

Exploring Mental Health and Quality of Life of Transgenders of North India: An Anthropological Perspective

Abhinandana Singh¹, Raminder Kaur², Shriya Kalia³, Maninder Kaur⁴, Jagriti Mehta⁵

¹Former M.Sc. student, ²Post Doctoral Fellow (DST), ³Research Scholar, ⁴Associate Professor, ⁵Guest Faculty, Department of Anthropology, Panjab University, Chandigarh.

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Abstract

Background: Transgenders are one of the most neglected, outcasted, and excluded groups in society, thereby making their mental health fragile. Only legal transformations are not sufficient to integrate them in the society. **Aim:** The present study is an attempt to evaluate the mental health and quality of life of the transgender population of Chandigarh (North India).

Methods: A total of 51 transgender individuals (36% of the total transgender population), ranging in age from 18 to 50 years, were enrolled in the study from Chandigarh by using a snowball sampling method. Mental health and quality of life were evaluated by the standardized instruments, i.e., the WHOQOL-BREF and PHQ-12 respectively.

Results & Discussion: The results demonstrated poor mean scores for overall quality of life (47.09), with the highest score in the physical domain (69.53) and the least in the psychological domain (59.44). A comparison between trans males and trans females exhibited statistically non-significant differences across four domains of the WHOQOL-BREF scale. The prevalence of depression was 49% among the present population, out of which 33.3% were having moderate depression. Hence, a positive public perception along with stringent legislative reforms is required for the holistic inclusion of transgenders in the society.

Keywords: Mental health, quality of life, trans male, trans female, psychological domain

Introduction

Globally, the term transgender refers to individuals whose gender identity is incongruent with the sex assigned to them at birth. This makes them one of the most vulnerable and disadvantaged population in terms of extensive marginalization⁽¹⁾. Transgender encompass various identities, including

transgender men, transgender women, non-binary, genderfluid, and agender individuals⁽²⁾.

According to the 2011 Census, a total of 487,803 were identified as transgender in India, and this was for the first time the transgender population was being quantified in India⁽³⁾. This figure may represent an underreporting, as numerous transgender

Corresponding Author: Maninder Kaur, Associate Professor, Department of Anthropology, Panjab University, Chandigarh.

E-mail: maninderkaur_1@yahoo.in

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individuals may not have disclosed their identities or may have been classified according to their transitioned identity as male or female. Historically, India and other South Asian nations possess a distinctive history of transgender individuals cohabiting within ethno-cultural kinship groupings, stated by various regional names such as the *Hijra* and *Kinnar* communities.

In India, in addition to engaging themselves in menial jobs, transgender population are also involved in providing traditional blessings to newborns and newlyweds. The transgender population across the globe confronts overlapping difficulties of non-acceptance, discrimination, stigma, violence, and restricted access to healthcare. These issues significantly impact their quality of life and mental well-being.

India attained independence in 1947; nevertheless, the transgender community did not obtain legal acknowledgement until 2014, when the Supreme Court legally recognized them as a third gender⁽⁴⁾. The societal ostracism and internalized stigma experienced by the transgenders incite a strong sense of solitude, exacerbating severe mental health issues that lead to a surge in suicidal ideation. A study performed by Grossman⁽⁵⁾ revealed that risk factor of suicide among transgender was high as 82% of transgender individuals have contemplated suicide, and 40% have attempted it.

The World Health Organization highlighted that issues related to mental health can significantly impact all aspects of life, including academic and occupational performance, interpersonal relationships, and community engagement⁽⁶⁾. A systematic review to comprehend transgender population health in India highlighted that studies were mostly focused on sexual health neglecting overall health⁽⁷⁾.

Likewise, a study performed on transgender population of Rajasthan explored that discrimination was negatively related to mental health and quality of life. The results revealed that 'Guru' (leaders) were more prone to discrimination in comparison to their 'Chellas' (Students) which eventually distressed their mental health. Guru' are the senior members of the Hijra community, who possess significant social and financial influence, often take on leadership roles at the request or encouragement of junior community members (Chellas). Hence, more inclination of

stress, anxiety, and depression among transgender population⁽⁸⁾. A previous study also reported that transgender communities are more vulnerable to alcohol and substance use in comparison to normal population⁽⁹⁾. A case report conducted by Kalra and Shah⁽¹⁰⁾ stated that about 48% of Hijra participants of Mumbai suffered from psychiatric disorders, multiple substance uses and depressive disorder and even though none of the individuals had never consulted for any disorder. Another study⁽¹¹⁾ conducted to evaluate the mental health of transgender population of South India showed that about 24.5% prevalence of moderate to severe depressive anxiety and depressive symptoms. Correspondingly, transgender individuals also reported discrimination (65.15%), verbal abuse (59.55%), sexual assault (22%), and physical assault (18.45%). There was a negative correlation observed between discrimination and the environmental domain of quality of life.

Despite recent legislative reforms and programs launched by the government, particularly in India, the practical enforcement of rights remains insufficient. There is still a lack of knowledge regarding life experiences and help-seeking behavior of transgender population which eventually affecting their mental as well as overall health. Hence, the present study delves into exploring existing gaps in knowledge concerning the transgender population health focusing on assessing the quality of life (QoL) and mental health among the transgender community of Chandigarh using the WHOQOL-BREF and PHQ-12 scale respectively.

Methodology

The present study is a cross-sectional study concentrated on transgender individuals aged from 18 to 50 years, residing in Chandigarh (North India), encompassing those identifying as *Hijra*, trans men, trans women, by self-reporting method. According to census 2011, a total population of transgender is around 142 in Chandigarh. Out of that total 51 transgender individuals were enrolled in the study using a snowball sampling technique which is around 36% of total Chandigarh transgender population, and data was collected from June 2021 to July 2021 in Hallo Majra village, Chandigarh (North India). The participants who were born male and female at birth (physical characteristics) but now identify as female and male, respectively, are considered trans females and trans male respectively. The informed

consent was taken from each participant prior to data collection.

The socio-demographic and lifestyle profile of the participants were evaluated using interview schedule and variables like age, educational qualification, occupation status, gender by birth, psychological gender, relationship status, monthly income, smoking and alcohol consumption were recorded. To explore the current quality of life and mental health status few case studies were also inculcated in the study to gain in depth life experiences of transgender.

To ascertain the quality of life as well as the mental health, the standardized instruments WHOQOL-BREF and the PHQ-12 were used, respectively. WHOQOL-BREF is a well-established tool for gauging quality of life across multiple domains, including physical, psychological, social, and environmental factors, including overall quality of life (Q1). The scale primarily emphasizes four categories of quality of life (QoL), i.e., physical domain, psychological domain, social domain, and environmental domain. The scale consists of 26-items in four domains: physical domain (7 items- mobility self-care, daily activities, pain and discomfort, sleep and rest, energy and fatigue, physical environment), psychological domain (6 items- positive feelings, self-esteem, thinking, learning, memory and concentration, bodily image and appearance, negative feelings, social relationships; spirituality/religion/personal beliefs), social domain (3 items- personal relationships, social support, social activities, intimacy, isolation, community engagement, communication), and environmental domain (8 items- physical safety, home environment, financial resources, health and social care, transportation, environment pollution,

and social environment). The 4 domains are then scored and transformed to a 0 to 100 scale.

The PHQ-12 item is used to evaluate the prevalence of depression. It is a 12-item scale with a maximum score of 12. Each question consists of a binary response, i.e., yes and no, where yes response consists of 1 score. Participants who had a score of 4 or more were considered as depressed.

Statistical Analysis: The collected data were subjected to analysis by software Statistical Package for Social Sciences 20 (SPSS 20 Inc.). The qualitative data presented as frequency and percentages, whereas quantitative data as mean and standard deviation. A chi-square test was used to evaluate differences in qualitative characteristics, whereas a student's t-test determined the differences among quality-of-life domains of trans males and trans females. The p-values <0.05 are considered significant at a 95% confidence interval.

Results

The study was conducted on 51 participants and provides valuable insights into the quality of life and mental health of the transgender of Chandigarh, focusing on the multiple domains involving the psychological and physical health, social relationships, environmental conditions, and prevalence of depression. *Table 1* presents general characteristics of the transgender population of Chandigarh. The sample predominantly consisted of those recognized as male at birth (78.4%), followed by those labelled as female (21.6%) with a statistically significant chi-square value (16.49**).

Table 1: General characteristics of the transgender population of Chandigarh (North India)

General Characteristics	Frequency (N)	Percentage (%)	Chi-square (p-value)
Gender by birth			
Male	40	78.4%	16.49**
Female	11	21.6%	(0.00)
Educational status			
Illiterate	15	29.4 %	6.64
Primary	10	19.6 %	(0.08)
Matriculation	19	37.2 %	
Graduation & higher	7	13.7 %	

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Relationship Status			
Single	34	66.6 %	53.70**
Married	3	5.8 %	(0.00)
Partnered	13	25.4 %	
Divorced	1	1.9 %	
Employment Status			
Unemployed	19	37.2 %	35.82**
Self-employed	27	52.9%	(0.00)
Employed	1	1.9%	
Traditional Jobs	4	7.8 %	
Monthly Income			
Upto Rs.1,000	22	43.1 %	33.47**
≤ Rs.10,000	24	47.1 %	(0.00)
Rs.10,000 - 20,000	4	7.8 %	
≥ Rs.20,000	1	1.9 %	
Smoking Status			
Yes	18	35.2%	4.41*
No	33	64.7%	(0.03)
Alcohol consumption			
Yes	27	52.9%	0.17
No	24	47.1%	(0.67)

Significance level *=p<0.05; **=p<0.01.

Frequency distribution of social and health stigmatization among the present research population is portrayed in figure 1.

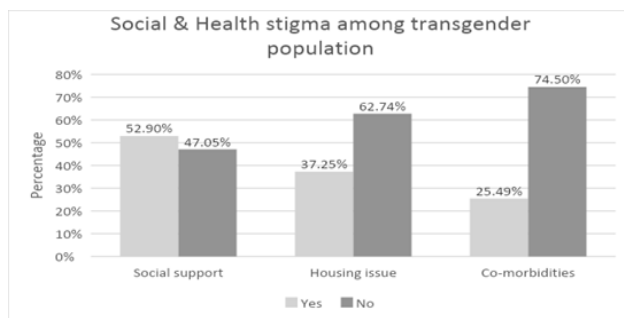


Figure 1: Frequency distribution of social and health stigmatization among the transgenders.

Despite experiencing stigma, a significant number (52%) of the studied population exhibited

some level of community as well as familial backing. Nearly half of the population (47.05%) experienced an absence of societal and community support, which indicates a major area of concern. A large proportion (62.74%) of the transgender faced housing issues. Additional health conditions or co-morbidities have been reported by 25.49% of the population under study.

A descriptive and comparative account of the mean scores of quality of life (QoL) and its domains between trans male (TM) and trans female (TF) categories by utilizing the WHOQOL-BREF scale is presented in Table 2. The overall QoL score was considerably low (47.09) in the transgenders, indicating that on average, the community perceives their quality of life to be poor.

Table 2: Descriptive statistics and comparison of mean score of Quality-of-life and its domains (WHO-BREF) among transgender population.

Various domains	Total (n=51) Mean± S.D	TM (n=11) Mean± S.D	TF (n=40) Mean± S.D	t-test (p)
Quality of life	47.09± 5.9	47.03± 5.7	47.11± 6.1	-0.03 (0.96)
Physical domain	69.53± 11.7	69.80± 11.4	69.46± 11.9	0.08 (0.93)
Psychological domain	59.44± 16.2	59.09± 16.7	59.54±16.3	-0.08 (0.93)
Social domain	66.83± 16.6	67.42± 17.2	66.66± 16.6	0.13 (0.89)
Environmental domain	69.24± 15.1	65.62± 11.2	70.2± 15.9	-0.89 (0.37)

TM= Trans male; TF= Trans female; p<0.05*

The **Physical domain** of the WHOQOL-BREF scale encompasses perceptions of bodily health, vitality, and exhaustion. The average score advocates that most transgender individuals indicate a level of physical health ranging from moderate to good, with the overall mean score of 69.53, whereas trans males demonstrate better physical health as compared to trans females (69.80 vs 69.46 p>0.05).

The **Psychological domain** assesses mental well-being, which includes emotional stability and self-esteem. An overall score of 59.44 indicates poor psychological well-being among the transgender population.

The overall mean score for **the social domain** is 66.83, which captures the quality of personal societal relationships, community participation, and social support. On comparison, trans males depict slightly better social domain scores as compared to trans females (67.43 vs. 66.66, p > 0.05), which showed that they might face challenges in building supportive social relationships and social integration.

The **environmental domain** refers to access

to healthcare services, financial resources, and the feeling of personal safety. Overall mean score for the environmental domain (69.24) exhibited that external factors such as living conditions and access to resources moderately influence the quality of life. Trans females had better environmental conditions as compared to transmale (70.20 vs 65.62, p > 0.05), though this difference is not statistically significant.

Mental Health Assessment:

The prevalence of depression amongst the trans males and trans females as assessed by PHQ-12 is presented in *Table 3*. Among the trans males, 15.6% of the total population and 35.3% of the trans females are classified as normal, whereas a significant number of individuals under study (49%) were considered as depressed. Overall, it was observed that the prevalence of moderate depression (trans males= 2%, trans females= 31.3%) was higher than that of mild depression (trans males=3.9%, trans females= 11.8%). However, no participant had shown the occurrence of severe depression. However, the chi-square test presented non-significant differences among trans male and trans female.

Table 3: Frequency distribution of depression status of trans male and trans female using PHQ-12 scale.

Depression status	Trans Male N (%)	Trans female N (%)	Total N (%)	Chi-square (p-values)
No Depression (0-3)	8 (15.7%)	18 (35.3%)	26 (51%)	3.82 (0.147)
Mild (4-6)	2 (3.9%)	6 (11.8%)	8 (15.7%)	
Moderate (7-9)	1(2.0%)	16 (31.3%)	17 (33.3%)	
Severe (10-12)	---	---	---	

N= Frequency, p<0.05*

Discussion

The quality of life and mental health of the transgender individuals has been receiving increased amounts of attention not just from the researchers but from the policymakers too in the recent years. This study offers an anthropological perspective to analyse the distinct obstacles encountered by the transgender in Chandigarh (North India), highlighting the psychological and emotional impact of stigma on these individuals. It was noticed that a substantial proportion (62.74%) of the transgenders confronted housing issues, 37.2% were unemployed, and unfortunately 43.1% mentioned their monthly income was up to Rs. 1000. Barriers to accessing stable, safe, and affordable housing are often the result of systematic discrimination.

Housing as well as employment challenges can significantly distress both physical health and emotional well-being, as secure housing is intricately linked to perceptions of safety, self-worth, and the capacity to participate in everyday activities. A study conducted by Glick et al. (12) also highlighted housing insecurity faced by transgender and gender non-conforming individuals (T/GNCI) in New Orleans. They further noticed that the housing problem was deeply associated with employment issues among them.

A respondent in our study named Aman (name changed, trans male, 33 years old) was from a financially sound family, but his parents could not accept him and he was forced to leave his family home at the age of 22. After finding a suitable apartment in Chandigarh, the landlord, oblivious to his identity, first consented to lease the flat to him. Upon learning that Aman was a transsexual woman, the landlord's demeanour shifted significantly. Aman said with tears in his eyes that he vividly remembers that the landlord said, "We cannot keep people like you in our building. Your presence will be problematic for our other tenants". Aman was very disheartened, as it was one of the first of such incidents for him. It is nearly impossible to find houses for transgender people, even when they can afford it. Aman has still not been able to find a home in a good locality, as his identity forced him into the margins of society.

Additional health conditions or co-morbidities have been reported among 25.49% participants. Co-morbidities may encompass ailments such as HIV, mental health disorders, or chronic illnesses, which might be aggravated by social stigma and scant healthcare. The diminished percentage may also indicate underreporting because of limited access to healthcare facilities or a lack of trust in medical systems, prevalent among marginalized populations. In concordance with the findings of our study, Scheim et al.(13) mentioned that trans populations were exposed to greater disease burden with significant heterogeneity within and among settings. They identified depression, suicidality and other mental health conditions, anxiety, psychological distress, and HIV as the most commonly occurring health burden, while the least frequent were respiratory conditions, cancer, and other infectious diseases

Describing her challenges, one of the respondents, Rekha (name changed, 29-year-old) narrated that she was raised in a traditional family that never really embraced her gender identity. Being raised in a conservative family, she witnessed psychological abuse and social exclusion. She left her family residence at the age of 19 years and became a member of a transgender community. Although she experienced a sense of belonging in this community, her life has been marked by persistent struggles with stigma, discrimination, and financial instability, which have significantly impacted her quality of life. Notwithstanding community support, Rekha's existence continued to be characterized by financial instability, with erratic income from dancing and begging, rendering her susceptible and at risk of abuse. Rekha even mentioned that her experience is neither unusual nor catastrophic; rather, it is a fundamental narrative shared by all of us and said, "*We have to pay a very high price if we want to live our lives the way we want to live.*"

Such cases need policy interventions to improve social inclusion, financial stability, and healthcare access. Addressing all these challenges will enhance their overall quality of life and well-being.

The present study reported overall low quality of life (47.09 ± 5.9), with minimal differences among the trans men and trans women. The comparative account exhibited that mean score for overall quality

of life of present study was lower than the normal population i.e., 86.6 mean score of Delhi adults ⁽¹⁴⁾, 63.5 mean scores of Puducherry adults ⁽¹⁵⁾ and 67.6 mean scores of rural adults from Haryana ⁽¹⁶⁾.

It was observed that in the physical domain (69.53 ± 11.7), social (66.83 ± 16.6), and environmental domain (69.24 ± 15.1) of well-being, the transgender of Chandigarh has scored moderately. They have managed to achieve some level of well-being, yet they continue to face significant challenges, which is evident in terms of poor psychological score (59.44 ± 16.2) or well-being. A similar study conducted by Poudel ⁽¹⁷⁾ on the transgender reported low quality of life, specifically poor psychological scores, due to substantial stigma and discrimination experiences. Similarly, a systematic review and meta-analysis of results on the quality of life of transgenders illustrated poorer mental health and QoL as compared to the general population ⁽¹⁸⁾.

The present research assesses the mental health status of the transgender population. The prevalence of depression in the overall transgender sample was found to be 49%, indicating that nearly half of the participants examined exhibit depressive symptoms. This corroborates with previous studies ^(19, 20) in this realm indicating that transgender encounter mental health issues at markedly elevated rates compared to the general population, attributable to variables such as societal stigma, discrimination, and minority stress. When assessing the severity of depression, the most frequent level of depression observed was moderate depression (33.3%) followed by mild depression (15.7%) among the participants.

Findings of Srinivasan and Chandrasekaran,⁽¹¹⁾ recorded that the overall prevalence of psychiatric disorder among Indian transgender population was about 24.5%, out of which severity of depressive anxiety and depressive symptoms ranged from moderate to severe. The US Transgender Survey in 2015 by National Centre for Transgender Equality also reported 40% of their respondents with psychological distress, and severity range from moderate to severe. Likewise, a study conducted on the European transgender population demonstrated higher rates of depressive symptoms, i.e., 51.4% for transgender women; 48.3% for transgender men ⁽²¹⁾.

The present study indicates that transgender females exhibit a much higher prevalence of depression in comparison to transgender males. This might be result from greater visibility, greater exposure to societal stigma, and potentially more frequent instances of discrimination and harassment encountered by trans females relative to trans males. Interestingly, similar research performed by Hajek et al. ⁽¹⁹⁾ reported an association between psychological gender abuse and depression, which was three folds higher among younger transgender women than older transgender women.

The chi-square test indicates no significant differences between gender (trans male or female) and depression level. Statistically, this indicates that the disparity in the depression rates between trans males and trans females is insignificant to imply a substantial correlation between gender identity and depression within the studied population. This might direct that other factor, such as socio-economic position, social support, or healthcare access, may be more significant predictors of depression in the transgender community than gender alone. There is a lack of statistically significant differences between the trans men and trans women across any of the QoL domains. There is a sense of uniformity and homogeneity being highlighted by the shared challenges, indicating the necessity for comprehensive policy interventions to cater to the specific needs and requirements of the entire transgender community.

In conclusion, the study offers an extensive examination of the quality of life (QoL) and mental health within the transgender population, specifically emphasizing trans males and trans females. The overall quality of life was poor (47.09), and the physical domain presented the highest score, while psychological domain was least scored showing poor mental health. Additionally, the prevalence of depression was 49% among transgender people. The findings indicate that transgender individuals, particularly trans females, suffer a substantial deterioration in overall quality of life due to widespread stigma, discrimination, and mental health issues. This study highlights the necessity for specialized healthcare interventions, mental health support frameworks, and inclusive social policies to enhance the well-being of transgender individuals. It

also highlights that both trans males and trans females have significant challenges in attaining a satisfactory quality of life and mental health, with trans females seemingly more susceptible to the intersections of gender-based and societal stigmatization.

Strength of the study:

This study is essential for providing a holistic understanding of the lives lived and experienced by the transgenders within the socio-cultural context of Chandigarh (North India). In fact, an anthropological lens facilitated a nuanced comprehension of the transgender community.

Limitation of the study:

The sample size of the study is relatively small and may not be fully able to provide representation to the broader transgender population of Chandigarh. Comparative analysis with the general population would have provided a clearer understanding about the quality of life and mental health. There can be a sense of bias in terms of using the WHO-QOL BREF and PHQ-12 scales, as they are self-reported questionnaires. This may lead to participants underreporting or over-reporting their quality of life or mental health status.

Ethical Clearance: As per authors, all necessary ethical standards, including informed consent, confidentiality, and the principles outlined in the Declaration of Helsinki were strictly followed during the study, although no formal ethical permission from the institute was taken. Confirmation of the same was received by the editorial office by the (Former) head of the department.

Conflict of Interest: Authors declared no potential conflict of interest.

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