METHOD OF INVESTIGATION

STATEMENT OF THE PROBLEM

The following research problems were conceived:

1. What are the psychosocial problems affecting the transgenders and how do certain demographic variables affect the Quality of life, Self esteem and Social anxiety in transgenders?

2. What is the attitude of students and adults towards transgenders?

3. Is a shift in the attitude towards transgenders possible through a planned intervention programme?

RATIONALE FOR SELECTING THE TOPIC

Down the ages, our society has condemned and alienated people who do not conform to its norms. Transgender persons are one such group of people who have been marginalized in many societies. Although there is a growing awareness of transgender issues ever since it has received increased space in media like the television programmes, there is a paucity of research on the prevailing attitudes among the general public towards transgenders in this part of country.

There are very few studies which focus on their Quality of Life. Psychosocial problems refer to issues related to rejection by family and society as seen in discrimination at work, harassment and problems related to housing and influence Quality of Life and well being. Fear of being negatively evaluated by others leads to social avoidance and can be a threat to one’s self esteem. Breaking traditional stereotypes about this marginalized group requires concentrated effort. Studying the existing attitudes towards this group is the first step in understanding them, their needs and problems.
OBJECTIVES OF THE STUDY

The following were the objectives of the study

1. To find out how demographic factors like age, education, income, and place of residence, type of employment influence QOL, self esteem and social anxiety in transgenders

2. To study how sex reassignment surgery affects QOL, self esteem and social anxiety in transgenders

3. To find out how many transgenders faced problems in areas related to housing and employment.

4. To study the attitude of students and adults towards transgenders

5. To examine whether awareness programme can create a shift in attitude towards transgenders among students.

HYPOTHESES

Effect of socio demographic variables on QOL, Self esteem and Social anxiety in transgenders

To formulate hypotheses in this section studies on how these variables affect individuals in general as well as studies done with other groups were considered since there were not many studies reported for transgender groups in particular. It was decided to frame null hypothesis wherever there was no conclusive evidence.

Pereira and Canavarro (2011) found that older HIV infected women had significantly lower QOL, particularly in physical, psychological and independence domains. Lekles (2008) found the relationship between age and life satisfaction to be u-shaped and is minimum between the age of 40 and 49 years. According to Trzesniewski, Donnellan, and Robins (2003) self-esteem stability increased throughout adolescence and young adulthood, and declined during midlife and old age. However others have found that self-esteem
was lowest among young adults but increased throughout adulthood, peaking at age 60, before it started to decline (Orth et al., 2010). Higher SES individuals report higher self-esteem (Twenge and Campbell, 2002). The effects of social class on self-esteem are largely experienced through occupational conditions which affect the self-evaluation dimensions of self-efficacy and self-worth (Gecas and Seff, 1989). Huurre (2000) found that those with higher levels of social support from friends and parents were more likely to have a higher level of self-esteem.

1. Age
   1.1. Age will have a significant influence on the QOL in transgenders.
   1.2. Age will have a significant influence on the self-esteem in transgenders.
   1.3. Age will not have a significant influence on the social anxiety in transgenders.

2. Place of residence
   2.1. There will be no significant difference between transgenders living in rural and urban areas in their QOL.
   2.2. There will be no significant difference between transgenders living in rural and urban areas in their self-esteem.
   2.3. There will be no significant difference between transgenders living in rural and urban areas in their social anxiety.

3. Education
   3.1. There will be no significant difference in the QOL of transgenders classified according to their educational qualification.
   3.2. There will be no significant difference in the self-esteem of transgenders classified according to their educational qualification.
   3.3. There will be no significant difference in the social anxiety of transgenders classified according to their educational qualification.
4. Income

4.1. Income will have a significant effect on the QOL of transgenders.

4.2. Income will have a significant effect on the self esteem of transgenders.

4.3. Income will not have a significant effect on the social anxiety of transgenders.

5. Occupation

5.1. Occupation will have a significant effect on the QOL of transgenders.

5.2. Occupation will have a significant effect on the self esteem of transgenders.

5.3. Occupation will not have a significant effect on the social anxiety of transgenders.

6. Living arrangements

6.1. There will be no significant difference in the QOL of transgenders categorized on the basis of their living arrangements.

6.2. There will be a significant difference in the self esteem of transgenders categorized on the basis of their living arrangements.

6.3. There will be no significant difference in the social anxiety of transgenders categorized on the basis of their living arrangements.

Effect of certain variables related to being a transgender

While Lawrence (2003) and Kim et.al (2007) found that sex reassignment surgery improved QOL, Dhejne et al (2011) found that after surgery, transgenders are at higher risk for mortality and psychiatric morbidity than the general population. Kuhn et al (2008) found that compared to healthy controls, QOL was lower after surgery. Cohen-Kettenis and van Goozena (1997) found a significant increase in dominance and self esteem among adolescent transsexuals after sex
reassignment surgery. Age of recognizing their gender expression to be different from their peers has been found to have an influence on the QOL of transgenders.

7. Sex reassignment surgery

7.1. There will be a significant difference in QOL between transgenders who have undergone sex reassignment surgery and those who have not.

7.2. There will be a significant difference in self esteem between transgenders who have undergone sex reassignment surgery and those who have not.

7.3. There will be no significant difference between transgenders who have undergone sex reassignment surgery and those who have not in social anxiety.

8. Age of realisation of gender identity difference

8.1. There will be a significant difference in the QOL of transgenders who have realized their gender difference before 12 years and those who realize it after 12 years.

8.2. There will be no significant difference in the self esteem of transgenders who have realized their gender difference before 12 years and those who realize it after 12 years.

8.3. There will be no significant difference in the social anxiety of transgenders who have realized their gender difference before 12 years and those who realize it after 12 years.

9. Attitude of college students and young adults

Antorzewski, Kasielska, Jedrzejzak and Kruk-Jeroview (2007) found that female students showed more understanding of transsexual needs than male students. Winter, Webster and Cheung (2009) found that males scored higher on two factors of a Transphobia Scale.

9.1. There will be no significant difference between college students and young adults in their attitude towards transgenders
9.2. There will be a significant sex difference in the attitude towards transgenders.

9.2.1 There will be a significant difference between female and male college students in their attitude towards transgenders.

9.2.2 There will be a significant difference between adult men and women in their attitude towards transgenders.

9.3. Religion will not have a significant influence in the attitude towards transgenders.

Effect of awareness programme on the attitude of students

Rye, Elmslie and Chalmers (2007) showed that negative attitudes towards transsexuals may be transformed into positive through a real life exposure in a class room setting.

10. There will be significant difference in the attitude towards transgenders in students after attending an awareness programme.

PHASES OF THE STUDY

Phase I- Studying Quality of Life, Self esteem and Social anxiety and psycho social problems among transgenders

Phase II- Examining the attitude of college students and adults towards transgenders.

Phase III- Examining the impact of awareness programme on transgenders among college students.

RESEARCH DESIGN

Phase I used an ex post facto design. In addition the case study method which is a descriptive method was also used. The independent variables selected for this phase were socio demographic factors like age, education, place of residence, occupation, income and living
arrangements. Other transgender related factors like sex reassignment surgery and age when gender variance was realized were also included in the study. The dependent variables were Quality of Life, Social anxiety and Self esteem.

Case studies of six transgenders were also collected by using a semi standardized interview schedule. This method of study was included as it allows people being interviewed to describe experiences in their own language. It becomes possible to appreciate their unique struggles and achievements as well as understand their general outlook towards life. It was hoped that the qualitative data would provide in depth information which can supplement quantitative data collected in the study.

Phase II was an ex post facto study. Here age, sex and religion of the participants were the independent variables. The dependent variable was their attitude towards transgenders.

Phase III was an experimental study. The design used was the one group pretest-post test. An awareness programme on transgenders was introduced and its effect on the attitude towards transgenders was observed.

Pre Test → Awareness Programme → Post Test

To substantiate research it was also decided to incorporate an analysis of some of the newspaper reports on transgenders for a period of four years from 2007 to 2011 to see how much of attention transgenders have received in the print media.
SAMPLE

Phase – I

A purposive sampling design was followed to collect the data. 200 transgenders, 100 from urban and 100 from rural areas were included. All of them were MtF transgenders. Their ages ranged from 18 to 50 years. They all had received primary level of education. Table 1 shows the characteristics of the sample included in the study.

Inclusive criteria:

1. Only MtF transgenders were included in the sample
2. They were not below 18 years of age
3. Only those who expressed willingness to answer the questionnaires were included in the study
### Table 1

#### Sample characteristics

<table>
<thead>
<tr>
<th>Age</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25 years</td>
<td>62</td>
<td>31</td>
</tr>
<tr>
<td>26-35 years</td>
<td>68</td>
<td>34</td>
</tr>
<tr>
<td>36+ years</td>
<td>70</td>
<td>35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Urban</td>
<td>100</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>No</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Uptill 10th standard</td>
<td>69</td>
<td>34.5</td>
</tr>
<tr>
<td>+2</td>
<td>105</td>
<td>52.5</td>
</tr>
<tr>
<td>Graduates</td>
<td>26</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital status</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Unmarried</td>
<td>175</td>
<td>87.5</td>
</tr>
<tr>
<td>Deserted by husband</td>
<td>7</td>
<td>3.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full time</td>
<td>65</td>
<td>32.5</td>
</tr>
<tr>
<td>Prostitution</td>
<td>98</td>
<td>49</td>
</tr>
<tr>
<td>Beggary</td>
<td>37</td>
<td>18.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly income</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptill Rs 2800</td>
<td>66</td>
<td>33</td>
</tr>
<tr>
<td>Rs2800-3500</td>
<td>65</td>
<td>32.5</td>
</tr>
<tr>
<td>Above Rs 3500</td>
<td>69</td>
<td>34.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living alone</td>
<td>117</td>
<td>58.5</td>
</tr>
<tr>
<td>Living with family</td>
<td>23</td>
<td>11.5</td>
</tr>
<tr>
<td>Living with TGs</td>
<td>60</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex reassignment Surgery</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergone surgery</td>
<td>147</td>
<td>73.5</td>
</tr>
<tr>
<td>Not undergone surgery</td>
<td>53</td>
<td>26.5</td>
</tr>
</tbody>
</table>

The six transgenders included in the case study were in the age range of 22 to 61 years.
Phase II

60 college students, 32 boys and 28 girls between 18 and 19 years and who studied in the I & II year in an arts and science college were contacted after obtaining permission from the college authorities. 60 adults in the age group of 30 to 50 years with 30 men and 30 women were selected at random. The students and adults were from the same geographic area.

Phase III

60 female graduates in the age range from 25 to 35 years studying in a Teacher’s Training college formed the sample for the experimental study.

TOOLS USED

1. Demographic sheet

Details obtained on the demographic sheet are as follows: age, education, place of residence, occupation, monthly income, living arrangements, sex reassignment surgery, membership in a transgender rights association, present health status, problems faced like housing, employment, support from family and ambition in life. (Appendix B)

2. Interview schedule

The questions to be asked in the interview for collecting their case history covered many aspects in their life starting from their childhood, their school days, events around their realization of their gender variance, relationship with their family, their employment history and their financial position, their personal problems including their physical and
mental health, their goals, their identity and sexual preferences and the way society looks at transgenders. (Appendix C)

3. WHOQOL – Bref

Description

The concept of Quality of Life of the WHOQOL-BREF is based on the same definition as the WHOQOL-100 and defined as an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHOQOL Group, 1995). Whilst the WHOQOL-100 allows a detailed assessment of individual facets relating to quality of life, it may be too lengthy for some uses. In these instances, a briefer version has been found to be more convenient. The WHOQOL-BREF has 26 items. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in WHOQOL-100 was included. In addition, two items from the Overall Quality of Life and General Health facet were also included. The four different domains of quality of life are as follows:

- Physical health (seven items): activities in daily life, dependence on medical substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest, work capacity.

- Psychological health (six items): bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality/religion/personal beliefs, thinking/learning/memory and concentration.

- Social relationships (three items): personal relationships, social support, sexual activity.
- Environment (eight items): financial resources, freedom/physical safety and security, health and social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure activities, physical environment (pollution/noise/traffic/climate).

It has been found that WHOQOL is suitable for measuring QOL in healthy and ill populations and is, therefore, neither a disability assessment nor only a measure of distress. It is the most widely used QOL measure in the world.

**Psychometric properties**

Domain scores produced by the WHOQOL-BREF correlate highly (0.89 or above) with WHOQOL-100 domain scores (calculated on a four-domain structure). The psychometric properties were evaluated using cross-sectional data from 23 countries. Analyses of internal consistency, item-total correlations, discriminant validity and construct validity through confirmatory factor analysis, indicate that the WHOQOL-BREF has good to excellent psychometric properties and performs well in preliminary tests of validity. It has been reported that the Cronbach alpha values for each of the four domain scores ranged from 0.66 (for domain 3) to 0.84 (for domain 1), demonstrating good internal consistency. Cronbach alpha values for domain 3 should be read with caution as they were based on three scores (i.e. the Personal Relationships, Social Support and Sexual Activity facets), rather than the minimum four generally recommended for assessing internal reliability. The Test and Retest Reliability was found to be 0.78.
Administration

The Tamil version of the WHOQOL-BREF was administered in the interview-administered form. Standardized instructions were given to the respondents. The following instructions were given: “This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

<table>
<thead>
<tr>
<th>Do you get the kind of support from others that you need?</th>
<th>Not at all</th>
<th>Not much</th>
<th>Moderately</th>
<th>A great deal</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others. You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.”

Scoring

The WHOQOL-BREF produces four domain scores. They are examined to ask about an individual’s overall perception of quality of life and about an individual’s overall perception of his or her health. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life). The mean score of items within each domain is used to calculate the domain score.
A method for the manual calculation of individual scores is shown below:
Physical domain= \((6 - Q3) + (6 - Q4) + Q10 + Q15 + Q16 + Q17 + Q18\)
Psychological domain= \((Q5 + Q6 + Q7 + Q11 + Q19 + (6 - Q26))\)
Social Relationships domain= \((Q20 + Q21 + Q22)\)
Environment domain= \((Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25)\)

4. Rosenberg’s Self esteem Scale

Description
The Rosenberg Self-Esteem Scale is a 10-item self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. Self-esteem is a positive or negative orientation toward oneself; an overall evaluation of one's worth or value. The items are answered on a four-point scale ranging from strongly agrees to strongly. The Rosenberg Self-Esteem Scale has demonstrated good reliability and validity across a large number of different sample groups. The SES has been validated for use with substance abusers and other clinical groups, and is regularly used in treatment outcome studies. The scale has been validated for use with both male and female adolescent, adult and elderly populations. The scale generally has high reliability: test-retest correlations are typically in the range of 0.82 to 0.88, and Cronbach's alpha for various samples are in the range of 0.77 to 0.88 (Blascovich and Tomaka, 1993). Studies have demonstrated both a unidimensional and a two-factor (self-confidence and self-deprecation) structure to the scale.
5. The Brief Fear of Negative Evaluation (BFNE)

Description

The Brief Fear of Negative Evaluation Scale (BFNE) is a measure of a person's tolerance for the possibility they might be judged disparagingly or hostilely by others. This scale measures fear of negative evaluation from others, hallmark criteria for the diagnosis of social phobia and other disorders, and is relevant to the study of human social behavior in general. With questions derived nearly verbatim from the 30-item Fear of Negative Evaluation (FNE) Scale (Watson & Friend, 1969), the 12-item BFNE Scale has the practical advantage of brevity, and has become a frequently used instrument in social anxiety research. Leary (1983) was the first one who established the psychometric properties of the BFNE Scale among a sample of college students. The BFNE Scale was highly correlated with the 30-item FNE Scale ($r = 0.96$). Internal consistency ($\alpha = 0.96$) and three-week test-retest reliability (0.75) has been reported. (Leary, 1983).

Scoring:

The respondent indicates the extent to which each item describes himself or herself on a Likert scale, ranging from 1 to 5. “Not at all characteristic of me” carries one point; “Slightly characteristic of me” carries two points; “Moderately characteristic of me” carries three points; “Very
characteristic of me” carries four points. “Extremely characteristic of me” carries five points. Statements 2, 4, 7 and 10 are reverse scored.

5. Attitude Towards Transgenders Questionnaire

Development of the Questionnaire

Information collected from informal interviews with a group of students and from the articles featured in newspapers was used to prepare items for the questionnaire. A total of 17 items were formulated. It was decided to use a four point rating scale to avoid the tendency to choose the middle term. In addition there was one item where the respondent’s awareness level had to be rated on a five point scale from “very low” to “very high” The prepared questions were then given to experts in the field of psychology and social work for examining the appropriateness of the items. Two more items were suggested by the experts who modified a few items to make it simpler and easier to comprehend. The final scale had 19 items and one item on subjective rating of transgender awareness. (Appendix G)

Reliability of the questionnaire was established by test retest method. The questionnaire was administered to a group of students (N=20) who were once again made to respond to the same questions after a gap of two day weeks. It was found that the reliability coefficient obtained was 0.84

Instructions

“Given below are some statements. Kindly go through each one of them and mark one of the options provided. If you strongly disagree with the statement circle SD: if you disagree circle D; if you agree circle A; if you strongly agree circle SA. Give your frank opinion. Your responses
will be kept confidential and used only for research purposes. Please answer all the questions.”

**Scoring**

A four point scoring scale- Strongly Agree, Agree, Disagree, Strongly Disagree was adopted. It was hoped that a four-point scale would prevent the respondents from unnecessarily take a neutral stand. All items, except those, which were positively worded, were scored thus: Strongly Agree 1, Agree 2, Disagree 3, Strongly Disagree 4

For items, No. 3, 7, 13, 17 & 19 the scoring was done in the reverse direction. The higher the score the more positive will be the attitude towards transgenders.

**6. Newspaper reports**

A sample of 23 newspaper reports on transgenders collected from 2007 to 2011 (Appendix H) were analysed to study their problems, attitude of society towards them and governmental initiatives to improve their quality of life.

**Pilot Study**

The Self esteem scale and Fear of Negative evaluation were translated into Tamil, the regional language, and back translated by an independent translator who had a good command over English and Tamil, before commencement of the study. The Tamil version was administered to a small sample to ensure clarity and comprehension of the items.
DATA COLLECTION

Phase I

The head of the SIP (South Indian Positive Network) organization was contacted and briefed about the research study. She immediately agreed to cooperate and other transgenders in the organization were introduced. The investigator was able to win their confidence by talking to them informally. They voluntarily offered their services in locating other transgenders with diverse backgrounds. Some of them who lived mainly by begging were contacted by the investigator in places like the railway stations or in the slum areas. In both Chennai and in the rural district of Thiruvallur contacting transgenders through their community network made it easier to reach them.

Case Study

Six transgenders from different backgrounds were contacted. The transgenders were individually interviewed after fixing a prior appointment. Care was taken to see that a good rapport was established. They were informed that their responses will be recorded manually and reassured that the data collected will be used only for research purposes. The interviewees were encouraged to respond freely by taking care to see that the interview was conducted in a free conversational style. Whenever the interviewee’s responses were brief, more details were sought by using suitable probes like “Can you please give me some more details” or “Can you give me an example?” Care was taken throughout to see that the interviewee was relaxed and felt comfortable.
Phase II

The students were asked to answer the questionnaire in their classrooms. Care was taken to see that they responded without consulting one another. In the case of adults, the questionnaire was given to them individually at their homes or at their work spots.

Phase III

A pre test was conducted for the students to test their attitude towards transgenders. The students responded to the questionnaire in their classroom environment. An awareness programme on transgenders was planned as part of their Citizenship Training Camp. This was held a month after the pretesting. The main objective of the programme was to provide “real life” exposure. The programme was aimed at providing experiences that facilitate effective and intellectual learning. Interacting with a transgender would enable participants to examine their values and stereotypes and lead to a greater acceptance of transgenders in particular and diversity in general.

Transgender Jeeva addressing the student

Figure 1
The programme which was held for two hours addressed issues like the myths which surround transgenders and understanding the problems they face in their day to day life, besides covering aspects of transgender development scientifically the sharing of personal experiences of the struggle and determination to be accepted in the society as well as other transgender issues would facilitate effective learning. The Question and Answer sessions helped the students clarify doubts and misconceptions. Some of the questions posed by the students were as follows:

“Why do the transgenders indulge in begging and sex work?”

“In trains generally we find that they threaten and get money from us. Why do they behave like this?”

“Is sex reassignment surgery really necessary?”

After two weeks post testing was done. The students were once again tested in their classroom. This was done just before the end of their course. Some of the students (N=10) who returned to the college were contacted after two months and asked to express their views about the programme and how it had influenced them in writing.

STATISTICAL ANALYSIS

ANOVA and t tests were used to study the effect of demographic variables on Quality of Life, Self esteem and Social anxiety. Fisher’s LSD was used to make post hoc comparisons. Paired t-test was used to find out the difference between pre test and post test scores.