Genders, Transgenders and Sexualities: An Insight for Third Gender in Uttarakhand

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Abstract

Transgender people have a gender identity or gender expression that differs from the sex that they were assigned at birth. This study aimed to assess the current health aspects and condition of transgender persons based on their gender identity residing in various parts of Uttarakhand. A descriptive research approach with concurrent triangulation was applied on 139 transgender persons in Uttarakhand region. Snow ball sampling was performed to collect data from transgender people. A survey questionnaire and interview guide ware used for data collection. Out of 139 participants, 120 were born as male and 19 were born as female at birth. Majority of sample were depending upon Badhai and dance performance for their livelihood. Most of the sample belonged to urban area and around 15 percent participants were sex workers; majority of them passed intermediate. The present article concludes that there is an emergent need to consider all aspects of health regard to transgender population of Uttarakhand.

Key words: Female sex work, Transgender persons, transphobia, MSM

Studies progressively show that transgender people, namely those who experience incongruity between their sex assigned at birth and current gender identity, are at particular risk of mental health concerns, psychological distress, and other indicators of poor life satisfaction (Dorman-Ilan et al, 2020). Transgender people who desire medical assistance to transition from one sex to another are identified as transsexual (Mondal et al, 2020). There are many possible chances that this neglected special group of population may have heavy stress and indulge in alcoholism, gutkha, pan chewing, and other pernicious habits. These factors may cause many oral health-related problems which can make their lives worse. The present review addresses the issues transgenders are facing in a developing nation like India. According to Transgender Bill 2019, 'Transgender' is an umbrella term used to describe people whose gender identity or gender expression differs from their assigned sex (sex determined at the time of infant's birth (Bhattacharya, 2019). Similar to other lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) populations, the trans community is at an increased risk of mental ill health related to transphobia, discrimination and violence. Transphobia and discrimination are major barriers to health-care access, and can result in increased risk of health concerns unrelated to gender or sexuality. Evidence also suggests that young transgender people are at an increased risk of HIV and sexually transmitted infections compared to their peers (Wandrekar & Nigudkar, 2020). This research explores the health needs of transgender as the general population may have other specialist healthcare needs.

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Objectives

The study was undertaken to assess the current health aspects and condition of transgender persons based on their gender identity residing in various part of Uttarakhand.

Material and Methods

Type of study design, setting, inclusion-exclusion criteria, sample selection, sample size calculation, ethical permissions, the data collection tools: It was a descriptive study which used survey approach. It was carried out on transgender people who were born with either a male or female biological identity, identified as female or male when they were living in the Dehradun, Haridwar or Roorkee area. A survey questionnaire was developed with baseline information and various health aspects of transgender community. Interview technique was used to collect data on one-to-one basis. Due to the fact that

$$Z_p = [d\sqrt{(\frac{n}{2PQ})}\ ] \times 100$$

$$= [5\sqrt{(\frac{139}{2(50\times50)})}\ ] \times 100$$

$$= [5\sqrt{(\frac{139}{5000})}\ ] \times 100$$

Power of the study was = 83.36%

the tool contains factual information, it does not apply any scoring. The data was gathered and presented as a frequency and percentage breakdown. Snow ball sampling was used to take samples in the study for quantitative strands. Three areas of Uttarakhand were chosen purposefully to collect data (Dehradun, Rurkee & Haridwar) as researcher was able to get permission from those areas only. A power analysis was done to estimate the smallest sample size needed for present research to give a required significance level, statistical power, and effect size. It helps to determine if a result from an experiment or survey is due to chance, or if it is genuine and significant.

Although researcher was able to get 301 samples but only 139 gave written consent; so only they were included in the study. Subjects who were residing in Uttarakhand at least since 5 years and think themselves as transgender were only included.

Table 1: Comparison of average scores of responses to the questionnaires on available health services according to their bio-sex (N=139)

Parameter		Average score	p value
Bio-sex	Male	60.11 ± 10.28	0.871
	Female	59.74±8.99	

Table 2: Comparison of average scores of responses to the questionnaires on available health services according to what they think about themselves (N=139)

Parameters		Average score	p value
Think yourself as	Asexual	64.5 ± 6.67	0.758
	Bi-sexual	59.32±11.667	
	Gay	61.12±9.56	
	Lesbian	61.12±9.56	
	Straight	57.69±10.64	
	Not known	58.14±9.4	
	Kinner	59±13.89	

Table 3: Comparison of average scores of responses to the questionnaires on available health services according to their employment (N=139)

Parameter		Average score	p value
Employment	Badhai dance	59.38±9.96	0.367
	Begging	61.8±15.205	
	Sex worker	63.45±8.54	
	Unemployed	57.54±8.19	
	Other	60.15±11.03	

Table 4: Comparison of average scores of responses to the questionnaires on available health services according to their education (N=139)

Parameter		Average score	p value
Education	Uneducated	26.20±10.64	0.292
	< High school education	55±8.79	
	High school	60.31±10.01	
	Intermediate	62.41±10.38	
	Graduation	58.87±10.52	
	Post-graduation	61.22±6.52	

Results

In this study out of all participants, 120 (86.3%) trans-women means they were born as male biologically but transformed to female sex later on. Out of all, 15.8 percent were sex workers, and 28.8 percent were badhai dancers. Majority (68.35%) population belonged to urban area. According to data 32.37 percent were in some kind of a relationship which directly exposed them toward the risk of HIV/AIDS.

Table 1 & 2 demonstrate that their self-perceptions insignificantly impact the average scores of responses to the questionnaire on available health services (p=0.758).

Table 3 demonstrates that employment status (like badhai dance, begging, sex work and unemployment) insignificantly impact the average scores of responses to the questionnaire on available health services (p=0.367).

Table 4 demonstrates that the education status of participants insignificantly impacts the average scores of responses to the questionnaire on available health services (p=0.292).

Discussion

It is estimated that 4.88 million people in India's adult population, which accounts for 0.04 percent of the country's overall population, are identified as transgender. Moreover, 55,000 children in India

have been identified as transgender by their parents (Census, Government of India, 2011). A significant number of transgender people, particularly those living in urban areas, refer to themselves as transman, transwoman, or transgender. Some transgender individuals choose to transition socially as transgender by making certain changes to their lifestyle (such as changing their name, attire, and gender expression), while only a small number of transgender individuals choose to transition medically as transsexual (through the use of cross-sex hormones and gender affirmation surgery (Counselman-Carpenter & Redcay, 2022). According to the findings of present study, the predicament of the transgender population may be more dire in areas of the country where hospitals and health centres are the only healthcare facilities that are readily available (Bockting et al, 2022).

A different study (Blondeel et al, 2018) focussed on the medical needs of transgender persons in Mississippi. This study found that 43 percent of transgender people in Mississippi were identified as men, while 47 percent identified as trans-women. These results are similar to present results which show more trans female than trans male. Most transgender individuals in India do not have access to higher education due to social shame and discrimination, which usually lead in inadequate health literacy. While developing transgender-sensitive health promotion and medical care services, it is necessary to employ both a person-centred approach and a rights-based point of view in the planning and execution of these aspects of care.

Chakrapani et al (2017) discovered that 84 percent of their 300 transgender participants experienced physical or sexual violence. In the present project also most of the subjects reported sexual violence and discrimination by health workers. One of the researchers observed that last year the prevalence of sexual violence was 18 percent among MSM and transgender individuals from four areas in southern India. In a scheme the majority of people who took part in the study in Hyderabad, it was indicated that they did not seek help for their anxiety, either because they were unaware of where they could find assistance or because they did not believe that their anxiety was severe enough to warrant seeking assistance (Shaw et al, 2012). In this study also, the participants reported lack of doctors for gender-based health needs. Disha, in an article published in *The Indian Express*, Mar 14, 2023 explained that in a country where belonging to the 'other' gender category is still taboo, transgenders battle for their self-respect on a daily basis. Aditi Sharma, a 33-year-old transgender who hails from a village in the Uttarkashi, recalls how they would be dragged to the toilet, taunted or sexually assaulted in school. "Aisa lagta tha ya toh school chhodo ya apni jaan de do (I felt like I should either leave school or take my life)," said Shashank, who recognised their identity in the eighth standard. The Computer Applications graduate adds, life was no different during college but they managed to finish the course only for their parents. Fortunately, their family is supportive till date.

Recommendations

Based on this study, the following recommendations are made:

- A national-level survey should be conducted to assess the biochemical and physiological parameters to determine the normal range of these parameters, as currently there is no concept of a normal range for the transgender community.
- Transgender people should be counted in the upcoming census to address their requirements and the problems they face.
- Data collected by the government on the outcomes of gender confirmation surgeries performed at government and private hospitals in Dehradun, Haridwar, and Roorkee over the past decade may be analysed.
- Community members who are economically marginalised may be eligible for financial assistance through such programme as Ayushman Bharat to enable them perform such surgeries.

Conclusion

Iransgender individuals remain marginalised and often they are deprived of their healthcare entitlements because of their gender identity outside the normative binary identity (Ramanaik et al, 2023). The lack of data collection on gender identity has resulted in limited information on the health conditions that affect the transgender population and how they are being served by the healthcare system. In Uttarakhand it was observed by the investigator that lots of efforts need to be taken by health workers.

There is urgent need to support trans population health to prevent further complication. Health sectors need to train medical officials exclusively for transgender health issues. Data are primarily available through self-reported surveys, making it difficult to understand the healthcare utilisation patterns and health outcomes among transgender individuals (Chandramouli & General, 2011).

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महामारी बन चुकी है एकाकीपन की बीमारी

सभ्यता के पथ पर जैसे जैसे मशीनीकरण, औद्योगीकरण और शहरीकरण में इजाफा होता गया मनुष्य का जीवन अधिक सुविधाजनक और आरामदायक हो गया। किंतु इस प्रक्रिया में एक भारी हानि यह हुई कि लोगों में आपसी दूरियां बढ़ती गईं। आपसी संबंधों की गरमाहट पहले सरीखी नहीं रही, अंतरंग संवाद और मेलजोल का सिलसिला कम हो गया। फलस्वरूप मनुष्य एकाकी पड़ता चला गया। इसका प्रभाव मनुष्य के मानसिक स्वास्थ्य पर पड़ने लगा। अल्कोहल तथा नशीले पदार्थों का सेवन, तनाव, एंग्ज़ाइटी, डिप्रेशन, सीज़ोफ्रेनिया तथा मानसिक बीमारियों के साथ साथ इन्हीं से संबंद्ध आत्महत्या के मामलों में खासी बढ़त देखी गई है। यह स्थिति आज विश्वभर के चिकित्सकों, स्वास्थ्यकर्मियों, समाजशास्त्रियों व सरकारों की चिंता का सबब है।

एकाकीपन के विषय में यूएसए के सर्जन जनरल विवेक मूर्ति का उल्लेख प्रासंगिक होगा जो उस देश के जनस्वास्थ्य के सर्वोच्च अधिकारी हैं। उनकी मान्यता है कि डायबिटीज़ और हाइपरटेंशन की भांति एकाकीपन भी महामारी का रूप ले चुकी है और इससे निबटने के लिए उसी गंभीरता से कार्यनीति अपनानी होगी। समाधान बतौर उनके दो प्रमुख सुझाव हैं: सामाजिक तथा व्यक्तिगत संबंध सुदृढ़ किए जाएं, दूसरा तकनीक (टेक्नोलोजी) पर निर्भरता घटाई जाए। मोबाइल फोन में - विशेषकर बच्चों का इसमें जकड़े रहने के दुष्परिणाम सर्वविदित हैं।

एकाकीपन की बीमारी से निवारण के लिए विशेषज्ञ निम्न जीवनशैली अपनाने का परामर्श देते हैं: नियमित रूप से सामाजिक संस्था में योग्यता अनुसार योगदान दें; विचार-समूह, पुस्तकालय क्लब आदि किसी की सदस्यता ग्रहण करें; गार्डनिंग करें; पालतू जानवर पालें। समाज में कम परिचित या अपरिचितों से मैत्री स्थापित करें; व्यायामशाला जाएं, योग की कक्षाओं में नियमित तौर पर जाएं; प्राकृतिक स्थलों में जाने और वहां का आस्वादन लेने का अभ्यास करें।