

Physical and Mental Health Status, Life Style and Quality Of Life among Hijra /Transgender Woman: An Exploratory Study in Chandigarh, India



Raju Ram Runwal¹, Mrs. Manjula Thakur¹, Dr. Sushma kumari Sani¹, Mr. Sandeep Mittal², Dr. Sandhya Ghai¹

¹National Institute of Nursing Education (NINE), PGIMER, Chandigarh

²State AIDS Control Society (SACS), Chandigarh

Abstract:

Objective: Transgender people are a highly vulnerable group in India with high level of HIV and mental health burden. While HIV interventions among hijra/transgender women are being scaled up in various parts of India, limited information is available on their physical, mental health status and quality of life thus, a study was conducted to assess the health status, and quality of life of hijra/transgender people in India.

Methodology: A purposive sampling technique 60 participants were enrolled who are registered non-government organization in Chandigarh. Data was collected by interview, physical assessment and health records analysis. We used Standardized tools as Back Depression Inventory, General Well Being Scale, Social Adjustment Scale, WHO QOL BREF, Bio Physiological assessment and life style Questioner for data collection. The data was analyzed by using descriptive and inferential statistics like frequency distribution, mean, and Pearson's correlation coefficient.

Results: The mean age was 33±10.6 years Standard deviation 10.6. More than one-fourth were illiterate and only 26.75% were educated up to matriculation. A majority (90%) of them were engaged taking badhai and getting money. Majority (92%) of the participants had central obesity (WHR > 0.85cm). Only few reported diabetes mellitus (6.7%), hypertension (6.7%) and HIV infection (6.7%). Half of the participants had mild depression and 40% had borderline to severe depression. Forty two percent had stress. Quality of life revealed that 11.6 % had poor Quality of life and about forty six percent of participants had average Quality of life.

Conclusion: Poor quality of life, less education, occupation, multiple sexual partner, obesity and substance abuse are some health issues are needed to be stressed to improve the overall quality of life of transgender people.

Keywords: Transgender, health status, Quality of life.

Introduction

For male 'he' is used, for female 'she' is used, but for hijra neither 'he' nor 'she' is used "Transgender is a term used to describe people whose gender identity or gender expression, differ from the sex assigned to them at birth". Transgender is an umbrella term for persons whose gender identity, gender expression, including male to female and female to male sex reassignment. Gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice and body characteristics.^[1]

In India the transgender/ Hijra community has different traits. These people are living in dhera (group of people living with) with gurus. They are living as guru and chelas. A guru is the head of the dhera. When a new person comes

in the community, Guru changes his/her old name and family name. These people do not follow the parent's religion but follow the religion of guru. Some people believe in Muslim. These Deras are called as 'Gharanas' in society e.g. Bapu dham Gharanas. These people are known by their Gharanas and each Gharana is lead by guru. They follow the orders given by guru. Hijra are very selective about their dresses. Guru never accepts used clothes from anyone but disciple often accept and wear the old clothes discarded by the guru. Some Muslim Hijra wears white Salwar kamees. Now a day many of them wear the jeans and T-shirt and western outfits also. But it's usually not accepted by Gurus. The Gurus wear a lot of the ornaments including necklace, chains, bracelets, ring etc. Most of the jewellery is wearing festival and parties. Hairs style of hijra is very attractive and stylish. They are not permitted to cut their hair. In case they cut, they have to pay fine to guru.^[4]

In Day by day transgender facing problem such as discrimination, unemployment, illiteracy, homelessness, sexual transmitted disease, depression, hormone pill abuse, tobacco & alcohol abuse, marriage and adoption, documentation and problem related to aging. They live in closed environment in relation with guru and chelas. Their activities are restricted to their living places. The restriction of their activity may effects their physical and mental and social wellbeing and quality of life. Though some studies are conducted on health issues of transgender but still the problems related to their health, life style and other issues are still unexplored. Keeping this in mind the need was felt to conduct a study in this regard. Present study was conducted to identify the health status and life style and quality of life among transgender. Finding of this study will work as evidence so that in future some managerial actions can be planned to combat the identified issues of transgender. Society and health professionals can be sensitized related to the health problems and health issues of transgender and deal them effectively by making efforts to bring them in general pool and not secluded from society.

Methodology

A Cross section study was conducted on transgender living in different part of Chandigarh. And registered with Non-Government Organization for implementing HIV intervention. Ethical approved was obtained from the institute ethic committee PGIMER, Chandigarh and Permission from Director SACS Chandigarh and President of Non-government Organization (NGO) Chandigarh was obtained. Total 100 transgender woman was registered. Out of 100 people sixty samples collected. Written informed consent was sought before interviewing. Data was collected from the each subject in Dera. They were interviewed as per Interview schedule such as Socio-demographic and Standardized tool used for like as General Well-being Scale, Beck Depression Inventory, Social Adjustment Scale, WHO QOL BREFF. The Physical assessment was done as per protocols prepared for different procedure such as height, weight, hip circumference and waist circumference, blood pressure, hemoglobin, Random blood glucose. Body mass

index (BMI) and waist hip ratio (WHR) were calculated. It took 45 minutes each subject for data collection. Participants were informed about their health status. The raw data was entered into the coding sheet. The data was analyzed by using both descriptive and inferential statistics like frequency distribution, mean, and Pearson's correlation coefficient, chi-square. The finding were interpreted and presented with the help of tables and figures wherever feasible.

Results:

As per Socio demographic of participants revealed twenty nine (48.3%) study participants were in age of 25- 34 year and few 1.6% participants were also above 60 year. Age ranged from 19-65 year with mean age 33.3 ± 10.67 year. Most 85% of the participants were Hindus and 1.7% participants were Christian. 26.7% of the participants were illiterate and only few 5% participants were matriculate. Majority 90% of them were begging and few 5.3% of them were in private jobs and 35% of the participants had monthly income between Rupees 5000- 10000 and few 10.75% had monthly income above Rupees 15000/-. Most 81.7% of the participants were residing as Guru and chelas.

As per the bio Physiological of the participant 63% of the participants had normal blood pressure, where as one fourth of the participants were found to have Pre hypertension. More than three fourth (78%) of the participants were having normal blood sugar level (70- 110gm/dl). 66.7% of the study participants had normal hemoglobin (12gm/dl) as per as WHO Telequist scale method. 36.6% of the study participants were overweight, and majority (91.6%) of them had central obesity (WHR was >0.85). Twenty three percents of the study subject had $<10\%$ risk of developing cardio vascular disease in next ten year. As per health history few (6.7%) of the study participants was suffering from diabetes mellitus, hypertension and human immune deficiency virus. Only one participant was handicapped suffering from disability of lower limb since birth. Sixteen percent of the subjects' family history includes diabetes mellitus. (Table: 1)

Table 1: Bio -Physiological measurement of the study participants

N = 60

Participants characteristic	n(%)
Blood Pressure (mmHg)	
Normal (120/80)	38(63.3)
Pre hypertension (121/81-139/89)	15(25.0)
Hypertension (above 139 /89)	7(11.6)
Random Blood sugar (mg/dl)	
Normal (70-110)	49(81.6)
Hyperglycemia > 110	11(18.3)
Hemoglobin (gm/dl)	
10 moderate anemia	16(26.7)
12 – 14 normal	44(73.4)

Cardiac vascular disease risk assessment(> 40 year of year)	
<10% risk in next 10year	14(23.3)
10-20% risk in next 10year	2(03.3)
Health history	
Diabetes mellitus	4(06.7)
Hyper tension	4(06.7)
HIV Positive	4(06.7)
Others (gastritis, thyroid)	1(01.7)
handicapped	1(01.6)
Family history of any disease	
Hypertension	2(03.3)
Diabetes mellitus	10(16.7)
Heart disease	1(01.7)
Body Mass Index	
Underweight (17-18.5)	2(03.3)
Normal (18.5-25)	36(60.0)
Over weight (25-30)	22(36.6)
Wrist circumference (cm)	
Normal (< 80)	16(26.6)
81-90 cm	14(23.3)
91-100 cm	22(36.6)
>100 cm	8(13.3)
Waist hip ratio (cm)	
< 0.85 normal	5(08.3)
>0.85 indicate central obesity	55(91.6)

As per mental health only few of the participants had positive well-being. 56.7 % of the study participants had stress, distress and serious health problem as per General well-being scale. As per Beck depression inventory 47 % of

the participants had mild mood depression. Forty four percents of the study participants were suffering borderline clinical depression, moderate, severe depression. (Table no: 2)

Table 2: Mental health among the study participants

General well being (SCORE)	n (%)
Positive well being (81–110)	6(10.0)
Low positive (76–80)	5(08.3)
Marginal well being (71–75)	15(25.0)
Stress problem (56–70)	25(41.7)
Distress (41–55)	8(13.3)
Serious (26–40)	1(01.7)
Scoring of depression*	n (%)
No depression (1-10)	6(10.0)
Mild mood disturbs(11-16)	28(46.7)
Borderline clinical depression(17-20)	19(31.7)
Moderate depression (21-30)	5(08.3)
Severe depression (31-40)	2(03.3)

* Depression was assessed by using Beck Depression Inventory

As per Social health most of the study participants (83.3%) had average social adjustment in community or society and 16.6% had good social adjustment. More than half (58.3%) of the study participants had average adjustment related to work out side home and only 3.3% participants had poor adjustment .In house work components 51% of the study participants were average adjustment. About 77% of the

participants were average adjustment regarding social and leisure activity and only 21% of the study participants had good social and leisure activity adjustment. About 52% of the participants had average adjustment in extended relation and 15% had average adjustment in marital relation. (Table no: 3)

Table 3: Social adjustment of the study participants

N=60

Social adjustment	Poor (0-25)	Average (25-50)	Good (51-75)	Very good (76-100)
Work out side home	02(03.3)	35(58.3)	23(38.3)	-
House work	02(03.3)	31(51.6)	27(45.0)	-
Social and leisure activities	01(01.6)	46(76.6)	13(21.6)	-
Extended family	01(01.6)	31(51.6)	07(11.6)	-
Marital (Having only one found sexual partner)	-	09(15.0)	-	-
Total adjustment	-	50(83.3)	10(16.6)	-

As per life style point of view very poor life style Very few participants (6.7%) were performing physical activity like walking and cycling, yoga. 68.3% of the study participants had smoking habits like Beddi, cigarette and huka. 40% of the participants were smoking less than 25 cigarettes per

weeks and 23.3% of participants were smoking 26 -50 cigarette per weeks. More than half of the study participants were alcoholics. Alcohol consumption 23.3% of participants was drinking more than 300 ml per weeks and few (5%) of the study participants were tacking smack. (Table no 4.)

Table 4: Life style of the study participants

N=60

Life style	n(%)
Physical activity	
Walking	2(03.3)
Cycling	1(01.7)
Yoga	1(01.7)
Dietary habit	
Vegetarian	24(40.0)
Eggitarian	6(10.0)
Non veg.	30(50.0)
Substance abuse	41(68.3)
Smoking	
cigarette per week	
<25	24(40.0)
26- 50	14(23.3)
51- 75	3(05.0)
Alcohol	32(53.3)
Use alcohol per week (ml)	
150- 200	11(18.3)
201- 250	4(06.6)
251- 300	3(05.0)
>300	14(23.3)
Smack	3(05.0)

As per Sexual history Thirty seven percent of participants were not in sexual relationship. Whereas 48.3% of the participants had multiple partners for sexual relation. 36.8% percent of the participants were having two ones times Sexual Contact per weeks. And 24% of the participants were having sexual contacts more than two times per weeks. Only few (5%) of the study participants were not using

condom during sexual relation. Most of (81.7%) of the participants were aware about STD and 95% participants were aware of the HIV also. Most (80%) of the participants were tested for HIV every six month and 83.3 % of the study participants were tested for STD in last 3 month. (Table no 5.)

Table 5: Sexual history and awareness about sexually transmitted disease

N = 60

Variable	n(%)
Sexual history	
No partner	22(36.7)
One regular partner	09(15.0)
Multiple partner	29(48.3)
Sexual contact per week N- 38	
One time	15(39.4)
Two time	14(36.8)
More than two time	09(23.6)

Use condom	N- 38	
Yes		35(92.3)
Not using		03(07.8)
Awareness about STD		49(81.7)
Awareness about HIV		57(95.0)
Tested HIV		
< 6 month		48(80.0)
> 6 month		12(20.0)
Tested STD		
<3month		50(83.3)
>Month		10(16.6)

As per quality of life more than sixty percents of the study participants had good quality of the life in physical domain and 31.3% of the study participants had average quality of life in psychological domain. 35% of the study participants had poor quality of life in social domain.

Quality of life in environment domain 68.3% of the study participants had average quality of life. 46% of the participants had average quality of life in all domains as per WHOQOL-BREF. About 11.6% of the participants had poor

quality in life in all domains only few (5.5%) of the participants very good quality of life as per all domains. In overall quality of life of all domains 36.6% of the participants had good quality of life where as 47% had average quality of life. Range of score for physical domain was 31-100 with mean score 14.6, for psychological domain score range was 19-81 with mean score 13.24 and for social domain range score was 0-94 with mean score 21.64, for environment domain score range was 19-81 with 13.16.(Table no : 6)

Table 6: Quality of life as per domains among the study subject

N=60

Quality of life (score)	Quality of life different domain				Overall quality of life
	Physical domain	Psychological domain	Social domain	Environment domain	
Poor(0-25)	-----	01(1.6)	21(35.0)	06(10.0)	07(11.6)
Average (26-50)	16(26.6)	32(31.3)	23(38.3)	41(68.3)	08(46.6)
Good (51-75)	39(65.0)	24(43.3)	13(21.6)	11(18.3)	22(36.6)
Very good (76-100)	05(08.6)	03(05.0)	03(05.0)	02(03.3)	03(05.5)
Range of score	31-100	19-81	0-94	19-81
Mean	14.659	13.242	21.645	13.164

❖ Transformed score as per WHO QOL – 100 figures in the parenthesis represent percentage.

Significant correlation was found in age and income with Body Mass index. Another significant correlation (p< 0.05) was found in income with BMI. BMI and general well being

score. Other aspects were not significantly correlated with each other as the p value is >0.05. (Table no 7)

Table 7: Correlation between the variable

N= 60

	Age	Income	BMI	Hemoglobin	W.H. Ratio	General well-being scale	Social adjustment Scale
Age	-----	r = 0.383 p = 0 .003	r = 0 .256 p =0 .049	r= -0.241 p = 0.064	r =0 .127 P = 0.334	r =0.108 P =0 .413	r =0.118 P=0 .371
Income		-----	r =0 .419 P=0 .001	r =0 .129 P= 0 .327	r= 0 .090 P = 0 .493	r = 0 .251 P =0 .053	r =0 .076 P =0.565
BMI			-----	r = .095 P = .471	r = 0 .183 P = 0 .161	r =0 .285 P =0 .027	r =0 .084 P=0 .522
Hemoglobin				-----	r=0 .158 P .228	r =0 .038 P =0 .772	r =0.007 P =0 .959
W.H. Ratio					-----	r = 0 .053 P = 0 .685	r =0 .072 p = 0 586
General well-being scale						-----	r =0 .014 P = 0.916
Social adjustment Scale							-----

Discussion

Transgenders are the people who have a gender identified or gender expression different from their assigned sex. In India transgender people are called by different names like as Chhaka, Kinner, Aravina and Hijra. But actually hijra means the person with congenital ambiguous genital organ that could not be identified as either male or female. In 2011 census, first time transgender were included as third gender. As per 2011 census 4.8Lakh transgender were living in India and 142 transgender were residing in Chandigarh. This is a community which is discriminated not only by the society but by the family members too. The health status, life style and quality of life are unexplored. Hence the present study was undertaken. Since this population is difficult to access, so to approach them the help of a Non Government Organization (NGO) Chandigarh.

Health status is an important component to assess the overall health of a person, which includes physical health, mental health and social health. It was found in the present study that most of transgender were physically healthy having normal hemoglobin, blood pressure and blood sugar level. This may be because they were in younger age. Majority of them were in age group of 19-34year. Though two third of them had normal Body Mass Index, but majority of them had central obesity which was making them vulnerable for non communicable disease in future.

Mental health is another component of health status. It was found that mentally transgender were not healthy. According to Beck Depression Inventory most of them had mild to severe depression. This may be because transgender people are facing several problems like social stigma, family rejection, joblessness, sexual harassment, violence and deprivation in human rights. The most depressing was to live away from families. This was felt by our Prime Minister Shri. Narendra Modi and on November 2015 speaking at the legal services day in New Delhi he said transgender are treated unjustly, government needs to change outlook. Stressing and ensuring justice for the poor was important for India's overall development "**Sabka Saath Sabka Vikas.**" There is need to improve the thinking of parents and family members of Transgender, so that they accept their transgender children as they are and give them same love and affection which is given to other children. This will in turn help in improving the mental health of transgender. It was found in the present study that few participants had positive well being. One fourth of the study subjects had clinical marginal well being. One person had serious illness. Similar finding were reported in the study conducted in 2011 in India for well being of transgender people. The results showed that 75% of the sample fell under average well being category and 24% of sample fell under better well being category.

Social health is still another component of the health. As man is a social being. It is observed that the general population maintains distance with transgender population. Half of the problems are solved if a person socializes with group. Even from child hood period, transgender receive rejection from family and society. It was found in the present study that most of them had average social adjustment in the society. Because transgender woman had restricted activity, they were not allowed to move outside except going for badhai/begging. Some transgender people had verbalized that they were facing social stigma, rejection from family and homelessness, no support from society. In 2014 study was conducted in Pakistan on transgender related to social adjustment reported that the 21.7 percent of the transgender reported that their parents tried to kill them and 41.7 percent of them reported that their parents had even physically punished them. Socialization of transgender is one of the important issues that are to be taken care in future by the family, society, health care professionals and administrators.

Healthy life style is a key to good health and poor life style leads to many health problem and non communicable diseases. Finding of the present study revealed that life style of transgender was Unhealthy. Only four subjects were performing physical activity like walking, cycling and yoga. The Low physical activity was indicated as majority of the subjects had central obesity. But the present study also revealed that 68% of the subjects were Smoking cigarette, Beddi or Hukka and alcohol. Behavior is increasing the risk of liver, cardiac and renal problem in future. A study was conducted in 2006 revealed that higher risk for cancer, CVDs, liver disease, mental illnesses are more likely to smoking, alcoholism, use of drugs, and engaging in other high risk behaviors. In present study they also had family history of diabetes mellitus and heart disease which is further making them vulnerable to NCDs along with other risk factors.

Sexual desire is the physiological need of human being. some transgender community cannot have natural sexual relation, so they are engaged in oral sex, anal sex, bisexual relationship that make them more vulnerable to sexual transmitted disease / blood borne disease like STDs, HIV/AIDS, hepatitis B & C. The present study revealed that approximately half of the subjects had multiple sexual partners and 6.7% of them were HIV positive, much higher than the general population. A study was conducted in 2009 in Mumbai STI clinic. Results of study indicated very high HIV prevalence (68%) and syphilis prevalence (57%) among hijra/transgender. Again in 2015, the study conducted in Chennai reported that transgender had higher prevalence of HIV and STD than in general population. This may be because they do not observe safe sex practices. But finding of the present study were different than this

study as 93% of transgender were using condom during sexual relation.

Quality of life depends on overall health of the person like physical, mental and social well being and life style. Present study revealed that more than Sixty percent of the subjects had average quality of life in physical domain. Another 31% of the study subjects had average quality of life in psychological domain. More than one fourth of subjects had Poor quality of life in social domain. Because transgender community faced several problems like social stigma, no support from family members and homelessness and even victimization by police, two third of them had average quality of life in environment domain. As per Overall quality of life in all domains, two third subjects were average or poor.

Poor quality of life in social domain may be due to discrimination faced by transgender people and lack of family support, although they are supported by their peers. Interventions to reduce stigma faced by transgender people, and screening and addressing mental health conditions, especially depression, are urgently needed to improve the quality of life of transgender people. Nurses, doctors and other health professionals need to take effort in this direction by treating transgender people with respect and politeness so that no transgender is discriminated for medical and nursing care in the hospitals and community health settings.

Though some efforts have been taken on the part of Government for the welfare of transgender people and rules and regulation have been prepared. But for implementation of these regulations, the mindset of general population needs to be changed. This may take longer duration but it is a hope that things will change. Let us consider it, as a good start.

Reference

- [1] Census of India 2011. [Cited on Feb.9 2016] Available for <http://www.census2011.co.in/transgender.php>.
- [2] History of transgender (online) [cited on 2017 Jan 23] available from :<https://en.wikipedia.org/wiki/Transgender>
- [3] History of eunuch (online) 2005 [cited on 2016 December 15] Available from <https://en.wikipedia.org/wiki/eunuch>
- [4] Sexsena P. life of eunuch. 1st ed. Mumbai: Santa publishing; 2011. P. 22 -60
- [5] Park K. social and preventive medicine 23th ed. Jabalpur: Bhanarsi das Bhanot publication; 2015 345-51
- [6] Anitha C. Problems faced by Hijras (male to female transgender) in Mumbai with reference to their health and harassment by the police. International Journal of Social Science and Humanity. 2015; 15:50-65.
- [7] Weissman MM, Bothwell S. Assessment of social adjustment by patient self-report. Arch Gen Psychiatry 1976; 33(11):11-5.
- [8] The World Health Organization Quality of Life (WHOQOL)-BREF (online) 2004 [cited on 2016 March 10] Available from: <https://www.who.org/whoqolbref/files.pdf>.
- [9] National Center for Health Statistics. General Well-Being Scale (GWBS)(online) 2006 [cited on 2016 March 5] Available from: <https://www.gwbs.org/nchs/files.pdf>