Research Article

A study to access morbidity profile and health-seeking behavior among transgender persons in a metropolitan city

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ABSTRACT

Background: Sex is an ascribed status which makes us male or female, but gender is an achieved status which makes us masculine or feminine. Transgender people also called as the third gender are a vulnerable group because they are a socially discriminated and a scattered population. **Aims and Objectives:** The current study was conducted to enumerate the sociodemographic and morbidity profile of transgender persons in an urban slum area. **Materials and Methods:** After obtaining clearance from the ethical committee, the help of an NGO was solicited in contacting and interviewing the transgenders. A sample size of 102 was fixed using convenient sampling. A pre-tested semi-structured questionnaire was used for data collection using face-to-face interviews for 12 months. **Results:** Mean age of the study subjects was 28.29 years. Majority of them were involved in prostitution and begging. About 51% of them had undergone non-medical castration, and all of them gave a history of sexually transmitted infections. About 90% preferred private health care over free care provided by government due to discrimination and indifferent attitude faced by them in the later. **Conclusion:** The perception of the entire community and health care workers toward transgenders needs to change through nationwide advocacy, discussions, and mobilization of social and political will so that they become a regular part of the population.

KEY WORDS: Transgender Persons; Health; Health-Care Utilization

INTRODUCTION

Gender refers to those social, cultural, and psychological traits linked to males and females through particular social contexts, while sex refers to the biological characteristics distinguishing male and female. This definition emphasizes male and female differences in chromosomes, anatomy, hormones, reproductive systems, and other physiological components. Sex is an ascribed status which makes us male or female, but gender is an achieved status which makes us masculine or feminine.

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Gender can be classified into Cis and Trans. Cisgender (often abbreviated to simply cis) describes related types of gender identity where an individual's self-perception of their gender matches the sex they were assigned at birth, while Transgender represents individuals who defy rigid, binary gender constructions, blurring culturally prevalent stereotypical gender roles. Transgender persons can be further divided into various categories depending on specific sexual preference and reproductive ability. However, in the contemporary world, the word "transgender" has become an umbrella term which is used to denote all persons who do not belong to the cisgender which include male and female 'cross-dressers, men having sex with men and hermaphrodites.

India has century-old histories of the existence of gender variants in a prominent position like kings palaces, but in modern world, transgender lives at the margins of society with meager status. Unacceptance in the family and social

exclusion limits their education, limited employment opportunities force them into begging and prostitution. Discrimination and humiliation based on their gender role often debar them from availing health care. Deprived of the necessities of life these transgender persons hide inside colonies of their own called "Gharanas." These are headed by a Guru, who formulates rules and customs for them which often defy scientific evidence. These result in various medical as well as psychiatric morbidities among them which need special treatment and dedicated counseling. Transgender earn their living as sex workers are more vulnerable for violence. The primary sexual practice among them is unprotected anal sex where most of the time they perform the role of a receptive partner (kothis). This practice makes them more vulnerable to become infected with HIV and other sexually transmitted infection (STI). Furthermore, NACP 3 has marked them as a bridge population for the spread of HIV.[1] Being at the edge of the society, they are involved in sexual practices away from commercial places like highways, toll nakas where long distance truckers and travelers take rest. Thus, they become a spreader of the disease. Hence, in-depth understanding of the unique health needs and demands of different subgroups of this population is needed to formulate interventions for them. Unfortunately, due to the social stigma and marginalization, very few studies have been conducted on this population. Hence, there exists a gap in knowledge about the diseases they suffer from and their health needs.

Thus, the current research aims to study the morbidity profile and perceived health needs of transgender persons which would provide practical insights into planning health promotion and disease prevention strategies for them.

MATERIALS AND METHODS

The study is a community-based cross-sectional study conducted in the field practice area of the urban health center of a medical college. Approval for conduction of study was obtained from the Institutional Ethics Committee of the medical college. An NGO implementing the targeted intervention project under MDACS for transgenders in the study area was approached. The said NGO had approximately 1000 TGs registered with it for various services. For technical feasibility, 10% of registered TGs were included in the study, and an additional 30 samples were added to make up for the non-response rate. Nineteen of them did not give consent to participate in the study, and nine study participants left the interview in midway due to the language barrier. Hence, the final sample size came to 102. The study was conducted over a period of 1 year, that is, September 2012–September 2013.

A pre-tested semi-structured questionnaire was prepared based on the integrated behavioral and biological assessment (IBBA) questionnaire used in national surveys of high-risk groups. Initial visits and activities such as medical camps and health education sessions were conducted by the researchers for building rapport with the population as they are highly inaccessible and hesitant to get interviewed. Their work sites and residential place were visited with the NGO workers. Furthermore, meetings conducted by the NGO with the TGs were attended. This helped in interacting with the study subjects and gaining their confidence and cooperation. This was utilized to decide the time and day of the interview with them. Face-to-face in-depth interviews were carried out in Hindi or Marathi, in the presence of one representative from the NGO. Each respondent was explained in brief about the need and purpose of the study.

Written, informed consent was obtained before starting the interview after ensuring the confidentiality of the study participants. The first part of the questionnaire consisted of questions on sociodemographic data, and the second part had more personal and sensitive matters pertaining to knowledge about STI/HIV/AIDS and sexual behavior. The interviews were conducted in the premises of the NGO to maintain confidentiality and comfort of the study subjects. Data were analyzed using SPSS software Version 17.0 using appropriate statistical tests.

RESULTS

The age of the study subjects was in the range of 20–55 years predominantly belonging to the economically productive age group of 20–27 years (n = 28.29 years). A majority (80%) of them was Hindus, and 92% were literate. The subjects were hailing from states of Andhra Pradesh (77.5%), Maharashtra (21.6%), and Madhya Pradesh (1%). About 97.1% of them were staying in rented accommodation in which 88.2% of homes had two rooms while 11.8% had single rooms. About 65.7% of participants informed that they did not have an in-house toilet. The partners with whom the TGs were staying is enumerated in Figure 1. They derived their income predominantly from sex work [Table 1]. About 39.9% of them had a monthly income ranging from Rs. 5000 to 10,000 followed by 34% who were earning Rs. 10,000–15,000 monthly. Only 23.5% of the study participants had a bank account. Alcohol (69.6%) and tobacco (24.5%) addictions were prevalent among them.

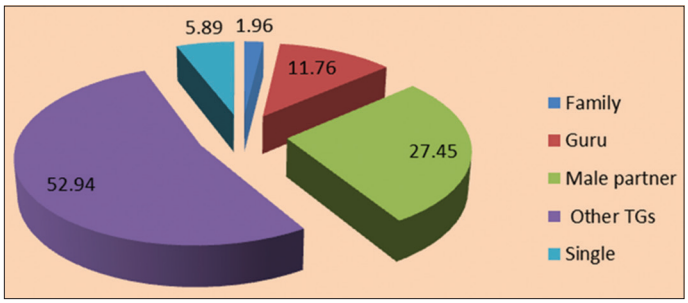

Figure 1: Distribution of partners of study participants

On enquiring about gender realignment surgeries, 50% of the subjects admitted to undergoing non-medical castration and 5% had undergone breast implant surgery and castration medically. Gurus or barbers or technicians performed this procedure. When performed by gurus or barbers, the operation was without the use of anesthesia (but under the in the influence of drugs and alcohol), and they were allowed to bleed with the belief that the free flow of blood will further reduce masculinity.

The various morbidities among the study participants are enumerated in Table 2. When asked regarding the utilization of health care, about 96% of the participants were accessing private hospitals and clinics for seeking treatment of common illness. Multiple reasons were given for not using free government facilities – long waiting time (25%), indifferent attitude of health care staff (42%), and stigma (34%). All study participants gave the history of suffering from STI at least once, and the symptoms experienced by them are enumerated in Figure 2. On checking the records maintained by the NGO, it was found that 90% of the study subjects were utilizing various services provided by it and 96% had undergone HIV testing once in the past 6 months. Their perceived health needs are enumerated in Table 3.

DISCUSSION

The study participants in our study were Hindus from economically productive age group. They were literate and were staying in rented accommodation as earning opportunities are more in metrocities. The participants derive their income mainly from begging and prostitution. Their meager income forces them to stay in poor conditions. Stigmatization, marginalization, poverty, and abuse all work together to increase the burden of morbidity among them. These realities often lead to deep-seated feelings of stress, depression, and anxiety which drive them to addiction. Diabetes and upper respiratory tract infection were the common chronic and acute morbidity, respectively, among them. The study participants preferred taking treatment from private health facilities.

The study participants were hailing mainly from the states of Andhra Pradesh and Maharashtra. They were from 20 to 27 years age group with a mean age of 28.29 years. Jerajani *et al*.[2] reported in their study, the transgender belonged to the age group of 21–25 years. Furthermore, IBBA conducted among transgender in Tamil Nadu reported a similar finding.[3] The study subjects in our study were Hindus, and a majority of them were literate. Anjela *et al*.[4] reported 69% literacy rate among transgenders while Narayanan *et al*.[5] reported a literacy rate of 87% among them. The high literacy rate in this study was maybe because of the current research being conducted at a metrocity where education has a better reach. All the participants in our study were staying in rented accommodation, and the majority of them were using

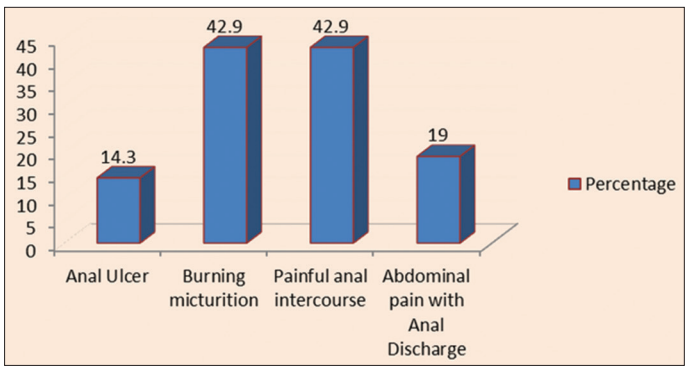

Figure 2: Distribution of STI symptoms of study participants

Table 1: Distribution of study participants by occupation

Duration in occupation (years)	Begging	Dance in ceremony	Other	Prostitution
0–5	22	1	2	12
5–10	9	1	2	35
10–15	1	1	1	9
15–20	0	0	1	4
20–25	0	0	0	0
25–30	1	0	0	0
Total	33	3	6	60

Table 2: Distribution of morbidity among the study participants

Morbidity*	No. of subjects	Percentage
Major		
Appendicitis	3	3.6
Diabetes	42	50.4
Enteric fever	4	4.8
Jaundice	2	2.4
Tuberculosis	11	13.2
Renal stone	1	1.2
Minor		
ARI	46	55.2
Fever	32	38.4
Jaundice	2	2.4
MSK	42	50.4
Skin	65	78

*Multiple responses given

Table 3: Health-seeking behavior among the study participants

Perceived health needs	Frequency	Percentage
General OPD in NGO	42	41.17
Preferential treatment in govt. hospital	7	6.86
Change of GOPD timing at UHC	11	10.78
No response	54	52.94

common toilets. This depicts their poor staying condition, which could be affecting their health adversely. Majority of the study participants were staying with their sexual partner while very few were staying alone. This reflects the fluidity of sexual behaviors among transgenders. This is different than in another setting, as Rehan *et al*.[6] reported that 63% of the participants were staying independently in their study. The participants derived their income predominantly from sex work and begging. Khan *et al*.[6] and Prabawanti *et al*.[7] reported a similar finding in their research. Lack of reservation in jobs and stigmatization by the cisgender population forces them into occupations which puts them at risk for STIs. The subjects had monthly income ranging from 5000 to 1000, but only a minority had a bank account of their own. Kumta *et al*.[8] also reported monthly earning of 4000–10,000 among transgender people. Similarly, the US transgender survey 2015[9] reveals people who are transgender are twice as likely to be living in poverty as the general U.S. population. Despite experiencing poverty at higher rates than the general population, very fewer bank accounts in our study may be linked to the fact that they have difficulties in accessing safety nets like bank loans which further forces them into unconventional modes of earning money. Our study reveals high rates of addiction among study subjects. Baki *et al*.[10] reported 63% cigarette smoking and 45% drug abuse among transgender people in their research. Transgender people have to fight daily battles against social discrimination and stigma for their gender identity and sexual orientation, which leads to poverty, violence, and abuse in them. Overcoming these realities often lead to deep-seated feelings of stress, depression, and anxiety which drive them to addiction. Non-medical castration was the conventional method adopted for the gender realignment among the subjects. Baki *et al*.[10] reported similar findings in their study. Lack of awareness about the process and procedures, stigmatization at health facilities, and unscientific traditions may be some of the causes for it. The most common chronic morbidity among study subjects was diabetes, while acute respiratory illness was the most common acute morbidity. Justine *et al*.[11] published similar findings of increased prevalence of diabetes among transgender people. Garnero *et al*.[12] reported that diabetes was one of the top three diseases among transgender persons. This may be due to increased prevalence of risk factors of non-communicable diseases such as sedentary lifestyle, addiction, and stress. All study subjects had STI symptoms in the past 6 months, and burning micturation and pain were the most commonly reported symptom. Ebensrtejin *et al*.[13] published similar findings of 100% history of STI among transgender people as compared to only 6.9% among the normal population. About 90% of the transgender people were taking treatment from private facilities, even when government facilities are available free of cost. Gamariel *et al*.[14] and Khan *et al*.[6] reported similar findings. This could be due to the challenges they face in accessing health services because of the stigma attached to their gender identity and their sexual behavior. They often experience indifferent attitude toward their health-related issues at home, in health-care facilities and their communities. The participants perceived exclusive community-based health-care delivery as a need for better access to health care.

Although the study explored the difficult to reach population, a less sample size and relying on the respondent's truthfulness and insight for data collection may be a limitation to the generalization of the study finding to the population.

The need of the hour is to include this till now marginalized group into the fold of the society. One of the ways may be to link them to the national skill development mission under the Ministry of Skill Development and Entrepreneurship for skill learning and upgradation, which would help them become economically independent. IEC and BCC strategies should be actively promoted for the prevention of addictions among them. Empowering TGs with the effective assertion and negotiation skills, especially about continuous and consistent use of condoms with all partners, would help in decreasing the burden of STI. Community-based health services delivery model for this community should be developed by the integration of primary health care with targeted intervention project so that the health-care gap can be addressed. Most importantly, it is crucial to increase awareness among them about the various government programs and services which have been made available to them. Although the transgender has been legally recognized as the third gender, the perception of the entire community and health care workers toward them needs to change through nationwide advocacy discussions and mobilization of social and political will. This would in a long way in making them a normal part of our population.

CONCLUSION

The perception of the entire community and health care workers toward transgenders needs to change through nationwide advocacy, discussions, and mobilization of social and political will so that they become a regular part of the population.

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