

CHAPTER III

METHODS AND

MATERIALS

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3.0 MATERIALS AND METHODS

The researcher presents the methods and procedures for collecting the data and conducting analysis for the needed information. The researcher was expected to answer questions related to the following domains on scientific lines: Socio Demographic characteristic of the Aravanis, severity of Transgender Identity Stigma, Sex Worker Stigma, HIV related Stigma, and their Quality of Life (Physical, Psychological, Social Relations and Environment). Some of the pertinent domains were converted to specific objectives. The answer to all these questions were made possible by the researcher through planning out every step of data collection, processing and analysis based on scientific objectivity and integrity.

3.1 RESEARCH OBJECTIVES

3.1.2 General Objective

To know the Stigma and Quality of Life of Aravanis (Transgender Women) in Chennai

3.1.3 Specific Objectives

- To describe the Socio Demographic characteristics of Aravanis
- To analyse the Transgender Identity Stigma, Perceived Sex worker Stigma and HIV related Stigma
- To describe their Quality of Life
- To study their Mental Health
- To understand their Social Support and Self-Resilience
- Evolve a suitable social work intervention model to minimize stigma

3.1.4 Operational Definition

The concepts have been defined in the context of its usage and have been elaborated.

- ❖ **Acceptance** - Reference to approval of sexual orientation of the transgender family, friends and significant others in their life.
- ❖ **Dhandha** - Sex work.
- ❖ **Jamaat** - The term refers to a community of group of transgender women.
- ❖ **Permanent Partner** - Refers to the person with whom the respondents has lived or living continuously for more than a year or above and who is also treated as husband.
- ❖ **Significant others** - Refers to people who extend support, care, affection and have accepted the transgender women of their sexual orientation.
- ❖ **Social Support** - Refers to the extent of support offered by the family, friends and significant other such as someone to talk about ones problems, availability of people to share joy and sorrows, provide emotional support and family members offering to solve their problems.
- ❖ **Ruffians** - Ruffians refer to rowdies or thugs or gangsters. They engage in violent verbal abuse, physical violence, sexual assault, blackmail and extortion.
- ❖ **Sex worker** - An individual who had received money for sexual services, as income generation in the past three months.
- ❖ **Non Severe Transgender Identity Stigma** - Scores below 42 (low & moderate stigma were clubbed together) has been labelled as Non severe Transgender Identity Stigma.
- ❖ **High Social Support** - Scores between 30-60 (moderate support and high support were clubbed) has been labelled as High Social Support.
- ❖ **High Self resilience** - Scores between 15-35 (moderate and high were clubbed) has been labelled as high Self-Resilience.
- ❖ **Poor Quality of Life** - Scores between 0-50 (poor and very poor quality of life were clubbed) has been labelled as Poor Quality of Life.
- ❖ **Good Quality of Life** - Scores between 51- 100 (good and very good quality of life) was labelled as Good Quality of Life.

- ❖ *Non Severe (absence of severe problems and psychological distress)* – Scores between 0-20 (typical and evidence of distress) was labelled as Non severe (Mental Health).

3.2 HYPOTHESIS

1. There is no association between the socio demographic characteristics (age, educational level, income, gender identity, marital status, living arrangement and family acceptance) of the respondents and Transgender Identity Stigma.
2. There is no association between socio demographic characteristics (age, educational level, income, gender identity, marital status, living arrangement, family acceptance) of the respondents and Overall Quality of Life.

3.3 RESEARCH SETTING

Three registered Community Based Organisations, which work for Aravanis in Chennai for more than five years, namely Thozhi, Transgender Rights Association (TRA) and THamil Nadu Aravanigal Association (THAA) was the research setting. These three CBOs covered the entire Chennai city.

3.4 RESEARCH DESIGN

The researcher has done a cross sectional study. The study was conducted across three Community Based Organisations at one particular given time. The method used for data collection was mixed method (both quantitative and qualitative).

3.4.1 Source of Data and Unit of Analysis

The primary source of data was Aravanis who were enrolled in the three different Community Based Organizations. Apart from the primary source, secondary sources of information were also tapped for this study in the form of published papers in journals and books.

3.4.2 Universe of the Study

As of December 2014 there were 784 Aravanis enrolled in the CBO - Thozhi, 275 in Transgender Rights Association (TRA) and 282 in THamilnadu Aravanigal Association (THAA). Thus the universe of the study was found to be 1341 Aravanis.

3.4.3 Sampling Design and Sample Size

With a prevalence of severe Transgender Identity Stigma as 33% (Chakrapani et al, 2013) and allowing an absolute precision of 5% with a 95% confidence, the sample size of the study was 272 for the population of 1341 Aravanis, who had enrolled themselves in the three Community Based Organizations. After allowing 10% as no response rate, the sample size that was decided for the study was 299. The sample size of the current study was also supported with Krejcie and Morgan (method for determining sample size of population, 1970). According to Krejcie and Morgan, the sample size for the universe of 1300 was 297 and for universe of 1400, the same size was 302. Thus it was apt for the researcher to finalise the sample size as 299.

It was planned to allocate the sample size of 299 in proportion to the total number of Aravanis enrolled in these three Community Based Organizations, hence 175 Transgender women were taken as respondents from Thozhi (out of 784), 63 respondents from THamilnadu Aravanigal Association (out of 282) and 61 respondents from Transgender Rights Association(out of 275).

3.4.4 Inclusion and Exclusion Criteria

Transgender women who were enrolled in any one of the CBOs during the time of the research were included in the study. Both Acqwa and Nirvan transgender women were included in the study.

Transgender below the age of 18 were excluded from the study. Transgender women who came for crisis intervention due to domestic violence and suicidal

attempts were not included in the study. Transgender women who were suffering from mental illness were not requested to take part in the study.

3.4.5 Sampling Technique

Consecutive sampling (non-probable) technique was adapted to identify and to collect the data from the respondents.

3.4.6 Field Work, Pilot Study and Pre-Testing of Tools of Data Collection

The first phase of field work was conducted in August 2014. The researcher interviewed thirty Aravanis from three Community Based Organisations to assess the feasibility of the study. This pilot study has been undertaken by the researcher to find out the feasibility of conducting the study.

After the pilot study and pre-testing of the tools of data collection, the following changes were made in the Semi Structured Interview Schedule: open-ended questions such as “kindly mention few reasons for not using condoms with your permanent partner”, were changed to closed ended questions. Words such as ‘Kadai Vasool’ (begging) and ‘Dhandha’ (sex work) were added to enhance the understanding of the respondents. Questions on housing and migration patterns of the respondents were added. The actual data collection continued from 2nd January to May 25th 2015.

3.5 TOOLS FOR DATA COLLECTION

3.5.1 Interview Schedule

The primary tool for data collection used was a detailed Semi Structured Interview Schedule which included the age, religion, educational status, income, marital status, condom usage, various types of stigma experienced, quality of life, support system, self-resilience, mental health and utility of mental health care services.

3.5.2 Scales

Exposure to Transphobia scale, Sex Worker Stigma Index, Quality of Life Scale (WHO QOL-BREF 26), HIV related Stigma (enacted and internalized), Brief Resilience Scale (BRS), Multi-dimensional Scale of Perceived Social Support (MSPSS) and GHQ - 12 were used in the study.

3.5.2.1 Exposure to Transphobia Scale (2013)

A standardized scale for exposure to transphobia was used by **Chakrapani, 2013**. Responses will be scored on Likert scales with higher numbers reflecting more frequent experience. The instrument demonstrated high validity and reliability. The Items enquires on the stigma faced from the family, friends, community and police. This scale has 14 items and was used in his study entitled “*Modelling the impact of Stigma on Depression and Sexual Risk Behaviour of Men who have Sex with Men and Hijras/Transgender women in India: Implications for HIV and Sexual Health Programmes*”.

3.5.2.2 Sex Worker Sigma Index (2011)

Sex Worker Stigma (SWS) Index was created to measure perceived stigma among sex workers. The scale comprised of two hypothesized domains: perceived stigma from the community and from the family. Particularly the scales were designed, to capture respondents’ perceptions of social distancing and non-support by their community and family, respectively. Each domain had five items with the response format using four point Likert scale. Each item statement is worded so that higher points corresponded to higher levels of stigma. The instrument demonstrated high validity and reliability. This scale was used by **Su-Hsun Liu, 2011** in his study entitled “*Measuring perceived stigma in female sex workers in Chennai, India*”.

3.5.2.3 WHO QOL - BREF (1996)

The scale is used to assess the quality of life of an individual. It has 26 items. It is divided in to 4 domains, namely Physical Quality of Life (7 items),

Psychological Quality of Life (6 items), Social relationship (3 items) and Environment Quality of life (8 items). Two questions are used to assess the overall quality of life and three items in the scale is negatively worded and thus reverse coding is used. This scale demonstrates high reliability and validity. This scale was used by **George, 2015** in her study entitled “*Quality of Life and Depression among Older Transgender Women*”.

3.5.2.4 HIV related Stigma Assessment Scale (2008)

To assess the HIV related stigma, (Steward, 2008) HIV-related Stigma Assessment Scale was used. HS sub scale enacted stigma has 10 items and HS sub scale: Internalised had 11 items. Respondents of HS sub scale: Internalised is marked using a four point Likert scale 0: not at all, 1: once/twice, 2: A few times, 3: A great deal. The instrument demonstrated high validity and reliability. The Items enquires on the stigma faced from the family, friends, community and police. This scale demonstrated high reliability and validity. This scale was used by **Chakrapani, 2013** in his study entitled “*Modelling the impact of Stigma on Depression and Sexual Risk Behaviour of Men who have Sex with Men and Hijras/Transgender women in India: Implications for HIV and Sexual Health Programmes*”.

3.5.2.5 Brief Resilience Coping Scale (BRS, 2008)

The Brief Resilience Scale (BRS) was created to assess the ability to bounce back or recover from stress (Bruce W. Smith, 2008). It was predictably related to personal characteristic, social relations and coping. It was negatively related to anxiety, depression and negative affect. The BRS is a reliable means of assessing resilience as the ability to bounce back or recover from stress and may provide unique and important information about people’s coping. There are six items. Items 1, 3 and 5 are positively worded and items 2, 4 and 6 are negatively worded. Reverse coding is used for the negatively worded items. This scale was used by **Logie, 2010** in her study entitled “*Exploring the experiences of sexual stigma, Gender Non Conformity Stigma, HIV related Stigma and their Associations with Depression and Life satisfaction among Men who have sex with Men in South India*”.

3.5.2.6 General Health Questionnaire - 12 (GHQ-12, 1970)

The General Health Questionnaire (GHQ) is a measure of current mental health and it was developed by Goldberg, 1970. The questionnaire was originally developed as a 60 - item instrument but at present a range of shorter questionnaires the GHQ - 12 is available. The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four - point scale (less than usual, no more than usual, rather more than usual or much more than usual). The common scoring method used is Likert scoring styles (0 - 1 - 2 - 3). This scale was used by **Kavitha, 2010** in her study entitled “*Sexual Behaviour of Kothis in Chennai, India*”.

3.5.2.7 Multidimensional Scale of Perceived Social Support (MSPSS, 1988)

The Multi-dimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem and Farley, 1988) was used to measure the social support. It has a reliability of 0.91. MSPSS has twelve items and is measured using a 5 point Likert Scale. This scale assesses the perceived adequacy of support from family, friends and significant others. This scale was used by **Kavitha, 2010** in her study entitled “*Sexual Behaviour of Kothis in Chennai, India*”.

3.6 PROCESS OF DATA COLLECTION

Before collecting the data, informed consent was administered. The informed consent had components such as, introduction of the researcher, purpose of the study, procedure, potential risk, benefits, participation’s rights, compensation, confidentiality and voluntary participation

3.6.1 Data Analysis

3.6.1.1 Quantitative Part

The quantitative data was cleaned and analysed using a statistical package for social science (SPSS). The data has been described using frequency tables and figures wherever applicable. Both parametric and non-parametric statistics were used.

3.6.2 Qualitative Part

3.6.2.1 Sample Size

Three In-depth interviews were done in each of the Community Based Organisations, followed by one Focus Group Discussion. As the data was collected, the translation and transcribing was done side by side and when the information received a saturation point the researcher decided to stop with the data collection.

3.6.2.2 Tool for Data Collection

A guide was used for In Depth Interview (IDI) and Focus Group Discussions (FGD).

3.6.2.3 Process of data collection

After administering the informed consent, the IDIs and FGDs were conducted in vernacular language. IDIs and FGDs were tape recorded and were transcribed and translated.

3.6.2.4 Analysing of Data

The identified domains were grouped and analysed thematically.

3.7 LIMITATIONS OF THE STUDY

- Analysis was relied on self-report, which may be susceptible to recall.
- Only the transgender who visited the CBOs during the time of the study were included in the study.
- The data collected can be used as descriptive and not to be generalised for the whole population.

3.8 ORGANISATION OF THE STUDY REPORT

The study report has been organised in the following format:

- Chapter I provide the introduction, statement of problem and need for the study.
- Chapter II contains a detailed review of theoretical and empirical literature on the variables included in the study.
- Chapter III presents the outlines the research methodology used for the study.
- Chapter IV presents the findings, analysis and interpretation of the quantitative data collected through the detailed semi structured interview schedule. It also contains the summary of the qualitative data of 9 In Depth Interviews and 3 Focus Group Discussions.
- Chapter V presents the discussion of the study.
- Chapter VI highlights the implications of findings, recommendations and suggestions.