



RESEARCH ARTICLE

SOCIAL SUPPORT SYSTEM AND MENTAL HEALTH OF TRANSGENDER WOMEN IN CHENNAI CITY

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ABSTRACT

Having left their home in a very early age the different Social support systems play a vital role. Objective of the study was to explore the socio economic features of the respondents, to analyse the social support which is received by the Transgender women and their mental health status.

Methodology: Cross sectional study was done with 299 transgender women. Consecutive sampling technique was adopted.

Tool: Semi structured Interview schedule was used. Multidimensional scale of perceived Social support and GH 12 was used.

Hypothesis: there is no association between social support received by transgender women and their mental health status.

Findings: Only 12% of the respondents had completed their higher secondary schooling, only 21% of the respondents were married, 44% of them lived with their community friends while only 12% lived with parents. While 38% had taken by begging, 28% had taken by sex work. Only 29% of the respondents expressed that they enjoyed high social support and 39% of them exhibited evidence of severe psychological problems and distress.

Suggestions: Families need to sensitised about the issues of transgender women and they should be counselled to face the stigma which they face in the society. This would reduce physical and psychological abuse faced by the respondents and prevent them from leaving their homes. CBOs need to concentrate more on the mental health and CBO like scarf and Banyan can be involved.

Conclusion: Social support is directly related to distress variables, as well as indirectly related through avoidant coping. Thus it is essential to plan interventions that reduce avoidant coping strategies, while simultaneously increasing social support, in order to improve mental health for transgender individuals..

Key words: Transgender women , social support, mental health

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INTRODUCTION

Transgender Women are individuals who are identified as males at their time of birth but who identifies they selves as females. Stigma stems from intolerance of lives that transgress binary gender norms, expression and threaten the gender power relations of patriarchy (Dassi, 2013). Transgender women in India face a variety of issues. So far the communities perceive that they have been excluded from effectively participating in social, cultural life, economy, politics and decision-making processes. A primary reason of the exclusion is perceived to lack of (or ambiguity in) recognition of the gender status. It is a key barrier that often prevents them in exercising their civil rights in their desired gender. Reports of harassment, violence, denial of service and unfair treatment against transgender women in the areas of employment, housing and public accommodation have been discussed in local media from time to time. In majority of the states of India, the discrimination and societal pressure either

forces them to leave their biological family or they are evicted from the family forcefully which leaves them to feed for themselves during the initial years of their life. As far as acceptance within the family is concerned, the level of involvement in the family, acceptance is low. Due to stigma associated with transgenderism, many transgender women (biological males who identify as female or transgender) experience rejection or abuse at the hands of their parents and primary caregivers as children and adolescents (Reportable, 2011). As the transgender children leave home as they face verbal, physical abuse, psychological abuse, stigma from family and society. Low level of education leads to unemployment or underemployment. Leaving of hope makes them very vulnerable to sexual abuse and gender based violence and HIV exposure. Their community friends, special friends and sometimes their parents form their social support system.

Gharana System

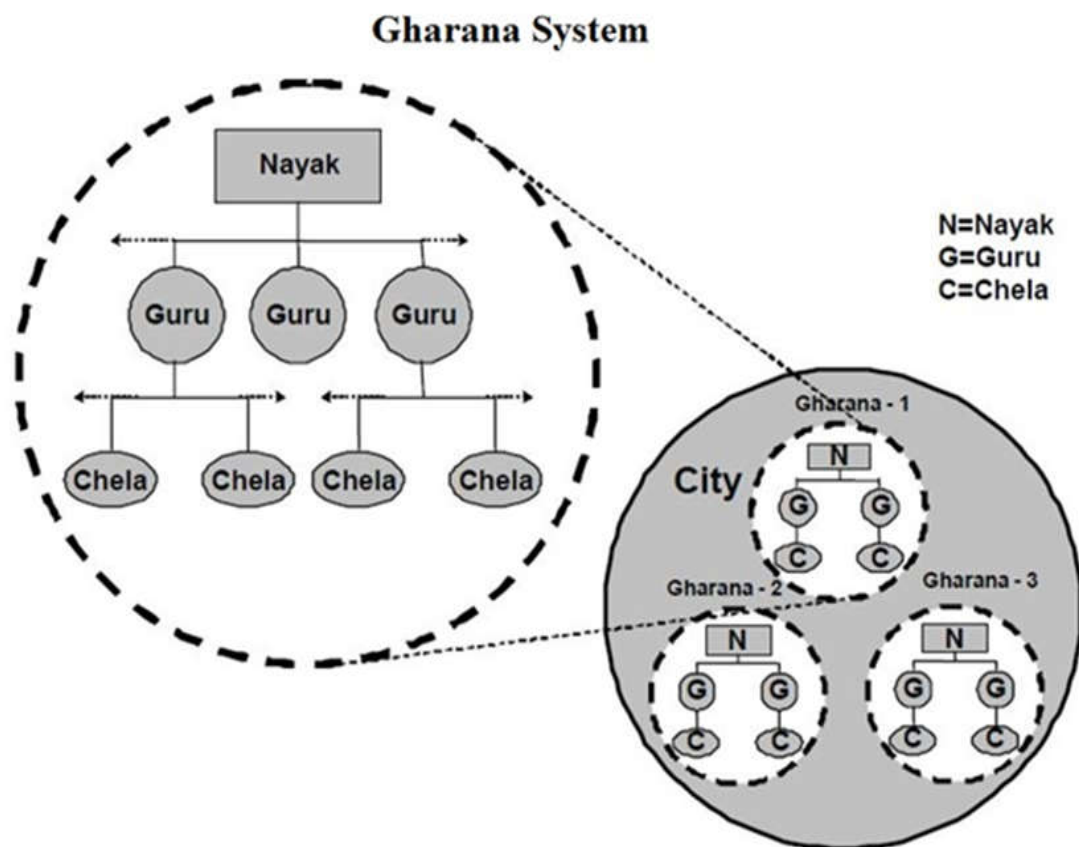
The transgender community is unique and distinctive in its own senses which is characterized by the social bonding and attachment which exist within the community.

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While living away from their biological family, transgender who live with them play a very important role for the others within the group. They play the role of family for each other and are nucleus to support and strength. The primary support system that exists for transgender women is the transgender community itself. The community provides every support and takes care of all their needs. In India, transgender community is organised into 'Gharanas' (means 'house' or 'clans'). In Mumbai, each of these Gharanas has a key person called Nayak, a senior transgender woman.

Disclosure and coming out, adjusting, adapting or not adapting to social pressure to conform fear of relationships or loss of relationships and self - imposed limitations had impact on their expression and aspirations (Akanksha and Tilottama, 2013). Transgender women experience depression, suicidal intention, and suicide attempts at rates much higher than in the general population: estimates of the lifetime prevalence of depression in transgender women have been reported as high as 62% (Nolle *et al.*, 2008), while the lifetime depression rate for the general United States population is 16.6%.



Under each Nayak, there are many Gurus (master or teacher) as under each Guru there are many Chelas (disciples). A person can be Chela of a particular Guru as well as Guru for some other person. In Tamil Nadu, Gharana is called as Jammatt system. The support provided by the community can be categorized as financial, emotional and psychological and physiological. The community also provides support to each of its members by helping them in police cases and legal matters, as the community finds itself facing the two problems on regular bases (Chakrapani, 2014).

Mental Health

Mental health needs of transgender communities are barely addressed. Some of the mental health issues reported in communities' forums include depression and suicidal tendencies, possible secondary to societal stigma, lack of social support, HIV status and violence - related stress. Most transgender women, especially during their youth, face great challenges in coming to term with their gender identity and or gender expressions which are opposite to that of the gender identity expression, gender identity and gender role imposed on them on the basis of their biological sex. They face issues such as shame, fear and internalized transphobia.

Physical and verbal abuse may have different impacts on victims than sexual abuse. It was found that physical violence was associated with suicidal ideation and attempts, while sexual violence was associated with increased substance use (Rylan *et al.*, 2012). Sexual violence was found to have an association between sexual partner violence and depression. This indicates the relationship between the Transgender woman and the perpetrator of the violence may be an important factor for depression. It was found that despite high rates of physical and sexual violence (half of the participants reported victimization), only verbal violence predicted depression in a multiple regression model (Bazargan *et al.*, 2012).

MATERIALS AND METHODS

Cross sectional study was done with 299 transgender women. Consecutive sampling technique was adopted.

Universe of the Study

As of December 2014 there were 784 Aravanis enrolled in the CBO - Thozhi, 275 in Transgender Rights Association (TRA) and 282 in THamilnadu Aravanigal Association (THAA).

Thus the universe of the study was found to be 1341 Aravanis. According to Krejcie and Morgan, the sample size for the universe of 1300 was 297 and for universe of 1400, the same size was 302. Thus it was apt for the researcher to finalise the sample size as 299. It was planned to allocate the sample size of 299 in proportion to the total number of Aravanis enrolled in these three Community Based Organizations, hence 175 Transgender women were taken as respondents from Thozhi (out of 784), 63 respondents from THamilnadu Aravanigal Association (out of 282) and 61 respondents from Transgender Rights Association (out of 275).

Tool

Semi structured Interview schedule was used. Multi-dimensional Scale of Perceived Social Support (MSPSS) and GHQ - Hypothesis: There is no association between social support received by transgender women and their mental health status. This was tested using Chi Square.

Two percent of the respondents were not employed and thus do not earn. Nearly half (49%) of the respondents enjoyed moderate social support, while more than one fourth (29%) of the respondents enjoyed high social support. 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. Hypothesis- Association between social support and mental health was tested using Chi square and it was found that the p value was 0.000. As the P value was statistically significant it can be concluded that the null hypothesis can be rejected and alternative hypothesis can be accepted. Thus there is association between social support and mental health.

DISCUSSION

The finding of this study reported that decrease in the perceived support, increases the quality of life of the respondents.

Educational level	Illiterate	Primary	Middle school	High school	Higher secondary	Degree/diploma
	11	15	24	30	12	8
Marital Status	Unmarried	Married		Separated		
	77%	21%		2%		
Income	Below Rs 5,000	Rs 5001- Rs 1000		Rs 10001- 15,000	Rs 15, 001- Rs 20,000	Above Rs 20,000
	36%	30%		23%	6%	5%
Source of Income	Begging	Sex work		Models	CBOs	Others
	38%	28%		7%	11%	
Living Arrangement	Living alone	Parents		Community friends	Male partners	Others
	25%	12%		44%	18%	1%
Self- Identity	Aqua			Nirvana		
	42%			58%		
Social support	Low		Moderate		High	
	22%		29%		49%	
Mental Health	Evidence of mild distress		Evidence of moderate distress		Evidence of severe problems and psychological distress	
	35%		26%		39%	

Association between Social Support and Mental Health

Social Support	Mental Health			P-value
	Severe n (%)	Non Severe n (%)		
Low	41(62%)	25 (38%)	66(100%)	0.000
High	77 (33%)	156(67%)	233(100%)	
	118 (39%)	181 (61%)	299 (100%)	

Finding

The mean age of the respondents was 27.4 yrs. with the range being 18 yrs. to 54 yrs. Half of the respondents were found between the age group of 23 yrs. and 33 yrs. Less than one third (31%) of respondents were found in the age group of below 23 yrs. Most of the respondents (89%) had exposure to formal education, while eight percent of them were illiterates and three percent of the respondents, though did not get exposure to education in a formal setting, was able to read and write. Seventy seven percent of the respondents were not married to males or females, while more than one fifth (21%) of them were married to males. Forty four percent of the respondents were living with their community friends / guru or chelas, while one fourth (25%) of the respondents were living alone. More than one tenth (12%) of the respondents were living with their parents. More than one third of the respondents (38%) had taken up begging as their major occupation, followed by sex work which was taken up by more than one fourth (28%) of the respondents. Thirty six percent of the respondents earned below Rs.5,000, while more than one fourth (30%) of the respondents earned between Rs.5,001 - Rs.10,000. Four percent of them earned above Rs.20, 000.

Hong, 2011, who reported that respondents who enjoyed good quality of life had good social support system, supported the findings of the current study. The significance level was 0.002. 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

Families need to sensitised about the issues of transgender women and they should be counselled to face the stigma which they face in the society. This would reduce physical and psychological abuse faced by the respondents and prevent

them from leaving their homes. CBOs need to concentrate more on the mental health and CBO like scarf and Banyan can be involved. Jamat needs to be strengthened. This would strengthen the social support and could minimise mental health problems.

Conclusion

Social support is directly related to distress variables, as well as indirectly related through avoidant coping. Thus it is essential to plan interventions that reduce avoidant coping strategies, while simultaneously increasing social support, in order to improve mental health for transgender individuals.

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