

A Study to Assess the Level of Psychological Distress, Gender Dysphoria and Social Strain Among Transgender of Rajasthan

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Abstract—Gender dysphoria, psychological distress and social strain were examined in the current study. A total of 68 transgender was participated in the study using convenience sampling. Data was computed using quantitative techniques. A positive significant correlation was observed between psychological distress and social strain, but no significant correlation was found between psychological distress and gender dysphoria. 50 percent participants fell into the range of gender dysphoria. Findings reveal that the psychological distress experienced by transgender had a significant, positive relationship with social strain rather than gender dysphoria. Participants accounted various psycho-socio-cultural aspects causing psychological distress that impacted their day-to-day lives more negatively than gender identity conflicts.

Index Terms—Gender dysphoria, India, psychological distress, social strain, transgender

I. INTRODUCTION

Transgender is an umbrella term to define individuals whose gender identity or expression differs from the traditional gender role associated with one's assigned birth sex. It refers to those who transgress gender norms, and culturally prevalent stereotypical gender roles (Chakrapani, 2010; Craig & Heith, 2014; Davidson, 2007; Valentine, 2007; WHO, 2017). Although transgender and gender non-conforming individuals are a part of cultures around the world, these individuals encounter several unique psycho-social, economic, and legal obstacles. This study examines transgender individuals' experiences of psychological distress, social strain, and gender identity in the contemporary Indian context. According to the 2011 Census, 4.88 million people in India (0.04% of the total population)

identified as transgender (Census, 2011). The transgender community in India is a culturally recognized group that is diverse, distinct, and includes a variety of gender identities (Jayadeva, 2017; White Hughto et al., 2015). There are transgender individuals who express their gender identity by making lifestyle changes to transition socially, including changing one's name or appearance, or cross dressing (Chakrapani, 2010). For the transgender individuals described above, feeling like one is born in the wrong body can be a part of their experience (similar to transgender individuals in Western society), however "many transgender individuals with socio-cultural identities claim of not belonging to either of the sexes, but to the third sex (Schultz & Lavenda, 2001). Furthermore, transgender individuals belonging to these socio-cultural groups are commonly visible in Indian society, even when many transgender individuals refuse to come out openly due to fear of ridicule and ostracism.

II. SOCIAL STRAIN AND DISTRESS AMONG TRANSGENDERS

Transgender individuals in India experience immense psychosocial stressors, stigma, and violence. A few Indian studies have reported social strain among transgender individuals as a result of social transphobia, fear of adjusting or not adapting to social norms (Sullivan, 2006), harassment, verbal bullying, and sexual violence often perpetrated by parents, teachers, peers, and society (Bund, 2013; Reddy, 2005). In addition, studies have highlighted psychological distress characterized by fear related to the potential loss of relationships, internalized

transphobia, identity disclosure, and coming out (Chakrapani, 2010; Satpathy et al., 2018). These multiple oppressions reinforce social inequities in terms of economic and housing insecurity, employment discrimination, and poverty (Ganju & Saggurti, 2017) and, not surprisingly, make transgender vulnerable to mental health problems.

Several studies have revealed a high prevalence of mental health problems among transgender women and higher vulnerability to substance abuse (such as alcohol) compared with the general population (Bund, 2013; Chakrapani, 2010; Goyal et al., 2014; Shivakumar & Yadiyurshetty, 2014; Virupaksha et al., 2016; Virupaksha & Muralidhar, 2018).

Gender dysphoria

The limited literature on issues of gender identities highlights transgender women’s felt discordance between their internal and external identity (Agoramoorthy & Hsu, 2015; Kalra, 2012; Kalra & Shah, 2013; Reni, 2010); persistent need for sex change and gender change, and the need to find a community of similar people (Shivakumar & Yadiyurshetty, 2014). Indeed, according to the research, many transgender individuals report facing great challenges in coming to terms with their gender identity and/or gender expression (Chakrapani, 2010). In studies, a few transgender individuals have reported seeking psychiatrists’ help and were diagnosed with gender dysphoria – feeling of an incongruence between sex and gender – which is an essential requirement for hormone therapy or gender affirming surgery in India (Ahuja & Bhattacharya, 2001; Gupta & Murarka, 2009). Considering the dominant transgender identities and groups, the present study attempts to examine the experience of psychological distress, social strain, and gender dysphoria in transgender women, and their reflections on their gender identities.

Material And Method

By keeping in mind that the focus of the study is hard-to-reach, marginalized population, the sample was selected using a non-probabilistic convenience sampling technique. Sixty-eight transgenders with different gender identities were selected for the study. Individuals were considered eligible to participate in the study if they were 18 years of age or older; had received a formal diagnosis of gender

dysphoria from a psychiatrist; or had undergone gender affirming surgery. Intersex individuals, people with a severe degree of chronic illness (such as cancer, HIV) and those who could not read or understand Hindi or English were excluded.

Sample

All participants were residents of the city of Jaipur, in the state of Rajasthan. Seven participants had successfully undergone gender affirming surgery, and 17 expressed a desire to do so but were unable to pursue it due to financial constraints. Rest of the participants did not feel a need for gender affirming surgery.

Table 1 presents the participants’ demographic profile. Participants ranged in age from 18-45, with a mean age of 28.6. Participants represented a range of educational attainment, including post-graduate work (n = 4), graduation (n = 7), higher secondary schooling (n = 28), and no formal schooling (n = 29). Most participants (n = 54) were engaged in unskilled religious community activities, earning approximately INR 9000 to 18000 per month. Eight participants were doing social work with a monthly income in the range of INR 21,000 to 30,000. More than three fourth of the participants (n = 55) were cohabiting in transgender communes, while others were living with their families (n = 10), or were living on their own (n = 3).

Table 1: Participant demographic profile.

Characteristic	N(%)
Age	
18–20	3(5%)
21 – 25	31(45%)
26 – 30	17(25%)
Over 31	17(25%)
Education	
No formal schooling	29(43%)
Secondary	28(41%)
Under graduation	7(10%)
Post-graduation	4(6%)
Monthly income	
INR 1,001 – 5,000	4 (20%)
INR 5,001 – 10,000	10(50%)
INR 10,001 – 15000	5(25%)
INR 15001 – 20000	1(5%)

III. RESEARCH TOOLS

1. Kessler’s Psychological Distress Scale(Kessler et al., 2002)
2. Utrecht Gender Dysphoria Scale(Steensma et al., 2013).
3. The Everyday Discrimination Scale (Krieger et al., 2005).

Data collection procedure

Data were collected by researchers after the appropriate approval from the CBOs. A member from the appropriate CBO accompanied the researchers and introduced her to the participants for the study. The interview was conducted privately after receiving the participant's consent. The responses of the participants on the scales were recorded by the researchers on the scale itself. Overall, the entire session took around 30-40 minutes per participant.

Data analysis

Data was analyzed using descriptive statistics such as mean and standard deviation, as well as Pearson correlation using the Statistical Package for Social Sciences version 22.

Ethical considerations

The objectives of the study were explained to the participants. Written consent was obtained prior to the session which contained all necessary information regarding participation in the research. It emphasized that the participation in the study is voluntary and they could withdraw anytime without any consequences. They were informed that the results of this study would be used in publication after removal of personally identifiable information.

Results and Discussion Psychological distress

Half of the participants (n = 34) responses were categorized as not experiencing any psychological distress while others responses indicate experiences of mild (n = 10) moderate (n = 7), and severe (n = 17) psychological distress (M = 19.6, SD = 6.83). It should be noted that a lack of mental health literacy among the participants may have contributed to the low rates of reported psychological distress.

Table 2: Results of psychological distress.

Variables	Categories	f (%)
Psychological distress (Mean = 19.6, SD = 6.83)	Well	34 (50%)
	Mild mental disorder	10 (15%)
	Moderate mental disorder	7 (10%)
	Severe mental disorder	17 (25%)

Social strain

Half of the participants (n = 34) reported a higher than average level of social strain (M = 27.45, SD = 8.38). Apart from discordance between birth sex and gender identity, participants experienced several socio-cultural stressors like family pressures to conform to gender norms, coming to terms with their sexual and gender identity, and migration to Hijra communities.

Table 3: Results of social strain.

Variables	Categories	f (%)
Social strain (Mean = 27.45, SD = 8.38)	Above average social strain	34 (50%)
	Below average social strain	10 (15%)

Gender Dysphoria

Scores for just below half of the participants (n = 32) fell into gender dysphoric range while rest scored below the gender dysphoric range (M = 45.9, SD = 11.04).

Table 4: Results of gender dysphoria.

Variables	Categories	f (%)
Gender dysphoria (Mean = 45.9, SD = 11.04)	Gender dysphoria range	32 (47%)
	Below the range for gender dysphoria	36 (53%)

Correlation between psychological distress, gender dysphoria and social strain

Results from the calculation that was conducted prescribed a positive correlation between psychological distress and social strain (r = 0.592, p = 0.05) while no significant correlation was found between psychological distress and gender dysphoria (r = 0.399, p = 0.82).

Table 5: Results for correlation between psychological distress, social strain and gender dysphoria

Dimensions	Pearson correlation	Level of significance
Psychological distress and gender dysphoria	.399	.082*
Psychological distress and social strain	.592	.005**

*Not Significant

**Significant at 0.01 level.

IV. DISCUSSION

The results of this study illustrate that although psychological distress showed a significant positive relationship with social strain, it did not show a significant relationship with gender dysphoria. Notably, transgenders reported distress due to social strain as well as enacted and internalized stigma that forced them to walk out of their families during childhood. These results largely support the findings by Reed et al. (2016) that distress among transgender individuals was predicted largely by the experiences of social rejection or violence that transgender people had. Most participants who experienced gender dysphoria were able to resolve gender incongruence over a period of time with self-acceptance of gender identity and through support from the transgender community. This finding contradicts the basic classification of “transgender” as mental illness, which states that “distress and dysfunction” is an essential element of the condition. Recent expert consensus is that transgender identity is a non-pathological condition, which is reaffirmed by the removal of gender dysphoria from the mental and behavioral disorder (WHO, 2017).

In India, transgender individuals have long been part of the broader culture and, in the past, were treated with great respect (Chakrapani, 2010). Yet today, they face immense stigma and societal discrimination, which often results in psychological distress that affects their mental health (Sadiq & Bashir, 2015).

V. CONCLUSION

In this study, psychological distress among transgender did not show a significant relationship with gender dysphoria. However, various psycho-

socio-cultural factors can cause and heighten psychological distress. These factors ultimately impact transgender lives more negatively than gender identity issues. Although the study had a small sample size, this result backs the recent advances by the World Health Organization in ICD-11 to extract transgender conditions from the Mental and Behavioral Disorders category to a new chapter on Sexual Disorders and Conditions Related to Sexual Health.

REFERENCES

- [1] G. Agoramoorthy and M. J. Hsu, "Living on the societal edge: India's transgender realities," *J. Relig. Health*, vol. 54, no. 4, pp. 1451–1459, 2015.
- [2] R. B. Ahuja and S. Bhattacharya, "Intersex, transsexuality and gender reassignment surgery," *Indian J. Plast. Surg.*, vol. 34, no. 2, p. 83, 2001.
- [3] A. Bhattacharya and S. Basu, Eds., *Marginalities in India: Themes and Perspectives*. Singapore: Springer Nature Singapore Pvt. Ltd., 2017.
- [4] Office of Registrar General and Census Commissioner, "Census of India," Ministry of Home Affairs, Government of India, 2011.
- [5] R. K. Chadda and K. S. Deb, "Indian family systems, collectivistic society and psychotherapy," *Indian J. Psychiatry*, vol. 55, no. Suppl 2, pp. S299–S309, 2013.
- [6] V. Chakrapani, "Hijra/transgender women in India: HIV, human rights and social exclusion," United Nations Development Programme, 2010.
- [7] V. Chakrapani, P. A. Newman, and M. Shunmugam, "Stigma toward and mental health of hijras/trans women and self-identified men who have sex with men in India," in *LGBTQ Mental Health: International Perspectives and Experiences*, N. Nakamura and C. H. Logie, Eds. American Psychological Association, 2020, pp. 103–119.
- [8] J. F. Craig and C. Heith, *Encyclopedia of Social Deviance*. Sage Publications, 2014.
- [9] W. R. Dynes and S. Donaldson, Eds., *Asian Homosexuality*, vol. 3. Taylor & Francis, 1992.
- [10] L. B. Farmer and R. Byrd, "Genderism in the LGBTQQIA community: An interpretative phenomenological analysis," *J. LGBT Issues Counsel.*, vol. 9, no. 4, pp. 288–310, 2015.
- [11] M. P. Galupo and L. Pulice-Farrow, "Subjective

- ratings of gender dysphoria scales by transgender individuals," *Arch. Sex. Behav.*, vol. 49, no. 2, pp. 479–488, 2019.
- [12] M. P. Galupo, L. Pulice-Farrow, and E. Pehl, "There is nothing to do about it: Nonbinary individuals' experience of gender dysphoria," *Transgender Health*, pp. 1–10, 2020.
- [13] D. Ganju and N. Saggurti, "Stigma, violence and HIV vulnerability among transgender persons in sex work in Maharashtra, India," *Cult. Health Sex.*, vol. 19, no. 8, pp. 903–917, 2017.
- [14] S. Goyal, K. S. Deb, D. Elawadhi, and N. Kaw, "Substance abuse as a way of life in marginalized gender identity disorder: A case report with review of Indian literature," *Asian J. Psychiatry*, vol. 12, pp. 160–162, 2014.
- [15] R. Gupta and A. Murarka, "Treating transsexuals in India: History, prerequisites for surgery and legal issues," *Indian J. Plast. Surg.*, vol. 42, no. 2, pp. 226–233, 2009.
- [16] J. Harrison, J. Grant, and J. L. Herman, "A gender not listed here: Genderqueers, gender revels, and otherwise in the National Transgender Discrimination Survey," *LGBTQ Policy J. Harvard Kennedy School*, vol. 2, pp. 13–24, 2012.
- [17] S. Kalra, "The eunuchs of India: An endocrine eye opener," *Indian J. Endocrinol. Metab.*, vol. 16, no. 3, pp. 377–380, 2012.
- [18] R. C. Kessler et al., "Short screening scales to monitor population prevalences and trends in non-specific psychological distress," *Psychol. Med.*, vol. 32, no. 6, pp. 959–956, 2002.
- [19] N. Krieger, K. Smith, D. Naishadham, C. Hartman, and E. M. Barbeau, "Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health," *Soc. Sci. Med.*, vol. 61, no. 7, pp. 1576–1596, 2005.
- [20] J. E. Lykens, A. J. LeBlanc, and W. O. Bockting, "Healthcare experiences among young adults who identify as genderqueer or nonbinary," *LGBT Health*, vol. 5, no. 3, pp. 191–196, 2018.
- [21] S. Mal, "The Hijras of India: A marginal community with paradox sexual identity," *Indian J. Soc. Psychiatry*, vol. 34, no. 1, pp. 79–85, 2018.
- [22] R. Mahalingam, "Essentialism, culture, and beliefs about gender among the Aravanis of Tamil Nadu, India," *Sex Roles*, vol. 49, no. 9/10, pp. 489–496, 2003.
- [23] S. Nanda, "The Hijras of India," in *A Queer World: The Center for Lesbian and Gay Studies Reader*, M. Duberman, Ed. New York University Press, 1997, pp. 82–86.
- [24] National Legal Services Authority v. Union of India and others, Supreme Court of India, 2014.
- [25] G. Reddy, *With Respect to Sex: Negotiating Hijra Identity in South India*. University of Chicago Press, 2005.
- [26] G. M. Reed et al., "Disorders related to sexuality and gender identity in the ICD-11: revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations," *World Psychiatry*, vol. 15, no. 3, pp. 205–221, 2016.
- [27] T. Reni, "Perceived stigma, social relationship and quality of life among transgenders in Bangalore," Doctoral dissertation, NIMHANS, 2010.
- [28] M. Satpathy et al., "Queer youth and families in India: Documenting stories of adversity, diversity and belonging," in *Reflections: Skills for Social and Emotional Well-being*, R. Sapra, Ed. Authors Press, 2018, pp. 148–170.
- [29] N. S. Sawant, "Transgender: Status in India," *Ann. Indian Psychiatry*, vol. 1, no. 2, p. 59, 2017.
- [30] T. M. Singelis, H. C. Triandis, D. P. Bhawuk, and M. J. Gelfand, "Horizontal and vertical dimensions of individualism and collectivism: A theoretical and measurement refinement," *Cross-cult. Res.*, vol. 29, no. 3, pp. 240–275, 1995.
- [31] S. Swain, "Problems of third gender," in *Social Issues of India*, S. Swain, Ed. New Vishal Publications, 2006, pp. 57–59.
- [32] United Nations-Office of the High Commissioner for Human Rights (UN-OHCHR), "Free & equal campaign fact sheet: Intersex," 2015.
- [33] V. Venkatesan and T. Kaur, "Stiff opposition to transgender persons Bill," *Frontline*, 2019.
- [34] H. G. Virupaksha and D. Muralidhar, "Resilience among transgender persons: Indian perspective," *Indian J. Soc. Psychiatry*, vol. 34, no. 2, p. 111, 2018.
- [35] World Health Organization, "International classification of diseases (ICD) 11th revision," 2017.