

# Equalizing the Third Gender Health a Lived Experience Phenomenological Study - A Qualitative Approach

Poonguzhali S<sup>1</sup>, Kirubakaran S<sup>2\*</sup>, Arun Murugan<sup>3</sup>

<sup>1,2,3</sup>Government Omandurar Medical College, Chennai, India

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## ABSTRACT

**Background:** The transgender population is a marginalized social group often targeted for mistreatment and discrimination. This study specifically examined the experiences of transgender people across a range of categories such as: education, employment outcomes, health awareness and mental health status. The study aimed to gain an understanding about the respondents' unique experiences of discrimination being transgender and health awareness.

**Materials and Methods:** The research applied descriptive qualitative phenomenology design. The study was conducted at Department of Community Medicine, Government Omandurar Medical College and Hospital, Chennai on Trans genders using in-depth interview with an open-ended question semi structured Questionnaire after obtaining the informed consent among 4 Transgenders till the data saturation happens. The Transcriptions Data were then analyzed using the Colaizzi method.

**Results:** Marginalized socially and economically, Family and peer rejections, Lack of Job opportunities, Continuous rejection and omission leads to Begging and Active Night life (Survival Sex). Health Care Professionals has less knowledge about the transgender health, sex affirmation surgery is still least preferred among doctors. NGOs roles are very significant in their quality of life, Periodic medical examination including HIV.

**Conclusion:** Transgender's and the word are to be transformed as Third Gender. The Social acceptance from the public will do wonders in their life.

**Keywords:** Transgender, Equalize, Phenomenology, Lived Experience

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**\*Correspondence:** S. Kirubakaran (Email: kirubasam01@gmail.com)

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## INTRODUCTION

The transgender community in India is a culturally recognized group that is diverse, distinct, and includes a variety of gender identities.<sup>1</sup> There are transgender individuals who express their gender identity by making lifestyle changes to transition socially, including changing one's name or appearance, or cross dressing. According to the 2011 Census, 4.88 million people in India (0.04% of the total population) identified as transgender. Experts and activists estimate that these figures are under-reported, as many transgender individuals choose to remain invisible given the social stigma and discrimination.<sup>2,3</sup>

Lesbian, Gay, Bisexual men and women, Transgender, Queer, Intersex, Asexual, and other gender spectrums, commonly called LGBTQIA+, have diverse health concerns and needs. Within the LGBTQIA+ community, there may exist wide variations in experiences by age, caste, class, region, religion, and other factors. Globally, individuals of the LGBTQIA+ community often encounter serious human rights violations due to the criminalisation of their sexual orientation or legal non-recognition of their gender.<sup>4</sup>

In India, HIV prevalence in TG or Hijras (H), as they are commonly called in the national context in addition to many other names, is also much higher (3.14%) than in the general population (0.26%). HIV Sentinel Surveillance (HSS 2017) confirmed that H/TG people have a higher HIV prevalence (3.14%) than men who have sex with men (MSM) (2.69%) and female sex workers (1.56%).<sup>5</sup> At the individual level, and similar to other populations, unprotected sexual exposure and sex work, as well as multiple casual sexual partners, can contribute to Sexually transmitted disease risk.<sup>6</sup>

Transgender populations often experience high levels of both perceived and internalized social stigma<sup>7</sup> social isolation, discrimination and victimization. Extreme social exclusion and lack of acceptance of transgender populations in different settings diminishes their self-esteem and ability to participate in social events.<sup>8</sup> These situations often lead to symptomatic psychological distress, depression, anxiety and other mental health difficulties among this population.<sup>9</sup> Social victimization may occasionally contribute to poor sexual health and unhealthy use of alcohol among this group, for example in India.<sup>10</sup>

In light of the issues about the transgender, this study focused on a lived-in experience of transgender to explore how their academic and non-academic life shifted throughout their student life, impacted by their gender identity and expression and sexual orientation, social discrimination, health care services.

The study aimed to gain an understanding about the respondents' unique experiences of discrimination being transgender and health awareness.

## METHODOLOGY

The research applied descriptive qualitative phenomenology design. The study was conducted at Department of Community Medicine, Government Omandurar Medical College and Hospital, Chennai for a period two months (Nov-Dec 2022). The potential participants were selected to the study through snowball sampling through the personal network of contacts. The 4 participants of this study were selected through purposive and homogeneous sampling. The data collection on Trans genders was using in-depth interview with an open-ended question semi structured Questionnaire after obtaining the informed consent and explaining the study purpose among 4 Transgenders till the data saturation happens. The conduct of interviews was through audio-conferencing tool in Tamil language. The interviewer took notes of the answers accompanied by audio recordings and then translated in English and Transcribed. The coding process to label segments of text with codes, examine codes for overlap and redundancy, and collapse these codes into broad themes were done after the conduct of the initial review of the transcripts and data. The Colaizzi method was used for thematic analysis to categorize data into themes.

## FINDINGS AND DISCUSSION

The study identified 4 themes aroused from the transcription of data under the emergent theme "The trans gender's aspiration". The themes are (1) The movement from darkness to Light, (2) A longing for something and (3) Love of Humanity.

### Theme 1: The Movement from darkness to light

#### Category 1.1: Education

Third gender youth are at risk of dropping out of school, which undoubtedly contributes to their economic marginalization. The participant said,

*"my brothers were bothered about me because they were ashamed of me, so I decided to leave my house. When I told them I'm leaving the house, nobody agreed with me but their actions implied that they wanted out of the house. So, I left my house and went to one of my Third genders friend's house at 17 years of age"*

Unfortunately, rejection by families is common for transgender people. This may contribute to the high homelessness rate among transgender youth.

Other participants uttered,

*"yet the one thought I had in my mind was to lead a respectful life and moral life and never get into illicit activities' wanted to be a living example of what we can do, to the world"* and another participant *"I think the rejections, I faced in my life was the driving*

*factor because if I had a comfortable life where my family had agreed with me and was ready to support me with my education and other finances, I think I would have stayed the same".*

Not all parents will seek clinical intervention for their child's gender nonconformity. Rarely parents are more tolerant of gender typicality, while others may be too embarrassed to seek services for their child. Inclusive education should be considered by the educators and policymakers to help improve gender inequality—not only to make it more inclusive for LGBTQ youths but for all young people.

### **Category 1.2: Employment**

Gender discrimination leads to (1) being fired from a job, (2) having problems getting a job, (3) being denied or evicted from housing, and (4) experiencing barriers to accessing health care due to gender. First participant said,

*"I have only faced omissions all my life! The reason why Third genders get into illicit activities like begging and illegal sexual activities is because of the omissions they face".*

Discrepancies between perceived biological sex and expressed gender may rarely be tolerated in everyday society.

The second one uttered,

*"Everybody thinks that we are useless, worthless, not talented and falsely sympathize for us. They often come up with suggestions that we should to sell flowers and work in tiffin centers without knowing our capability, and giving opinions about what we can do in our life is also a type of omission".*

Transgender people are marginalized by a lack of discrimination protections, leaving them vulnerable to exclusion from the labour force and much of social life. This contributes to distributive injustice and limits transgender people's opportunities to develop their skills and capacities. The transgender population has been affected by powerlessness.

One participant mentioned that,

*"Initially, as a sex worker, I didn't even have any idea about a CONDOM. There were days where I used to work for 10 rupees".*

Transwomen's may be at especially high risk of employment discrimination and resorting to sex work.<sup>11, 12</sup> Participants in this study suggested that in order to create a more inclusive experience for all students, educators also need to directly discuss LGBTQ issues.

## **Theme 2: A Longing for Something Unable to explain**

### **Category 2.1: Discrimination**

The widespread mistreatment and marginalization of Transgender people leaves the population facing

significant challenges to their psychological, physical, and socioeconomic well-being. Participant said,

*"my parents did not approve of my habits' did not have any friends at that time because they are ashamed of the way I walk, of the way I talk. My brothers were ashamed of me and were angry with me".*

Second participant mentioned that,

*"our people find pleasure in drinking because of the opposition they face, they can at least drink and get out of the thoughts".*

Abuse of alcohol and illegal drugs appears to be a concern among the transgender population. Elevated rates of substance abuse among transgender populations are likely related to physical and sexual violence. Of course, diagnosis does not necessarily indicate actual illness, and the ultimate "treatment" for many transgender people's mental health concerns probably lies in the general work we all need to do to effect sociocultural change.

Transgender people have been caricatured as "sick" or "crazy" by virtue of their atypical gender identities. Social workers must also remember that the transgender population—as with any group of people experiences a range of mental health concerns, many of which have nothing to do with gender identity. Participant mentioned that

*"THE SUPREME COURT says, "Sex work is a Profession"<sup>13</sup>, whereas human trafficking is illegal which is uncommon for transwomen."*

However, due to marginalization and mistreatment, this population may be at elevated risk of developing certain mental health problems. One participant uttered that,

*"when people rejected me, made fun of me, bullied me, didn't let me walk on streets, sexually harassed me on showing their private parts, I felt dejected".*

Sexual assault may be another significant concern for the transgender population. It is also reasonable to conclude that such incidents are generally under-reported due to fear, stigma, and invisibility.

Depressive symptoms have been noted as commonly leading Trans Gender people to mental health services. Gender-atypical children frequently come to the attention of school social workers because of their depressed mood.<sup>14</sup> Abuse of alcohol and illegal drugs appears to be a concern among the Trans Gender population. Elevated rates of substance abuse among Trans Gender populations are likely related to physical and sexual violence. Testa et al.<sup>15</sup> determined substance abuse was significantly associated with histories of sexual victimization among transwomen and with histories of both physical and sexual victimization among transmen. Psychosocial factors increasing the risk of HIV among transgender people include (1) avoiding medical treatment due to fear or shame, (2) engaging in sexual experimental

tion as adults because of a delayed developmental trajectory, and (3) coping with stress through substance use, which can lead to needle-sharing and risky sexual activity.

**Theme 3: Love of Humanity**

**Category 3.1: Art of Medicine**

Medical providers are frequently ill-equipped to provide sensitive, culturally competent services to Transgender patients. Many simply lack trans-specific medical knowledge. Participants declared that,

*"at present in our state there is better access to medical services, there is a separate ward in government hospital, reduction in the fee in private hospitals, prioritizing us over other common people. Like all other people, we also have services which are covered under insurance scheme card, we would be happy if this also includes the, "sex affirmation surgery".*

Social workers must also remember that the transgender population—as with any group of people—experiences a range of mental health concerns, many of which have nothing to do with gender identity.

While the medical system falls short of meeting the needs of transgender people, the population faces unique health concerns as a result of its position in society. Other participant said that,

*"at 2014 national legal service authority of India voluntarily filed a petition for our rights against the Indian government and a life changing statement was given by our honorable supreme court on April 15th. Later many bills were passed by government which after being signed by our honorable president came out as Transgender PROTECTION ACT which*

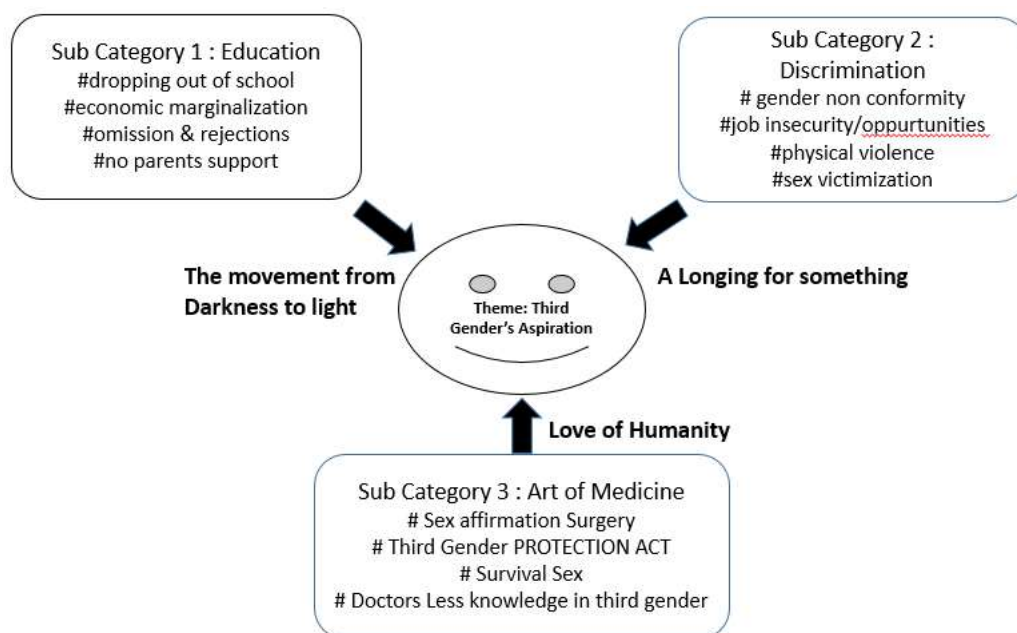
*includes transmen, transwomen, and intersex. This act addressed many of our issues except special reservations for Transgender for education was not included. a commission for Transgenders and SMILE organization are a noteworthy contribution as well".*

Society’s policies and procedures commonly segregate persons into two—and only two—gender groups. Examples include segregation in public restrooms, sports team membership, certain organizational memberships and so on.

Transgender people have lacked the authority to make decisions for their own well-being. One participant said,

*"once I had undergone the surgery for silicone implantation, on seeing the X-RAY, the doctors misdiagnosed the implants as breast swellings. in the other situation, the doctors said there is something wrong with me that, I don't have uterus, and there are very less doctors in Tamilnadu who are trained to perform the "sex affirmation surgery". So, I would say there is lack of knowledge about the Transgender physique among the doctors. So, I would appreciate the upcoming future doctors to consider Transgender physique as a separate topic of interest for the betterment of our community".*

Transgender people—and especially transwomen—are at increased risk for HIV infection. Both economic and psychosocial risk factors appear to contribute to the high rate of HIV infection among transgender people. As a result of economic hardship, some transgender people engage in prostitution or “survival sex” (in other words, sex for food, shelter, or other basic necessities). If unable to afford hormones through the medical system, some transgender people turn to needle-sharing for injecting hormones obtained on the street.



**Figure 1: Graphical representation of 'Third gender aspiration' theme and its subtheme**

## CONCLUSION

This Phenomenological study explored how the education, employment outcome, health awareness, mental health status of the third-genders, impacted by their gender identity and expression and sexual orientation, and the factors that caused them to refocus, change or shift their priorities and perspectives in their lives over time. The findings showed the life of 4 Transgender has never been easy in the education and employment aspect as they have faced omission all their life, has better access to medical facilities and suggested that educators also need to directly discuss LGBTQ issues. It was also shown that Transgender people engage in prostitution or survival sex as a result of economic hardship are at increased risk for HIV infection. NGOs roles are very significant in their quality of life, Periodic medical examination including HIV and provides Social Security to the Third genders. It was found that emotional trauma was common among Transgender people leading to substance abuse and also would appreciate the upcoming future doctors to take Transgender health as a specialization.

## RECOMMENDATIONS

Based on the above study findings and discussion, recommendations are to commonly rename the transgender as Third gender. Sex affirmation surgery can be included in health insurance, starting up exclusive health clinic for Transgender, Implement the Transgender protection Act effectively and the social recognition the change to happen among the society.

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