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## **Understanding the world of transgenders: An insightful exploration**

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### **Abstract**

It is uncanny to believe that Google has more than 50 words to classify and recognise gender while our society clings on to the watertight binary categorization. Deep transphobic attitudes and the reluctance of the society to go beyond the gender binary creates an environment of intolerance where the transgender narrative is marginalized or completely disregarded. The transgender community is denied even the most basic human rights such as the right to education, a dignified employment and essential healthcare which compulsorily compromises their quality and dignity of life. A majority of transgender lives are testimonial to an ongoing agenda of social exclusion which encourages large scale discrimination towards them.

**Keywords:** Transgender, marginalization, social and psychological challenges faced by transgenders

### **Introduction**

According to the United Nations, an inclusive society is one which is "people centred, gender sensitive and respects human rights" (Sustainable Development Goals, 2030) and contributes in creating a just and open world. A world which is tolerant of and celebrates individual differences.

The gender diverse, particularly the transgender are marginalized and stigmatized due to their gender orientation. They are denied even the most basic human rights such as the right to education, a dignified employment and essential healthcare which compulsorily compromises their quality and dignity of life. A majority of transgender lives are testimonial to an ongoing agenda of social exclusion which encourages a large scale discrimination towards them, suffered at the hands of family and society at large and manifests itself as human rights violation.

Due to the social exclusion meted out to them, the transgender community becomes more vulnerable thereby indulging in self destructive and high risk behaviours like suicidal ideation and substance abuse.

### **What does it mean to be a transgender?**

The dominant discourse on gender is heteronormative and rigidly binary in nature. It disregards the gender nonconforming minorities leading to their marginalization or even exclusion. We are initiated into a social structure which categorizes a child as early as at the stage of a foetus and labels it as a boy or a girl. The fact that our identity is determined solely by our anatomy seems to be justified by the society because it can be empirically verified. This social justification is responsible for generating a culture of oppression and inequality amidst those who challenge this all pervasive view of gender. A transgender person is a gender diverse individual who challenges this inherent notion of gender. This term refers to an individual who experiences incongruence between their perceived gender and their biologically assigned gender. It is considered as an umbrella term which includes individuals who fall outside the stereotypical dichotomous gender roles. These include the transvestites, transsexuals and the *hijras* or eunuchs. By virtue of not ascribing to their biologically assigned gender, the transgenders experience stigmatization. They are subjected to abuse and are disowned by their families as well as the society at large.

### **The manifestation of the transgender identity**

Sex and gender are topics which are considered taboo in the Indian society. Too many pre-pubescent, pubescent adolescents and young adults are left to struggle with questions of sexual orientation and gender expression. The absence of any concrete social and professional support concerning gender and sexual identity is problematic for the cisgender and the gender diverse alike, did not have a basic understanding regarding the gender dysphoria that they experienced.

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Most transgender persons feel that they are either cursed or have a disability or are diseased. Most have not even heard the term transgenders, *L et al.* one understand its nuances. Most of the schools also don't have counsellors or health workers who would address this issue. The Indian hospitals have sex therapists but Gender therapists as a professional occupation is amiss.

Ironically, a program on social awareness issues titled '*Satyamev Jayate*' in 2012 became an initial torch bearer for most persons who identified themselves as transgenders. An episode dedicated to the same was an eye opener for most of the gender diverse persons as well as cisgenders. The remaining gaps were filled by internet which played the role of the agony aunt. It tried to solve queries and clearing misperceptions. It was with the help of information search engines in the cyberspace and social networking sites, that the transgenders sought their answers.

Social media has also played an important role. It has facilitated discussion, inspired action and enabled engagement for the transgenders, an initiative clearly required in the real world. It provided visibility and recognition to the transgender experiences, voicing their concerns into the mainstream consciousness. Most of the participants in the present study conceded to the fact that they were in touch with many gender nonconforming different individuals using social networking sites which offered them safety and anonymity, if desired. The social withdrawal and exclusion in real world is countered by inclusion and empowerment in the online world

### Psychological challenges faced by the transgenders

It is well known that out of the LGBTQ categories the transgender person is subjected to most trans phobic attitude and deep seated discrimination (*Meyer et al.*, 2003) <sup>[21]</sup>. Faced with social disapproval and rejection, they are forced to lead lives out of stealth. They mask their real identities and repress their innermost desire of being accepted for who they are. They are disowned by their own families and ridiculed by society at large. Many a times they are subjected to violence and hate crimes, they are beaten and even murdered. The Minority Stress Model reiterates that because of their gender orientation and sexuality LGBTQ are marginalized and isolated and are denied the most basic human rights like the right to education, vocational opportunities and essential healthcare. Psychologically the impact of social isolation is all encompassing for positive mental health. It is known to lead to severe depression (*Hawkey and Capitanio*, 2015) <sup>[13]</sup>, significant periods of restlessness and poor quality of sleep (*Cacioppo et al.*, 2002) <sup>[1]</sup>. Perceived Social Isolation or PSI is also known to be associated with an increased risk of suicidal ideation (*Hirsch et al.*, 2012) <sup>[14]</sup>.

Transgender women were more likely to encounter sexual violence as compared to other victims. This situation worsens as transgenders age. Older transgender adults are at a greater risk of poor physical health, lack of social support, lack of access to proper healthcare facilities, loneliness and depression. The importance of a healthy social support network cannot be stressed enough. Family support or any other form of social support can facilitate a secure and responsible transitioning of gender. (*Simon et al.*, 2013) <sup>[22]</sup> Transgender children are known to experience mental health concerns and face depression stemming from rejection from the parents and peers. Research indicates that

acknowledgement from friends and acceptance from family leads to psychological hardiness and mental resilience. Emotional pain and mental anguish reduces considerably when one has social support. (*Weinhardt et al.*, 2019 <sup>[27]</sup>, *James et al.*, 2016)

According to Cobb's Buffer model, social support acts as a buffer to protect against stress in life and induces a sense of overall wellbeing. It reduces tension and is an instrument of increased self-esteem, satisfaction and happiness (*Cobb*, 1976) <sup>[6]</sup>.

On the other hand, a negative self-concept and poor self-esteem are found in gender diverse individuals who are rejected by their family and loved ones (*Simons et al.*, 2013) <sup>[22]</sup>. Given below are the salient findings from a report by UNDP, India (2012) <sup>[26]</sup>.

- A very high prevalence of HIV among members of the transgender community; ranging from 17.5%-41%.
- Low level of consistent condom use (6% with commercial partners and 20% with noncommercial partners) and indulgence in high risk sexual behaviors (UNDP, India, 2012) <sup>[26]</sup>.
- Transgender persons are vulnerable to abuse and violence at the hands of police and state personnel as compared to cisgender persons. The discrimination meted out to the transgender population is a major hurdle in their access to police authorities as and when faced with an abusive situation.

The constant abuse and harassment, along with the lack of familial or any other form of social support creates feelings of anxiety and depression. The social withdrawal of the transgenders' increases their vulnerability which further accentuates their victimization. There is an inter sectional connection between the mental health challenges and the discriminatory social status faced by the transgender persons. Increased rates of depression, anxiety, substance use and abuse, rape, intimate partner violence, suicide, and self-injurious behavior have been reported to occur in the trans population as compared to the cis population (*Clements et al.*, 1999; *Cole et al.*, 1997; *Kenagy*, 2005) <sup>[7]</sup>. <sup>[17]</sup>. Some researchers have suggested that risk factors that increase these negative outcomes may consist of being denied access to care, stigma as well as the loss of social support from loved ones (*Meier et al.*, 2011) <sup>[20]</sup>.

### Coping Mechanisms Used by the transgenders

It refers to the efforts adopted by an individual which enables them to manage the stressors in the internal or external environment in order to survive. According to *Lazarus and Folkman* (1984) <sup>[18]</sup>, "Coping is defined as the constantly changing cognitive and behavioural efforts to manage external and internal demands that are appraised as taxing or exceeding the resources of the person". The two main types of coping strategies include active coping and passive coping. Active coping refers to coping mechanisms which are constructive and based on self-help techniques like engaging in different activities such as seeking psychological help. On the hand passive coping entails coping mechanisms like withdrawal, avoidance, substance abuse, excessive sleeping; behaviours arising out of feelings of helplessness to deal with the stressor (*Zeidner and Endler*, 1996) <sup>[29]</sup>. Lack of a social support structure in terms of family and friends, emphasis on emotion focused coping

instead of problem focused coping, lack of clear information are some of the factors responsible for passive coping.

In the present research, most of the participants relied on passive coping. These individuals depended on submissive behaviors and escape mechanisms to deal with the stressful situations. Some of the coping techniques used were running away from home, attempted suicide, substance abuse and social disengagement. Their ability to respond and recover from the stress is acutely compromised, making them vulnerable to high risk behaviors such as suicide, substance abuse, self-harm and commercial sex work without protection.

Fostering a supportive relationship network and ensuring a safe working environment, irrespective of the nature of the work done is an important factor for the social inclusion of the transgenders. The expansion of this social support network in terms of family, peers, gender therapists, medical practitioners, legal aid and state responsibility are some of the means which can help the transgender feel accepted and safe.

### **Social Inequality faced by the Transgenders**

The transgenders live a life marred by insensitivity, prejudice and humiliation. The society looks down upon them and regards them as unwanted elements. They are not only treated in almost a subhuman manner but are victims of physical abuse too. In a research study undertaken by Testa *et al.*, (2012) [24] it was found that 60% of transgenders experienced violence and physical abuse while 46% had encountered sexual abuse. Severe transphobic attitudes, political conservatism, religious intolerance, hetero normative gender hierarchies were found to be some of the reasons responsible for such bigotry.

Since their early years the transgender youth come across widespread bullying at school. Being a minority gender they are subjected to hostility and harassment. A recent study by Gordon *et al.* (2018) [10] indicates that most gender nonconforming young adults between the age of 13-18 years reported feeling more unsafe on the school premises and facing harassment and bullying than their cisgender counterparts. They were also more likely to miss school or dropout because they felt threatened.

Yet another issue that daunts the social inclusion of transgenders is discrimination at the workplace (if they are lucky enough to find a job). They are often faced with wrongful and unfair termination, daily ridicule and abuse. They are questioned indecently about their sexuality and gender identity, insulting their Right to Life and Right to Privacy (Yogyakarta Principles, 2006).

### **Need for appropriate and gender affirming healthcare facilities**

Individuals belonging to the transgender population are very often denied access to doctors and healthcare treatment opportunities because of the stigmatization by the mainstream society (Snelgrove *et al.*, 2012) [23]. Deficits in knowledge and transition related medical protocol adds to the vulnerability and exploitation of the gender diverse persons. Lack of respectful and non-discriminatory medical expertise in terms of assessment, diagnosis and treatment are much needed in order to create an inclusive and civil society. (Chapman *et al.* 2012 [4]; Lim *et al.*, 2012)

India with an estimated population of 4.88 lakh transgenders (census 2011) [3] has almost a negligent number of gender therapists to cater to the needs, concerns and fears of the gender diverse. Persons of transgender community can approach a psychiatrist or a plastic surgeon in accordance with the procedure laid down by WAPTH for transition. However, the availability of a gender therapist who specializes in providing counselling on gender identity issues, family alignment and rehabilitation is almost next to nil.

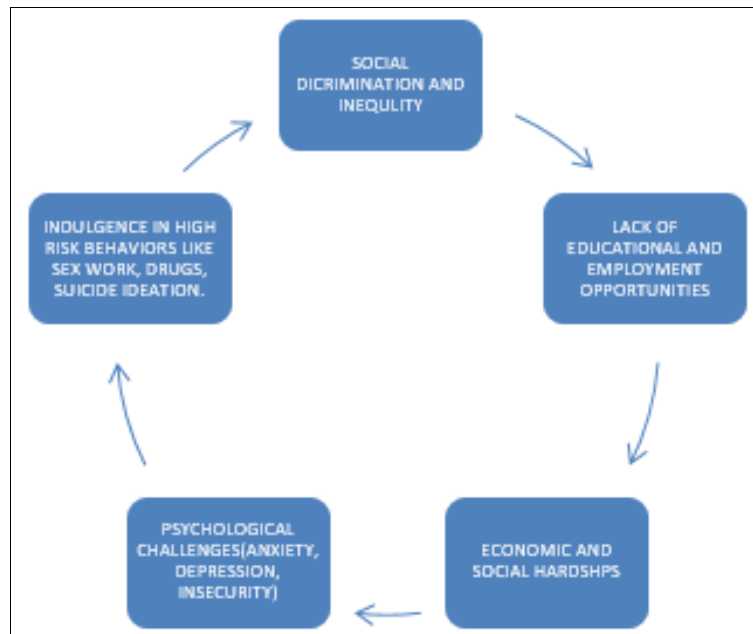
### **Desired /Preferred Pronouns used by / for Transgender persons**

Across centuries, language has been endorsing the hetero normative gender structures. Most of the languages (both spoken and written) have been using 'he/she' as the masculine and feminine pronouns, respectively to address the male and female gender. Language also encourages gender stereotypes. The moment we use 'he/she' our mind is flooded with gender specific images. According to Linguistic Relativity Hypothesis, the language we speak affects our cognition and world view (Whorf, 1956) [28]. It has a great impact on how we think and feel. Words not only reflect our opinion of gender but they are responsible for reinforcing it too. Thus to promote a more inclusive and accepting society, the need of the hour is the application of a gender neutral pronoun in order to address someone who is gender nonconforming. The preferred gender neutral pronouns often used by the gender diverse are they, ze and hir. Speaking differently may lead to cognitive and affective changes towards the transgenders.

### **Non Acceptance by the Mainstream Society**

In the recent years, the prominence and visibility of the transgender community has increased. Also the level of awareness regarding the gender fluid in cis normative and gender diverse population has seen a sharp rise. Apparently there is a lot of tolerance and positive acceptance for the gender diverse at the global platform but still a long way to go in being completely embraced and included with gender equality in the mainstream society. The transgender persons face rejection and humiliation at the hands of the larger society because they do not conform to the gender normative structure that our culture promotes. Unless that happens, the marginalization and exclusion of the transgenders shall continue.

Today Indian transgender celebrities like Laxmi Narayan Tripathi, Rose Venketchalan and others are serving as the torch bearers for the transgender community. They are working hard to bring about a change in the social landscape of our country in a conscientious and responsible manner. The regular appearance of a transgender person on the popular, Indian prime time program called Bigg Boss is an indicator that things are a changing. But still a lot more needs to be done. There is a strong requirement for a strength based interventions, positive role models and opportunities for multilevel advocacy. Every country in the world realizes the vulnerable status of the gender diverse minorities. Various policies and laws have been created which offer protection and ensure equality to the gender fluid. Despite all these efforts, unconditional acceptance by the mainstream society continues to be a far cry.



**Fig 1:** The intertwining of social, and psychological factors responsible for the marginalization and exclusion of the transgenders. (Source: Developed by the researcher)

### Vocation and Job Opportunities

In 2014, the Supreme Court of India identified the transgenders as the third gender- a valid identity with right to enjoy all constitutional privileges. More and more companies in corporate India are putting forth gender non discriminating prospects for the persons of transgender community. Both the governmental (through reservations) and the private sector are trying to recruit the gender diverse individuals in order to integrate them with the mainstream. The corporate world is also partnering in this endeavor, Kochi Metro Corporation, IBM, Concentrix are some of the companies which advocate hiring transgender persons as a part of diversity initiatives.

However, the greatest impediment in bringing about a social change continues to be the mindset of people. Social inclusion of the transgenders is not possible until attitudes and opinions change. Unless people stop associating the transgenders with only begging, sex work and singing at weddings, gaining respect in the society will be difficult. One of the participants narrated the instance of transgender employee being stopped at the gate of the multinational company in which they were employed.

The educated or skilled transgenders may still have a chance of being either self-employed or hired as an employee. But for the uneducated or unskilled persons of the transgender community, finding a respectable livelihood is next to impossible. No one would even employ them as domestic help due to the social taboo associated with them. This leaves them with the only option of either begging on the streets or sex work. The social exclusion from the mainstream society engulfs them into the vicious cycle of poverty and misery again.

### Reaction of family, peers, other social agents and the State react toward a transgender

#### Undesirable Transphobic Attitudes

Persons belonging to the transgender community face a lot of abuse be it physical, sexual or domestic abuse. Emotionally they are intimidated, isolated, blamed and even beaten up at the hands of their parents or other family

members. At school, they are ridiculed, harassed and bullied. Physical victimization due to their gender expression is endemic in transgender persons as well as with LGBQ persons. Transphobic attitudes and lack of proper information leads the mainstream society to stigmatize, hate and exclude them in order to erode their identity or to suppress them. They are seen as diseased and repulsive, making them vulnerable to misogyny and minority stress. Sexual violence or harassment has been reported by the gender diverse in almost all over the world and can be seen as a dimension of prejudice and deep seated bias towards them. It is an attempt of the socially dominant binary gender structure to retain its supremacy and weed out those who challenge its existence so that a new social order in the realm of gender and sexuality cannot be created.

### Conclusion

Ever since a long time, the transgender persons face ridicule, abuse and invisibility due to noncompliance to the hetero normative, binary gender structure. They are disowned by their own families and rejected by the society. The right to lead a dignified life, which is a fundamental right of all beings, eludes the transgenders.

The main cause of all the social ills experienced by the transgenders stems from the unwillingness of the society to accept them wholeheartedly and accord them a legitimate existence.

It is high time that the society accepts the transgenders along with the gender diverse identities that they subscribe to. An individual's sexual orientation and perceived gender identity should not be the basis of stigmatization and discrimination because it is an integral part of one's existence and dignity. Duly recognizing the non normative gender identities also increases the tolerance quotient of the society, enabling it to become more liberal and equitable.

### References

1. Cacioppo JT, Hawley LC, Berntson GG, Ernst JM, Gibbs AC, Stickgold R, *et al.* Do lonely days invade the nights? Potential social modulation of sleep efficiency.



- 2002;13:385-388.  
<https://www.ncbi.nlm.nih.gov/pubmed/12137144> Sci.
2. Cappo D. Quoted in Vic Health Research Summary 2 - Social inclusion as a determinant of mental health & wellbeing (January 2005) 2002. accessed at: <http://www.health.vic.gov.au/agedcare/maintaining/countusin/inclusion.htm>
  3. Census of India, 2011.
  4. Chapman R, Watkins R, Zappia T, Nicol P, Shields L. Nursing and medical students' attitude, knowledge and beliefs regarding lesbian, gay, bisexual and transgender parents seeking health care for their children. *Journal of clinical nursing*. 2012;21(7-8):938-945.  
<https://doi.org/10.1111/j.1365-2702.2011.03892.x>
  5. Clements-Nolle K, Marx R, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention, 2001.
  6. Cobb S. Social support as moderator of life stress. *Psychosomatic Medicine*. 1976;38:300-314.
  7. Cole CM, O'Boyle M, Emory LE, Meyer WJ, III. Comorbidity of gender dysphoria and other major psychiatric diagnoses. *Archives of Sexual Behavior*. 1997;26:13-26.
  8. Goldblum P, Testa RJ, Pflum S, Hendricks M, Bradford J, Bongar B. In school gender based victimization and suicide attempts in transgender individuals. *Professional Psychology: Research and Practice*. 2012;43,468-475. DOI: 10.1037/a0029605
  9. Gooren L. Hormone treatment of the adult transsexual patient. *Hormone Research*. 2005;64(2):31-36
  10. Gordon AR, Conron KJ, Calzo JP, White MT, Reisner S, Austin B. Gender Expression, violence and bullying victimization. The Williams Institute. 2018.
  11. Graham LF, Halley CP, Tocco J, Hughes LA, Snow RC, Padilla MB. Interpersonal relationships and social support in transitioning narratives of black transgender women in Detroit. *International Journal of Transgenderism*. 2014;15(2):110-113. DOI: 10.1080/15532739.2014.937042
  12. Grant J. Injustice at every turn: a report of the National Transgender Discrimination Survey. Available at: [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf). Accessed January 24, 2017, 2011.
  13. Hawkley LC, Capitanio JP. Perceived social isolation, evolutionary fitness and health outcomes: a lifespan approach. 2015.  
<https://www.ncbi.nlm.nih.gov/pubmed/25870400>
  14. Hirsch JK, Chang ED, Jeglic EL. Social problem solving and suicidal behavior: Ethnic differences in the moderating effects of loneliness and life stress. *Achieves of Suicide Research*. 2012;16:303-315
  15. International Commission of Jurists (ICJ), Yogyakarta Principles - Principles on the application of international human rights law in relation to sexual orientation and gender identity, March 2007, available at: <http://www.refworld.org/docid/48244e602.html> [accessed 20 October 2018]
  16. James Sandy E, Herman Jody, Keisling Mara, Mottet Lisa, Anafi Ma'ayan. U.S. Transgender Survey (USTS). Inter-university Consortium for Political and Social Research [distributor], 2019-05-22, 2015.  
<https://doi.org/10.3886/ICPSR37229.v1>
  17. Kenagy G. Transgender health: Findings from two needs assessment studies in Philadelphia. Health and Marzullo M, Libmn A. Research overview: Hate crimes and violence against lesbian, gay, bisexual, and transgender people. Human Rights Campaign. [http://www.hrc.org/files/assets/resources/Hatecrimesandviolenceagainstlgbtpeople\\_2009.pdf](http://www.hrc.org/files/assets/resources/Hatecrimesandviolenceagainstlgbtpeople_2009.pdf). Accessed 14 Jan 2013 *Social Work*. 2005, 2009;30(1):19
  18. Lazarus RS, Folkman S. Stress, appraisal, and coping. New York: Springer. 1984.
  19. Lim F, Levitt N. Lesbian, gay, bisexual, and transgender health. *The American journal of nursing*. 2011;111(11)11.  
<https://doi.org/10.1097/01.NAJ.0000407277.79136.91>
  20. Meier S, Fitzgerald K, Pardo S. The effects of hormonal gender affirmation treatment on mental health in female to male transsexuals. *Journal of Gay and Lesbian Mental Health*. 2011;15:281-299.
  21. Meyer IH. 'Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence', *Psychological Bulletin*. 2003;129(5):674-697.
  22. Simons L, Schragger SM, Clark LF, Belzer M, Olson J. Parental support and mental health among transgender adolescents. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*. 2013;53(6):791-793.  
<https://doi.org/10.1016/j.jadohealth.2013.07.019>
  23. Snelgrove JW, Jasudavicius AM, Rowe BW, Head EM, Bauer GR. Completely out-at-sea with two-gender medicine: a qualitative analysis of physician-side barriers to providing healthcare for transgender patients. *BMC health services research*. 2012;12:110.  
<https://doi.org/10.1186/1472-6963-12-110>
  24. Testa RJ, Sciacca LM, Wang F, Hendricks M, Goldblum P, Bradford J, Bongar B. Effects of violence on transgender people. *Professional Psychology: Research and Practice*. 2012;43,452-459. doi:10.1037/a0029604
  25. Transforming our world: the 2030 Agenda for Sustainable Development. United Nations – Sustainable Development knowledge platform. Retrieved. 23 August 2015.
  26. UNDP. Human Development Report: India, 2012
  27. Weinhardt Lance, Xie Hui, Wesp Linda, Murray Jennifer, Apchemengich Immaculate, Kioko David, *et al*. The Role of Family, Friend, and Significant Other Support in Well-Being Among Transgender and Non-Binary Youth. *Journal of GLBT Family Studies*, 2019;15:1-15. 10.1080/1550428X.2018.1522606.
  28. Whorf Benjamin Lee. Language, thought, and reality: Selected writings of Benjamin Lee Whorf. Edited by John B. Carroll. Cambridge, MA: MIT Press, 1956.
  29. Zeidner M, Endler NS. Handbook of coping: theory, research, application. Willey and Son Publisher, 1996.