

A STUDY ON GENERAL WELLBEING OF MALE TO FEMALE TRANSGENDERS LIVING IN CHENNAI

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INTRODUCTION

Male-to-female (MTF) Transgender face multiple difficulties, such as barriers to health care access, insufficient social support, gender discrimination, and are highly vulnerable to a wide array of mental health problems, such as depression, anxiety, and suicidal ideation as well as HIV/AIDS and substance abuse.¹

Boehmer, U. (2002) examined the last 20 years of public health research in the US and found that the researches on LGBT (Lesbian, Gay, Bisexual and Transgender) issues are very less in number. Research related to sexually transmitted diseases addressed lesbians and gay men with similar frequency, whereas bisexual persons were less frequently considered, and the least amount of research focused on transgender individuals. Findings supported that LGBT issues have been neglected by public and health research.²

In India, it is much lesser. As far as Chennai is concerned, few researches have been done in the field of HIV/AIDS Prevention on Transgender population as a component of the disciplines such as Psychiatry and Social Work. The existing body of knowledge consists of very little studies on Transgender as far as India is concerned.

The term “Transgender” is the state of one's gender identity (self-identification as woman, man, or neither) not matching with one's assigned sex (identification by others as male or female based on physical/genetic sex). ‘Transgender’ does not imply any specific form of sexual orientation; Transgender may identify as heterosexual, homosexual and bisexual.³

As far as India is concerned, People seeking help from these professionals often end up educating the professional rather than receiving help.⁴

The study aimed to throw light on Transgender and their mental health concerns.

METHODS

The objective of the current study is to understand the level of General wellbeing of MTF transgender living in Chennai. The study combined the two arms of research, vis-à-vis qualitative and quantitative techniques of data collection and analysis. The study consisted of transgender ($n=33$), and that had been selected for the study by using Purposive sampling technique since the population was challenging to collect data. On the one arm of the research process, the standardized Tamil-version of the Wellbeing Questionnaire -12 (Gold Berg, 1972) was used. On the other arm, an in-depth interview guide was prepared, and carried out in order to understand the practical difficulties faced by transgender community. The wellbeing questionnaire – 12 was developed by Goldberg. It consists of items asking whether the respondent had already experienced some physical, General and social conditions rated on a four point scale. In the Questionnaire, the options are a) better than usual, b) same as usual, c) Less than usual

and d) much less than usual. The subjects are required to give the most appropriate response. Considering the practical difficulty that most of the subjects in the present study would not be able to read and understand English, the Wellbeing Questionnaire -12 was standardized to Tamil Language using the following procedure; Wellbeing Questionnaire -12 was translated from English to Tamil by an expert, and then again the translated Tamil version of the questionnaire was back-translated from Tamil to English by another expert. After the back-translation, the back – translated version was compared with original English version to ensure the items are appropriately translated and convey the meaning that was asked in the original version. Following the above mentioned procedure, the face and content validity is established, and test – retest score was also obtained to ensure the reliability of the Tamil version of Wellbeing Questionnaire -12. The test-retest reliability is 0.70, shows a good correlation between the test scores.

Data was collected by visiting the houses of the MTF Transgender. On the day of data collection, followed by an Informal discussion the wellbeing questionnaire was administered, and then the in-depth interview was carried out, and efforts were made to ensure the privacy and confidentiality of the information shared by the transgender individual.

RESULTS AND DISCUSSIONS

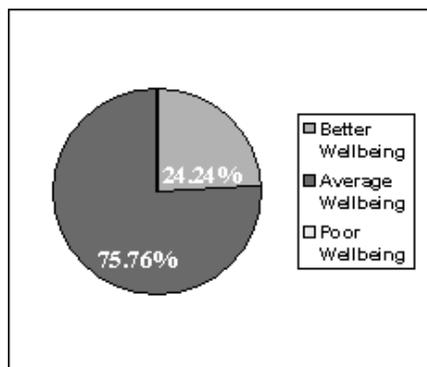
Descriptive Statistics and qualitative coding analysis were used to analyze the data.

Table 1 shows the Level of General Wellbeing among MTF Transgenders living in Chennai ($n=33$)

LEVELS OF WELLBEING	NUMBER OF SAMPLES
Poor	0
Average	25
Better	8

Figure-1- depicts the percentage of scores

75.76% of the samples fell under Average Wellbeing Category, 24.24% of samples fell under Better Wellbeing Category and 0% fell under Poor Wellbeing Category.



The following section provides the findings of qualitative coding analysis.

Transgender are isolated by the mainstream community. Their emotions are not recognized by the family members and so are sent out.

“We have been born like this; People don’t understand why we are like this! We force ourselves to live with no other go”

(A Transgender, 45yrs, Pulianthope).

They live in interior parts of Chennai usually in Slum Areas. The infrastructure of the houses is very poor. People generally do not provide houses for them to rent, therefore number of the Transgender living in a house is more than the capacity of the house.

“We, seven are living here in this small house, no bathroom and toilet facilities, many of our neighbors pressurize our house owner to make us vacate this place. Being an empathetic woman, she has permitted us to stay here”

(A Transgender, 30yrs, Vyasarpaadi)

The males who identify themselves as Female join the Aravaani Community. The community takes the responsibility of sex reassignment surgery. Most of them live as a group. This facilitates them to have the ‘we-feeling’ and recognition to share their emotions. Very few are accepted by their families and their proximity is close to the Transgenders living as a group. They often associate with one another even if living in different places.

“When I was abandoned in my family, this elder sister (showing hands to an elderly Transgender) gave me the hope, shelter and food. I live now just because of her”

(A Transgender, 20 yrs, Kannikapuram)

The lay man’s perception on Transgender is very inferior. As they belong to very low economic status and are not offered jobs even though they are qualified, they are made to be beggars and sex workers.

“I have studied up to 12th standard, and I am willing to do any work that suits me. Even NGOs except very few like ‘Thai’ hesitate to recruit us! See, this society looks at us as Sex Workers and cheaters, what mistake I made in my life? Is ‘Having been born as Transgender’ my fault? Only in Sex Work and Begging, they don’t ask any qualifications”

(A Transgender, 29 yrs, Kannikapuram)

For both physical and mental health workers, understanding Transgenders has been difficult.

“When I went to a government hospital for my illness, the workers there including doctor looked at me as an animal.”

(A Transgender, 23 yrs, Vyasarpaadi)

“There is no one in this society to care for us really. Many people come here to interview us like you. We cry in front of you, you would say something and go away. We know, nothing big is going to happen.”

(A Transgender, 19 yrs, Choolaimedu)

The results obtained from Quantitative Research may be the out come of good support from their community. Furthermore this study involving both Qualitative and Quantitative approaches clearly reveals that there is strong need for both Psychologists and Physicians firstly to understand and accept them and then improve their wellbeing from average to Better.

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