pakistan. We found no review that synthesized the evidence for Pakistan, and no review that compared Pakistan with Indonesia. This gap matters because the two countries are often discussed together as Muslim-majority societies, but the evidence for each has not been examined side by side.

Pakistan and Indonesia offer an informative comparison for psychological, and not only legal, reasons. The comparison follows a most-similar-systems logic. Both are Muslim-majority, middle-income countries with large young populations, and in both, family, religion, and community norms shape responses to sexual and gender diversity. These shared features are held broadly constant. What differs is the legal and institutional context. Pakistan criminalizes sexual activity between men under Section 377 of the Pakistan Penal Code, with a maximum penalty of life imprisonment (Human Dignity Trust, n.d.). It also enacted the Transgender Persons (Protection of Rights) Act 2018, which provided for self-perceived gender identity, but in May 2023 the Federal Shariat Court declared the provisions on gender identity, recognition of identity, and inheritance contrary to Islamic injunctions (Amnesty International, 2023). Indonesia does not criminalize consensual same-sex conduct at the national level. Same-sex activity is criminalized

explicitly in Aceh and South Sumatra, and the revised Criminal Code that entered into force on 2 January 2026 contains provisions that may be used against same-sex intimacy (Human Dignity Trust, 2026).

Minority Stress Theory predicts that structural conditions such as these shape the stress that SGM people experience, both directly and through everyday processes such as expecting rejection and hiding one's identity (Frost & Meyer, 2023; Meyer, 2003). The comparison therefore allows us to ask a psychological question: do the same minority stress processes appear in both countries, and does their form differ when the legal context differs? It also allows us to ask whether the interpersonal mechanisms proposed by the Interpersonal Theory of Suicide are plausible in two family-centered, non-Western settings. At the same time, a comparison is only as strong as the evidence on each side. The populations and measures available in the two countries differ, and this limits what the comparison can show. We treat these differences as a finding in their own right, not as noise.

The review links four levels that are often discussed separately: structural conditions (laws, enforcement, and recognition), experiences of interpersonal rejection (by family, community, and services), minority stress processes (distal and proximal stressors), and the psychological mechanisms that are proposed to connect these stressors with suicidal ideation (general distress, thwarted belongingness, and perceived burdensomeness). It addresses three questions. First, what does recent evidence show about suicidal ideation and related mental-health outcomes among LGBTQ people in Pakistan and Indonesia? Second, how are social rejection and minority stressors configured in the legal, social, and service contexts of each country? Third, which parts of an integrated model, in which minority stress is linked to suicidal ideation through thwarted belongingness and perceived burdensomeness, have been measured in these countries, which are supported only indirectly, and which remain theoretical? The review does not test causal or predictive relationships. Its purpose is to map and appraise the evidence, to separate measured findings from theory-based inferences, and to state hypotheses that primary studies can test.

Theoretical Framework

Minority Stress Theory proposes that members of stigmatized minority groups are exposed to chronic stress that is additional to the general stressors experienced by all people, and that this excess stress contributes to health disparities (Meyer, 2003). The theory distinguishes distal stressors, which are objective events and conditions such as discrimination, rejection, and violence, from proximal stressors, which are subjective processes such as expectations of rejection, concealment of identity, and internalized stigma (Meyer, 2003). The model was extended to transgender and gender-nonconforming people by adding gender-related discrimination, rejection, victimization, and non-affirmation of gender identity as distal stressors (Hendricks & Testa, 2012). At the structural level, laws, policies, and dominant cultural norms constrain the opportunities and resources of SGM people and act as a further source of stress (Hatzenbuehler, 2011; Hatzenbuehler & Pachankis, 2016). Recent appraisals of the theory emphasize that the form and intensity of minority stress depend on the social and legal context in which people live (Frost & Meyer, 2023).

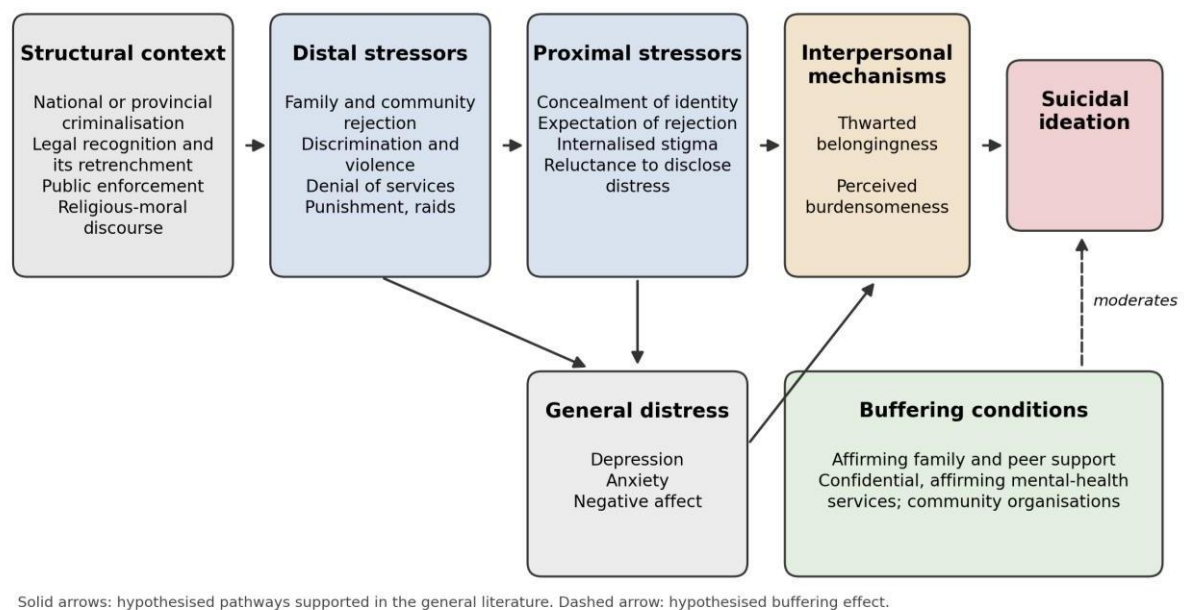
The Interpersonal Theory of Suicide proposes that the desire for suicide arises when people experience thwarted belongingness, an unmet need for connection with others, together with perceived burdensomeness, a belief that one is a liability to others, and when they feel hopeless that these states will change (Joiner, 2005; Van Orden et al., 2010). The theory further proposes that progression from ideation to a suicide attempt requires an acquired capability for suicide (Van Orden et al., 2010). Because this review is concerned with suicidal ideation, it focuses on belongingness and burdensomeness rather than capability.

Several studies have integrated the two theories. In a sample of 564 sexual minority youth who had contacted a crisis service, minority stress was associated with both thwarted belongingness and perceived burdensomeness, and its association with suicidal ideation was

indirect, operating through these interpersonal factors (Fulginiti et al., 2020). In a longitudinal study of 592 LGBTQ youth, perceived burdensomeness and thwarted belongingness each predicted suicidal ideation one month later, with burdensomeness remaining the stronger predictor when both were modeled together (Chang et al., 2021). Among transgender adults, gender minority stress was associated with suicidal ideation through interpersonal factors (Testa et al., 2017), and among sexual and gender minority youth, discrimination was associated with more severe suicidal ideation through perceived burdensomeness (Battalen et al., 2021). Earlier work with lesbian, gay, and bisexual youth found that perceived burdensomeness mediated the association between minority stressors and suicidal ideation (Baams et al., 2015). All of these studies were conducted in the United States or other high-income settings.

Figure 1 presents the framework used to organize the synthesis. Structural conditions, including criminalization, the presence or retrenchment of legal recognition, public enforcement, and religious-moral discourse, are treated as the context in which distal stressors such as family and community rejection, discrimination, violence, and denial of services occur. Distal stressors are expected to increase proximal stressors and general psychological distress. Both are expected to contribute to thwarted belongingness and perceived burdensomeness, which are proximal correlates of suicidal ideation. Affirming family and peer support and accessible, confidential mental-health services are treated as conditions that may buffer these pathways. The paths in Figure 1 are theoretical. They are used as a coding frame, not as established relationships in Pakistan or Indonesia. Section 4.6 reports which paths have been measured in these countries.

Figure 1. Conceptual framework integrating minority stress theory and the interpersonal theory of suicide used to organize the synthesis



Source: authors' elaboration based on Meyer (2003), Hatzenbuehler (2011), and Van Orden et al. (2010)

Method

This study is a narrative review with a structured search and a document-analysis component. A narrative design was chosen because the relevant evidence is heterogeneous: it includes a nationally representative survey, small community samples, a community research brief, legal analyses, and records of enforcement, and the studies use different instruments and outcome definitions. This heterogeneity precludes statistical pooling. Document analysis was used to examine legal, human-rights, and news sources as evidence of the structural context (Bowen, 2009). Reporting followed the items of the Scale for the Assessment of Narrative Review Articles

(SANRA), which covers justification of the review, statement of aims, description of the literature search, referencing, scientific reasoning, and presentation of data (Baethge et al., 2019). The review is not a systematic review. However, to make the synthesis traceable, we adopted several systematic-review procedures: database-specific search strings, a record of the selection process, screening checked by a second author, a written coding protocol, and design-appropriate quality appraisal of the empirical studies.

Searches were conducted in PubMed, Scopus, and Google Scholar and in the Indonesian national indexes Garuda and SINTA. The searches covered material published or updated between January 2021 and October 2026, and the final update was made on 3 October 2026. Search strings combined four groups of terms: the population (LGBT, LGBTQ, sexual minority, gender minority, transgender*, *kebawaja sira*, *hijra*, *waria*, *transpuan**, men who have sex with men), the outcomes (suicide, suicidal ideation, self-harm*, *bunub diri**, depression, anxiety, psychological distress, mental health), the exposures (minority stress, stigma, discrimination, rejection, violence), and the countries (Pakistan, Indonesia). Appendix A (Table A1) presents the search strategy for each database in a reproducible form, with the fields and limits, so that the search can be repeated and updated. In PubMed, terms were searched in titles and abstracts and as MeSH terms. In Scopus, terms were searched in titles, abstracts, and keywords. Google Scholar does not support long Boolean strings and ranks results by relevance, so it was searched with shorter strings, and results were screened in the order of relevance shown by the search engine. Garuda and SINTA were searched with English and Indonesian keywords. Limits were publication or update years 2021–2026 and the English or Indonesian language. No limit was placed on study design.

Institutional and grey-literature sources were identified through the websites of the WHO, the Human Dignity Trust, Amnesty International, the UK Home Office Country Policy and Information Notes, and the APCOM Foundation. Enforcement events in Aceh were verified against reports from an international news agency (Associated Press). The reference lists of included studies were also checked for further sources.

Documents were included if they (a) concerned LGBTQ people, including culturally specific gender-minority groups such as *kebawaja sira* in Pakistan and *waria* or *transpuan* in Indonesia, in Pakistan or Indonesia; (b) reported suicide-related outcomes, other mental-health outcomes, minority stressors, access to mental-health services, or the legal and institutional conditions that shape these; (c) contained empirical data or authoritative legal or human-rights documentation; (d) were published or updated between 2021 and 2026; and (e) were written in English or Indonesian. Documents were excluded if they were opinion pieces without data, if results for SGM participants could not be separated from those of other participants, or if they reported only HIV-related outcomes without mental-health outcomes. One global public-health source, the WHO suicide fact sheet (World Health Organization, 2025), was also included as contextual evidence. It was retained because it provides the internationally accepted estimates of suicide burden and data quality in low- and middle-income countries that are needed to interpret the country-specific evidence. It was not counted as country-specific evidence. Theoretical and methodological works and studies from other countries were used to frame and interpret the findings but were not counted as part of the evidence base.

Records from all sources were collated, and duplicates were removed. One author (SRM) screened titles and abstracts against the eligibility criteria and then assessed the full texts of potentially eligible records. A second author (AH) checked every inclusion and exclusion decision. Disagreements were resolved by discussion, and when agreement was not reached, a third author (AA) made the final decision. Table 1 describes each stage of the selection process, the criteria applied at that stage, and the reasons for exclusion at the full-text stage. The number of records retrieved and excluded at each stage was not logged during the original searches, which is common in narrative reviews but limits reproducibility; we therefore report the procedure and the final number of included documents, and we discuss this limitation in Section 5.10. Table 1 does not imply that the review followed a registered systematic-review protocol.

Table 1. Stages of the search and selection process

Stage	What was done	Criteria or result
1. Identification	Searches of PubMed, Scopus, Google Scholar, Garuda, and SINTA (Appendix A); institutional and grey-literature websites; reference lists of included studies	Material published or updated January 2021 to October 2026; final update 3 October 2026
2. Removal of duplicates	Records from all sources collated; duplicates removed	One record kept for each document
3. Title and abstract screening	One author screened; a second author checked every decision	Excluded if clearly not about SGM people, mental health or its legal context, or Pakistan or Indonesia
4. Full-text assessment	One author assessed; a second author checked every decision; disagreements resolved by discussion or by a third author	Excluded if: results for SGM participants not separable; not about Pakistan or Indonesia; HIV-related outcomes only; opinion without data; outside 2021–2026; language other than English or Indonesian
5. Verification	Enforcement events checked against at least two sources; legal provisions checked against current country profiles	Each enforcement event in Aceh confirmed by at least two sources
6. Inclusion	Documents retained for synthesis	16 documents: 8 primary empirical studies; 1 regional systematic review; 6 legal, human-rights, or enforcement documents; 1 global public-health source

Note. Reasons for exclusion are listed in the order in which they were applied; each excluded record was assigned one main reason.

For each empirical source, the following information was extracted: country and setting, population, design and sampling, period of data collection, sample size, outcome definitions and instruments, effect estimates with confidence intervals where reported, and principal limitations (Table 3). For legal and institutional sources, the relevant legal provisions, recorded enforcement, and documented forms of discrimination were extracted (Table 5). One author (SRM) extracted the data, and a second author (AH) checked every extracted item against the source document.

The material was analyzed by directed qualitative content analysis, in which coding begins with categories derived from existing theory and is extended by categories that emerge from the data (Hsieh & Shannon, 2005). A written codebook defined each a priori code before coding began. Distal stressors were defined as objective events or conditions directed at SGM people, such as discrimination, rejection, violence, criminalization, and enforcement. Proximal stressors were defined as subjective processes, namely concealment of identity, expectations of rejection, and internalized stigma. Thwarted belongingness was defined as reported or measured disconnection from others or a lack of reciprocal care. Perceived burdensomeness was defined as a reported or measured belief of being a burden or a source of shame to others. General psychological distress referred to depression, anxiety, or distress measured with a standardized

instrument. The remaining a priori codes were suicidal ideation and attempts, and access to mental-health services. Emergent codes captured context-specific features, such as religious-legal enforcement and the legal status of gender recognition.

Each coded finding was also given an evidence level. Level A meant that the construct or association was directly measured in at least one included country-specific study. Level B meant indirect evidence: the construct was documented in legal, human-rights, or news sources, or was inferred from a related measure (for example, help-seeking attitudes as a possible sign of expected rejection). Level C meant that the link was theory-inferred: it is proposed by the framework and supported by studies from other countries, but no country-specific data were available. One author (AA) coded all documents. A second author (SRM) reviewed every coded unit and its evidence level. The two authors discussed every difference and revised the codebook definitions where a difference showed that a definition was unclear. Interpretive decisions were recorded in an analytic memo. The coded material was arranged in a cross-country matrix to identify similarities and differences (Table 6).

The eight primary empirical studies were appraised with criteria adapted from the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies (Moola et al., 2020) and, for the descriptive prevalence studies, the JBI guidance for prevalence studies (Munn et al., 2015). To allow comparison across studies, the checklist items were grouped into five domains: sampling, sample size, measurement of SGM status or of the exposure, measurement of the outcome, and control of confounding in the analysis. Each domain was rated as adequate (+), partly adequate ($\pm$), inadequate (−), unclear or not reported (?), or not applicable (NA). Peer-review status was recorded separately. An overall confidence rating (high, moderate, or low) was then assigned for the finding that each study contributes to this review. One author (AA) appraised each study, a second author (AH) checked every rating against the published report, and differences were resolved by discussion.

Legal, human-rights, and news documents were not appraised with these tools, because the tools are designed for empirical studies. Instead, following Bowen (2009), each document was assessed for the authority of its issuing organization, its currency, and whether it was corroborated by another source. For example, each enforcement event in Aceh was checked against both the Human Dignity Trust profile and Associated Press reports. These documents were used only to describe the structural context, never as evidence of mental-health outcomes.

The quality appraisal affected the weight given to each finding. Only findings rated as high confidence were used to support statements about differences between SGM and non-SGM groups. Findings rated as moderate or low confidence were treated as indicative and are reported with qualification. Percentages from different studies were not pooled or compared directly, because they derive from different populations, instruments, and time frames.

The review used only publicly available published sources and did not involve human participants or the collection of personal data. Ethical approval was therefore not required. No individual involved in the enforcement cases is identified.

Result

Sixteen documents were included. Table 2 classifies them into four mutually exclusive categories. Category A contains eight primary empirical studies: three from Pakistan (Ali et al., 2022; Gul & Mohsin, 2023; John et al., 2025) and five from Indonesia (APCOM Foundation, 2024; Fine et al., 2025; Liem et al., 2022; Septarini et al., 2021; Tandias & Shanti, 2024). Seven of these are peer-reviewed journal articles; one is a community research brief that has not been peer-reviewed (APCOM Foundation, 2024). Category B contains one peer-reviewed regional systematic review that included Indonesia (Tan & Saw, 2023). Category C contains six legal, human-rights, and enforcement documents: two legal country profiles prepared by a non-governmental organization (Human Dignity Trust, n.d., 2026), one government country policy note (UK Home Office, 2025), one human-rights statement (Amnesty International, 2023), and two news-agency

reports (Associated Press, 2025a, 2025b). None of the Category C documents is peer-reviewed. Category D contains one global public-health source (World Health Organization, 2025). Fifteen documents are therefore country-specific, and one is global and contextual.

Table 2. Classification of the 16 included documents

Category	n	Documents	Peer-reviewed	Role in the synthesis
A. Primary empirical studies	8	Pakistan: Ali et al. (2022); Gul & Mohsin (2023); John et al. (2025). Indonesia: APCOM Foundation (2024); Fine et al. (2025); Liem et al. (2022); Septarini et al. (2021); Tandias & Shanti (2024)	7 yes; 1 no (APCOM Foundation, 2024)	Evidence on outcomes, stressors, and services; quality-appraised (Table 4)
B. Regional secondary evidence	1	Tan & Saw (2023): systematic review of Southeast Asia that includes Indonesia	Yes	Context for the Indonesian evidence; its primary studies are not counted again
C. Legal, human-rights, and enforcement documents	6	Legal country profiles: Human Dignity Trust (n.d., 2026). Government policy note: UK Home Office (2025). Human-rights statement: Amnesty International (2023). News-agency reports: Associated Press (2025a, 2025b)	No	Structural context only (Table 5); assessed for authority, currency, and corroboration
D. Global public-health source	1	World Health Organization (2025): suicide fact sheet	No (official statistics)	Global context on suicide burden and data quality; not country-specific
Total	16	15 country-specific documents and 1 global document		

Table 3 summarizes the eight empirical studies in a standard format: design and sample, outcome definition and instrument, the main estimate with its confidence interval where reported, and the main limitations. Four of the eight studies measured a suicide-related outcome (Ali et al., 2022; Fine et al., 2025; John et al., 2025; Liem et al., 2022), but they used different definitions: lifetime suicide attempt, past-12-month suicidal ideation, past and future suicidal behavior on the Suicide Behaviors Questionnaire-Revised, and past-two-week thoughts of being better off dead or of self-harm. Only one study related a measured minority stressor to a suicide-related outcome (discrimination; Ali et al., 2022); one community survey described concealment and its reasons with single descriptive items (APCOM Foundation, 2024). None measured thwarted belongingness or perceived burdensomeness. One study measured loneliness, which is related to, but not the same as, thwarted belongingness; it did so in a general adult sample and did not report the association separately for SGM participants (Liem et al., 2022). All empirical studies were cross-sectional, and only one used a nationally representative probability sample (Fine et al., 2025).

Table 3. Characteristics and standardized results of the eight empirical studies

Study and setting	Design and sample	Outcome: definition; instrument	Main result (estimate; 95% CI where reported)	Main limitations
Ali et al. (2022); Pakistan	Analytical cross-sectional; purposive and universal sampling through a non-governmental organization; data collected February–May 2020; N = 250 transgender people	Lifetime suicide attempt and experiences of discrimination; self-report questionnaire	Discrimination associated with suicide attempt (χ^2 test, $p < .05$); no adjusted estimate	Bivariate analysis only; non-probability sample; validity of measures unclear
Gul & Mohsin (2023); Pakistan	Cross-sectional, descriptive; non-probability sample; N = 100 transgender people	Depressive symptoms (Siddiqui-Shah Depression Scale); anxiety (State-Trait Anxiety Inventory); coping	60% moderate-to-severe depressive symptoms; 92% anxiety; no CI	Small sample; descriptive only; no suicide-related outcome
John et al. (2025); Pakistan	Cross-sectional, correlational; respondent-driven sampling, online and in-person; N = 135 transgender people	Past suicidal ideation, past attempts, and future suicide risk (SBQ-R); predictors: CES-D, GAD-7, BAS-2	Depression, anxiety, and low body appreciation together: $R^2 = .395$ (past ideation), $.376$ (past attempts), $.415$ (future risk). Past attempts: depression aOR 1.024 ($p = .001$); low body appreciation aOR 1.071 ($p = .044$); no CI	Minority stressors not measured; small bivariate correlations ($r = .07-.15$) reported alongside large R^2
Fine et al. (2025); Indonesia, national	Nationally representative household survey (I-NAMHS), 2021; N = 4,300 adolescents aged 12–17 years (5.3% gender-diverse; 9.4% sexually diverse)	Past-12-month suicidal ideation; single survey item. Gender identity and attraction: self-report items	Gender-diverse vs cisgender: aOR 6.16 (2.73–13.89). Sexually diverse vs heterosexual: aOR 3.41 (1.25–9.29). Adjusted for sex, age, urbanicity, household wealth	Minority stressors not measured; small SGM subgroups; wide CIs; possible misclassification of SGM status

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Liem et al. (2022); Indonesia, national (online)	Cross-sectional online survey; non-random recruitment through social media; May–June 2021; N = 5,211 adults (10.4% non-heterosexual; 0.8% intersex, transgender, or non-binary)	Thoughts of being better off dead or of self-harm in the past 2 weeks; PHQ-9 item 9, dichotomized. Loneliness: ULS-6	Non-heterosexual vs heterosexual: aOR 1.72 ($p < .05$). Intersex, transgender, or non-binary: aOR 1.53, not significant. Loneliness and outcome (whole sample): $r = .51$	Self-selected sample; single screening item; stepwise variable selection; very small gender-minority group
Septarini et al. (2021); Indonesia, Bali	Cross-sectional; community sample during COVID-19 (2020); N = 363 MSM and transgender people	Psychological distress (Kessler Psychological Distress Scale, K10); happiness (Subjective Happiness Scale)	69.1% moderate to very high distress; no CI	Non-probability sample; pandemic period; no suicide-related outcome
Tandias & Shanti (2024); Indonesia	Cross-sectional; N = 117 transgender women	Psychological distress; attitudes toward seeking professional psychological help	72% high distress; anxiety inversely associated with psychological openness	Small sample; no suicide-related outcome
APCOM Foundation (2024); Indonesia	Cross-sectional online survey (Qualtrics) within a four-country regional study; recruitment through social media and community organizations; November 2023–January 2024; N = 734 LGBTIQ+ respondents	Depressive symptoms (PHQ-9); self-reported need for and access to mental-health services	72% needed services; 53% some depressive symptoms; 36% sought but did not receive services; among those who did not seek help: 52% unsure where to find LGBTIQI-friendly services, 43% cost, 28% fear of judgment; reasons for not being open: family and friends' reactions 56%, discrimination 50%; no CI	Not peer-reviewed; non-probability sample

Note. Estimates are reported as given in the source. aOR = adjusted odds ratio; CI = confidence interval; R^2 = proportion of variance explained; MSM = men who have sex with men. Percentages and odds ratios come from different populations, instruments, and time frames, and should not be compared directly across rows.

Table 4 presents the quality appraisal. One study was rated as high confidence: the Indonesian national adolescent survey, which used a probability sample and adjusted for sex, age,

urbanicity, and household wealth (Fine et al., 2025). Even in this study, SGM status and suicidal ideation were each measured with single self-report items, the number of SGM adolescents was small, and the confidence intervals were wide. Two studies were rated as moderate confidence. The Indonesian online survey had a large sample and used multivariable analysis, but it relied on self-selected participants, used a single screening item that combines thoughts of death and of self-harm, and had very few gender-minority participants (Liem et al., 2022). The Pakistani correlational study used validated scales but a non-probability sample, and it reported small bivariate correlations alongside large proportions of explained variance, which makes the strength of the associations difficult to interpret (John et al., 2025). The remaining five studies were rated as low confidence, mainly because of small non-probability samples, descriptive or bivariate analyses, or the absence of peer review.

The appraisal shows an imbalance between the two countries. The Indonesian evidence contains one high-confidence study and one moderate-confidence study, both of which compare SGM and non-SGM groups. The Pakistani evidence contains no high-confidence study and no study that compares SGM people with other people. It describes associations within transgender samples only. Statements about disparities can therefore be made for Indonesia but not for Pakistan.

Table 4. Quality appraisal of the empirical studies

Study	Sampling	Sample size	Exposure measure	Outcome measure	Confounding and analysis	Peer-reviewed	Overall confidence
Ali et al. (2022)	–	±	?	?	–	Yes	Low
Gul & Mohsin (2023)	–	–	NA	+	NA	Yes	Low
John et al. (2025)	–	±	+	+	±	Yes	Moderate
Fine et al. (2025)	+	+	±	±	+	Yes	High
Liem et al. (2022)	–	±	±	±	±	Yes	Moderate
Septarini et al. (2021)	–	±	NA	+	?	Yes	Low
Tandias & Shanti (2024)	?	–	NA	?	?	Yes	Low
APCOM Foundation (2024)	–	±	NA	+	NA	No	Low

Note. Domains adapted from the JBI checklists for analytical cross-sectional studies (Moola et al., 2020) and prevalence studies (Munn et al., 2015). + = adequate; ± = partly adequate; – = inadequate; ? = unclear or not reported; NA = not applicable. “Exposure” refers to SGM status, a minority stressor, or the main predictor examined.

Table 5 summarizes the legal and structural context. In Pakistan, Section 377 of the Pakistan Penal Code criminalizes sexual activity between men, with penalties of two to ten years’ imprisonment or life imprisonment, and the Human Dignity Trust reports consistent accounts of discrimination and violence against LGBT people, including murder, rape, assault, and denial of

basic rights and services (Human Dignity Trust, n.d.). The UK Home Office concluded in 2025 that most LGBT+ people in Pakistan conceal their sexual orientation or gender identity because of societal, familial, religious, and community discrimination (UK Home Office, 2025). The Transgender Persons (Protection of Rights) Act 2018 had provided for recognition of self-perceived gender identity, but in May 2023 the Federal Shariat Court declared Sections 2(f), 3, and 7, which concern gender identity, recognition of identity, and inheritance, contrary to Islamic injunctions (Amnesty International, 2023). Formal legal recognition of transgender people in Pakistan is therefore contested rather than settled.

Table 5. Legal and structural context of LGBTQ people in Pakistan and Indonesia

Dimension	Pakistan	Indonesia
National law on same-sex conduct	Sexual activity between men criminalized under Section 377 of the Pakistan Penal Code (Human Dignity Trust, n.d.)	Not criminalized in national law; the revised Criminal Code in force since 2 January 2026 contains provisions that may be applied to same-sex intimacy (Human Dignity Trust, 2026)
Sub-national law	National law applies throughout the country	Explicit prohibition in Aceh and South Sumatra; additional city and district ordinances, e.g. Padang Panjang, West Sumatra (Human Dignity Trust, 2026)
Maximum penalty	Life imprisonment; otherwise, 2–10 years' imprisonment, and a fine (Human Dignity Trust, n.d.)	Aceh: up to 100 lashes, with alternative fines or imprisonment (Human Dignity Trust, 2026)
Legal gender recognition	Transgender Persons (Protection of Rights) Act 2018; provisions on self-perceived gender identity, recognition of identity, and inheritance declared contrary to Islamic injunctions by the Federal Shariat Court in May 2023 (Amnesty International, 2023)	No specific legal framework for self-identified gender; transgender people report difficulty in obtaining identity documents (Tandias & Shanti, 2024)
Recorded enforcement, 2021–2026	Occasional arrests reported; no sentencing data identified (Human Dignity Trust, n.d.)	Public caning in Banda Aceh: 77 lashes each for two men (2021); sentences of 85 and 80 lashes (February 2025); 80 lashes each for hugging and kissing (August 2025) (Associated Press, 2025a, 2025b; Human Dignity Trust, 2026)
Documented discrimination and its consequences	Murder, rape, assault, and denial of basic rights and services; most LGBT+ people conceal their identity (Human Dignity Trust, n.d.; UK Home Office, 2025)	Surveillance and reporting by neighbors and religious police leading to arrest and public punishment (Associated Press, 2025a, 2025b)

In Indonesia, consensual same-sex conduct is not criminalized in national law, but it is explicitly prohibited in Aceh and South Sumatra, and some city and district ordinances, such as

that of Padang Panjang in West Sumatra, extend restrictions locally (Human Dignity Trust, 2026). Aceh's Islamic Criminal Code provides for up to 100 lashes for same-sex sexual acts, with alternative penalties of fines or imprisonment (Human Dignity Trust, 2026). The revised national Criminal Code, adopted in December 2022 and in force since 2 January 2026, does not name same-sex conduct but contains provisions that may be applied to target same-sex intimacy (Human Dignity Trust, 2026).

Enforcement in Aceh continued throughout the review period. In January 2021, two men in Banda Aceh received 77 lashes each (Human Dignity Trust, 2026). In February 2025, the Islamic court in Banda Aceh sentenced two men to 85 and 80 lashes after residents broke into their rented room (Associated Press, 2025a). In August 2025, the same court sentenced two men to 80 lashes each for hugging and kissing after religious police found them in a public toilet; this was reported to be the fifth sentence of public caning for homosexuality since the Islamic Criminal Code was implemented (Associated Press, 2025b). These records show that, in Aceh, legal risk is enacted through public punishment and that enforcement often begins with surveillance by neighbors or religious police. These sources are not peer-reviewed. They are used here as documentation of the structural context, and each event was corroborated by at least two sources.

The Pakistani evidence concerns transgender populations (Table 3). In a cross-sectional study of 250 transgender people approached through a non-governmental organization, discrimination was associated with a history of suicide attempts in a bivariate (chi-square) analysis (Ali et al., 2022). In a study of 100 transgender people using the Siddiqui-Shah Depression Scale and the State-Trait Anxiety Inventory, 60% had moderate-to-severe depressive symptoms and 92% reported anxiety, and participants commonly used emotional withdrawal and avoidance to cope (Gul & Mohsin, 2023). A further cross-sectional study of 135 transgender people recruited by respondent-driven sampling found that depression, anxiety, and low body appreciation were significantly related to past suicidal ideation, past suicide attempts, and future suicide risk, with the three variables together explaining between 38% and 42% of the variance in these outcomes ($R^2 = .376$ to $.415$); in logistic regression, depression (aOR 1.024) and low body appreciation (aOR 1.071) were associated with more past suicide attempts (John et al., 2025). These studies show a substantial burden of distress and suicidality among transgender people in Pakistan. However, they rely on non-probability samples recruited through community organizations, use mainly bivariate or single-level analyses, and, apart from the measure of discrimination in Ali et al. (2022), do not assess minority stressors directly. All three were rated as low or moderate confidence (Table 4). No study of suicidal ideation among lesbian, gay, or bisexual people in Pakistan was identified.

The strongest Indonesian evidence comes from the Indonesia National Adolescent Mental Health Survey, a nationally representative household survey conducted in 2021 (Fine et al., 2025). Among 4,300 adolescents aged 12–17 years, 5.3% reported a gender-diverse identity and 9.4% reported sexually diverse attraction. After adjustment for sex, age, urbanicity, and household wealth, gender-diverse adolescents had about six times the odds of past-year suicidal ideation compared with cisgender adolescents (adjusted odds ratio [aOR] 6.16, 95% CI 2.73–13.89), and sexually diverse adolescents had about three times the odds compared with heterosexual adolescents (aOR 3.41, 95% CI 1.25–9.29) (Fine et al., 2025). In a nationwide online survey of 5,211 adults conducted in May and June 2021, non-heterosexual participants had higher odds of thoughts of being better off dead or of self-harm in the previous two weeks than heterosexual participants (aOR 1.72). The estimate for intersex, transgender, or non-binary participants (aOR 1.53) was not statistically significant, and this group made up only 0.8% of the sample (Liem et al., 2022). In the same survey, loneliness was positively correlated with these thoughts in the whole sample ($r = .51$), but this association was not reported separately for SGM participants (Liem et al., 2022).

Studies of adult gender and sexual minority groups show high levels of distress. Among 363 men who have sex with men and transgender people in Bali, 69.1% reported moderate to very

high psychological distress on the Kessler Psychological Distress Scale during the pandemic (Septarini et al., 2021). Among 117 transgender women, 72% had a high level of psychological distress, and more severe anxiety symptoms were associated with lower psychological openness, that is, less willingness to discuss psychological problems with professionals (Tandias & Shanti, 2024). A community survey conducted as part of a regional APCOM Foundation study reported that 72% of LGBTIQ+ respondents in Indonesia needed mental-health services, 53% had some level of depressive symptoms, and 36% had sought services without receiving them (APCOM Foundation, 2024). These findings point to a gap between need and access, although the community survey is not peer-reviewed and used non-probability recruitment. These three studies were rated as low confidence, so their percentages describe the samples studied and should not be generalized to all SGM people in Indonesia.

Table 6 brings together the evidence in the categories of the framework and gives each component an evidence level (A = directly measured; B = indirect; C = theory-inferred). Distal stressors are well documented in both countries, but mainly through legal and human-rights sources (Level B), not through measurement in health studies. In Pakistan, these sources describe criminalization, violence, and denial of services, together with the 2023 retrenchment of transgender legal recognition (Amnesty International, 2023; Human Dignity Trust, n.d.). In Indonesia, they describe provincial criminalization, surveillance by neighbors and religious police, and public caning (Associated Press, 2025a, 2025b; Human Dignity Trust, 2026). Discrimination was the only distal stressor measured in a health study (Level A), and its association with suicide attempts came from a single low-confidence bivariate analysis (Ali et al., 2022).

No included study measured a proximal stressor with a validated scale. The evidence that exists is indirect (Level B). For Pakistan, a government policy note reports that most LGBT+ people conceal their identity (UK Home Office, 2025); this is a documented report, not a measured rate of concealment. For Indonesia, the findings concern services: anxious transgender women were less open to professional help (Tandias & Shanti, 2024), and many LGBTIQ+ respondents who sought services did not receive them (APCOM Foundation, 2024). Among APCOM respondents who felt a need for services but did not seek them, 52% were unsure where to find LGBTQI-friendly services, 43% were concerned about cost, and 28% feared judgment (APCOM Foundation, 2024). These findings show service-related barriers. They may reflect expected rejection in health-care settings, but they may also reflect cost, availability, or general stigma about mental illness. The same survey provides the closest available measure of concealment: 43% of respondents were ambiguous about their openness and 10% were not open, and the main reasons for not being open were worry about negative responses from family and friends (56%) and fear of discrimination (50%) (APCOM Foundation, 2024). These were single descriptive items in a non-peer-reviewed report, not validated measures of proximal stress. Taken together, they suggest that concealment and expected rejection are common, but they do not establish proximal minority stress or its link with mental-health outcomes.

Neither thwarted belongingness nor perceived burdensomeness was measured in any included study, so the interpersonal part of the framework is at Level C in both countries. Three observations are consistent with the proposed pathway, but none tests it. First, family and community rejection, which threatens belonging, is documented in both countries (Level B). Second, distress and suicide-related outcomes are elevated among SGM people in both countries (Level A). Third, studies outside these countries show that the association between minority stress and suicidal ideation is largely indirect, operating through these interpersonal mechanisms (Chang et al., 2021; Fulginiti et al., 2020; Testa et al., 2017). Consistency of this kind is compatible with other explanations, such as general distress alone. Whether the interpersonal pathway operates in Pakistan and Indonesia therefore remains a hypothesis.

Table 6. Cross-country synthesis of the evidence by component of the conceptual framework

Framework component	Pakistan	Indonesia	Evidence level and strength
Structural context	National criminalization of sex between men; 2023 retrenchment of transgender legal recognition	No national criminalization; provincial criminalization; revised Criminal Code in force 2026	B: documented in legal and human-rights sources; not linked to health data in any study
Distal stressors	Violence, discrimination, and denial of services (B); discrimination associated with suicide attempts in one study (A)	Surveillance, arrest, and public caning in Aceh (B); not measured in any health study	A in Pakistan only (one low-confidence study); otherwise B
Proximal stressors	Widespread concealment reported in a government policy note (B)	Lower openness to professional help with higher anxiety; unmet service need; fear of judgment and concealment reported on single descriptive items in one non-peer-reviewed survey (B)	B; descriptive items only; no validated measure of concealment, expected rejection, or internalized stigma
Thwarted belongingness and perceived burdensomeness	Not measured	Not measured; loneliness measured in a general adult sample only, not reported for SGM participants	C: theory-inferred; supported only by studies from other countries
General distress	High depression and anxiety among transgender people (A)	High distress among transgender women, MSM, and community respondents (A)	A; low to moderate confidence; non-probability samples
Suicide-related outcomes	Suicidal ideation and attempts associated with discrimination, depression, and anxiety within transgender samples (A)	Higher odds of suicidal ideation among gender-diverse and sexually diverse adolescents (A, high confidence) and among non-heterosexual adults (A, moderate confidence)	A; disparity shown only for Indonesia
Buffering conditions and services	No data on service access identified	Substantial unmet need for mental-health services (A, low confidence; one source not peer-reviewed)	Limited

Note. Evidence levels: A = directly measured in at least one included country-specific study; B = indirect (documented in non-health sources or inferred from a related measure); C = theory-inferred (no country-specific data; based on theory and studies from other countries). Confidence ratings refer to Table 4.

The comparison suggests three ways in which the legal and social context may shape psychological experience differently in the two countries. These are interpretations that link Level B evidence on context with Level A evidence on outcomes; they are not measured relationships.

First, the geography of legal risk differs. In Pakistan, criminalization is national, so legal risk is, in principle, the same everywhere in the country. In Indonesia, explicit criminalization and public punishment are concentrated in particular provinces, especially Aceh. Minority Stress Theory would predict that vigilance and concealment follow this pattern: broadly present across Pakistan, and more variable across Indonesian provinces. No study has examined regional variation in either country.

Second, the route to non-affirmation of gender identity differs. In Pakistan, transgender people experienced legal recognition and then its partial removal in 2023. In Indonesia, there has been no specific legal framework for self-identified gender, and transgender people report difficulty in obtaining identity documents (Tandias & Shanti, 2024). Both situations correspond to non-affirmation, a distal stressor for gender minorities (Hendricks & Testa, 2012). The experience of losing recognition may, however, differ psychologically from the experience of never having had it, for example in the hopelessness that the Interpersonal Theory of Suicide places at the center of suicidal desire. This difference cannot yet be assessed, because no study measured gender-related stressors or hopelessness before and after 2023.

Third, the visibility of punishment differs. In Aceh, punishment is public and often begins with reports by neighbors (Associated Press, 2025a, 2025b). Public punishment may affect many people who are not punished themselves, by signaling that intimacy and visibility are dangerous. In Pakistan, recorded enforcement is less visible, but violence and denial of services are widely reported (Human Dignity Trust, n.d.). The likely psychological consequence in both settings is concealment, but the triggers of concealment may differ: fear of public legal punishment in parts of Indonesia, and fear of interpersonal violence and family rejection in Pakistan.

These contrasts must be read against the differences in the evidence itself. The Pakistani studies describe transgender adults recruited through community organizations and report associations within these samples. The Indonesian studies include a national probability sample of adolescents and online or community samples of adults, and they compare SGM and non-SGM groups. Outcomes were measured with different instruments and time frames. A difference between the countries in any outcome could therefore reflect differences in population, sampling, or measurement, and not differences in legal context. The comparison is most useful for identifying where context could matter and what needs to be measured, not for estimating the size of contextual effects.

Discussion

This review brought together recent evidence on social rejection, minority stress, and suicidal ideation among LGBTQ people in Pakistan and Indonesia, and it separated measured findings from theory-based inferences. Three findings stand out. First, both countries show a high burden of distress and suicide-related outcomes among the SGM groups that have been studied (Level A).

The evidence for a disparity between SGM and non-SGM people comes from Indonesia, where one high-confidence study found higher odds of suicidal ideation among gender-diverse and sexually diverse adolescents. The Pakistani evidence describes transgender samples only, and so it shows a burden within this group but not a disparity. Second, minority stress is documented in both countries but takes different structural forms: national criminalization combined with contested transgender recognition in Pakistan, and legal pluralism with provincial criminalization and public punishment in Indonesia (Level B). Third, the evidence base is thin where theory makes its most specific predictions. No included study measured the interpersonal mechanisms, and only one related a measured minority stressor to a suicide-related outcome. The links between minority stress, belongingness, burdensomeness, and suicidal ideation therefore remain at Level C in both countries.

The legal and enforcement evidence can be read as evidence of structural stigma, which has been associated with suicide attempts among sexual minority youth in other settings (Hatzenbuehler, 2011; Hatzenbuehler & Pachankis, 2016). In Pakistan, the 2023 Federal Shariat Court ruling is particularly relevant. Legal recognition of self-identified gender had been one of the few formal sources of institutional acceptance for transgender people, and its removal may signal to transgender people and their families that their identity is not recognized by the state (Amnesty International, 2023). Within the framework used here, such a change would be expected to increase both distal stress, through reduced protection, and proximal stress, through greater expectations of rejection. This interpretation is consistent with Minority Stress Theory but has not been tested empirically in Pakistan.

In Indonesia, public caning in Aceh may affect more than the individuals punished. Because the punishments are public and are often triggered by reports from neighbors (Associated Press, 2025a, 2025b), they may communicate to SGM people across the province, and through media coverage across the country, that intimacy and visibility carry serious risk. Minority Stress Theory predicts that such events increase vigilance and concealment among people who are not directly involved (Meyer, 2003), but this prediction has not been tested in Indonesia. Stigma may also affect the survey estimates. Fine et al. (2025) noted that stigma may lead to under-reporting of SGM identities. If misclassification were non-differential, the estimated associations would usually be biased toward the null. However, misclassification may be differential. For example, adolescents who disclose a gender-diverse identity in a household survey may differ from those who do not in their level of distress or family support, and this could bias the estimates in either direction. Together with the small number of SGM adolescents and the wide confidence intervals, this means that the true size of the association is uncertain. The direction of the association is the more robust finding.

The Interpersonal Theory of Suicide is relevant to both countries because family and religious community are central sources of belonging in each. Integrated studies in the United States suggest that minority stress first thwarts belongingness, which then increases perceived burdensomeness, and that burdensomeness is the more proximal correlate of suicidal ideation (Chang et al., 2021; Fulginiti et al., 2020). We propose, as a culturally informed hypothesis, that in family-centered settings a sense of bringing shame or difficulty to one's family may be a specific route to perceived burdensomeness. We also propose that family rejection may weaken belonging more strongly where family and religious community provide most social support and where alternative SGM communities are less visible. Neither proposition was examined in the included studies, and no study has compared these processes across cultures directly. Both should be tested with culturally adapted measures of belongingness and burdensomeness.

The data also indicate that general distress is likely to be part of the pathway. In Pakistan, depression and anxiety were related to suicidal ideation and attempts (John et al., 2025), and in Indonesia distress was high among transgender women and men who have sex with men (Septarini et al., 2021; Tandias & Shanti, 2024). Daily-diary evidence from the United States shows that minority stressors are associated with same-day suicidal ideation partly through negative affect and emotion dysregulation (Mereish et al., 2023). Affective and interpersonal pathways are therefore likely to operate together, as shown in Figure 1. In the included country-specific studies, however, only the association between distress and suicide-related outcomes was measured, and only in Pakistan.

Unmet need for mental-health services appeared in the Indonesian evidence as both an outcome and a possible stressor. Transgender women with more anxiety were less open to professional help (Tandias & Shanti, 2024), and many LGBTIQ+ respondents who sought services did not receive them (APCOM Foundation, 2024). When services are unavailable or are perceived as unsafe, the absence of support may itself add to minority stress. Both findings come from low-confidence studies, and one is not peer-reviewed, so the size of the gap is uncertain. Fine et al. (2025) concluded that culturally safe mental-health and psychosocial support services are

needed for SGM adolescents in Indonesia. Comparable data on service access for LGBTQ people in Pakistan were not identified, which is itself a gap.

Some of the differences between the two countries are likely to reflect the evidence rather than the context. Four differences are important. The first concerns the populations studied. The Pakistani evidence concerns transgender adults, many of whom belong to the *khawaja sira* community, while the Indonesian evidence includes adolescents, adult online respondents, men who have sex with men, and transgender women. The second concerns sampling. Only the Indonesian evidence includes a probability sample. All Pakistani samples were recruited through community organizations, which may over-represent people who are connected to support networks or, alternatively, people in greater need. The third concerns measurement. Suicide-related outcomes were measured as a lifetime attempt, as past-12-month ideation, as past and future suicidal behavior on a multi-item scale, and as a single screening item covering the previous two weeks. These outcomes are not equivalent. The fourth concerns the comparison group. The Indonesian studies compare SGM with non-SGM people, whereas the Pakistani studies examine variation within transgender samples. These differences mean that the two bodies of evidence answer different questions. They also mean that the comparison cannot show whether minority stress is stronger in one country than in the other.

The associations observed in Pakistan and Indonesia are consistent in direction with meta-analytic evidence from other regions (de Lange et al., 2022) and with the Southeast Asian review (Tan & Saw, 2023). The cross-national variation reported by Fine et al. (2025) is informative: gender diversity was strongly associated with suicidal ideation among adolescents in Indonesia but not in Vietnam, where the association was limited to anxiety. Such variation supports the view that minority stress should be analyzed within its legal, religious, and cultural setting (Frost & Meyer, 2023). It also cautions against treating Muslim-majority countries as a single category. Pakistan and Indonesia share some religious and cultural norms concerning sexuality and gender, but the configuration of law, enforcement, and recognition differs, and these differences may shape which stressors are most salient.

The review contributes to psychological theory in two ways. First, it shows where the integrated minority stress–interpersonal model is supported in these countries and where it is not. The model's outer components, structural context and outcomes, are documented. Its central components, proximal stress and the interpersonal mechanisms, are not. This is the opposite of the pattern in high-income countries, where the mechanisms have been studied in detail. Second, the comparison generates propositions that specify how context may shape the model. We state four propositions for primary research:

Proposition 1. In both countries, minority stressors such as family rejection, discrimination, and concealment will be associated with suicidal ideation, and this association will be at least partly indirect, through perceived burdensomeness and thwarted belongingness.

Proposition 2. Perceived burdensomeness among SGM people in both countries will include a family-related component: the belief that one brings shame or difficulty to one's family. This component will add to the prediction of suicidal ideation beyond standard measures of burdensomeness.

Proposition 3. Structural context will moderate proximal stress. In Indonesia, vigilance and concealment will be higher in provinces with explicit criminalization and public enforcement than in other provinces. In Pakistan, transgender people will report more non-affirmation and expected rejection after the 2023 ruling than before it.

Proposition 4. Expected rejection in health-care settings will partly explain the gap between need for and use of mental-health services among SGM people in both countries.

The implications below should be read as provisional, because all the country-specific evidence is cross-sectional and most of it is of low or moderate confidence. We separate implications that rest on the included country-specific evidence from those that are extrapolated from the international literature.

Three implications rest on the included evidence. First, the high burden of distress and suicide-related outcomes among the SGM groups studied supports routine, confidential screening for suicidal ideation when SGM people are in contact with health or community services in both countries (Fine et al., 2025; John et al., 2025). Second, the Indonesian findings on unmet need suggest that access to services, and not only awareness, should be addressed (APCOM Foundation, 2024; Tandias & Shanti, 2024). Third, the Indonesian adolescent survey shows that questions on sexual orientation and gender identity can be included in a national health survey (Fine et al., 2025); this would allow disparities to be monitored over time.

Three further implications are extrapolated from the international literature and need local testing. First, the assessment of suicidal ideation could include questions about family rejection, concealment, and discrimination, because these stressors are linked to suicidality in meta-analytic evidence from other regions (de Lange et al., 2022). Second, affirming and confidential services and provider training may improve help-seeking. Third, interventions that strengthen belonging and reduce perceived burdensomeness may be relevant, but their acceptability and effect in Pakistan and Indonesia are unknown. At the policy level, the WHO recommends a multisectoral approach to suicide prevention that involves health, education, justice, and other sectors (World Health Organization, 2025). For LGBTQ people, such an approach would include protection from violence. Community-based organizations already provide much of the available support and could be included in referral pathways.

Four priorities emerge. First, minority stressors should be measured directly with instruments adapted and validated in Urdu, Bahasa Indonesia, and other local languages. Second, thwarted belongingness and perceived burdensomeness should be measured alongside minority stressors so that the proposed pathway and Propositions 1 and 2 can be tested. Third, longitudinal and daily-diary designs are needed to establish temporal order. Fourth, research should include groups that are absent from the current evidence: lesbian and bisexual women, transgender men, and, in Pakistan, gay and bisexual men. Studies in Pakistan that include a non-SGM comparison group are especially needed, because without one the size of any disparity cannot be estimated. All such studies require procedures that protect participants in settings where disclosure carries legal and social risk.

This review has several limitations. First, it is a narrative review. Although the search was structured and the selection procedure is reported in Table 1, it did not follow a registered protocol, and the number of records retrieved and excluded at each stage was not logged. A full flow diagram therefore cannot be given. To reduce this problem, Appendix A provides the search strategy in a form that allows the search to be repeated and updated. Google Scholar results depend on relevance ranking and change over time, and grey literature is not indexed consistently, so the search cannot be reproduced exactly. Relevant studies, particularly in local-language journals, may have been missed. In particular, Urdu-language sources were not searched, which may have reduced the Pakistani evidence. Second, the quality appraisal was based on the published reports and used domains adapted from the JBI checklists rather than a single validated scoring system. Ratings of “unclear” may reflect incomplete reporting rather than weak methods. Third, the empirical evidence is small, cross-sectional, and mostly based on non-probability samples, so no causal inference is possible. Fourth, the populations, comparison groups, and outcome measures differ between countries and between studies (Section 5.5). This heterogeneity limits direct comparison and reduces confidence in any statement about the relative size of effects. Fifth, the APCOM Foundation data come from a community research brief, and the legal and enforcement information comes from documents that have not been peer-reviewed. These sources were used only for the purposes described in Section 3.6. Finally, suicide-related outcomes and SGM

identities are both stigmatized in these settings, so under-reporting is likely, and its effect on the estimates is uncertain. Taken together, these limitations mean that the synthesis is best read as a map of the evidence and of the questions it raises, not as an estimate of risk.

Conclusions

To our knowledge, this comparative review is the first to bring together the evidence on social rejection, minority stress, and suicidal ideation among LGBTQ people in Pakistan and Indonesia. Its findings are of three kinds. The empirically supported findings are that the SGM groups studied in both countries report high levels of psychological distress and suicide-related outcomes, and that, in Indonesia, gender-diverse and sexually diverse adolescents have higher odds of suicidal ideation than their peers. These findings come from a small number of cross-sectional studies, mostly with non-probability samples, and they should not be generalized to all LGBTQ people in either country. The documented context is that both countries impose legal risk, but in different forms: national criminalization and contested transgender recognition in Pakistan, and provincial criminalization with public punishment in Indonesia. The conceptual explanation is that minority stress may be linked to suicidal ideation through thwarted belongingness and perceived burdensomeness. This explanation is consistent with the evidence but has not been tested in either country.

The main contribution of the comparison is to show that the central psychological mechanisms of the integrated model are unmeasured in both countries, and that the two countries' evidence bases answer different questions. The most important gaps are the absence of validated measures of minority stressors and interpersonal mechanisms, the absence of comparison groups in Pakistan, and the absence of longitudinal data. Future psychological research should test the four propositions stated in Section 5.7 with culturally adapted instruments and with procedures that protect participants. Until such evidence exists, suicide prevention for LGBTQ people in these settings should combine confidential screening and accessible services with careful local evaluation.

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Data availability. All data analyzed in this review are drawn from the published sources listed in Tables 2–5, Appendix A, and the reference list. No new data were generated.

Declaration of AI-Assisted Tools. During the preparation of this manuscript, the author used Claude (Anthropic) as an AI-assisted tool for brainstorming ideas, exploring possible approaches, and organizing initial thoughts related to the research. The tool was used solely to support the author's thinking process. The author critically reviewed and evaluated the suggestions generated by the AI and retains full responsibility for the manuscript's content, accuracy, interpretation, and conclusions. The author also takes full responsibility for ensuring the originality and integrity of the submitted work.

Author contributions. All authors contributed to the conception and design of the study. Afaq Ahmed: conceptualization, methodology, formal analysis (coding and quality appraisal), writing – original draft. Salsabila Raisha Meshanayagi: investigation (literature search, screening, and data extraction), data curation, formal analysis (coding), writing – review and editing. Abu Horaira: validation (screening, checking of extracted data, and quality appraisal), visualization, writing – review and editing. Muhammad Tariq Nawaz: writing – review and editing, including revision of the manuscript in response to peer review. All authors read and approved the final manuscript.

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Appendix A. Database-specific search strategies

Table A1 presents the search strategy for each database in a reproducible form, built from the four term groups described in Section 3.2, together with the fields and limits. The truncation symbol (*) retrieves all word endings. Searches in Garuda and SINTA were run as separate keyword combinations because these indexes do not support full Boolean syntax.

Table A1. Search strings by database

Database	Fields and limits	Search string
PubMed	Title/abstract [tiab] and MeSH; publication date 2021–2026; English or Indonesian	(LGBT*[tiab] OR "sexual minorit*" [tiab] OR "gender minorit*" [tiab] OR transgender*[tiab] OR "khawaja sira" [tiab] OR hijra*[tiab] OR waria[tiab] OR transpuan*[tiab] OR "men who have sex with men" [tiab] OR "Sexual and Gender Minorities" [MeSH]) AND (suicid*[tiab] OR "self-harm*" [tiab] OR depress*[tiab] OR anxiety[tiab] OR "psychological distress" [tiab] OR "mental health" [tiab] OR "minority stress" [tiab] OR stigma*[tiab] OR discriminat*[tiab] OR rejection[tiab] OR violence[tiab] OR "Suicide" [MeSH] OR "Mental Health" [MeSH]) AND (Pakistan*[tiab] OR Indonesia*[tiab] OR "Pakistan" [MeSH] OR "Indonesia" [MeSH])
Scopus	TITLE-ABS-KEY; PUBYEAR 2021–2026; English or Indonesian	TITLE-ABS-KEY((LGBT* OR "sexual minorit*" OR "gender minorit*" OR transgender* OR "khawaja sira" OR hijra* OR waria OR transpuan* OR "men who have sex with men") AND (suicid* OR "self-harm*" OR depress* OR anxiety OR "psychological distress" OR "mental health" OR "minority stress" OR stigma* OR discriminat* OR rejection OR violence) AND (Pakistan* OR Indonesia*)) AND PUBYEAR > 2020 AND PUBYEAR < 2027
Google Scholar	Full text; custom range 2021–2026; results screened in order of relevance	(1) transgender OR "khawaja sira" OR hijra suicide Pakistan; (2) LGBT OR "sexual minority" suicidal ideation Indonesia; (3) waria OR transpuan "mental health" Indonesia; (4) "minority stress" Pakistan OR Indonesia
Garuda	Title and keywords; 2021–2026	LGBT "bunuh diri"; waria "kesehatan mental"; transpuan depresi; "minoritas seksual" stigma; LGBT "ide bunuh diri"
SINTA	Title and keywords; 2021–2026	Same keyword combinations as Garuda, in English and Indonesian