

## Research Report

# SOCIO-DEMOGRAPHIC PROFILE AND CHALLENGES FACED BY THE TRANSGENDER COMMUNITY IN KOLLAM DISTRICT, KERALA-A CLINIC-BASED CROSS-SECTIONAL STUDY

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### ABSTRACT

**Background:** Gender presentations and social categories vary across cultures, and many terms are used to describe individuals who live between or outside a male-female binary. Transgender is a term used to describe a person whose gender identity or gender expression differs from their biological sex. They face much discrimination that denies them equal access to key social goods, such as employment, health care, education, and housing. They are also marginalized in society, making them one of the vulnerable groups at risk of becoming socially excluded. We aimed to look into the socio-demographic profile and challenges faced by transgender and whether there is a change in the attitude of the people of Kerala towards them. **Methods:** From transgender people registered under Suraksha Clinic in Kollam, 100 subjects were taken up for the study. A semi-structured questionnaire in the local language was used to collect information. **Results:** 57% of transgender people had a high school education, and only 4% completed higher education. Initially, 62% faced hesitance from their families in acknowledging their transgender identity, and 20% were rejected from their family. However, 40% of the family members have now accepted them as transgender because of changes in laws and reduced stigma in the community. In their parental home, 46% were discriminated compared to the other siblings. Transgender faced discrimination from the health sector as well. It was found that 52% were satisfied with the health support system of the country, while 28% were not satisfied. **Conclusions:** Transgender people face many problems in their daily life. Most transgender people believe that legal measures, support from transgender organizations, and social awareness programmes could help them fetch more social acceptance.

**Keywords:** Transgender, Gender Identity, Sexual Orientation

### INTRODUCTION

The WHO defines transgender as persons whose gender identity, gender expression, or behaviour does not conform to that typically associated with their sex at birth. Gender identity refers to a person's internal sense of being male, female or something else; gender

behaviour, clothing, hairstyles, voice, or body characteristics. There is a growing commitment in expression refers to how a person communicates gender identity to others through public health to understand and improve the health and well-being of transgender people and other gender minorities, who comprise about 0.3–0.5% (25 million) of the global population.<sup>1</sup>

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Transgender was believed to have a glorified past in ancient times when people thought them to have been vested with mysterious power. They were the guardians of royal harems during the Mughal period and held influential posts.<sup>2</sup> During British rule, legislation was enacted to supervise the deeds of the Hijras/Transgender community, called the Criminal Tribes Act, 1871, which deemed the entire community of Hijras persons as innately 'criminal' and 'addicted to the systematic commission of non-bailable offences. After independence, the law was repealed in 1949, but mistrust of the transgender community has continued. Despite this sanctioned place in Indian culture, transgenders experience discrimination and mistreatment in all areas in contemporary India and they are subjected to unjust treatments like verbal abuse, physical and sexual violence; false arrests; denial of a share in their ancestral property, services, and admission to educational institutions; and victimization in multiple settings like family, educational institutions, workplace, health care, medical centres, and public places.<sup>3</sup>

Indian Census has never recognized the third gender, i.e., transgender, while collecting census data for years. But in 2011, data on transgender was collected with details related to their employment, Literacy and Caste. In India, the total population of transgender is around 4.88 Lakh as per the 2011 census. Uttar Pradesh tops the list among 35 Indian states and Union Territories with 137,465 members of the third gender.<sup>4</sup>

However, how transgender people are talked about in popular culture, academia and science are constantly changing, particularly as individuals' awareness, knowledge and openness about transgender people and their experiences grow. In a landmark judgement in 2014, the Supreme Court observed that "The transgender community was known as "Hijras", are a section of Indian citizens who are treated by the society as "unnatural and generally as objects of ridicule and even fear on account of superstition". In its judgement, the Supreme Court passed the ruling that "Given the constitutional guarantee, the transgender community is entitled to basic rights, i.e. Right to Personal Liberty, dignity, Freedom of expression, Right to Education and Empowerment, Right against violence, discrimination, and exploitation and right to work. Every person must decide their gender expression and identity, including transsexuals, transgender, hijras, and should express

their gender identity and be considered third sex." Thus, today the transgender people in India are considered the Third Gender.<sup>3</sup> The Transgender Persons (Protection of Rights) Bill 2019 received the assent of the President on the 5th of December 2019. The bill defines a transgender person as one whose gender does not match the gender assigned at birth. It includes trans-men and trans-women, persons with intersex variations, gender-queers, and persons with socio-cultural identities, such as kinnar and hijra. The bill prohibits discrimination against them in employment, education, housing, healthcare, and other services.<sup>5</sup> There is a notable change in the attitude of the people of Kerala by supporting them and reducing discrimination. The Government of Kerala approved and ordered the application of the State Policy for Transgender Persons in Kerala in 2015. The government has provided them with schemes for education, financial help, and employment schemes.<sup>6</sup>

Historically, many medical systems, including those supported by the WHO, have categorized being transgender as a mental health condition. However, the World Health Organization (WHO) approved a major change to its international manual of diagnoses on the 25th of May, 2019, that will benefit transgender people worldwide. The World Health Assembly voted for new diagnostic guidelines that no longer describe gender nonconformity as a "mental disorder." The ICD-11 reframe "gender identity disorders" as "gender incongruence" and moves it from being listed with "mental disorders" to a chapter on sexual health. In 2012, the American Psychiatric Association changed its manual to remove the term "gender identity disorder." The APA instead added the term "gender dysphoria" with the specific definition that it refers to emotional distress over "a marked incongruence between one's experienced/expressed gender and assigned gender."<sup>7</sup>

Only a few studies worldwide have studied issues faced by transgender. Also, research specifically on social and health-related issues and challenges faced by transgender in Kerala is relatively new and limited. The present study is a humble attempt to know more about it and whether there is a change in the attitude of the people of Kerala towards them. It was planned to assess the socio-demographic profile and challenges faced by transgender attending Suraksha Clinic in the Kollam district.

## MATERIALS AND METHODS

Study design: Cross-sectional study

Study population: Transgender registered under Suraksha Clinic, Kavanadu, Kollam. Suraksha Clinic is a chain of sexually transmitted infections clinics established by the National AIDS Control Organisation for better health services and the prevention of HIV/AIDS in India.

Study period: 6 months (December 2018–May 2019)

Sample size and sampling technique: 100 subjects were selected purposively.

Inclusion Criteria: Transgender enlisted with the Suraksha Clinic for more than one year.

Exclusion Criteria: Transgender who did not give informed consent to participate in the study.

Study Tool: A semi-structured self-administered questionnaire in the local language was used to collect information. Confidentiality was kept throughout the study. Written informed consent was obtained from the participants. Clearance was obtained from the Travancore Medical College Ethics Committee. Statistical analysis was done using SPSS 20. Descriptive analysis was carried out using frequency and percentages for the categorical variables.

## RESULTS

The study involved only transgender and other groups involved in the LGBTQ community were not part of the study. Questions related to the sex of the participants were purposefully avoided as advised by the clinic coordinators. Initially, 62% faced hesitance from their family in acknowledging their transgender identity and 20% were rejected by their family. However, 40% of the family members have now accepted them as transgender because of changes in laws and reduced stigma in the community. 46% of transgender were discriminated against in their parental home compared to the other siblings at home, and 62% were living with family members or their relatives. 53% of transgender people had a sexual relationship and 87% used condom while having sex to prevent sexually transmitted diseases and contraception. Transgender faced discrimination from the health sector as well. 52% were satisfied with the health support system of the country, while 28% were not satisfied. About 54% of transgender people opined

Table 1: Socio-demographic profile of transgender people

	Frequency (n=100)
<i>Age group</i>	
16-30	51
31-45	45
46-60	4
<i>Educational Status</i>	
Primary	3
High school	57
Plus two	36
Higher studies	4
<i>Initial Family Response to your GI</i>	
Supportive	18
Ignored	62
Rejected from family	20
<i>Current Family response of you being TG</i>	
Positive	40
Negative	60
<i>Mistreated / substandard care in the family</i>	
No	53
Yes	46
Neutral	1
<i>Cohabitation with</i>	
Alone	20
Family	62
Friends	15
Spouse	3
<i>Marital status</i>	
Unmarried	89
Married	8
Divorce	3
<i>Sexual contact</i>	
Yes	53
No	47
<i>Feedback of experience with HSPs</i>	
Well satisfied	12
Satisfied	51
Dissatisfied	28
Neutral	9
<i>Understanding among HSP regarding needs and problems faced by TG</i>	
Yes	46
No	54
<i>Availed mental health services</i>	
Yes	78
No	21
<i>Self-assessment of mental health</i>	
Happy	49
Depressed	51
<i>Financial independence</i>	
No	60
Yes	40

TG-transgender, GI- Gender Identity, HSP- Health service Provider

that healthcare workers do not understand their healthcare needs. 66% of them had attended STD clinic at least once during their lifetime. 78% have taken psychologist/psychiatry consultation at least once during their lifetime. Only 40% are financially independent, and the rest, 60%, must depend on a third person like a family member/spouse for living. The jobs included working in a bakery, sex work, beauticians etc. (Table 1)

52% of transgender revealed their workplace is not trans-friendly. 82% of them revealed that their gender identity had become an obstacle to their career. 80% of them think they are getting more social acceptance and recognition than in the past. 67% of them have experienced discrimination based on gender identity at home, 56% at school, and 59% in public transport. 85% have experienced various forms of abuse—verbal (21%), sexual (14%), physical (8%) and mental (24%). 35% of transgender had experienced all forms of abuse. 56% are engaged in activism for the rights of transgender & 86% received support from transgender organizations. 59% of them believe both legal measures & social awareness programmes could help get more social acceptance. (Table 2)

## DISCUSSION

We conducted this study to understand social and health-related issues and challenges faced by transgender in Kerala. Most studies on the transgender population focus on medical aspects of gender identity and not the psychosocial identity of the individual. We emphasize the need to look at these people as unique with gender identity.

In a study conducted by Mirabella et al., the mean age of the participants indicates that the majority is aged less than 30 years ( $28.9 \pm 10.7$ ) which was similar to our study. In the same study regarding housing conditions, 13.3% of the participants lived alone, whereas 86.7% lived with others, out of which 60.9% were family members, 14.8% were partners, 6.6% were roommates, and 4.3% were unspecified, while in our study 20% lived alone, and 62% lived with their family. The participants who lived alone had to move out of their homes due to transphobic reactions of family, neighbours and members of their local community. They also feared disclosing their identity to house owners for fear that they would not be treated with dignity and respect.<sup>8</sup>

Table 2 Problems faced by transgender people

	Frequency (n=100)
<i>Trans friendly workplace</i>	
Yes	48
No	52
<i>GI as an obstacle to career</i>	
Yes	82
No	18
<i>Getting more social acceptance and recognition than in the past</i>	
Yes	80
No	20
<i>Discriminated based on GI at various places</i>	
Home	67
School	56
Public transport	59
Hospital	39
Religious places	25
Malls	33
<i>Any form of abuse</i>	
Yes	85
No	15
<i>Type of abuse</i>	
Verbal	18
Sexual	12
Physical	7
Mental	18
All of the above	30
<i>Approached legal system in case of any atrocities</i>	
Yes	40
No	60
<i>Adequate legal support</i>	
Yes	42
No	49
Nil	9
<i>Succeeded in attaining rights to property</i>	
Yes	54
No	46
<i>Engaged in activism for the rights of TG</i>	
Yes	56
No	44
<i>Received support from the organizations</i>	
Yes	86
No	14
<i>Mode of getting more social acceptance</i>	
Social awareness class	23
Legally	18
Both	59

GI- Gender identity, TG-transgender

According to the study conducted by Sinha in Kolkata, the education status of transgender was found as 40% were illiterate, those who attended primary level were 33.3%, middle level 5%, high school 15% and higher studies 5%. In contrast, in our study, none were

illiterate, 57% attended high school, 36% attended Plus two and 4% higher studies. Many of them experienced harassment from teachers and other students. They had been prohibited from using or expelled for using the "wrong" toilet facilities. In the same study, 96.7% were employed (dancers, sex workers, begging, NGO) while 3.3% were unemployed. Compared to our study, 40% were financially independent (working in a bakery, sex work, beauticians), and the rest, 60%, depended on a third person like a family member/spouse for living.<sup>9</sup> The lack of family support and acceptance by society were reported as reasons. They were offered jobs below their skills and educational capacity and worked in lower-paid and insecure employment. Other workplace issues many faced were the failure of the organization to acknowledge the gender change (such as the use of a new name or appropriate pronouns) and exclusion from staff social events. They felt a lack of anti-discrimination policies on gender identity, despite legislation.

Transgender people face unique mental challenges based solely on their gender identity. In our study, 78% had taken psychologist/psychiatry consultations at least once during their lifetime. This was higher than Seil et al.'s study, where 37.2% of all transgender patients in his study had secondary diagnoses of mental illness other than substance abuse and gender identity disorder. Also, 32.1% of his study had a positive history of drug and alcohol abuse. Many reasons account for these high numbers. One reason could be the isolation many transgender people experience about their gender identity. Another explanation could be the guilt that typically accompanies their cross-gender identification. The guilt transgender people experienced in our study includes: not being normal, appearing to be one gender but feeling another and religious guilt.<sup>10</sup>

Transgender people are often victims of multiple types of violence across several areas of life because of society's marked intolerance of gender nonconformity. Based on the study by Martínez et al., transgender people are at a high risk of different types of violence, with psychological violence being the most common, followed by physical and sexual violence. This occurs at an early age and in different contexts, mainly through social experiences with family members and school peers.<sup>11</sup> According to the Protrans project conducted in Hungary, gender discrimination in hospitals was 26%,

while it is 36% in our study. The Transgender Euro study found that gender-based discrimination in public transport was 79%, while 59% in our study. According to the study conducted by the National School, gender-based discrimination at school is 86%, while in our study, it is 56%.

Measuring patient satisfaction is important in assessing healthcare outcomes. In a study conducted by Davies et al., patient satisfaction with gender identity clinic services in the United Kingdom was assessed. 94% would recommend the services for a friend or relative if they had a gender-related problem which was more than what we reported in our study of 52%. This shows a large lacuna that requires improvement. About 54% of transgender opined that not all nurses and doctors are sensitive to transgender issues like hormone therapy, surgeries available or informed about the health care needs and legal help for transgender people.<sup>12</sup>

## CONCLUSION

Only about 40% of transgender people have received a positive family response as of now. 82% of them revealed that their gender identity had become an obstacle to their career. The majority of them have experienced discrimination based on gender identity at home, school, public transport, malls & religious places. 85% have experienced abuse—verbal, sexual, physical & or mental. About 54% think that there is a lack of understanding among health service providers regarding the needs and problems faced by transgender. 78% have availed help from mental health services.

We hope that the findings of the study will sensitize public bodies and other service providers to commit resources for further understanding and better inclusion of the mental health needs of transgender people. We expect to motivate the decision-makers to implement changes to improve the health and well-being outcomes of the transgender population. Various NGOs are working for the social betterment of transgender. They provide professional training to empower them financially. But these small steps will become effective only when people have a more open-minded approach toward them. Until they are looked down upon and the "third sex" does not come at par with the remaining two sexes, transgender will continue to live a life full of ignorance, negligence and hushed voices around them wherever they go.

## LIMITATIONS

- We could only collect data from 100 transgender out of the 600 transgender attending the clinic.
- We did not assess other areas like physical health and mental health issues faced by the transgender.
- Social issues faced by other groups belonging to the LGBTQ community were not studied.

## RECOMMENDATIONS

- A separate sub-speciality /specific periodic training regarding transgender care to be given to healthcare providers
- Sensitization of health care staff like staff nurses and ward staff may be attempted with the help of NGOs
- Ensure support of civil society organizations to advocate for their cause and efforts like an advocate for land and shelter, creation of separate public toilets, hospital wards, recognition of their right to vote as citizens, reservation of seats in elections etc.
- Support of Media, both print and electronic, highlights their status and plight rather than portraying them in poor light.
- The need for further explorative and qualitative studies to bring out the largely hidden discrimination faced by transgender and frame appropriate welfare measures.

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## Conflict of interest:

None declared

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