

SOCIAL EXCLUSION HAVE A NEGATIVE IMPACT ON THE HEALTH OF TRANSGENDER

VEENA K.V

LECTURER, DEPARTMENT OF HUMAN SCIENCE,
ANNA ADARSH COLLEGE FOR WOMEN,
CHENNAI – 600 040.

DR. SRIDEVI SIVAKAMI PL

ASSOCIATE PROFESSOR, DEPARTMENT OF FOOD SERVICE
MANAGEMENT AND DIETETICS, AVINASHILINGAM
UNIVERSITY FOR WOMEN, COIMBATORE – 641 043.

ABSTRACT

Transgender is a general term applied to a variety of individuals, behaviors and groups involving tendencies to vary from culturally conventional gender roles. Male to female and female to male are the two gender identities which have been widely noted in the transgender literature. The study aims at unraveling the nutritional status of the selected transgenders. One hundred and twenty transgenders from the age group of 20-70 years were selected from the locale by using convenience sampling method. A detailed interview schedule was used to collect their demographic profile, lifestyle patterns, psychological aspects and assessment of nutritional status by adopting standardized procedure. Statistical analysis was applied to find the significance of their nutritional status based on the type of their type of activity. Transgender face more psychological problems and social exclusion is one of the most important one. Social exclusion is the failure of the society to provide certain individuals and groups with those rights and benefits normally available to its members such as employment, adequate housing, health care, education, training etc. they face exclusion starting from their family member's to the problems faced within their own community. Emotional changes have an impact on the food consumption pattern and hence they lack nutrients subjected to rejection, racism and lack of medical health care.

INTRODUCTION

Transgender designate a person whose identity does not conform unambiguously to conventional nations of male or female gender roles but combines or moves between these (www.en.wikipedia.org/wiki/sphygmomanometer, 2009). People who were assigned a sex usually at birth and based on their genitals but who feel that this is a false or incomplete description of themselves (USI LGBT campaign, 2007). MTF and FTM are the two gender identities which have been widely noted in the transgender literature (Xavier, 2000). Transgender is a relatively rare condition, but is increasingly encountered in our modern society. In the world, the transgenders are estimated to be six hundred crores. There are roughly one million Hijra in India, representing approximately one in every four hundred post pubertal persons born male. The transgender population in Tamil Nadu would be roughly about sixty thousands. Transgender people are likely to experience some form of victimization as a result of his/her identity or gender expression. They face a unique set of emotional health issues. Both social exclusion and discrimination have a negative impact on the health of these individuals (Lee, 2000). The prevalence of mental health problems and other co-occurring health issues in the transgender community reaches near epidemic levels. Due to a complex network of socio-economic and cultural forces, the transgender community is highly vulnerable to a host of psychological problems including depression, bipolar affective disorders, post traumatic stress disorders (PT&D), alienation and suicidality in addition to multiple health

problems including drug and alcohol abuse, HIV/AIDS & STD. This distress is referred to as a gender dysphoria and may manifest as depression or inability to work and form healthy relationships with others. A psychological condition is considered a mental disorder only if it causes distress and disability. Gender dysphoria is a diagnosis recognized by the American Psychiatric Association of severe distress and discomfort caused by the conflict between one's gender identity and one's sex at birth (Brown and Rounsley, 1996). Family members and friends are not able to understand or accommodate the transition process resulting in the ending up at times (Pfafflin and Jung, 2003). With this back drop, the present study was undertaken with the following objectives

- To;
1. Study the socio economic status of the selected transgenders people.
2. Unraveling the impact of social exclusion on their health.
3. Find out the life style pattern of selected transgenders people

MATERIALS AND METHODS

Subjects were selected by convenience sampling method for the research. Investigator selected 120 subjects from the age group of 20 -70 years , from Coimbatore city, Tamil nadu.

Conduct of the study

The main endeavor is to study their socio-economic status, life style pattern, dietary pattern and medical conditions were assessed based on their psychological status. The reason for them leaving their family, eating late hours and problems within their community were also assessed. Assessment of nutritional status of the community is one of the first steps in the formation of any public health strategy to combat malnutrition. So the investigator assessed the status of the selected transgenders by adopting standardized procedure like anthropometric measurements, body mass index and waist hip ratio. Dietary survey was carried out to collect data on dietary history and dietary intake of the selected transgenders. The data on dietary history intake included information with regard to meal pattern, food habits; frequency of consumption of fruits, vegetables, green leafy vegetables, fleshy foods and preserved foods was collected. The food consumption pattern of the transgenders at the time of survey was collected using 24 hour recall method, over three consecutive days. Using the collected data, their nutrient intake was calculated. Biochemical parameters namely fasting and post prandial blood glucose level and the blood pressure were analyzed and found the persons at risk for life style diseases and were recorded. Statistical analysis of the data included mean and standard deviation of the transgender was calculated and t test was applied to find the significance of their nutritional status based on the type of their activity in comparison to the Recommended Dietary Allowances.

RESULTS AND DISCUSSION

SOCIO – ECONOMIC PROFILE OF THE SELECTED

TRANSGENDERS

The demographic and socio-economic background revealed the following:

1. Education status of the selected transgenders

TABLE – I

Education status of the selected transgenders

Educational status	Number	Percentage
Primary and high school	67	56
Higher secondary school	22	18
College level	30	25
Illiterate	1	1

With regards to the educational status of the transgender community 56 percent of them have only primary and middle school education and 18 percent have higher secondary education. The researcher found that these subjects were avoided by their classmates and teachers and hence they hesitated to go to school after they recognized the abnormal changes in them. Twenty five percent of them obtained their degrees through distance education and only one among the selected transgenders was illiterate.

2. Income level of the selected transgenders

TABLE – II

Income status of the selected transgenders

Income level (HUDCO Classification)	Number	Percentage
Low income	77	64
Middle income	34	28
High income	9	8

Based on the HUDCO (2004) classification 64 percent of them belonged to the low income group, 28 percent of them belonged to middle income group and eight percent of them belonged to high income group. As a result of victimization these people face a lot of problems in their work area and hence they don't stay a long way in the job. They have a few opportunities and their work and talent are never accepted in the work area.

PSYCHOLOGICAL ASSESSMENT

1. Relationship of the transgenders with their family

While assessing the family details of transgenders community 37 percent lived with their own family, 39 percent had problems with a particular member in the family and only 23 percent do not have any contact with the family members. They stayed alone or along with other transgenders.

2. Reasons for leaving their own family

Table III explains the reason for transgenders left their family.

TABLE III

Reasons for Transgenders Leaving Their Family

Problems	Number	Percent
Not accepted	25	20
Hindrance in marriage for brothers and sisters	18	15
Ill-treated	22	18
Live freely and happily	39	33
Feel embarrassed	12	10

Among the selected 120 subjects, most of the subjects came out of the family after they recognized themselves as a transgenders. Thirty three percent came out of their family as they could live their life freely and happily, 20 percent were not accepted in the family, 15 percent left home as they were the cause of hindrance in the marriage of brothers and sisters, 18 percent of them were ill treated and only 10 percent felt embarrassed and left home.

3. Problems within the transgender community

Table VI explains the problems faced within the transgender community.

TABLE VI

Problems within the Community

Problems	Number	Percent
Misunderstanding	7	6
Distribution in collection of money	3	2
Jealousy	5	4

It was clear from the above table that six percent of the problems arise due to misunderstanding among themselves, four percent due to jealousy and two percent due to confusion in the distribution of collection of money.

LIFE STYLE AND DIETARY PATTERN OF THE SELECTED TRANSGENDERS

1. Exercising pattern

While assessing the exercise pattern of transgenders, 17 percent of them had the habit of performing exercise. Among them 13 percent had the habit of walking daily whereas only three percent of them performed yoga daily.

2. Smoking and alcohol habits

TABLE V

Smoking and alcohol consumption pattern of the selected transgenders

Type	Frequency			No. per day		
	Daily	Weekly	Rarely	<5	5-10	>5
Cigarette	14	-	-	9	2	4
Beedi	2	-	-	2	-	-
Gudka	17	1	1	9	7	3
Pan parag	21	4	11	23	1	2
Beetel leaves with tobacco	6	-	4	-	1	-
Beer	16	7	9	6	11	15
Brandy	5	4	7	12	4	-
Whisky	5	4	7	8	5	3
Wine	4	3	3	3	2	5

It was clear from the table that only 16 of them had the habit of smoking. It was alarming to see that 14 of them smoked cigarettes daily; and two of them smoked beedi. Out of the selected subjects, 45 of them had chewing habits. Twenty six subjects were pan parag users. Seventeen subjects chewed gudka daily and six subjects chewed beetel leaves with tobacco. Fifty four of the subjects had the habit of consuming alcohol. Sixteen of the selected subjects drank beer, four percent consumed wine daily.

3. Dietary Pattern of the Selected Transgenders

Almost all transgenders (92%) were non-vegetarians. The green leafy vegetable consumption patterns

among the selected transgenders were according to doctor's recommendation. Iron rich foods like manathakali, amaranth and fenugreek leaves was consumed by most of the selected subjects. All the vegetables were consumed in rotation without monotonous usage of vegetables. Beans were consumed frequently followed by cabbage, beetroot, carrot, bitter gourd and brinjal. The consumption patterns of fruits among the selected subjects were found that banana was the most common fruit consumed by the transgenders. Among them 44 percent consumed banana daily as it is of low cost and easily available. The next preferred fruit next to banana was apple followed by grapes, sweet lime and orange. The consumption pattern of non-vegetarians among selected transgenders showed that 32 percent of selected transgenders consumed egg daily and one each consumed beef and chicken daily. Forty percent of selected transgenders consumed fish weekly Fish consumption was recommended by the doctors as they reduced the chances of cardiac problems.

4. Snacking pattern

The transgenders community is still not recognized in the society and they are abused; ill treated which reflects on their eating habits. It was found that 28 percent had the habit of eating while they were too disappointed or sad and showed their anger on food. Seventy two percent do not eat when they are emotionally disturbed.

NUTRITIONAL ASSESSMENT OF THE SELECTED TRANSGENDERS

1. Body Mass Index (BMI)of the selected transgenders

TABLE VI
Body Mass Index (BMI) of the selected transgenders

BMI classification		Number	Percentage
Underweight	<18.5	18	15
Normal	18.5-25	75	63
Overweight	25-30	24	20
Obese	>30	3	2

Among the selected subjects 15 percent were underweight, 63 percent normal, 20 percent overweight and 12 percent obese. The reasons for the overweight and obese was observed as they consumed hormonal tablets as a process of transition for the development of secondary sex organs and also used anabolic substances to reduce the impact of psychological distress.

Ninety percent of the selected transgenders had low WHR (less than 0.9) and they were at lower risk of life style diseases. The common disease conditions seen among the selected subjects were diabetics, overweight, obesity and hypertension.

2. Personal history of diseases among transgenders

Table VII reveals the diseases among the selected transgenders

TABLE VII
DISEASES THAT ARE COMMON AMONG THE SELECTED SUBJECTS (N=120)

Disease Condition	Underweight (No)	Ideal weight (No)	Overweight (No)	Obese (No)
Diabetes	1	-	1	2
Blood pressure	-	7	9	2
HIV	1	1	2	-

The above table clearly explains the disease conditions among the selected subjects. Of the three diabetic

subjects one was overweight and two of the selected subjects were obese. All the selected diabetic subjects were non insulin dependent Diabetes Mellitus. Transgenders taking estrogen may be at increased risk for type II diabetes, particularly those with family history of diabetes or other risk factors (Barrett et al., 2002). Nine of the selected transgenders from the overweight and two from the obese category had elevated blood pressure, where as only seven of ideal weight subjects reported to be hypertensive.

The HIV awareness program was found to be effective as only four out of 120 transgender subjects reported with HIV, where each of them were underweight and normal weight respectively and only two were obese. The transgender population appears to have an inappropriately high rate of HIV/AIDS. Reported HIV rated from studies in US range from 20-35 percent among MTF spectrum with 2-4 percent among FTM (Lindley et al., 2003).

SUMMARY AND CONCLUSION

The results of the present study conclude that the transgenders are not considered as a part of the society. Thus they are underprivileged and lack the basic infrastructure to lead a happy living in the present changing world. They are very few occupational choices and are at times forced to do jobs against their interest and satisfaction. Since, they lack both education and occupation; they have poor health conditions leading to various diseases and complications. The prevalent diseases identified among them are blood pressure, underweight, overweight, obese, diabetic and HIV. They undergo lots of psychological stress resulting from discrimination and ill treatment in the society. It does take time for them to adjust to various changes and their relationships in the society.

BIBLIOGRAPHY

1. American Psychiatric Association, (2000). Diagnostic and Statistical. Manual of Mental Disorders 4th Edition - DSM IV-TR, American Psychiatric Association Press ,P.56
2. Barrett , C.B,(2002). Expanding research infrastructure for lesbian health , Arm. J. Public health, 93:Pp 1129-1132.
3. Brown, M.L. and Rounsley, C.A, (1996). True selves: Understanding Transsexualism - For families, friends, co-workers and Helping Professional Jossey – Bas, P144.
4. HUDCO, (2004). Housing finance publishing division, Patiala House, New Delhi, P. 232
5. Lee. R,(2000) , Health care problems of lesbians, gay, bisexual transgender patients, Western Journal of Medicine, Pp56-58.
6. Lindley .L. Nicholscon, T.J. Kerby, M.B., Sler, N ,(2003). HIV/ STI associated risk behaviors among self-identified lesbian, gay, bisexual and transgenders colleges students in United States, AIDS Education and Prevention, 15, Pp 413-429.
7. Pfafflin F., Jung, (2003) .In sex Reassignment: Thirty years of International Follow Up Studies: A comprehensive Review 1961-1991 from the Electronic Book Collection of the International Journal of Transgenderism Retrieved on 2007-09-06
8. Xavier, J.M, (2000). The Washington transgender needs assessment survey. Retrieved Jan. 12, Pp121-122.