



Social work interventions for reducing social stigma in transgenders

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Abstract

Transgenders in one form or the other have been an integral part of human society right from time immemorial. Transgenders though have been of different types, they have been regarded as synonymous with homosexuality. Today the different sections of transgenders have been brought under the single umbrella called LGBT though differences of opinions exist among these various sections. Transgenders may be born inter sexed or male, but portray themselves as feminine. They live mostly in kinship groups of other transgenders rather than with people related to them by genetics or marriage. Till a few decades ago, emasculation of male organ was almost compulsory for transgenders. Now they are free to decide whether to undergo surgery or not. Basically, they regard themselves as women. They also portray and project themselves as “the spirit of female trapped in a male body”. Like any other persons belonging to any other section of the society, they may or may not have lovers. However, homosexuality is the common denominator that runs through all the sections of the LGBT. Discrimination was found to be pervasive among transgenders (Grant et. al., 2011). Mac Kenzie states that societal discrimination of transgendered people is not new. As such discrimination against the transsexuals has resulted in adverse public health outcomes, including HIV/AIDS, facing the transgendered community. Transgendered people commonly use the terms male-to-female (MTF) and female-to-male (FTM) to describe their gender identity. MTFs are people who are assigned a male gender at birth, but identify as female. FTMs are people who are assigned a female gender at birth, but identify as male. Available research, though limited, seems to indicate that there is a high HIV prevalence rate among transgendered people and that transgendered people are at high risk for HIV infection according to the findings of the past studies. There is a growing recognition all over the world including India about the crucial role of family, educational institutions, media organizations, health institutions, philanthropic societies, cultural organizations, research and development organizations in the rehabilitation and development of transgenders. The major problems related to the vulnerability of transgenders in health areas include the lack of safe environments, poor access to physical health services, inadequate resources to address their mental health concerns, and a lack of continuity of caregiving by their families and communities (Grossman, and D’augelli, 2006). Transgender lives in severe deprivation characterized by illiteracy, malnutrition, lack of shelter, vulnerability to diseases, lack of educational and employment opportunities to enhance upward mobility and restriction on access to resources that would allow them to work their way out of poverty. The issues faced by transgender are diverse and encompass various issues related to Human Rights and transgender rights, HIV/ AIDS, health, sex, gender, sexuality, and gender identity (Hammarberg 2009). The author after gaining good experience in understanding the issues and challenges faced by transgenders felt that they need to be mainstreamed in various concerns.

Keywords: transgender, stigma, discrimination, health, interventions, social work

Introduction

Transgenders in one form or the other have been an integral part of human society right from time immemorial. Transgenders though have been of different types; they have been regarded as synonymous with homosexuality. Today the different sections of transgenders have been brought under the single umbrella called LGBT though differences of opinions exist among these various sections. Transgenders may be born inter sexed or male, but portray themselves as feminine. They live mostly in kinship groups of other transgenders rather than with people related to them by genetics or marriage. Till a few decades ago, emasculation of male organ was almost compulsory for transgenders. Now they are free to decide whether to undergo surgery or not. Basically, they regard themselves as women. They also portray and project themselves as “the spirit of female trapped in a male body”. Like any other persons belonging to any other section of the society, they may or may not have lovers. However, homosexuality is the common denominator that runs through

all the sections of the LGBT. Discrimination was found to be pervasive among transgenders (Grant et. al., 2011). Mac Kenzie states that societal discrimination of transgendered people is not new. As such discrimination against the transsexuals has resulted in adverse public health outcomes, including HIV/AIDS, facing the transgendered community. Transgendered people commonly use the terms male-to-female (MTF) and female-to-male (FTM) to describe their gender identity. MTFs are people who are assigned a male gender at birth, but identify as female. FTMs are people who are assigned a female gender at birth, but identify as male. Available research, though limited, seems to indicate that there is a high HIV prevalence rate among transgendered people and that transgendered people are at high risk for HIV infection according to the findings of the past studies. There is a growing recognition all over the world including India about the crucial role of family, educational institutions, media organizations, health institutions, philanthropic societies, cultural organizations, research and development organizations in the

rehabilitation and development of transgenders. The major problems related to the vulnerability of transgenders in health areas include the lack of safe environments, poor access to physical health services, inadequate resources to address their mental health concerns, and a lack of continuity of caregiving by their families and communities (Grossman, and D'augelli, 2006). Transgender lives in severe deprivation characterized by illiteracy, malnutrition, lack of shelter, vulnerability to diseases, lack of educational and employment opportunities to enhance upward mobility and restriction on access to resources that would allow them to work their way out of poverty. The issues faced by transgender are diverse and encompass various issues related to Human Rights and transgender rights, HIV/AIDS, health, sex, gender, sexuality, and gender identity (Hammarberg 2009). The author after gaining good experience in understanding the issues and challenges faced by transgenders felt that they need to be mainstreamed in various concerns.

A synthesis of the available literature suggests that the studies on social discrimination and health status of the Transgenders are not quite encouraging in the social work study area. Hence author examines the social discrimination of the Transgenders. Attention was also given to identify the health related problems faced by the transgenders.

Stigma and discrimination can take many forms, including discrimination and harassment in work places, industries and other settings; bullying and family rejection of LGBT youth; overrepresentation in the criminal justice system; and violence (Mallory, 2017). Transgender people are confronted with several forms of discrimination and difficulties in all aspects of life, such as discrimination in access to work, housing and health care; vulnerability to hate crimes, bullying, physical and sexual violence. The level of discrimination and hostility experienced by transgender people is severe, both because they frequently face social rejection and because they are generally visible (Schembri, 2015). There is stigma attached with transgender identity in small towns and villages because of which they are discriminated. Violation of transgender rights, violence and crime against transgenders mainly by police and hoodlums/ extortionists, and stigma and discrimination attached with transgender identity within the mainstream society are some issues that exist in each corner. Intensity of violations of transgender rights and violence against transgenders is very strong. There is already stigma attached with the aravani/transgender identity and stigma and discrimination faced by transgender is more intense. Use of public transport, public toilet etc. is also an issue for many transgenders. In the train, women do not allow aravanis to travel in the ladies compartment while men too didn't like them in gents compartment. However over a period of time women have got accustomed seeing aravanis travelling in ladies compartment and have slowly started accepting their presence in the compartment. There is a change in women's attitude. Also when aravanis were put in the jail they were put in men's cell (prison). This many times led to sexual assault. At present aravani cases are dealt in All Women's Police Station. Housing was also an issue. Aravanis were not given houses on rent. The reason was that general public does not want aravanis to live in

their locality. Attitude of general public also plays a vital role in creating stereotypes for transgenders. Moreover there was stigma attached with their gender transition and as a result they were discriminated. They avoided public places and used forest path to stay away from ridicule and harassment. Family is the first place of violation of rights, violence, and discrimination. In the absence of family's support, many aravanis migrated to Western-and-North Indian states (and few in the east Indian states also) for gender transition, and joined the hijra community. The hijra community became a safe haven for gender transition, security, and alternative sources of livelihood such as begging, badhai (dancing) and sex work. When an individual (man) comes out as a transgender his (her) status is not readily accepted by the society. Parents and family members disown their child because of stigma attached with transgender identity. Family is the first place of violation of rights, violence, and discrimination. In the absence of family's support, many aravanis migrated to Western-and-North Indian states for gender transition. A person desiring to undergo gender transition and after leaving her parents house, finds security within the hijra / aravani community, and in the absence of education and employment ends up into sex work and begging. Denial and lack of family support lead to transgender oppression within the larger mainstream society. Gender transition is observed both in rural and urban areas and also across various classes. However the situation of transgender differs with respect to cities, towns and villages.

Discrimination and victimization frequently set into motion a chain of events that can result in a host of challenges for transgender which includes homelessness, isolation, limited educational opportunities, unemployment, a need to engage in sex work and other illicit means for survival and substance abuse (Grossman and Augelli, 2006). In 2018, the Supreme Court of India decriminalized homosexuality by declaring Section 377 of the Indian Penal Code unconstitutional in respect of consensual homosexual sex between adults. Homosexuality was never illegal or a criminal offence in ancient Indian and traditional codes but it was criminalized when the British is ruling the country. Over the past decade, LGBT people in India have increasingly gained the level of tolerance and acceptance more specifically those living in large cities. Nevertheless, most LGBT people in India remain closeted, fearing discrimination from their families, who might see homosexuality as shameful. Article 15 of the Constitution of India states that: Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth

- a) The state shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them
- b) No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to
 - Access to shops, public restaurants, hotels and palaces of public entertainment; or
 - The use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of State funds or dedicated to the use of the general public.

Transgender people tend to suffer from a poor state of health. Health issues and Challenges are the major areas of concern in the lives of Transgenders. The transgender community experiences disproportionate and very complex issues in health. Their fear of discrimination and stigmatisation adversely affects their psychological and physical well-being. This is further accentuated by avoidance of health services, based on anticipation of negative / discriminatory attitudes by healthcare providers. The common conception of Transgender health is that it refers only to medical procedures involved in Transition. However, Trans health is a much broader field. The World Health Organization defines health as a “state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity”. The full picture of trans health thus involves broad recognition of all the services, protections, and resources that trans people need to live healthy lives in safe communities. This includes a range of primary and other health care services, as well as a focus on socio-economic determinants of health such as identity document policies poverty, employment, housing and public acceptance of trans people. Trans people worldwide experience substantial health disparities and barriers to appropriate health care services that keep them from achieving the highest possible health issues. Among other health disparities, trans people are significantly more likely than the general population to be targeted for violence and harassment, to contract HIV, and to be at risk for mental health concern such as depression and attempted suicide. Stigma may be a fundamental reason for adverse health of the transgender populations because it works on to induce stress (a key driver of morbidity and mortality) and indirectly by restricting access to health protective resources (e.g. knowledge, money, power) (Hatzenbuehler *et al.*, 2013). The health issues faced by transgender people are documented with high rates of psychological distress, HIV, sexually transmitted infections, disabilities, and risky health behaviors (Dragon, 2017). Globally it was around 19% of transgender women are living with HIV was the estimate given by UNAIDS. They are also 49 times more likely to acquire HIV than all adults (UNAIDS, 2015). Transgender women experience depression, suicidal intention, and suicide attempts at rates much higher than in the general population (Nolleet. al., 2008). Transgender suffer from mental health problems like depression and suicidal tendencies. So the society and the doctor must understand what drives them towards these (Beam, 2007) ^[9]. The issues faced by transgender people escalate over the health sector as well since many practitioners do not have sufficient knowledge about health issues of sexual minorities, which makes them face barriers while approaching public healthcare. “HIV is not the only health issue that transgender people face,” says Aaron, adding that they face mental and psychological health issues including stress, depression, mood and anxiety disorders and suicidal ideation. Studies from the Islamic Republic of Iran and Nepal highlight the prevalence of psychological issues in transgender people. Most of the health data found on transgender people were on HIV infection, mental health, sexual and reproductive health, substance use disorders, violence and victimization, and stigma and discrimination are

those that lead to major mental health and psychological issues among transgenders (WHO, 2016).

Major health problems of transgenders

HIV Transgender persons living in the world comprise that they are 49 times more likely to be HIV infected when compared to the overall adult population in the world (Baral *et al.* 2013). Although transgender persons have always been victims of stigma and violence in India due to their transgressive gender identity (Reddy 2005), they were traditionally believed to have the power to confer fertility, giving them socioreligious legitimacy. Until recently, HIV prevention programmes in India included transgender persons under the broader category of „men sex with men and transgender persons“. The Government of India’s National AIDS Control Programme IV (2012-17) recognizes transgender persons as a separate group for programme focus (NACO 2014b) and since 2009, Avahan, the India AIDS initiative, has rolled out a community mobilization programme to reduce vulnerability among marginalized groups - female sex workers, men who have sex with men and transgender persons - in high HIV prevalence states. In India the HIV services are successfully targeted at transgender people and it reaches an estimate amount of 83% of the transgender population. They also made marked steps in officially recognizing transgender people, also called Hijras, as a third gender. This suggests that local authorities got to make sure that they need health and social programmes that meet the requirements of Hijras and has given them the right to vote. Mental health the hijra are more predisposed to psychological health issues stating that they receive money for sex, have an earlier sexual debut, and have an increased prevalence of HIV when compared with men sex with men. The transgender people suffered from psychiatric disorders, ranging from alcohol abuse and dependence to depressive spectrum disorders. The hijra women commonly encounter a many different types of discriminatory attitudes and practices as well as institutional difficulties in meeting their basic needs or in having their third gender identity respected. This discriminatory attitude toward the hijra is extremely invasive and destructive for their mental and psychological health thus it leads to the creation of loneliness in a stronger way. Suicidality and non-suicidal self-harm A lifetime presence of Non-Suicidal Self-Injury (NSSI) was identified in 46.3% of patients and 28.73% reported currently engaging in NSSI (SujitaSethi, 2018). Analyses results revealed that those with a lifetime presence of Non-Suicidal Self-Injury had significantly greater general psychopathology, lower self-esteem, had suffered more transphobia, and experienced greater interpersonal problems than those without Non-Suicidal Self-Injury. Tobacco use Cigarette smoking among LGBT individuals in the India is higher than among heterosexual/straight individuals. Larger number of LGBT persons including around 30,000 LGBT die every year because of tobacco related diseases. It was also reported that Gay men have high rates of HIV infection which, when coupled with tobacco use, increases

their risk for anal and other cancers. LGBT individuals often have risk factors for smoking that include daily stress associated with prejudice and stigma that they may face. Bartenders and servers in LGBT nightclubs are exposed to high levels of secondhand smoke. Among women, second hand smoke exposure is more common among non-smoking lesbian women than among non-smoking straight women.

Violence and victimization Five distinct profiles of Indian TGW were identified based on the type and severity of victimization:

- Low victimization,
- High verbal police victimization,
- High verbal and physical police victimization,
- Moderate victimization, and
- High victimization.

WHO and partners have developed a variety of tailored guidance for health practitioners and policy makers to increase the protection for health and rights of transgender people, including policy briefs, programme implementation tools, health advice and guidelines. While transgender health is recognized as beyond sexual health efforts to stop the HIV epidemic which are driven by an explicitly rights based approach and large community mobilization highlight the needs of transgender people (Rebekah Thomas et. al., 2017). Indian census has never recognized third gender i.e. Transgender while collecting census data for years. But in 2011, data of transgenders were collected with details related to their employment literacy and caste in India. Total population of transgender was around 4.88 Lakh as per 2011 census. The data of transgender has been clubbed inside "Males" in the primary data released by census department. Tamilnadu had 22,364 as per census in 2011. (4% of the total transgender population) The transgenders, throughout their life, experience and at times suffer from a sense of duality. They outwardly have the appearance of a man, but feel as a woman within and vice-versa. They long for love but suffer from the lack of it. Though there are laws for the upliftment and development of transgenders they still face several issues in reality. Their troubles are numerous and they have to face issues from within and as well as from the society. Hence in this study an attempt was made to study the social discrimination and health status of the transgender communities in Tamil Nadu.

Social work interventions

Social work education and practice is essential for the transgenders to cope effectively with the stigma and discrimination they face in their daily walks of life. The social workers should use the multicultural perspectives of social work in providing support to the transgenders. The workers have to adopt and implement the social work methods in a strength-based perspective to support and improve the life of transgenders. The social workers by using this perspective could identify their strengths such as resilience, passion, self-esteem and determination. By identifying and utilizing their values the social workers can align the values and insist the transgenders to enhance their capacities. It is imperative that

the social workers must be aware about the challenges faced by the transgenders to serve them in a better manner. Social workers work at individuals and group by adopting social work methods and practices. The trans people are supported through individual counselling, case management, catharsis, group activities and community welfare. It is essential for the social workers to adhere the professional values of maintaining and insisting dignity and worth of individual irrespective of gender and uphold the position of the transgenders in the society (Fanganiello, et. al., 2017). The need for support and positive interactions in their own community is essential to create an equitable place for transgenders. Thus community programmes to offer options to support and accept the transgenders are to be conducted by social workers through awareness campaigns, rally, community development programmes and dramas. These can be practiced by establishing and joining with community centres at a large. Social workers should actively involve and find solutions to establish family support for transgenders. Though this could be a difficult and challenging task it needs to be addressed by the workers through rapport. Thus a revival of family relationship will improve their acceptability in the society. The support from family 189 irrespective of their gender will definitely have a significant positive impact on the adaptive functioning of transgenders.

Transgender persons face more difficulties in performing their day to day activities. One of the major reasons behind their problems is the negative attitude and opinion of people towards transgenders. This is mainly projected by the people through their stigma and discrimination. The study thus has attempted to study the Social Discrimination and Health Status of Transgender Community in Tamil Nadu. The present study explored the discrimination faced by the transgenders from their family till the society. The study also stressed on the habits of the transgenders and the health issues faced by the transgenders and their health status. The results reveal that though the transgenders are physically very strong they feel inferior when coming to their mental level especially when they face discriminations from their family and friends. The society plays a major role for the present position of the transgenders. The concern for the society towards transgenders was not expected to show sympathy instead it is insisted to feel empathy on the physical, mental and emotional aspect of the transgenders. In earlier days the people are little hesitant in talking and conversing with the transgenders whereas, it could be found in recent times the scenario gets changed and they are opening up to have a fruitful relationship with the transgenders. A holistic thinking and being helps to accept transgenders beyond gender variance. The society can call it as developed only when it understand and implement gender equality and gender sensitivity especially towards understanding the development of transgenders as like that other gender. Thus the inclusion of third gender along with the two other genders with fullness helps people to live in a society without any discrimination. The government and the society have to support the transgenders not only in the monetary aspect but also through love, care and affection. That would create each and every transgender person as a healthy & potential

individual in the country. The society should show empathy and treat the transgender equally with understanding like other human being.

References

1. Abramovich A, De Oliveira C, Kiran T, Iwajomo T, Ross LE, Kurdyak P. Assessment of Health Conditions and Health Service Use Among Transgender Patients in Canada. *JAMA Netw Open*. 2020;3(8):e2015036. doi:10.1001/jamanetworkopen.2020.15036
2. Agoramoorthy G, Hsu MJ. Living on the societal edge: India's transgender realities. *Journal of Religion and Health*. 2015;54(4):1451-1459.
3. American Philosophical Association. APA Newsletters. The Association, 2002, 101(2).
4. American Psychological Association. *The Diagnostic and Statistical Manual of Mental Disorders: DSM 5*. Washington, DC: American Psychiatric Publishing, 2012.
5. American Psychological Association. Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*. 2015;70(9):832-864.
6. Balakrishnan VS. Growing recognition of transgender health, 2016, 790-791.
7. Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet infectious diseases*. 2013;13(3):214-222.
8. Bazargan M, Galvan F. Perceived discrimination and depression among low-income Latina male-to-female transgender women. *BMC Public Health*, 2012, 12(1). <https://doi.org/10.1186/1471-2458-12-663>
9. Beam C. *Transparent: Love, family, and living the t with transgender teenagers*, Orlando, FL: Harcourt, 2007.
10. Beasley C. *Gender and sexuality: Critical theories, critical thinkers*. Sage, 2005.
11. Bettcher T. *Feminist perspectives on trans issues*, 2009.
12. Bhan G. *Seeking Chaos: The Birth and Intentions of Queer Politics*. Sarai Reader. 2006;6:401-406.
13. Bhatta DN. International Journal of Infectious Diseases HIV-related sexual risk behaviors among male-to-female transgender people in Nepal. *International Journal of Infectious Diseases*. 2014;22:11-15. <https://doi.org/10.1016/j.ijid.2014.01.002>
14. Bhugra D, Gupta S, Kalra G, Turner S. Migration and LGBT groups. In *Migration and mental health*, 1st ed., 220-230. New York: Cambridge University Press, 2011.
15. Bialer PA, Mcintosh CA. Discrimination, stigma, and hate: The impact on the mental health and well-being of LGBT people, 2016, 9705. <https://doi.org/10.1080/19359705.2016.1211887>
16. Bouman WP. Transgender and gender diverse people " s involvement in transgender health research. *International Journal of Transgenderism*. 2018;19(4):357-358. <https://doi.org/10.1080/15532739.2018.1543066>
17. Bouman WP, Bauer GR, Richards C, Coleman E, Pierre W, Bauer GR, *et al*. World Professional Association for

Transgender Health Consensus Statement on Considerations of the Role of Distress (Criterion D) in the DSM Diagnosis of Gender Identity Disorder, 2010.

18. World Professional Association 193 for Transgender Health Consensus Statement, 2739 (Criterion D). <https://doi.org/10.1080/15532739.2010.513927>.