



# Mystery And Miseries Of Transgender Population: A Psycho-Social Approach

Dr. Kumudini Achchi<sup>1\*</sup>

<sup>1\*</sup>Associate Professor, PG Department of Social Work, JSS College, Ooty Road, Mysuru.

**Citation:** Dr. Kumudini Achchi, (2024) Mystery And Miseries Of Transgender Population: A Psycho-Social Approach, *Educational Administration: Theory and Practice*, 30(4), 9219-9223  
Doi: 10.53555/kuey.v30i4.3415

## ARTICLE INFO

## ABSTRACT

Existence of transgender people in the globe are documented since ancient times. A wide range of societies have accepted trans people in some form either directly or in the disguise of tradition or humanity. It is understood that the modern concept of transgender and gender in general were witnessed with being educated, intelligent, trustworthy during the Mughal period they found being in confused and conflicted states under several parameters. Though the Supreme Court of India has recognised the community as Third Gender people, with large number of welfare initiatives no much result can be witnessed regarding their enhanced quality of life. Keeping this in view, the present study has been conducted aiming at understanding their problems in the new era and their impact and to identify the life satisfaction level of the respondents. To achieve the same, the study adopts descriptive and diagnostic research design with simple random sampling pattern. The extraction of DASS scale, WHO's Quality of Life scale, Gender Identity Reflection and Remuneration scale by LA Bauerband (2013) and Transgender Positive Identity Scale by Riggle and Mohr (2015) were adopted to frame the questionnaire for the study. The data was gathered through a personal interview method as well as observation method. A simple descriptive statistics has been used to analyse the collected data. The study reveals 39% of the respondents dissatisfied with the life chosen where the crisis for social work intervention can be identified. There is a need for creating awareness among the grassroot communities towards the rights and importance of acceptance for them. Further, there is an emergency for alternative occupational openings where they can choose healthy opportunities to lead the life.

**Keywords:** Trans gender, psychological conditions, Social Work Intervention.

## Introduction

Existence of transgender people in the globe are documented since ancient times. A wide range of societies have accepted trans people in some form either directly or in the disguise of tradition or humanity. Though the catching historical glimpse is not easy, it is understood that the modern concept of transgender and gender in general, did not develop until the mid-1900s. It can be witnessed they being educated, literate, intelligent, trustworthy during the Mughal period, having pleasure of unrestricted access to all rights in the society which was diluted by the time of British rules in India. Thus, the historical understandings were riddled with the scientific and medical perception until the late 1900s. Further, they found in a confused socio-economic state where their sufferings varied from self-identity to occupation which acted a strong causative factor for them being in poverty, social indifferences, involvement in illicit sexual activities, stealing, incompetency in dealing with several social factors etc. All these mandates them to be marginalised in the mainstreamed society.

The review of literature highlights their sufferings in various dimensions. According to Israel and Tarver (1997), depression, along with maladjustment, anxiety and post-traumatic stress disorders, are the mental health conditions that transgender people undergo frequently. In contrast to non-transgender people, many transgender patients struggle with their gender identity and experience worry and anguish. They may also

receive less support from friends and family (Bockting, Huang, Ding, Robinson, & Rosser, 2005). The catastrophic impact of shame on the formation of a good identity is emphasised by Ettner (1999). Guilt was found to be the root cause of a variety of psychological issues that the gender-variant people face by Schaefer and Wheeler in 2004. Additionally, the process of transitioning to the other sex presents a variety of unique problems, some of which are harder to forecast than others. According to Moran and Sharpe (2004), 62% of trans youth endure severe assault, and 32% make suicide attempts (Fitzpatrick, Euton, Jones, & Schmidt, 2005). Negative self-image and low self-esteem are caused by parental rejection (Bolin, 1988). Youth who identify as transgender are excluded in both traditional society and LGB social organisations, which increases their risk. Further, available evidence identifies the need to address alcohol and substance use among Transgender communities. However, alcohol use is associated with inability to use condoms or insist their clients to use condoms, and thus increase risk for STDs. (TG Issue Brief, UNDP, VC, Dec 2010).

Infact, every human being has got their own rights, emotions, mental health, life satisfaction, quality of life, sexuality and these are the individual's choice and rights. As such even the third gender is one of the groups that belongs to human beings where they must also enjoy all the rights or fulfilled needs. But the society or the environment is not supporting the transgender to live their life in all customs they need. They are facing the problems which impacts on their mental, emotional as well as social health, which needs to be addressed. Though the Supreme Court of India has recognised the community as Third Gender people, with large number of welfare initiatives no much result can be witnessed regarding their enhanced quality of life. Keeping this in view, the present study has been conducted.

The study aims to determine the impact of psychosocial issues of transgender in Mysuru city and to identify the life satisfaction level of the respondents. To achieve the same, the study adopts descriptive and diagnostic research design with simple random sampling pattern. The extraction of DASS scale, WHO's Quality of Life scale, Gender Identity Reflection and Remuneration scale by LA Bauerband (2013) and Transgender Positive Identity Scale by Riggle and Mohr (2015) were adopted to frame the questionnaire for the study. The data was gathered through a personal interview method as well as observation method. A simple descriptive statistics has been used to analyse the collected data.

Qol can be perceived both in subjective as well as objective modes. The subjective assessment reflects on one's own feelings about their life and its quality, whereas objective assessment is the perception of the external people on other's status. The present study focuses on subjective assessment of the quality of life led by transgenders representing their psycho-social issues and life satisfaction level.

The profession of majority of the respondents mentioned is illicit sexual activity. Considering the physical health of the respondents, the major threat appears is through this bread winning source. By analysing the data collected, it is found that majority of the respondents acknowledge their illicit sexual activities for their life earnings, most of the time against their willingness. This mandates the usage of protection measures from STDs. The study reveals 99% of the respondents using contraceptives. Among them, 79% found using oral contraceptives, where as 20% of the respondents mention condom as their protection measure and remaining 01% found not adopting any contraceptive because of refusal from the customers. These group of respondents are fully aware about consequences of non usage of protection measure with multiple partners. The respondents reveal the negative impacts of oral contraceptives on physical health during the focused group discussion. They disclosed sufferings from headaches, nausea, weight gain, mood swings etc., and expressed hurdles they undergo to receive treatment for such impacts because of the stigma the professional carry against them. Further, they also expressed the violent behaviours of the customers on usage of contraceptives. Though the act is physical in nature, influences the mental health of the respondents for days to weeks long.

The psychological domain in the study focuses on bodily image and appearance, negative and positive feelings, self-esteem, spiritual/ religion/belief, thinking/ learning etc. Being a marginalised community in the mainstreamed society, the transgender undergo mentally disturbed for various reasons. To overcome the situation, the researchers found them adopting defence mechanisms such as denial, addiction etc. Addiction to alcohol is the most adopted defence mechanism and much noticed in the age group of 35-45 years.

#### **The table showing the response regarding the addiction they are into**

Age	Alcohol	Smoking	Cocaine	Inhalants	Alcohol + Smoking	Total
15-25	3	1	0	0	0	4
25-35	16	12	0	0	5	33
35-45	23	9	4	1	13	50
45+	8	2	0	0	3	13
Total	50	24	4	1	21	100

### Chi-Square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.276 <sup>a</sup>	12	.505
Likelihood Ratio	13.818	12	.312
Linear-by-Linear Association	1.703	1	.192
N of Valid Cases	100		

a. 13 cells (65.0%) have expected count less than 5. The minimum expected count is .04.

Though the bodily image is the one the respondents over care, qualitatively, they found not being very happy. During the group discussion, it is found them being spending on physical care a much and keep thinking about improving the same. Beyond putting the efforts, they found carrying a bitter experiences with negative feelings and low self esteem.

Regarding social relationship of the transgenders, which found affecting their psychological status directly, involves the components such as personal relationship, social support, sexual activity etc. The study reveals that the physical as well psychological changes in them was identified by the family members (63%), family members of 33 % of the respondents were doubted the behaviours and a medical officer confirmed the physical and psychological status and only 4% underwent medical examination for confirmation of their changed status. From the focused group discussion, it is understood that the mode of identification and confirmation of their changed status depended on the socio-economic status of their families and the reactions to the diagnosis was also found being dependent on the exposure and understanding the families. The respondents further acknowledged the changed psychological and social status of the family members resulting in non-acceptance in the initial stage. The defence mechanisms such as denial, displacement were found with adopted by the family members. In handling the same, the respondents have to leave the house for the psychological security of themselves as well as the family members.

Relating to social status of the respondents, majority of them found being away from the family but not deserted completely. 61% of the respondents found maintaining average quality of relationship with the family where as 21% of respondents mention their relationship with the family as good. 10% of the respondents found not being in touch with the family at all and 8% are in confusion to related themselves with the family and identify their relationship with them. The focused group discussion reveals the respondents not been in touch with family intimately, but are updated with happenings in the family. Occasional visit to the family for a short duration is found taking place with the respondents in the rarest cases.

**The table showing the response regarding family life**

Quality	Frequency	Percent	Valid Percent	Cumulative Percent
Worst	10	10.0	10.0	10.0
Average	61	61.0	61.0	92.0
Good	21	21.0	21.0	31.0
Cannot say	8	8.0	8.0	100.0
Total	100	100.0	100.0	

Most of the respondents found indulging in illegal sexual activities where they sell body which is mostly a commercial activity. Here they undergo financial exploitation by the customers. 61% of the respondents states non- payment from customers, whereas 39% confirms less payment by the customers on the agreed amount. Thus, the act do not satisfy them commercially nor psychologically. But for psychological and emotionally security, they felt the need for companionship. In the line, the study witnesses 87% of the respondents found preferring to get married. The focused group discussion reveals marriage as a path for companionship and not to satisfy their sexual needs. Another 9% of the respondents found to be happy by being single. Another 4% of the respondents found being confused to take decision on marriage considering socio-cultural facts. Majority of the respondents who are willing to get enter into the institution marriage have expressed their negligence towards social acceptance as they intend to reach mainstreamed society but to be comfortable within their community where the marriage is entertained. They perceive marriage as an activity to fulfil their emotional needs but not to follow the societal expectations.

While understanding the environment they deal with, social rejection is the most prominent source for their social, psychological and emotional sufferings. The differed mannerism, body language and the thought process are some of the reasons for exclusion witnessed by study. 67% of the respondents acknowledge the discrimination in the academic environment where as 23% have not experienced the same as they were not interested in being part of education system. Among the types of discriminations they undergo, the study found 66% of them suffered from gender based discrimination, 23% underwent negligence and

discrimination and 11% of the respondents reported different kinds of abuses such as physical, emotional abuses. This has affected the educational opportunities of the respondents drastically.

**The table showing the response regarding social problems they undergo**

	Frequency	%	Valid %	Cumulative %
Discrimination	66	66.0	66.0	66.0
Neglect & Isolation	23	23.0	23.0	89.0
Abuses	11	11.0	11.0	100.0
Total	100	100.0	100.0	

According to these respondents, the discrimination and abusive patterns of behaviours were mostly received from teachers (23%) and negligence and isolation from peer group (11%) is also reported. This feedback highlights the gap of knowledge and attitude of the teachers which needs to be addressed with proper interventions such as orientation and training, role plays with the assistance of effective communication patterns.

Regarding their mental health status, majority of the respondents reported undergoing depression (89%). They expressed the helplessness against their incapability in raising voice against exploitation when needed (69%), lack of social support (36%) and the cheating by the trusted ones has reduced their confidence to raise their voice (31%) against exploitation. This would directly influence the quality of mental health as well as their life.

Legal and social rights are significant to the human beings like leaves of a tree which keeps the tree healthy and alive. Though rights are accompanied with responsibilities, it improves the quality of life of human beings. Keeping the same in view, the researchers looked upon the status of transgenders enjoying their rights and found 74% respondents reporting 'not enjoying' any of their rights. The reasons for the same diagnosed was the level of literacy they possess, which hindered them in building confidence towards accessing the knowledge and claiming rights.

**The table showing the response regarding claiming the legal rights**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	12	12.0	12.0	12.0
Have to improve	14	14.0	14.0	26.0
No	74	74.0	74.0	100.0
	100	100.0	100.0	
If no Why?				
Lack of confidence	22	22.0	22.0	22.0
Lack of knowledge	28	28.0	28.0	50.0
Illiterate	19	19.0	19.0	69.0
Social factors	31	31.0	31.0	100.0
	100	100.0	100.0	

The major right found violated with them is towards accessibility to health care. 72% of the respondents mentioned about hurdles in accessing health care services because of the stigma carried (78%) and negligence from the community.

In sum, the quality of life of the respondents considering the four domains of QOL, the highest mean score was associated with the physical health and the lowest score was related to social relationship. Here we notice that Physical health as a positive correlation with Psychological factors and environment but with social relationship, it as a negative correlation. Social relationship has a negative correlation with physical, psychological and environment factors. Psychological factors found positive correlation with physical and environment but have negative impact with social factors. Environment factors have negative impact too on social but have positive impact with physical health and psychological factors.

In conclusion, being 39% of the respondents dissatisfied with the life chosen, the crisis can be sensed for social work intervention. The researcher suggest the need for creating awareness among the grassroots communities towards the rights and importance of acceptance for them. Further, it is essential to educate the transgender community about the efforts needed from their side for social acceptance. Further, there is an emergency for alternative occupational openings where they can choose healthy opportunities to lead the life. To create such opportunities the government need to be proactive in implementing the existing projects and promote research in understanding the issues towards social acceptance. To achieve the same, the researchers suggest to adopt Social Goals Models of Group Work which focuses on promoting 'social

consciousness' and 'social responsibility'. It helps members of the community to work on solving social issues and bringing about social change for oppressed populations.

### Reference

1. Bockting, Huang, Ding, Robinson, & Rosser (2005)., Are transgender persons at higher risk for HIV than other sexual minorities? A comparison of HIV prevalence and risks, *International Journal of Transgenderism*, Taylor & Francis, UK
2. Carroll, Lynne, and Paula J. Gilroy. "Transgender issues in counselor preparation. (Current Issues)." *Counselor Education and Supervision*, vol. 41, no. 3, Mar. 2002, pp. 233+. Gale Academic, One File, [link.gale.com/apps/doc/A84090760/AONE?u=anon~e925ceca&sid=googleScholar&xid=d087d906](https://link.gale.com/apps/doc/A84090760/AONE?u=anon~e925ceca&sid=googleScholar&xid=d087d906). Accessed 10 Jan. 2024.
3. Ettner, R. (1999). *Gender loving care: A guide to counseling gender-variant clients*. W. W. Norton & Company. Washington, DC
4. Fitzpatrick, K. K., Euton, S. J., Jones, J. N., & Schmidt, N. B. (2005). Gender role, sexual orientation and suicide risk. *Journal of Affective Disorders*, 87(1), 35–42 . <https://doi.org/10.1016/j.jad.2005.02.020>
5. GE Israel, DE Tarver – 1997, *Transgender care: Recommended guidelines, practical information, and personal accounts*, Temple University Press, Philadelphia, Pennsylvania
6. Leah Cahan Schaefer and Connie Christine Wheeler (2004) , *Guilt in Cross Gender Identity Conditions: Presentations and Treatment*, *Journal of Gay & Lesbian Mental Health* 8(1), DOI:10.1300/J236v08n01\_09
7. Leslie J. Moran and Andrew N. Sharpe et.all (2004), *Violence, identity and policing: The Case of violence against transgender people*, *British Society of Criminology*, Vol.4, Issue 4, <https://doi.org/10.1177/1466802504048656>
8. Lynne Carroll and Paula J. Gilroy (March 2002) *Transgender issues in counselor preparation*, *Counselor Education and Supervision*(Vol. 41, Issue 3), John Wiley & Sons, Inc.
9. Mallon, G. P. (2009). Knowledge for practice with transgender and gender variant youth. In G. P. Mallon (Ed.), *Social work practice with transgender and gender variant youth* (pp. 22–37). Routledge/Taylor & Francis Group.