

CLINICAL REVIEW

Understanding Concerns and Health Needs of Transgender

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ABSTRACT

Transgender people are a diverse population of individuals who cross or transcend culturally defined categories of gender. Transgender is often used as an umbrella term to signify individuals who defy rigid, binary gender constructions and who express or present a breaking and blurring of culturally prevalent stereotypically gender roles. Since time immemorial people belonging to transgender category face a wide variety of discriminatory barriers in enjoying full equality throughout the World. Their social exclusion from the mainstream society is being documented in the modern epoch, especially spotlighting social barriers and disabilities in attaining opportunities for a socially productive life. They experience stigmatization, discrimination, sexual abuse, lack of civil rights and harassment accessing health services due to their transgender identity. According to WHO, transgender have lower access to health and HIV services due to a range of issues including legal barriers and stigma and discrimination. WHO works with international and country partners to address the varied health needs of transgender, including HIV prevention, diagnosis and treatment and also to address structural barriers which impact service access by transgender [1]. Therefore, the aim of this study is to explore the health needs of transgenders and the barriers and issues faced by transgenders while accessing health services, considering the social aspects of transgender. This study employed quantitative methods, which involved 120 in-depth interviews and focus group discussions conducted in various parts of Kashmir. The thematic analysis of data revealed that transgenders had to face severe social and cultural, mental, physical and financial problems in relation to the health care needs.

KEYWORDS

Transgender health; Mental health; COVID-19; Suicide, Health care

INTRODUCTION

Transgender people have been documented in many cultures and societies from ancient times until the present day. However, the meaning of gender variance may vary from culture to culture. Historically, transgender communities have attempted to appropriate rituals, folklore and legends in order to obtain a sense of self-validation and carve out a place for themselves in the traditional social structures. However, in society like Kashmir the acceptance of sexuality beyond male and female is unlikely. The concerns of sexual minorities like transgenders have always remained un-discussed and unattended within Kashmiri society. And overshadowed by conflict, the transgender community has been struggling for existence as well as identity. Though they had rich past during the Mughal period in Jammu and Kashmir, transgender people commanded respect and were the only people who had access to *harem* (exclusive abode for women). The men were forbidden to enter harem. Access to harem tells us how close they were to royal families and the kind of life they must have enjoyed then. They would not only work for royal Mughal families, particularly the womenfolk, but were also close to the elite families of that period. Their close association with the palace would help them in two ways - earn respect within their families and in the society. Thus, they were considered caretakers, trusted messengers and skilled entertainers during the Mughal era [2]. But in the present society transgenders in Kashmir face not only physical or sexual violence on daily basis, but this violence has also led to various socio-psychological and health issues as well. In Kashmir transgender people are universally known as ‘**Laanch**’ in local language. The term ‘**Laanch**’ in itself is a label of stigma and shame and represents the sexual minority that falls in between the binary of male-female and one of the hardly researched and neglected people in our society.

DATA AND METHOD

The current study used a qualitative research approach to investigate the health care needs of transgender population in Kashmir. The qualitative approach was deemed to be most appropriate in the quest for a deeper understanding of the phenomenon under investigation. Purposive sampling technique was employed to recruit participants. The objectives were to obtain an understanding of their views about health issues; self-care practices; what barriers they faced while accessing health care services; and how they treat their illness or health problems.

Research was undertaken in Shopian, Srinagar and Baramullah districts belonging to three different regions of South, Central and Northern Kashmir. In-depth interviews and focus group discussions were conducted with transgender. Qualitative research methods allowed greater spontaneity and interaction with participants. They provided an opportunity to the participants to respond elaborately and in greater detail. The interviews were conducted using interview guides. The questions were mainly open-ended in order to avoid forcing data into any presumptions of the researcher. Forty in-depth interviews and one focus group discussion (8-10 participants) were conducted in each Shopian, Srinagar and Baramullah districts respectively, to understand general health problems and what barriers they face while accessing health care services or visiting health care centers. Interviews were recorded through an audio recorder with the prior permission of the participants. All interviews were conducted in the local language of Kashmiri. At the end of the interview each participant was thanked for their valuable time and cooperation. Apart from the interviews, secondary sources were also used in this study. The analysis of data resulted in generation of different themes that described the participants’ experiences of being gender variant in Kashmir and made it possible to obtain reliable information on complex issues especially related to health of

transgenders. Since the authors' institution does not have an ethics committee to approve any research related to human subjects, formal written consent was taken from each participant at the very onset of the interviews. Moreover, in order to maintain privacy, every participant was assigned a number and names were not disclosed.

RESEARCH FINDINGS AND DISCUSSION

The concerns of sexual minorities in our society always remained un-discussed both socially and academically. Key themes emerged from the data collected are healthcare and health issues, treatment in hospitals, stigma, fear, discrimination, psychological reactions, risks and barriers faced by the community while assessing health care facilities and motivations for self-care.

Reflections on Appearance, Style and Mannerism of Transgenders

We love to wear female clothes but not allowed by family members.

They are more comfortable and satisfied with the feminine identity and like to be called by female names. Whether they cross-dress or not their appearance, mannerism and behavior identify with the females. There are different categories of transgenders in Kashmir like, *Zanaan Laanch*, *Pant/Mard Laanch* and *Khunsi Laanch*.

- **Zanaan Laanch:** These transgenders look like females and cross-dress. They may be having a tiny non-erectile small penis though some may have erectile penis as well. However, they do not have proper female genitalia. They do not menstruate as well.
- **Pant/Mard Laanch:** These transgenders are opposite of Zanaan Laanch. They do not cross dress and look like males. Whether they have erectile phallus or not but the characteristic and self-identity resemble that of opposite sex.
- **Khunsi Laanch:** These are the transgenders having ambiguous genitalia or no trace of genitalia at all except a little whole for urination. They may have flat chest or big breasts besides they may or may not cross dress. They are transgenders who look neither like males nor females.

I like to help my mother in cooking food, cleaning of house, utensils and other household activities.

I have sexual feelings towards men and had a partner but left him after some time since I could not continue the relationship because of being transgender.

Transgenders are more comfortable with feminine gender; they have changed their names to feminine names and they also revealed by doing this they feel happy and get a preferred gender identity when they are addressed using their feminine name. They associated their gestures, style, walking, and mannerism with feministic character. They are also attracted to males. They use feminine dresses, cosmetics and jewellery though secretly because of social and cultural restraints. Transgenders reveal their femininity by doing cooking and other household chores. Deprived from family, neighbours and education, transgenders were often told that their attitudes, body gestures, style and behaviours were unlike other boys.

Some of them were very keen to undergo their sexual transition partly or fully but due to socio-cultural barriers and lack of such facilities in Kashmir they are not able to undergo sexual transition treatment. And those who want to go outside for such treatment are not allowed by the family members because of the social stigma and status within the community.

*Parents tried to change our attitude, behaviour and thinking by forcing us to behave and act like a boy.
In order to save the status of family parents forced me to act and behave like a male.*

Most of the transgenders eventually left their families and began living alone or among other transgenders and even those who are living with their biological families frequently visiting other transgenders outside their homes.

We are not comfortable living with family because they don't understand us even though we are doing everything for our families.

Healthcare and Health Issues

Health issues and challenges are one of the major areas of concern in the lives of transgenders. The transgender community experiences disproportionate and very complex issues in health. Good health is very important for any person to carry out various roles effectively in society.

I had cold and flu but I did not visit doctor because they are not treating us well and they think we are animals.

We are scared to visit local chemists let alone private doctor or hospital. We adopted home remedies for illness like cold, stomach pain, flu etc. and sometimes we send other person to local chemists for medicine.

The study showed that transgenders had chosen the old traditional methods of cure and sometimes when problem is grave, they send other person to local chemist to get medicine rather than going themselves to doctors. And the more authoritarian supervision by family members and poor social conditions, the greater the likelihood of stress-linked symptoms such as fatigue, anxiety, insomnia, headaches, dizziness, depression, cardiac disorders, backache and so on. To end with, the stigmatized identity of transgenders leads to various health issues and most of the transgenders do not feel comfortable in discussing their health problems.

Sexual and Reproductive Health

Most of the time we cannot even buy a condom, due to lack of money.

The study indicates that majority of transgenders are not aware of the unprotected sex and they were ready to have sexual intercourse without any protection and those who were aware about the sexual and reproductive health issues due to unprotected sexual intercourse were not in a position to buy a condom.

We have no other option but to have unprotected sex just for extra money.

Sometimes they were forced by their clients to have sex with them without any protection and transgenders did not always use protection during intercourse with long term-partners. Moreover, Kashmir is a conservative society where talking about sexual and reproductive health is considered a stigma which hinders the awareness about the importance of sexual and reproductive health and the adverse effects of unsafe and unprotected sex among transgenders. The study showed that they require more comprehensive policy and interventions for sexual and reproductive health. Further, because of lack of social support, limited resources and fear of violence, transgenders had to compromise their sexual health.

Mental Health Issues

The link between mental health disorders and discrimination has been established. The coming-out process for an older LGBT person, who has lived most of his or her life in a hostile or intolerant environment, can induce significant stress and contribute to lower life satisfaction and self-esteem. Managing social stressors such as prejudice, stigmatization, violence, and internalized homophobia over long periods of time results in higher risk of depression, suicide, risky behavior, and substance abuse. LGBT populations, therefore, may be at increased risk for these and other mental disorders. There is a high lifetime prevalence of mental disorders in LGBT persons [3,4].

I feel so isolated in my room that sometimes I think I should commit suicide.

The study showed that transgenders experienced physical abuse (beaten with brooms, slippers, sticks and cutting their hair etc.) to mental abuse (rejection, humiliation, exclusion and isolation). They were discriminated by their families and by society and due to harassment, discrimination and victimization leads to anxiety, depression and behavioural issues among them.

Covid-19 and its Impact on Health of Transgenders

We are illiterates we don't know how dangerous this virus is nor we are aware about its treatment or place to visit for treatment.

The data indicates that most of the transgenders are illiterate in Kashmir. Most of the transgenders in present study were not aware of precautions for preventing COVID-19 infection, correct source of information for COVID-19 and treatment centers. And there were many transgenders who were suffering from diabetes, hypertension, stress/depression and majority of them are smoking cigarettes or hookah (water pipe) which makes them more susceptible to the COVID-19 infection. Further, the study showed none of the transgenders have been vaccinated so far nor there is any programme or policy formulated by the administration or health department for the vaccination of transgender people in Kashmir. And the reluctance to visit hospitals is adding to their vaccine hesitation.

Psychological Reactions

Due to frequent lockdowns and isolation because of COVID-19 transgender revealed that they are facing psychological issues like fear of COVID-19 infection, loneliness, Hypertension, anxiety, helplessness, and ideation of suicide.

God forbid if I get infected with covid virus what will happen to me because nobody supports us.

Sitting in home idle leads to stress we have nothing to do now.

The study showed that due to lack of family and social support during this pandemic transgender face discrimination and victimization which leads to anxiety, depression and behavioural issues among them.

Discrimination, Social Isolation and Neglect

The COVID-19 pandemic has diminished transgender individuals' access to the critical emotional and instrumental social support networks that are vital to their well-being. Transgender people do not always have

support from their families of origin and consequently, many rely on peer networks and transgender affirming organizations for social support (e.g., university-affiliated LGBT centers, Community LGBTQ centers, Meet up groups). Peer and community support are essential to one's sense of wellness and especially critical to transgender people as they work to navigate identity development, stigma, and discrimination [5].

My family did not allow me to come out of my room as if we are the Covid-19 positive patients.

The study showed that the transgenders felt isolated, neglected and subjected to discrimination of many sorts. The transgenders especially young ones are often rejected, neglected and abused by the family members and other people. Simultaneously, it also reflects the isolation and exclusion transgenders are facing from the larger society. In order to contain the spread of COVID-19 many guidelines were issued by concerned authorities like social distancing, frequent hand washing and wearing masks and ultimately worldwide strict lockdowns were imposed which leads to isolation and restricted the movement of the people. This lock down has created the mental health issues among people and transgender people were no exception to this problem. Study showed they felt anxious, angry, sad, depressed and, even thought of committing suicide.

Treatment in Hospitals (Government/Private)

Accessing healthcare services, even for common ailments, is traumatic for transgender people because they do not fit traditional gender roles. People who are transgenders face particular barriers, obstacles and challenges that frequently make it hard for them to identify and receive competent as well as affirming healthcare. The quality of treatment is badly affected by heterosexist norms and fear of a negative experience keeps transgender from seeking help. This illustrates clearly administrative insensitivity towards this community and the exclusion they are facing within the health care system in Kashmir region.

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Transgenders had chosen the old traditional methods of cure and sometimes when problem is grave, they send other person to local chemist to get medicine rather than going themselves to doctors. And there is lack of knowledge on transgender related health care needs besides the entry of transgender person in any health care centre is not welcomed not only by doctors but other staff too.

The study showed that most of the time transgender postponed or not tried to get needed medical care when they were sick or injured because of disrespect or discrimination from doctors or other paramedic staff or sometime by attendants of other patients. They also try to hide their identity when visiting hospital or any other health care centers. There are instances where doctors prescribed medicine without even examining the patient. Therefore, it indicates that there is lack of transgender inclusive health care system in Kashmir and they are not treated well in the hospitals for their ailments. As a result, they are excluded from the domain of health care system.

CONCLUSION

Sexuality was once considered an unimportant issue in the Indian social sphere. But now it is vibrant and political. There is a fight for the legal and social rights of lesbians, gays, bisexuals, and transgender which is supported by healthcare NGOs, human rights activists, and feminists. Together, they form contemporary India's queer movement. Once a derogatory word, today queer is accepted as an identity signifying a sexual orientation [6]. And Transgenders has evolved as a distinct cultural group in the Kashmir region and has survived for thousands of years, despite being marginalized to a great extent. The findings of the study showed that the transgenders in Kashmir are subjected to series of social constraints and hazards which have made their lives miserable. The transgenders are also economically marginalized sections of our society since they are deprived of basic needs, infrastructure, education, properties, self-employment opportunities, public employment opportunities and other economic resources. These transgenders are also deprived of basic health care facilities in general and advanced medical care facilities in particular. They suffer from innumerable health hazards which have cost their lives and prosperity very dearly. They also suffer from several types of violations of human rights since they are excluded from the mainstream of national life. The constitutional safeguards and promotional measures should be extended to the transgender people who are deprived of their fundamental rights and opportunities. The study accentuates that transgender need all round support for meaningful sustenance in the modern society.

CONFLICT OF INTEREST

There is no conflict of interest.

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