

Health Behaviour among Transgenders: An Empirical Study

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Abstract: *Transgender people are a subset of the LGBTQ community and are regarded as the third gender. Transgender people are a vulnerable segment of society, with severe negative outcomes such as marginalisation, isolation, and discrimination associated with gender minority status. All the vulnerabilities may have an impact on transgenders' health behaviour, preventing them from entering the mainstream. The present paper was designed to examine the health perceptions, perceived HIV risk and sexual risk taking among transgenders. Further their psycho-social vulnerabilities of victimization were also explored. In the present study purposive sampling method was used. The sample comprised of 30 transgenders with average age of 31 years. Standardized measures HPQ (Health Perceptions Questionnaire): (Ware, 1976), HIV Perceived Risk Scale (PRHS): (Napper et al., 2011) and SRS (Sexual Risk Survey): (Turchik & Garske, 2008) were used to assess aforementioned variables. Descriptive statistic analysis was performed and it was found that respondents have negative health perceptions and they perceive themselves more susceptible to fall sick. Further it was found that respondents perceive themselves as vulnerable to contract HIV, but still they are high on sexual risk taking. Due to the stigma associated with the gender minority community, they lack education and employment opportunities hence, sex work becomes only viable option for them to earn living.*

Keywords: Health Behaviour, Health Perceptions, LGBTQ, Sexual Risk Taking, Transgender

1. Introduction

India is a vast country with diversity in food, culture, values, color, caste and creed. Despite their abundance of pride and rich values, the people of this country continue to face injustice as a result of gender discrimination. Society does not recognise Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) people because of their atypical gender or sexual roles. Transgender people are a subset of the LGBTQ community and are regarded as the third gender (Chrisler & McCreay, 2010). They are known as the gender minority people. Gender minority people are people whose gender identity differs significantly from the gender roles assigned to them at birth based on their genitals, and who believe that this is a false or incomplete description of themselves (Warren et al., 2016; Golden Kisha, 2014).

According to the Transgender Persons (Protection of Rights) Bill of 2016, a "Transgender Person" is defined as an individual who is:

- Neither a complete male nor a complete female,
- A combination of female or male, or
- Does not adhere to the gender assigned to them at birth, which includes trans-men, trans-women, people with intersexual characteristics, and gender queers.

Being transgender is independent of sexual orientation, as Transgenders can be heterosexual (transgender men have a sexual orientation towards women and transgender women have a sexual orientation towards men), homosexual (transgender men have intimacy with men and trans women have a sexual orientation towards women), or bisexual (men or women have a sexual orientation towards both men and women) (APA, 2014).

There are several culturally sanctioned transgender communities in India such as hijras/kinnars, and other

transgender identities such as – Shiv-Shaktis, Jogtas, Jogappas, Aradhis, Sakhi, and so on, while others remain isolated and do not belong to any such group. There is regional variation in the use of the term, for example, "Hijrah" is mostly used in northern India, while "Kinnars" is mostly used in Delhi and "Aravanis" is mostly used in Tamil Nadu. Few terms derive from folklore and have mythological origins. Hijrah refers to males who lose their masculinity and become women. Similarly, there are various such terms, such as Kothey, Jogtas/Jogappas, Aravanis, and so on. This community typically earn a living by begging in public transportation and performing at weddings, thereby they have limited source of earning.

Transgender people are a vulnerable segment of society, with severe negative outcomes such as marginalisation, isolation, and discrimination associated with gender minority status (Remadefi, 2008; Diamond, 2003). They face social inequalities (bullying at school, physical/sexual assault, stigmatisation, and social isolation, among other things), socioeconomic inequalities related to jobs, employment, income, and education (Meyer et al., 2017), and as a result, they face a wide range of health and mental health disparities (Winter et al., 2016; Coker, Austin, & Schuster, 2009; Perdue, Hagan, & Valleroy, 2003). High rate of unprotected sex has been reported among trans women (WHO, 2011), as a result there is high prevalent of HIV among transgenders as compared to general population (UNAIDS, 2014). All of the aforementioned vulnerabilities may lead them towards health risk taking behaviour. There is a need to probe and understand their health perceptions, perceived HIV risk and sexual risk taking behaviour.

Individual health behaviours reflect physical endowments and experiences that have developed over time in various social contexts. Individual practises that affect health can include health-promoting behaviours such as diet, exercise,

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and adherence to prescribed medical treatments, among others, as well as avoiding health-compromising behaviours such as sexual risk-taking, substance abuse, and so on (Norman et al., 2000; Short & Mollborn, 2015). Transgender people face social and economic inequalities, and as a result, they face a variety of health disparities (Winter et al., 2016). Health perceptions, perceived susceptibility (Glanz et al., 2008), and risk taking, are all important components of health behaviour.

The term "health perceptions" refers to an individual's self-assessment of his or her own health. Someone may perceive themselves to be ill even in the absence of a disease, whereas others may perceive themselves to be healthy even if they are suffering from chronic illness (Leite et al., 2019). According to the Health Belief Model (Rosenstock, 1974; Rosenstock et al., 1988), one of the factors that determined preventive health behaviour is an individual's perceived susceptibility to an adverse health outcome (Rosenstock, 1974). For the current study, perceived HIV risk will be investigated in order to determine sexual risk taking.

Transgender people face stigma and discrimination in the workplace, making sex work the most viable source of income for them (Meyer et al., 2017). It is estimated that 90 percent of trans women in India work in the sex industry (UNAIDS, 2014). Previous research on transgender health has found that risky behaviours such as multiple partners, unprotected anal and vaginal sex, and injecting drug and hormone use are common among community members (Clements-Nolle et al., 2001; Kenagy, 2002; Nemoto et al., 1999; Xavier et al., 2004) and are disproportionately affected by HIV (Clements-Nolle et al., 2001; Elifson et al., 1993; Kellogg et al., 2001).

Gender minority communities face challenges in a variety of contexts. The census (2011) in India revealed a low literacy level in the community of 46 percent, compared to 74 percent in the general public. This comes as no surprise given the discrimination, abusive treatment, and harassment that this community faces in educational institutions. The proportion of working people is also low, at 38 percent versus 46 percent in the general population (Census, 2011). This paints a clear picture of community marginalisation. According to a review of the literature, transgenders have a higher prevalence of poor psychological health, depression, social anxiety (Reisner, 2015), suicidal ideation, and suicidal attempt than their heterosexual counterparts (Krehely, 2009; Warner et al., 2004; Cochran et al., 2003; Davey et al., 2014). Lack of positive social experiences leads to self-devaluation and lower levels of self-esteem (Herek, Gillis, & Cogan, 2009) as well as a low quality of life (Radkowsky & Siegel, 1997). Although previous research has provided valuable insight into health behaviours, there is a scarcity of empirical evidence pertaining to this population, particularly in India. There is a gap that limits our understanding of the dynamics of health behaviour among transgender people.

Objectives

On the basis of the need of the study following objectives are framed

- 1) To examine the:

- Health perceptions of transgenders.
 - Perceived HIV risk among transgenders.
 - Sexual risk taking among the transgenders.
- 2) To understand the psycho-social vulnerabilities related to sexual risk taking behaviour.

2. Methodology

Sample

In the present study purposive sampling method was used and respondents were recruited from registered NGO of Chandigarh. For the sake of authenticity of transgenders, only those transgenders were taken who were registered with some NGO and voluntarily agreed to participate in the study. The sample comprised of 30 transgenders with average age of 31 years.

Design & Procedure

The present study involves descriptive analysis of health perceptions, perceived HIV risk and sexual risk taking among transgenders. Standardized questionnaires were used to assess the aforementioned variables. Qualitative data was collected from respondents through Focus Group Discussion. Prior to the commencement of the study written consent was sought from the respondents. All the respondents were explained the objectives of the study and were assured to maintain confidentiality. After seeking the written consent from the respondents questionnaires were administered. Focus Group Discussion were carried on to explore and understand the psycho-social vulnerabilities of victimization.

3. Tools

The following measures were used:

- 1) Socio demographic profile consisting of 12 items was developed. It constitutes items related to the educational status, family type, family affluence level and annual income etc.

To assess the health behaviour among the respondents following instruments were used:

- 2) **HPQ (Health Perceptions Questionnaire): (Ware, 1976)**

The scale consisted of 32 items on a five-point Likert scale ranging from (1 completely false) to (5 completely true) (5, completely true). The scale yields scores on seven dimensions: current health perception, prior health perception, future health perception, resistance to illness, health concern and sickness orientation, and attitude toward visiting a doctor. Items 3, 5, 6, 9, 11, 13, 18, 20, 26, 29, 30 have their scores reversed. Total scores are calculated by adding the scores from all dimensions. Positive perceptions are indicated by high scores (Ware & Colleagues, 1984). Rodriguez (2016) reported a Cronbach alpha of =.88 in her study with a sexual minority sample.

- 3) **HIV Perceived Risk Scale (PRHS): (Napper et al., 2011)**

This is an eight-item self-reported scale designed to assess the perceived risk of HIV infection. The response scale ranges from four to six options, with total scores ranging from eight to forty-three (Martin et al., 2019).

The total score is calculated by adding each item's score (with item 4 being reversed). It evaluates the following aspects of HIV risk perception: (a) cognitive assessment (e. g., the likelihood of contracting HIV), (b) intuitive assessments (e. g., feeling vulnerable), and (c) the salience of the risk (e. g., have thought about risk or can picture it happening). According to Napper et al. (2012), the scale has excellent internal consistency (= 0.88). Higher scores indicate a greater perception of risk.

4) **SRS (Sexual Risk Survey): (Turchik & Garske, 2008)**

It is a self-reported measure of 23 items with five dimensions: sexual risk taking, risky sex acts, impulsive sexual acts, intent to engage in risky sexual act, and risky anal sex. Scores are assigned on an ordinal scale ranging from 0 (no risky behaviour) to 4 (extreme risky behaviour) (high risk behavior). Total scores range from 0 to 92 when individual item scores are added together. Higher scores indicate more dangerous behaviour. Cronbach alpha for the total scale is.88 (Turchik & Garske, 2008), while it ranges from.63 to.90 for subscales (Turchik, Walsh & Marcus, 2014).

4. Results and Discussion

Table 1: Demographic Profile of the Respondents (N=30)

Variable	Category	N	%
Average Age	31 years	30	100
Education Status	High school	12	40
	Senior secondary school	17	57
	Graduate	1	3
	Total	30	100
Family type	Joint	-	-
	Nuclear	30	100
	Total	30	100
Living Status	Alone	4	13
	Community members	26	87
	Total	30	100
Family affluence level	Low	13	43
	Medium	14	47
	High	3	10
	Total	30	100
Annual Income	Below 70, 000/-	24	80
	70, 000/-to 100, 000/-	6	20
	Total	30	100
Gender Type	Trans Men	5	17
	Trans Women	25	83
	Total	30	100

Table 1 shows the demographic profile of the respondents. The results revealed that majority of the respondents (57%) have finished education upto 12th standard while (40%) have finished only high school. All the respondents belong to nuclear families, but currently they are living either with other community members or alone. Majority of the respondents (80%) earn less than 70, 000/-per annum. Such meager income makes their living conditions poor. Majority of the respondents (83%) are trans women while only (17%) are trans men.

Table 2: Respondent's Health Perceptions on different domains (N=30)

Levels	CH		PH		HO		RI		HW		SO		AD	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Low	17	56	14	47	13	43	15	50	1	3	7	23	4	13
Average	4	13	6	20	9	30	9	30	2	7	6	20	3	10
high	9	30	10	33	8	27	6	20	27	90	17	57	23	77
Total	30	100	30	100	30	100	30	100	30	100	30	100	30	100

Table 2 depicts the health perception on different domains (CH-Current Health, PH-Prior Health, HO-Health Outlook, RI-Resistance to illness, HW-Health Worry, SO-Sickness Orientation and AD-Attitude towards going to the doctor) of respondents. The results revealed that only (30%) of the respondents perceive themselves as healthy. Further it was found that only (27%) have positive outlook towards their future health and only (20%) perceive themselves as resisted to illness. Most of the respondents (90%) reported health related worries and (77%) have negative attitude towards going to the doctor. Trans people worldwide experience substantial health disparities and barriers to appropriate health care services that keep them from achieving the highest possible health status (Safer & Coleman et al., 2018). Researchers reported gender insensitivity, denied services, substandard care and labelling as the reasons for negative attitude and inhibition of transgenders towards health seeking behaviour. Researchers (Pandya & Radcay, 2019; Sethi, 2018; Kosenko et al.2013) reported the biggest barrier to health care of transgender individuals is lack of appropriate attitude of health care providers. Overall the results indicate the need to sensitize health care providers

related to gender non conforming individuals and provide them with adequate infrastructure and facilities without discrimination.

Table 3: Overall Health Perceptions (N=30)

Health Perception	N	%
Positive	12	40
Negative	18	60
Total	30	100

Table 3 shows the health perceptions of transgenders. Results revealed that majority (60%) of the respondents have negative health perceptions. Negative health perceptions indicate that respondents perceive themselves as unhealthy even if they have good health. Previous research reported worse overall general health perceptions of transgenders as compared to their cisgender counterparts (Downing & Przedworski, 2018). Trans individuals often have biological health markers such as hypertension, diabetes (Dowd & Zazacova, 2010; Idler & Kasl, 1995) these markers are predictors of future morbidity (Idler & Kasl, 1995). The findings of the study are supported by Griffin et. al., (2019),

they reported poor health perceptions among transgenders in their study.

Table 4: Perceived HIV Risk (N=30)

Risk Perception	N	%
Low	8	27
Average	4	13
High	18	60
Total	30	100

Table 4 shows the HIV risk perception of the respondents. Perusal of the above table reveals that (60%) of the

respondents perceive themselves as high on HIV risk indicating that the respondents are aware of their risk of HIV infection. Globally, it is estimated that around 19% of transgender women are living with HIV (UNAIDS, 2016). *Koh & Young*, (2018) in their study with LGBTQ community in Malaysia also reported high perceived risk of contracting HIV by majority of the respondents. The lifetime risk of HIV infection is 34.2 times higher among transgender women as compared to the general population (Reback & Fletcher, 2014).

Table 5: Sexual Risk Taking (N= 30)

Levels	Uncommitted partners		Risky sexual acts		Impulsive Sexual behaviour		Intent to engage in risky sexual behaviour		Risky anal sex		Overall Sexual Risk Taking	
	N	%	N	%	N	%	N	%	N	%	N	%
Low	6	20	2	7	10	33	8	27	9	30	4	13
Average	7	23	17	56	12	40	9	30	7	23	3	10
High	17	57	11	37	8	27	13	43	14	47	23	77
Total	30	100	30	100	30	100	30	100	30	100	30	100

Table 5 shows the levels of respondents on different domains of sexual risk taking. It can be inferred from the results that majority (57%) of the respondents are high on sexual risk taking with uncommitted partners followed by risky anal sex and intent to engage in risky sexual behaviour. Overall it was found that (77%) are high on sexual risk taking. It shows that they are indulged in unprotected sexual behaviour with multiple partners. Stigma and discrimination limits the employment opportunity for transgenders (Meyer et al., 2017), consequently for them sex work becomes the most viable source of income. According to the report (UNAIDS, 2014) estimated 90% of the trans women in India are engaged in sex work.

Discussion with the respondents revealed many underlying issues that influence their overall health behaviour. There are stressors specific to transgender individuals such as low educational level, reduced social network, isolation, poor connectedness, limited access to healthcare services, financial crisis, and neglectful attitude of family members and society. Other factors that contribute to the high risk sexual behaviour and negative health perceptions are the reinforcement of traditional gender typical roles that limits their opportunity to education and employment. The identification of these factors may support the understanding of reasons that contributes to poor health of people belonging to this community.

Research reported high risk of contracting HIV via anal intercourse (Li, wang et al., 2017; Nemoto, 2014). Previous research on transgender’s health indicate that the risky behavior such as multiple partners, unprotected anal and vaginal sex, and injecting drug and hormone use are widespread among community members (Clements-Nolle et al., 2001; Kenagy, 2002; Nemoto et al., 1999; Xavier et al., 2004) is one of the reason they are disproportionately affected by HIV (Clements-Nolle et al., 2001; Elifson et al., 1993; Kellogg et al., 2001).

Respondents revealed that they faced discrimination, were bullied as well as sexually abused during school years. At home, even the parents did not accept and understand their atypical gender identification, resulting into physical and psychological abuse. Therefore, respondents reported of victimization at home as well as in social settings during their transitional phase, this led to leaving their home and joining their community. Respondents also stated that, it is hard to earn bread and they ended up as a sex worker, following their fellow community members to survive. Most of the respondents stated that although the law has been formulated but there is no improvement in healthcare facilities and still they are living in pathetic conditions and waiting for inclusion.

Stevens, Bernadinni & Jemott, (2013) investigated sexual risk taking among transgenders and reported that they have normalized risky sexual behaviour and consider it as part of their lives. Several researchers supported these findings (Harawa et al., 2004; Anderson & McCormack, 2010; Mckay et al., 2012). The results are in contradiction with many studies done with cisgenders that reported risk perceptions lead to preventive behaviour (Pailing & Reniers, 2018; Broihanne & Rogers, 2014; Mills, Reyna & Estrada, 2014). In the present study it is found that transgenders are indulged in risky sexual behaviour despite high risk perception of contracting HIV.

To change the scenario in the social context transgender’s cultural, socio-economic factors and difficulties to access healthcare services should be taken into consideration. It is essential to value health especially of gender minority community considering their different work and life conditions.

Focus group Discussion

FGD with the respondents revealed the psycho-social vulnerabilities related to their sexual risk taking behaviour.

5. Conclusion

The present study examined the health perceptions, perceived HIV risk and sexual risk taking among the transgenders. Transgenders are the vulnerable population of

the society. It was found that they are low on education and earn meager income to make both ends meet. They lack social support and experience victimization. In the present study it was found that respondents have negative health perceptions and they perceive themselves as vulnerable to contract HIV. The respondents reported gender insensitivity, denied services, substandard care and labelling as the reasons for their inhibition in health seeking behaviour. Therefore, it is essential to develop infrastructure and sensitivity to provide health care facilities. Apart from this more educational and work opportunities should be provided to transgenders, to enable them to come to the mainstream.

6. Recommendations

It is necessary that social context should be further studied to frame public policies respecting transgender's bio-psycho-social needs. The gap between their need and health care access may be bridged by developing effective and sensitive health support system. The economic empowerment is essential in this community so that they are not exploited and choose sex work as their only source of income. Stigma associated with marginalized section of the society should be further explored and inclusive programs should be designed specifically that caters the need of transgenders.

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