

PHYSICAL AND MENTAL HEALTH WITH SPECIAL REFERENCE TO MALE TO FEMALE TRANSGENDER IN CHENNAI CITY

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Introduction

Transgender Status, sex work, various types of stigma, gender based violence, intimate partner violence and lack of social support makes male to female transgender vulnerable to STI, HIV and mental health problems

Objective

To study socio demographic profile of the respondents.

To understand physical health (In relation to transgender gender status and sex work)

To analysis the mental health of respondents

To study the treatment seeking behaviour of the respondents

Methodology

In June 2016, 784 Male to Female Transgender enrolled in the CBO - Thozhi, 275 in Transgender Rights Association (TRA) and 282 in Tamil Nadu Aravanigal Association (THAA). A sample size of 299 was taken.

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Tools for data collection

Semi Structured Interview Schedule was used to collected data. Cage and GHQ-12 was used.

Finding

It was found that 42% of the respondents had STI, while 78% of the respondents were suffering from Urinary Infection. While 29 of the respondents did not get their HIV status tested, 12 of the respondents did not want to answer the question and 3 of the respondents shared that their HIV status was positive. While eighty five percent of the respondents expressed that they consume alcohol, fifty four percent of the respondents were addicted to alcohol. More than one third (39 %) of the respondents had severe problems and psychological distress, while this was followed by thirty-five percent of the respondents who were found to have evidence of mild distress.

Suggestions

Social workers can be appointed in schools to assist the Transgender to continue their education and to improve the acceptance of the family members and in providing a stress free environment. CBOs can concentrate on improvising mental health of the respondents. Health care Providers needs to be sensitised about the special neds of the respondents.

Conclusion

Increase in the education level, employability, reduction in stigma would reduce their vulnerability in exposing them to STI, HIV and urinary infection. Strengthening social support system reduces alcohol addiction and improvises mental health.

Key Words: Mental Health, HIV, STI, Male to Female Transgender.

Introduction

Transgender Status, sex work, various types of stigma and lack of social support makes male to female transgender vulnerable to STI, HIV and problems associated to mental health.

Social exclusion, economic vulnerability and lack of employment opportunities mean that sex work is often the most viable form of income available to transgender women (**AIDSTAR**,

2012). In additional, the high costs associated with transition health care can put extra pressure on them to make money.

This makes them more vulnerable to STI, some of the common STIs are Syphilis was the most common STD, followed by HIV, genital warts, and gonorrhea. The four states with the highest number of people living with HIV (Manipur, Mizoram, Nagaland, Andhra Pradesh & Telengana) account for high prevalence of HIV infections. Maharashtra, Chandigarh & Tamil Nadu has shown estimated adult HIV prevalence greater than national prevalence (0.26%). In India, past surveillance and monitoring of groups at a high risk of HIV transmission have not considered transgender people as a distinct group, often including them in MSM data. Now understanding the importance they have be monitored separately. **(NACO, 2015)**

Mental Health

The mental health needs reported by the transgender women and transgender communities included depression and suicidal tendencies arising out of societal stigma, lack of social support, HIV status and violence directed at them **(Chakrapani, 2011)**. They are physically, verbally, and sexually abused, which gets manifested as depression, panic attacks, suicidal ideation, psychological distress, body image disturbance and eating disorders **(Kevin & Makadon, 2012)**. A study on general wellbeing of transgender women living in Chennai was conducted in 2010, throws light on the mental health and the socio economical condition of transgender women. According to the quantitative data, 75% of the samples fell under average wellbeing category, 24% of samples fell under better wellbeing category. From the In-depth interview it is inferred that the socio-economic status of transgender is very poor, they felt inferior to others and are constantly humiliated and ill-treated by the society at large. However, support within the community was strong **(Lakshmanan, 2011)**.

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Statement of Problem

Review of Literature

Stigma due to Transgender Identity

This refers to devaluing of transgender-identified or gender non-confirming people and negative attitude towards and lower levels of status accorded to non-cis-gender identified people and communities (**Social Justice, 2011**). Lyons in his study quotes that definition of stigma given by Goffman. The term stigma dates back to the Greeks who cut or burned marks into the skin of criminals, slaves, and traitors in order to identify them as tainted or immoral people that should be avoided. Stigma is not merely a physical mark but rather an attribute that results in widespread social disapproval, discrediting social difference that yields a 'spoiled social identity'. Sexual/transgender identity stigma refers to the devaluing of sexual minorities and the negative attitudes and lower levels of status and power afforded to non-heterosexual behaviours, identities, relationships and communities. Sexual stigma processes are embedded within power relations and may result in multiple levels of social and institutional discrimination towards sexual minorities (**Lyons et al, 2015**).

Stigma due to Sex Work

Stigma that arises due to an individual taking up sex work as their occupation is sex work stigma. Criminalization threatens the safety of sex workers in numerous ways. They can't report abuse or violence, can't screen clients effectively, and, of course, can be arrested (and even abused) by police. But criminalization really isn't the root of the problem that sex workers face (**Berlatsky, 2015**).

Sex Work Stigma and Mental Health

A study was done to determine racial/ethnic difference in social support and exposure to violence, transphobia and explored correlates of depression among male to female transgender women with a history of sex work. Five hundred and seventy three transgender women who worked or resided in San Francisco / Oakland, California were recruited. About three quarter of respondents reported ever having suicidal ideation, 64% reported suicide attempts. Half of the participants reported being physically assaulted and 38% reported being raped or sexually

assaulted before age of 18yrs. Lack of support from the biological family, is commonly reported among transgender persons and is associated with discomfort, lack of security and safety in public settings. Social supports, transphobia, suicidal ideation, levels of income, education were significantly and independently correlated with depression (**Mikalson et al, 2011**).

HIV related Stigma

Stigma is often attached to things people are afraid of. Ever since the first cases of AIDS in the early 1980s, people with HIV have been stigmatised. HIV is an infection which many people have fears, prejudices or negative attitudes about. Stigma can result in people with HIV being insulted, rejected, gossiped about and excluded from social activities. Fear of this happening can lead to people with HIV being nervous about telling others that they have HIV or avoiding contact with other people. They may end up suffering in silence instead of getting the help they need. Stigma can also result in people with HIV believing the things that other people say about HIV. For example, they may think it's true that HIV is a death sentence or that most people with HIV are immoral or irresponsible. The society sees transgender women as sex workers who are highly vulnerable to HIV (**Peboby, 2012**).

Methodology

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Tools for data collection

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Finding

Socio Demographic details of the respondents

1	Religion	Hindu	Christian	Muslim		
		85%	6%	9%		
2	Mean Age	27.4yrs				
3	Educational	Illiterate	Up to Middle	High	Higher	Degree

	Qualification		school			
		11%	15%	24%	30%	20%
4	Occupation	Begging		Sex work	CBO	Others
5	Primary	38%		28%	11%	23%
6	Secondary	23%		44%	5%	32%
7	Marital status	Married			Unmarried	
		79%			21%	
8	Living status	Male sex partners		Community friends	Parents	Alone
		25%		12%	18%	45%
9	Self - Identity	Acqwa			Nirvan	
		42%			58%	
10	Method adopted for change in sexual identity	Traditional		Surgical	Not applicable	
		14%		44%	42%	
11	Income	Below Rs5000	Rs5001- Rs10000	Rs10001- Rs15000	Rs15001- Rs2000	Above Rs20001
		36%	30%	23%	6%	5%

PHYSICAL HEALTH

It was found that 42% of the respondents had STI, while 78% of the respondents were suffering from Urinary Infection.

Only 40% of the respondents were using condoms consistently. Others were unable to use it due to need for more money, due to clients, with intimate partners/husbands/law makers and law breakers. More than one tenth (15%) of the respondents were forced to have sex by the police men.

Nine percent of the respondents exhibited evidence of intimate partner violence/husband.

Less than one fourth of the respondents had faced physical abuse from lawmakers.

HIV Status

While 29 of the respondents did not get their HIV status tested in the past 3 months, 12 of the respondents did not want to answer the question and 3 of the respondents shared that their HIV status was positive.

Addition to Alcohol

While eighty five percent of the respondents expressed that they consume alcohol, fifty four percent of the respondents were addicted to alcohol.

TREATMENT SEEKING BEHAVIOUR

Majority of the respondents were getting treated in Private hospital.

Only 21% of the respondents who were infected with STIs were getting treated. Others were taking medication from pharmacist if not home made remedies

MENTAL HEALTH

More than one third (39 %) of the respondents had severe problems and psychological distress, while this was followed by thirty-five percent of the respondents who were found to have evidence of mild distress.

It was found that 96 % of the respondents had attempted at least ones to end their lives.

Indicators of Mental Health

[B.U: Better than Usual; S.U: Same as usual; L.U: Less than Usual; M.U: Much Less than Usual;]					
	Indicators of Mental Health n=299	B.U n (%) (0)	S.U n (%) (1)	L.U n (%) (2)	M.U n (%) (3)
1	been able to concentrate on what you're doing	45 (15%)	134 (45%)	55 (18%)	65 (22%)
[N.A -Not at All: N.U- Not more than Usual; R.U- Rather more than Usual; M.U - Much more than Usual;]					

		N.A	N.U	R.U	M.U
2	lost much sleep over worry	41 (14%)	115 (38%)	76 (25%)	67 (23%)
3	felt constantly under strain	42 (14%)	118 (39%)	63 (21%)	76 (26%)
4	felt you couldn't overcome your difficulties	39 (13%)	113 (38%)	68 (23%)	79 (26%)
5	been feeling unhappy or depressed	48 (16%)	109 (36%)	57 (19%)	85 (29%)
6	been losing confidence in yourself	41 (14%)	104 (35%)	70 (23%)	84 (28%)
7	been thinking of yourself as a worthless person	57 (19%)	93 (31%)	62 (21%)	87 (29%)
[M.U: More so than Usual; S.U: Same as Usual; L.U: Less so than Usual; M.L.U: Much Less than Usual;]					
		M.U	S.U.	L.U	M.L.U
8	felt that you are playing a useful part in things	40 (13%)	128 (43%)	56 (19%)	75 (25%)
9	felt capable of making decisions about things	36 (12%)	129 (43%)	62 (21%)	72 (24%)
10	been able to enjoy your normal day to day activities	36 (12%)	126 (42%)	63 (21%)	74 (25%)
11	been able to face up to your problems	40 (13%)	109 (36%)	70 (24%)	80 (27%)
12	been feeling reasonably happy, all things considered	38 (13%)	120 (40%)	61 (20%)	80 (27%)

Interpretations of GH-12 Scores

Sl. No	Mental health	Number	Percentage
1	Evidence of mild distress	104	35
2	Evidence of moderate distress	77	26
3	Evidence of severe problems and psychological distress	118	39
Total		299	100

Domain scores: Evidence of mild distress: 0-12; Evidence of moderate distress: 13-20; Evidence of severe Problems and Psychological distress: 21-3.

Discussion

In the current study, we cannot neglect that less than one fourth of the respondents had experienced physical abuse from the police sometimes and nearly one-fifth of them faced it many times. More than one tenth (15%) of the respondents were forced to have sex by the police men. This situation is much worst in the study conducted by George, 2015. Majority of the respondents (88%) stated that they have experienced problems caused by the police, (51%) from police station, (26%) from railway police and (9 %) traffic police. Findings of the focus group discussion reported rape and striped in public (**George, 2015**).

The total prevalence of STI/HIV in the TGs was found to be 48.8% (40 of 82). Syphilis was the most common STI present in 20.7% (17 of 82) in a study done by Kalaivani 2017. This percentage was close to the finding of current study.

Ann, 2014 reported high prevalence of issues associated to mental health. 45% of the respondents had reported attempting suicide, while 60% of them reported of depression. Transgender activist Priya has attempted suicide three times. Author of four books, had a number of reasons such as lack of recognition in the community and love failures. Suicides in the transgender community often go under reported due to their gender. Police register those who have undergone sex change operations under third gender, but those who have not are generally classified as male suicides. A transgender subjected to harassment seeks refuge in alcohol and drugs, increasingly their vulnerability to suicide and the final straw can be a break up of a relationship (**The Hindu, 2012**).

Suggestions

Social workers can be appointed in schools to assist the Transgender to continue their education and to improve the acceptance of the family members and in providing a stress free environment. CBOs can concentrate on improvising mental health of the respondents. Health care Providers needs to be sensitised about the special neds of the respondents.

Conclusion

Increase in the education level, employability, reduction in stigma would reduce their vulnerability in exposing them to STI, HIV and urinary infection. Strengthening social support system reduces alcohol addiction and improvise mental health.

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