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**The Dilemma of Being Themselves:**  
**A Psycho-Economic Insight into the**  
**Difficulties faced by the Transgender**  
**Community**

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## **Abstract**

*The transgender community has been a part of society since the beginning but is, to this date, systematically discriminated against and face various hurdles that lower their quality of living. This paper aims to shed some light on the economic and psychological difficulties faced by the transgender population. To do this, second-hand data was extracted from existing literature, case studies, news articles, and government documents. It was found that problems such as employment disparities and lack of equal opportunities are rampant. There is a high cost, implicit as well as explicit, that comes with transitioning. As for psychological repercussions, self-harm, anxiety, and depression are reported. Substance abuse is at par with the cisgender population but has underlying factors that contribute to it. Internalized transphobia and falling out with loved ones are major issues for the trans community but at the same time, personal growth flourishes if they are afforded support.*

**Keywords:** *Transgender, wage gap, employment, transphobia, self-harm, anxiety, depression*

## **1.0 Introduction**

Gender being binary is a conceptual fallacy and it is very facile to conclude that only two genders exist. This has resulted in countless challenges for the LGBTQ+ population spanning decades. Over time, the world has realized that there is a whole spectrum of gender and sexual orientation. These two terms are often used interchangeably but they are mutually exclusive terms. These past few years, however, have been a turning point for them. In the year 2009, following the initial decision of the Delhi High Court and the final verdict of the Supreme Court in 2018 concerning section 377 of the Constitution, as well as the ruling and discussion of the National Legal Services Authority (NALSA) concerning the Trans Rights Act, a significant social dialogue about the LGBTQ+ community has followed the legal discourse (W. P. (Crl.) No. 76 of 2016; Act No. 40 of 2019).

Nevertheless, these legal victories do not safeguard the LGBTQ+ population from economic, social, as well as psychological issues. They are not being provided with fundamental rights and face a lot of bureaucratic red-tapisms. They must overcome these hurdles to lead a fulfilling and successful life. Transgender individuals are people whose gender identities do not correspond to their biological sex, therefore they differ from the perception of how average men and women are.

Economic factors such as the income disparity faced by transgender individuals as compared to that of cisgender individuals over time, employment opportunities, and the cost of transition are covered. It is not just monetarily but also the implicit costs associated with transitioning. This is followed by a review of psychological aspects including instances of self-harm, substance abuse, along with a comparison of levels of anxiety and depression between the transgender and the cisgender population. Furthermore, the consequences of the revelation of their gender identity have been discussed, both, in terms of social and well as personal outcomes.

This paper focuses primarily on the economic and psychological difficulties faced by the transgender community and aims to give a detailed analysis of the discrimination and its repercussions faced by the transgender community over time, and their systematic seclusion from the workplace and societal culture to date regardless of constitutional changes. This has been done by studying different case studies and statistical analysis of second-hand data from various sources.

## **2.0 Key Concepts**

**Transgender Persons** -Transgender (often abbreviated to “trans”) is an umbrella term that refers to several identities and expressions of gender that diverge from those assigned at birth. This may include those who adhere to the ideology of binary gender and choose to switch from one gender to another or those who oppose this definition (e.g., genderqueer, nonbinary, etc.) (Butler et al., 2019). The LGBT community includes transgender people (lesbian, gay, bisexual, and transgender).

**Cisgender Persons** - Cisgender (often abbreviated to cis) is a term for people whose gender identity matches their sex assigned at birth. For example, someone who identifies as a woman and was assigned female at birth is a cisgender woman. The term cisgender is the opposite of the word transgender (Wikipedia contributors, 2020).

**Transphobia** - Transphobia includes several negative views, emotions, or activities towards transgender people or transitioning in general. Fear, aversion, hate, aggression, rage, or irritation felt or demonstrated towards people who do not adhere to social gender norms may be included in transphobia (Chakraborti & Garland, 2009).

### **3.0 History of Transgender Persons**

The transgender community is prevalent worldwide for ages. There are many pieces of evidence in various historic texts. In Indian mythology, they hold a significant part. The literature named Kama Shastra, the ancient Hindu text which is referred to as “Trityapakriti” or third gender has been an integral part of Vedic literature. (Sawant, 2018).

There have been many instances of the Transgender community in Ramayana and Mahabharata as well. In Ramayana, there is a reference to King Ila who spent half his life as a man and half as a woman whereas, in Mahabharata, there is a reference of Shikandini who was born female but raised like a man and trained in warfare. Even the history of Egypt has evidence about them. Pharaoh Hatshepsut, a female who ruled Egypt from 1458-1479 BC, invented a hybrid gender so that she could rule. At that time, A Pharaoh was by definition, male (Gupta, Muraki, 2009). Though the current status of the Transgender community is not good, they were respected a lot in Medieval India. After the British Invasion in India, they were discriminated against, and to this date, they are devoid of basic dignity despite laws made to uplift them. However, for the first time in the history of India, in 2011, they were included in the census. Around 4.88 lakhs of citizens identified themselves as transgender individuals. The data also reported 5,000 children as trans by their parents (Sawant, 2018).

### **4.0 Economic Hurdles Faced by the Transgender Community**

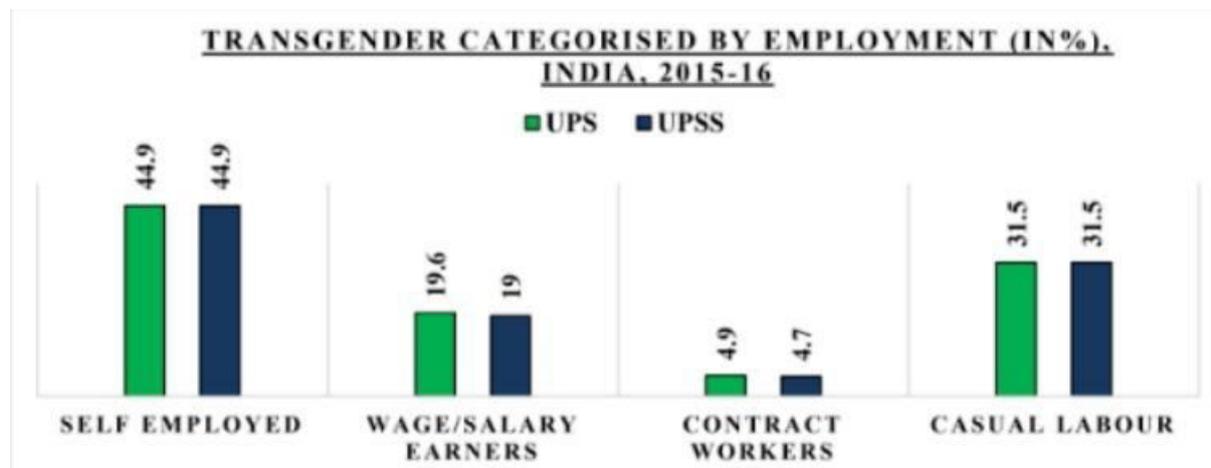
#### **4.1 Employment status of the Transgender community**

The wage gap is one of the prominent issues faced by minority communities worldwide. It is defined as the disparity in income distribution due to racial, gender, or sexual discrimination due to stigma or social prejudices. In simpler words, people receiving different incomes for the same job. The transgender community is one of the most vulnerable communities among the lot as they have been treated poorly at the workplace. Many studies suggest that transgender individuals are not even considered as a third gender. In India also, they were included for the first time in the 2011 census (National LGBTQ Task Force). There is still no official record account of the income distribution of the transgender community in India as they are not substantially present in organized workplaces. Even in America, not all gays and transgender workers receive unequal pay for equal work to date (Center for American Progress, 2012).

**In India**, the transgender community is mainly coming off the unorganized labour force. Due to societal intolerance and transphobia prevalent in the minds of the general populous, they are mainly forced to do begging or enter into prostitution to earn their livelihood. They are one of the most vulnerable marginalized communities when it comes to getting enough income to sustain themselves. There have been so many cases of sexual and physical abuse by “goondas” or even by police officials in their household spaces. One of the instances shared in the pldindia.com is of the transgender community living in Hamam- a household/working space completely devoid of privacy of the home.

“Asha, one of the residents of Hamam, told that despite her constant reminders, she was being abused sexually after her sex reassignment surgery” (Report of PUCL-Karnataka, 2001). There have been multiple cases of police abuse too in Hamams. They forced the community and sexually exploit them by having non-consensual sex. “Goondas” and other drunkards also take “*haftas*” (bribes) as managing a brothel is illegal in India under The Immoral Traffic (Suppression) Act.

Whereas, few transgender individuals are a part of the organized labour force. There are no special amendments or facilities for Transgender individuals in workplaces due to societal stigma and not strict policies by the government. This mainly leads to very little participation in the nation’s workforce.



Source: Naik, 2019

**Note:** The results of the Labor Force Participation rate were compiled under two approaches namely **Usual Principal Status (UPS)** approach and the **Usual Principal and Subsidiary Status (UPSS)** approach which are based on a longer reference period of one year.

The above graph also supports the above argument that wage and salary earners in the transgender community at a proper workplace is very less. This is due to various reasons. One of the first and foremost reasons is the lack of educational opportunities due to physical abuse and stigma leading to dropout, family, and society's non-acceptance. In most cases, families disown as soon as a child identifies himself/herself as a non-conforming gender. Lack of skill sets is also one of the prominent reasons that the community is on the verge of the poverty line. They are facing extreme difficulties in meeting their ends.

**In the United States**, high rates of poverty, unemployment, and economic vulnerability are documented in research done by the Bureau of Labor Statistics to assess economic indicators of the transgender community. The research briefly shows that transgender people face pervasive mistreatment, discrimination in the workplace, and during the hiring process. In addition to being fired, denied promotions, or not getting hired due to gender identity, transgender people are subject to verbal harassment, bullying, physically attacked at work, and much more (James, 2016).

| Reason for losing job                | % of those who have ever lost job | % of those who have been employed |
|--------------------------------------|-----------------------------------|-----------------------------------|
| Age                                  | 7%                                | 4%                                |
| Disability                           | 13%                               | 7%                                |
| Income level or education            | 5%                                | 2%                                |
| <b>Gender identity or expression</b> | <b>30%</b>                        | <b>16%</b>                        |
| Race or ethnicity                    | 5%                                | 3%                                |
| Religion or spirituality             | 2%                                | 1%                                |
| Sexual orientation                   | 13%                               | 7%                                |
| None of the above                    | 61%                               | 32%                               |

**Source: Report of Transgender Survey, 2015**

The figures given show that the reason for losing a job is mainly due to the revelation of gender identity or expression. The reason is none other than the societal discrimination and the stigma recruiters and other employees have in the mind. From the reports, 27% of those who held or applied for a job in 2016 were not being hired, denied a promotion, or being fired during the year because of their gender nonconformity.

One of the instances shared about the discrimination faced at the workplace “Coworkers would gossip about me as news about trans status spread through my workplace. I was treated significantly differently once people heard about me being trans. Co-Workers felt they had the right to disrespect me because the owners set the tone. I became a spectacle in my workplace”- Anonymous (James, 2016)

When asked how they responded to the mistreatment, more than two-thirds of those didn't file an official complaint as they didn't want to enter into the legal complications. A few of them reported the complaint to the Federal Equal Employment Opportunity Commission (EEOC), the agency that enforces federal employment non-discriminatory law in the USA.

There have been cases of threats or various methods to suppress trans people in workplaces. There have been cases of breaching confidentiality as well. A lot of recruiters are found to be assaulting and degrading their transgender employees. However, they have taken steps to combat discrimination such as quitting a job or hiding their transition, despite the potential impact on their well-being or financial stability (James, 2016).

#### **4.2 Comparative analysis of US and India's trans employment status**

As shown above, the Indian trans community is in a very poor state as they are not even included in the organized workforce. They are mainly dependent on begging and prostitution for a living. Whereas the conditions in the USA are still better. The Bureau of Labour Statistics showed that till 2017, 35% of the transgender Individuals have a full-time job while 15% are doing part-time jobs whereas only 2% of them are engaged in sexual and illegal activities to earn a livelihood (Sethi, 2018).

Although nearly one-third of the population is living in poverty and are succumbed to illegal activities. The unemployment rate of trans i.e. who are looking and able to work but can't find a job was 15% till 2017. Whereas in India, the figures were jaw-dropping. Till 2018, 96% of trans were denied jobs and are forced to take low paying or indignified work for livelihoods such as *badhais* (culture of collecting money in Hindu weddings or baby shower), sex work, or begging. The study on the rights of transgender people by the National Human Rights Commission showed conducted in 2018 showed that transgender individuals didn't have the right to participate in any form of economic activity.

Overall, the conditions of Transgender in both counties are not good. More strict laws need to be implemented in workplaces to provide them with an inclusive workplace.

#### **4.3 Lack of Social Development**

The rights of the transgender community are protected by a range of national policies & schemes. However, legal compliances, tedious procedures, and red-tapism strip them of their rights and limits access to justice. They experience social exclusion from the early stage of life which not only affects them economically but also mentally. They are mostly victims of crushing debt. It is mainly due to limited access to education & employment opportunities which deteriorates economic and social advancement. There are no special reservations for them in educational institutions. There are no toilet facilities for the community in public places as well. To this date, people have hatred towards transgender not being fit in gender norms set by society. This only increases the stigma among the youth and puts barriers in the process of social upliftment of the community.

#### **4.4 Health problems faced by the Transgender community**

**In India**, health problems faced by them don't hold priority in the eyes of the government. The main problem is the medical procedure involved in the transition. They experience health disparities and are not provided basic health care services. They are more prone to violence & harassment as they are mostly involved in sex work. However, due to transphobia & high poverty, they don't get access to HIV testing or basic medication. A 2008 systematic review showed that global HIV prevalence among transgender individuals was 27% compared to 15% among transgender who didn't sell sex. (Sethi, 2018) It's almost double the number as due to economic vulnerability & for mere extra money, they are forced to have unprotected sex. The Civil Welfare Foundation, an NGO based in the East Indian city of Kolkata shared the incident of Saikat, a transgender individual who died in a train accident as doctors couldn't decide to admit her to male or female work. There are a lot of cases of health care personnel such as doctors or nurses being transphobic that they don't even examine them properly. They are not being taught about the third gender in medical schools as well. The report of CWD showed that healthcare professionals are not well informed about treatments that transgender citizens undertake the transition to another gender such as sex reassignment surgery, hormone replacement therapy (ALJAZEERA, 2014).

Very few transgenders can go through SRS legally by following all medical procedures as it costs very much and trans people who couldn't afford it have to follow illegal measures.

One of the transgender individuals shared her incident Padmashali commented in the report that recognition of the transgender community as the third gender & initiative in the state of Karnataka to provide special wards in hospital is encouraging but We are not looking for special treatment when we visit hospital treat us like everyone else because we are just as human. This statement highly promotes equality and they just want to remove the stigma of transphobia from the mind of people so that they can also get basic health care (ALJAZEERA, 2014).

**In the United States**, the rate of clinical depression, anxiety disorder, interpersonal violence, physical and mental abuse, HIV are among the highest of any minority group (Gupta, 2017). A US sample of 1093 transgender persons taken in 2017 showed a high prevalence of clinical depression i.e. 44.1 %, anxiety (33.2%), and somatization (27.5%). In the largest national transgender survey to date that is of 6456 individuals, 30% of the respondents reported current smoking (1.5x the rate of the general population), 26% reported current or former alcohol or drug use to cope with mistreatment, and 41% report having attempted suicide (D.Safer, 2017).

It is mainly due to barriers in basic health care provided to transgender people in the country. In addition to the usual care, the barriers to Sex reassignment surgery & safe hormonal therapy is the lack of access to care. Other barriers that are reported are financial barriers such as lack of insurance & limited income. Cultural barriers such as lack of cultural competence by Healthcare providers & socio-economic barriers such as proper housing, medicines, transportation, etc (D.Safer, 2017).

The passage of the Affordable Care Act (ACA) in the United States (2010) mandates the service providers and agencies to provide access to essential preventative procedures and treatments such as mammograms for trans women and Papanicolaou tests for trans men if deemed necessary by a medical provider. However, in most cases, the implementation of this law currently falls short of mandating coverage for gender-transition services, including cross-sex hormones and gender-affirming surgeries (Gupta, 2017).

One such study in National Transgender Discrimination Survey (NTDS) with data collected between September 2008 & March 2009 is that the medical students were uncomfortable providing hormone care for transgender individuals than providing the same hormone care to other patients. This is mainly due to the social stigma prevalent in the mind & having not enough awareness for transgender health care. There is no specific attempt for improving the Health care status of Transgender individuals to limit the availability of unisex restrooms in outpatient settings & the challenges associated with shared rooms in inpatient settings (Gupta, 2017).

## **5.0 Mental Health Issues Faced by Transgender Community**

The trans community has been systematically discriminated against socially and culturally for years. They have to deal with stigmatization, prejudice as well as stereotypes stemming from misinformation or ignorance. This paper has already demonstrated that they are kept from doing productive work and when allowed into the workplace, they do not receive the same wages or respect as their cisgender counterparts. All these factors contribute to the deterioration of mental health and psychological repercussions that are not talked about enough.

The following subsections will critically discuss the numerous aspects that affect a trans person's mental health and well-being to give a comprehensive understanding of the same.

### **5.1 Gender Dysphoria and Identity Crisis**

Gender-dysphoric individuals tend to experience anguish as a consequence of the incongruity between sex assigned and experienced. A significant reason for transitioning may be physical dissatisfaction and the need for a gender-congruent physique (Coleman et al., 2012). Gender dysphoria occurs in both men and women. Evidence supports the fact that it is more prevalent in men than in women of all ages. (American Psychiatric Association, 2013). Dysphoria does not only limit itself to the biological versus perceived gender but also manifests as a general identity crisis regarding the concept of self. Dysphoria-affected people may experience themselves as disoriented and ambiguous. They feel increasingly starved of a defined identity and are unable to be regularly involved in a project or role in society that corresponds to how they see themselves.

The case study below illustrates how gender dysphoria can affect one throughout one's life till the underlying conflict is resolved.

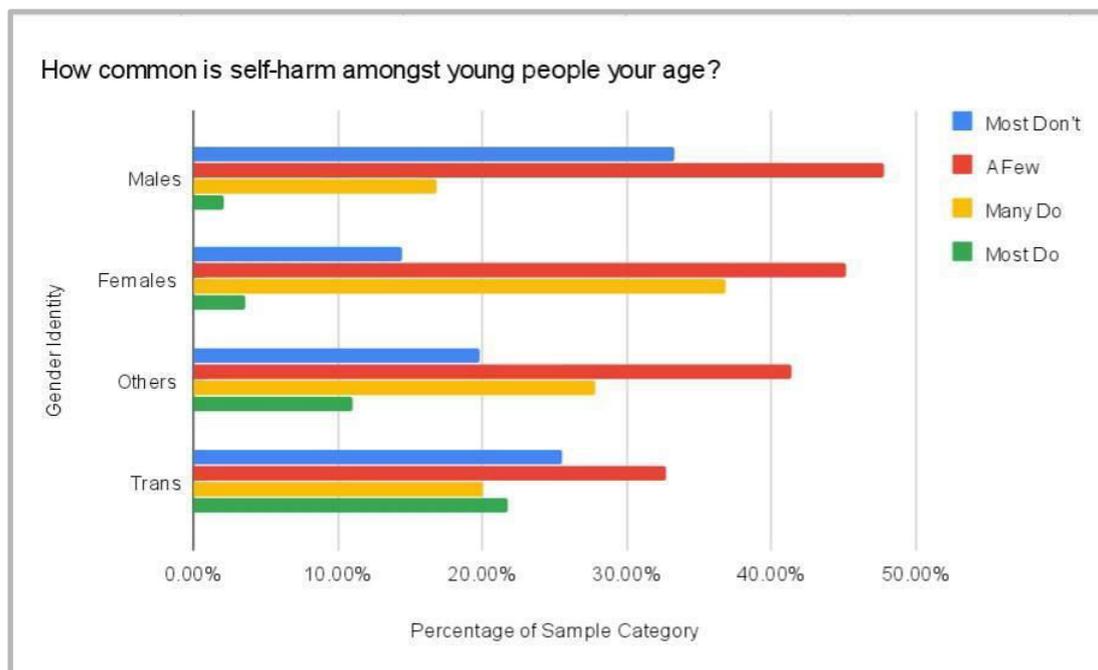
Phil, 35, is a college qualified and prolific anthropology lecturer. He found himself increasingly interested in interacting with girls and dolls as a child. His relationship with his mother was very good, and he found it easier to make friends with girls than with boys. His father was an abusive parent who beat Phil's mother frequently. In early childhood, Phil convinced his parents that his male genitals would fall away, and eventually started visiting a child therapist because his parents were alarmed by his conviction. In his early teen years, Phil conveyed to his mother his attraction to other males. She was very accepting of Phil's possibility of being a gay man. This helped Phil in trying out new things now that he wasn't afraid of his mother's rejection. He experimented with same-sex relationships as he ventured out as a gay man, but never felt completely comfortable with his own male body. With his sexual partners, he experimented with cross-dressing and playing a feminine role, but continued to have little inner satisfaction with his gender. His life-long conviction that he was a female born in the body of a man is the key characteristic of Phil's gender dysphoria. Phil often displayed dissatisfaction or distress, and anxiety knowing that something was wrong with his life. Phil experimented with cross-dressing with romantic partners, taking on more feminine positions. Eventually, he found himself investigating the idea of sexual reassignment surgery (Hansell & Damour, 2008).

The identity confusion and the frustration that stems from it can debilitate one's social life and functioning. It also makes one an outcast in society if the person is not accepted for who they are. The above case demonstrates how acceptance by Phil's mother was an important aspect of him finding himself and being able to express himself. If such support is absent, as is the case for many trans persons, one might suffer from anxiety and depression which may be supplemented with escapism by the ways of substance abuse and self-harming tendencies. There are also physical difficulties as secondary-sex traits start to evolve, in addition to the psychological challenges that are associated with gender non-conformity during puberty. This can be linked to anxiety related to gender dysphoria for those undergoing treatments, which may take the form of "shame, self-hatred, and body-distress" which can cause self-harm in itself (qtd. Butler et al., 2019).

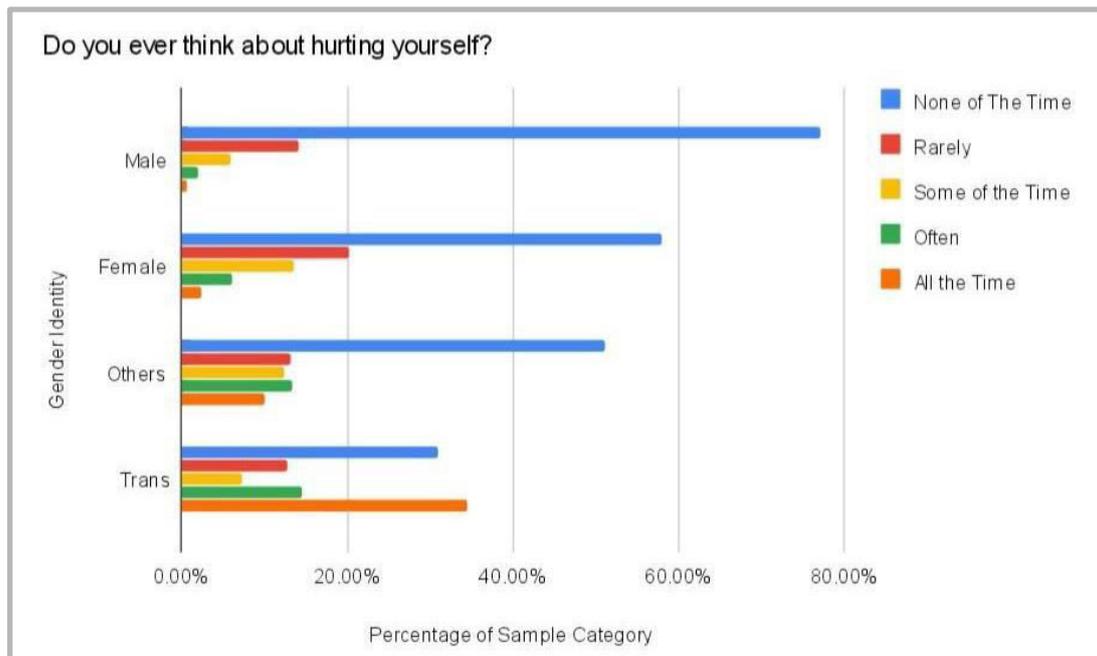
## 5.2 Comparing Self Harm in Transgender and Cisgender Adolescents

Self-harm pertains to actions that are performed deliberately to harm the self, which may be driven by a desire to die, or it may be without suicide ideation but to serve a specific goal, such as emotional control or self-punishment. Both these behaviours, i.e., self-harm and suicide ideation emerge and peak during adolescence. It is not surprising that transgender youth, who face social exclusion, bullying, and discrimination in school are found to have alarmingly higher rates of self-harm (46%) compared to cisgender students (4.1%) (qtd. Butler et al., 2019).

In a survey by Butler et al., 2019, students from a high school in the UK (aged 13-17) were grouped into 4 categories, Male, Female, Trans, and Others (who did not identify as any of the former). They were asked some questions like "How common is self-harm amongst young people your age?" and "Do you ever think about hurting yourself?" among others. The data below, obtained and analyzed by Butler et al., 2019., has been depicted in the form of bar graphs.



Made using Google Sheets; refer to Appendix for tabular data (Butler et al., 2019).



**Made using Google Sheets; refer to Appendix for tabular data (Butler et al., 2019).**

As one can see, 21.8% of trans youth and 11% of those who identified as Other responded that the majority of young people were self-harming, compared to just 2% of males and less than 4% of females. There was also a major gap among the 4 categories in their answers to the question as to whether students ever think of self-harm. 10% of Others and 34.5% of Trans, as compared to 0.7% of males and 2.3% of females, think about self-harm all the time. This demonstrates that trans adolescents, along with those who identify neither as female nor male are more prone to self-harm tendencies than their cisgender peers. These results are also echoed in another study in the US by Thoma et al. (2019) where transgender males and transgender females were reported to have higher suicidal ideation and suicide attempt rates compared to any cisgender category. Also, as opposed to any cisgender group, transgender males reported higher rates of passive death desire, planning a suicide attempt, and suicide attempt requiring medical attention (Refer Appendix for tabular data).

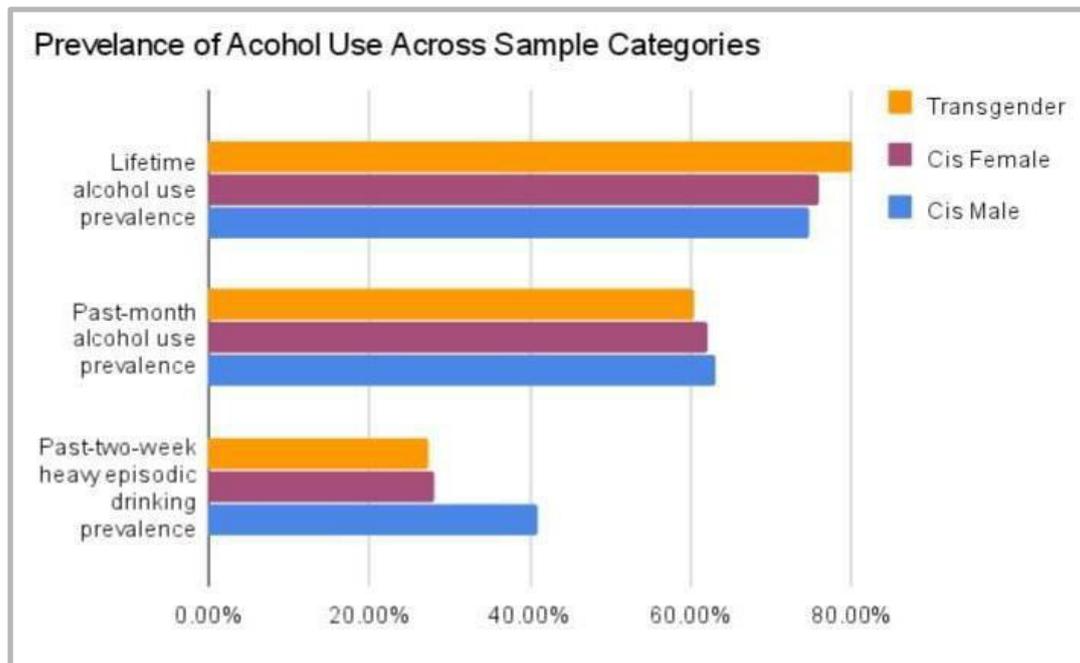
In India, the suicide rate among transgender people is about 31%, with nearly half of them having attempted suicide at least once before turning 20. The high occurrence of depression and suicidal thoughts among transgender people appears to be strongly shaped by social stigma, lack of social support, and issues related to gender-specific violence.

The psychological analysis of suicide deaths by transgender people has shown that variables such as the break-up of the partner's romantic relationship (64.3%), severe confrontations with family members (14.3%), refusal of gender/sex-reassignment (9.5%), financial troubles (9.5%), HIV positive results in the past few days/weeks (2.4%) have led to the act of suicide among the victims (qtd. Virupaksha et al., 2016).

### **5.3 Impact of Substance Abuse on Trans Population and its Prevalence in the Community**

Often seen as a way to escape from reality, a large part of the general population engages in the use of alcohol for coping with life. Assessing the current data, alcohol addiction is thought to be fairly widespread in the transgender population, especially in early to middle adulthood (Gilbert et al., 2018). A spectrum of behaviour patterns that can have negative physiological, psychological, or social effects is correlated with alcohol use. Being transgender is still not widely accepted by society as a whole which results in huge social and psychological costs for the person in question. But a study by Coulter et al. (2015) on people from ages 18 to 29 in the US shows that trans adolescents or young adults *do not* engage in extremely different drinking behaviours than the cisgender population.

Trans individuals have a comparable incidence of heavy episodic drinking to that of cis females, but are less likely to do it than cis males; it is to be kept in mind, however, adjusted analysis (Refer Appendix for tabular data) shows that transgender people who have participated in heavy episodic drinking do so more often than their non-transgender-identified counterparts. Also, suicidal ideation while drinking is much more common among transgender people than cisgender individuals which is a cause of concern (Coulter et al. 2015). The following graph, based on data gathered and analyzed by Coulter et al. (2015) shows that the rates of alcohol consumption across the sample categories.



**Made using Google Sheets; refer to Appendix for tabular data (Coulter et al. 2015).**

On the other hand, transgender groups can face exceptional secondary hazards than cisgender peers due to alcohol usage. For, instance, relational violence has been linked to excessive alcohol use. Transgender people tend to be at higher risk of abuse, such as sexual and physical attacks as well. There is strong proof that victimization, including verbal harassment and sexual misconduct, is associated with heavy drinking. Also, transgender communities may face a greater risk of damage due to the intoxication of others. In particular, the combined effect of alcohol-induced disinhibition and anti-transgender bias can amplify the risk of violence against transgender people being committed (qtd. Gilbert et al., 2018).

#### **5.4 Instances of Anxiety and Depression in the Trans Community**

Transgender people have been found to suffer from high levels of discrimination and victimization and rejection from family and loved ones. Possibly as a consequence, many transgender people have low self-esteem and high prevalence rates of mental health problems, particularly anxiety disorders and depression (qtd. Bouman et al., 2016). This is reflected in the minority stress theory which proposes that disparities in the wellbeing of sexual minorities can be largely explained by stressors exacerbated by a hostile, homophobic society, which frequently results in abuse, ill-treatment, prejudice, and victimization over a lifetime (Meyer, 2003).

In a study by Bouman et al. (2016), it was seen that transgender individuals had an almost threefold elevated risk of possible anxiety disorder compared with a cisgender-matched control group from the general population. Trans males showed higher potential rates of having an anxiety disorder (71.1 %) than trans females (59.8 %). The indicators of anxiety disorder are found to be low self-esteem and poor interpersonal functioning, which demonstrates the importance of therapeutic intervention and management in this marginalized group.

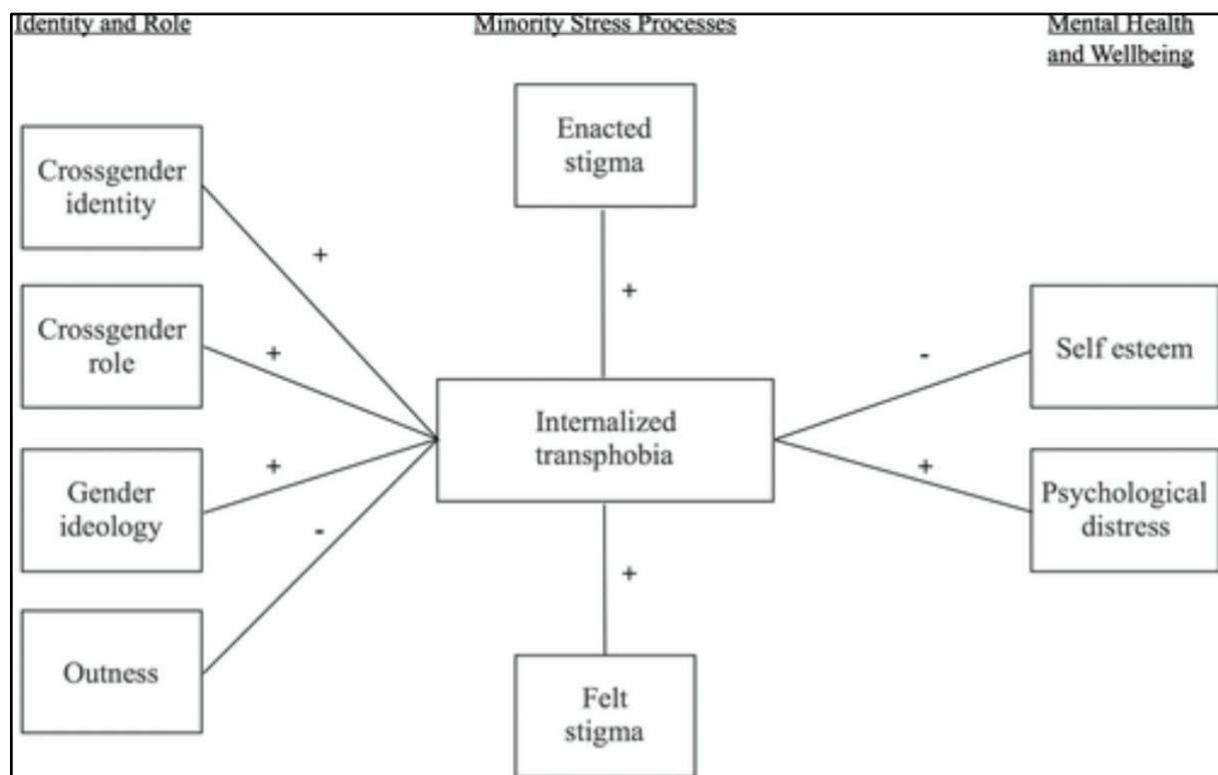
Depression is another psychological condition that is frequently diagnosed and is one of the most extensively investigated. It is seen that there is almost 4 times more risk of depression being diagnosed in transgender people than their cisgender counterparts. Furthermore, both trans males and trans females showed higher rates of depression if they had not started transition via gender confirmation therapy (Witcomb et al., 2018).

Therapy aimed at increasing self-esteem and interpersonal functioning can assist transgender people with a likelihood of developing anxiety disorder during the transitional phase (qtd. Bouman et al. 2016). This can be applied to prevent the development of depression as well. This is confirmed by a study conducted by Olson et al. (2016) which demonstrated that transgender children who had transitioned openly in society with the support of others showed normative rates of depression as compared to the general population and showed little to no anxiety. There is now increasing proof that social support for transgender youth and adults is related to improved mental health outcomes. These results indicate that social transitions in children, a form of love and encouragement by the parents of a prepubescent child, may be related to good mental health outcomes in transgender children (Olson et al., 2016).

## **5.5 Transphobia and its Internalization**

Compulsory heterosexuality is profoundly rooted in society, and resistance is usually met by perceived violations of these norms. This is seen in the mockery, bullying, and alienation faced by children and adolescents who are gender non-conforming (Bockting et al., 2020). Transphobia has been defined as 'an emotional disgust for people who do not comply with the gender norms of the society (qtd. Ansara & Hegarty, 2012).

Transgender individuals may internalize this hatred of their non-conformity and they may develop shame and self-hatred because of their supposed breach of culturally established definitions of masculinity and femininity. Internalized transphobia, therefore, is described as frustration with one's transgender identity as a product of the normative gender norms of society being internalized (Bockting et al., 2020). Vertical internalized transphobia, i.e. the manifestation of self-prejudice, or in other words, the stigma of one's own trans or non-conforming identity, can be distinguished from horizontal internalized transphobia, i.e. the alienating feelings for other individuals who are trans or gender non-conforming (qtd. Scandurra et al., 2018).



**Source: Bockting et al., 2020**

Poor health results stem from both anti-transgender discrimination and internalized transphobia. For example, a positive correlation between social stigma and anxiety, depression, and somatic symptoms are found as a result of anti-transgender discrimination. Conversely, it is stated that internalized transphobia raises the risk of suicide attempts, (Scandurra et al., 2018) as well as lower relationship quality, spouse violence, and victimization (Puckett & Levitt, 2015).

Thus we have enough evidence to suggest that societal pressures and being socialized in a heteronormative environment can hinder acceptance of oneself if one's identity does not run coincide with the prevalent gender norms. This can only be remedied by encouragement and unconditional warm regard for those who identify as trans or gender non-conforming.

### **5.6 Issues Associated with Openly Transitioning**

Transgender individuals are stigmatized and discriminated against in every facet of life. Many of them have endured violence since childhood in different ways. One has to bear immense non-monetary costs if they choose to transition openly. This has detrimental effects on their social lives and changes their standard of living. A child or adolescent experiencing gender dysphoria may decide to run away from the home, unable to accept prejudice or not want to bring embarrassment to the family (Singh, 2019). Most of them find themselves in prostitution rings and turn to sex work as they cannot find employers who are willing to give them jobs due to transphobic ideologies. Further, not only are they the victims of sexual abuse by the people of society, but also by their loved ones, particularly family members and relatives (Singh, 2019).

Some parents may also utterly shun and abandon their child for breaching society's established gender norms and for not performing the roles expected of a male/female child. Parents might give many reasons for doing so: bringing embarrassment and humiliating the family; decreased chances of their child marrying a "normal" woman or man in the future and thereby ending their family tree (if they have only one male child), and their child's perceived inability to take care of the family. Additionally, it could be impossible for transgender women to even claim their share of the property or inherit what would be legitimately theirs as the "born son" of the family (Singh, 2019).

Below, 'Red Lipstick' by Laxminarayan Tripathi has been taken as a case study to show different themes relating to the lives of Transgender people. It is an autobiographical piece of work that shows how transgender people look at the world. Their experiences and perspectives, and how they are mistaken between two gender binaries in patriarchal culture are depicted in 'Red Lipstick'.

The transgender group, in this work, includes people who have identities such as Homosexual, Hijra, Bisexual, Drag Queen, and Drag King, leading the lives of isolation in society isolated from social life (Singh, 2019). The outcry by their families is very apparent through these lines,

"Gauri's [born as Ganesh] family disowned her. she'd lost her mother at a young age, and her father simply asked her to leave home one day because he couldn't take the cross-dressing and taunts of his social and professional circles anymore". As Raju transitioned into Laxmi and joined the hijra community, her family got angry over Laxmi's actions and made her listen to lectures about disgracing fourteen generations of honour and fame of their Brahman family. Laxmi states:

"Mummy was beating her chest and wailing loudly as if someone had died. As for papa, he was furious. I have never seen him like that. Why have you done this to us?" (Tripathi & Pande, 2016).

Seeing these statements, we can assert that the costs of being openly transgender in society are great. From abandonment by loved ones to being ostracized by society, the consequences of being truly themselves in front of others are severe if not dire. This has a huge impact on one's mental health, as demonstrated earlier. However, there is a silver lining that mainstream research often overlooks. The following section pertains to the positive outcomes of transitioning.

### **5.7 Transitioning and its Effects on Self**

To date, research has concentrated mainly on health hazards, psychopathologies, and traumatic life experiences with little exposure to the positive aspects of transgender identity. Several transgender-identified people experience happiness and have a strong sense of self (Riggle et al., 2011). In an online survey conducted by Riggle et al. (2011), participants (n=61) were asked how positively did they feel about their present self-identification as a transgender individual. A whopping 72% of respondents claimed to feel extremely or very positive, 25% claimed to be 'somewhat' positive and 3% claimed to feel 'not very' positive (no respondent favoured the 'not at all' choice). Comments expressing positive aspects of a transgender identity were also provided by the respondents.

Several of them described problems and obstacles that resulted in meaningful experiences or were conquered by positive values.

The congruence between their inner thoughts and outward appearances was cited as a major benefit of accepting a transgender identity by almost half of the participants. This congruency stemmed from self-identification as transgender, thereby giving a name to their emotions. For the rest, congruency came from transitioning from one sex to the other for others. Congruence also included being able to convey their inner feelings through their choice of attire or aesthetics. A transgender identity allowed many participants to convey "honesty," "truth," and "unity within themselves," something they had never been able to achieve before. Some participants said that before transitioning, they had lived with a sense of denial about a real part of their identity. Congruency, thus generated feelings of real harmony, comfort, and being complete (Riggle et al., 2011). Some statements from the respondents are as follows (how they chose to identify themselves is specified in single quotation marks),

A 'Transgender FTM [Female to Male]' individual, aged 40, stated, "Since allowing myself to be the person I am, my suicidal depression has completely vanished. I am more self-confident."

A 'Normal woman', aged 57, stated, "It was horrible wearing a costume every day. the burden of hiding and guilt lifted. not hiding in bottles of alcohol anymore".

A 'Transgender FTM [Female to Male]' individual, aged 40, stated, "'I am experiencing true spiritual growth now because I have come closer to understanding God is the one that created me in His image.'" (Riggle et al., 2011).

About a third of the sample indicated that the personal development and resilience they encountered were an advantage of transgender identity. Many connected with their transgender identity with being 'stronger', 'more confident', and more self-aware.' One-fourth of the respondents suggested that they now felt greater empathy for others. Empathy arose as an overall sensitivity to the sentiments of others and the injustices experienced by members of other minorities. For others, there was an increase in empathy for all. Some participants suggested that their interpersonal relations had been strengthened because of their disclosure. A few went on to say that they had been involved in activism and advocating for their community which gave them a sense of purpose (Riggle et al., 2011).

It is therefore seen that even though there are enormous amounts of psychological difficulties and social hurdles one faces, there is hope for positive self-growth if they are afforded support and acceptance.

## **6.0 Recommendations**

### **6.1 From an Economic Perspective**

#### **1. Improving employment opportunities**

- a. Create a supportive environment- Proper counselling & sessions need to be done to make all the personnel aware of transgender people & their rights. Strict rules should be made to completely stop discrimination.
- b. Skill-building initiatives- Design vocational skill-building courses as per their needs which is to run by government institutions at very negligible fees so that the extremely vulnerable individuals can get the opportunity to be employed.
- c. Altering existing schemes- Inclusion of Transgender community in various reservations made by govt. for other minority groups & also sponsored schemes such as the National livelihood mission, NREGA, etc. It will help them in achieving due recognition.
- d. Make a coherent working space- New workspace models should be made coherently. A special bond should be made to handle their grievances, establish 24\*7 helpline numbers, online placement support & construction of unisex toilets in the working space.

#### **2. Improvement in Educational Institution**

- a. Proper sensitization needs to be done for teachers as well as other school staff to vanish the stigma & avoid discrimination.
- b. The fulfilment of the Right to Education needed to be mandatory to improve the conditions of Transgender children.
- c. The inclusion of LGBT knowledge in the course structure is crucial for normalizing gender identity and reducing stigma.
- d. A proper counselling board needs to be set up for transgender children who are suffering from any sort of mental or physical abuse by their fellow mates or teachers.

- e. Reviewal of the reason for dropouts is critical so that proper policies can be made to combat those issues.
- f. Activities organized in school should be inclusive to ensure the participation of all children. This will enable other children to understand them better & give space for transgender children in their friendship.
- g. Financial aid & scholarship exclusively for trans children need to be implemented.

### **3. Improvement in health care facilities**

- a. All public hospitals & private hospitals need to have a designated ward for transgender patients. Proper training also needs to provide to health care staff to remove the stigma.
- b. Supportive measures need to be taken to provide appropriate counselling about gender transitions as well as post operations follow-ups and support.
- c. Providing essential transitioning services such as female & male hormone therapy, SRS in suitable public hospitals.
- d. Providing training to health care providers in offering gender transition services.
- e. Development of national guidelines on clinical management of people with intersex conditions. (Ministry of social justice, 2014)

## **6.2 From a Psychological Perspective**

1. Mental health initiatives - Counselling and psychotherapy that help affirm the gender of the child, adolescent, or even adult should be provided in government hospitals as well as in private clinics. This needs to encompass not only the concerned person but also their family so that they can learn to accept the person's wishes to identify as transgender. Parents have to be counselled separately too so that they can overcome their disbelief, shock, and learn to let go of their last expectations. This will foster acceptance and warmth which will drastically decrease the instances of depression, anxiety, self-harm, as well as prostitution.

2. Awareness campaigns and change of curriculum in educational institutions - Misconceptions and myths should be expelled using mainstream media and government-backed advertisement campaigns.

A general cognizance needs to be created which will be best done if it is started at a grass-root level. Hence, educational institutions need to be more inclusive and sensitive in their curriculum. Central Board of Secondary Education as well as the University Grants Commission can direct the institutions to include not only transgender identity but also the over LGBTQ+ umbrella when holding sex education workshops that are already a mandate. This can be done via holding sessions with imminent transgender people, having group discussions, movie screening, and sensitization seminars.

3. The Pronoun Movement - One of the subtle changes that can be made is having a section for preferred pronouns in government documents and admission purposes in institutions. Social media has already embraced the Pronoun Movement with many people stating their pronouns in their profile descriptions. It would be a very inclusive initiative if this was implemented in real life as well.

## **7.0 Conclusion**

From the beginning, the transgender community has been part of the society, yet to date, they have been actively discriminated against and face various barriers that diminish their quality of life. Legal victories like the Trans Right Bill (2019) have not safeguarded them from economic, social, as well as psychological challenges. The transgender community is one of the most vulnerable communities among the lot as they do not get equal employment opportunities and when they are employed, they are treated poorly at the workplace. Most are employed in the unorganized labour force. There is a high cost that comes with transitioning which is implicit as well as explicit. As for psychological consequences, instances of self-harm, depression, and anxiety are substantially higher in the transgender population vis-a-vis the cisgender population. Substance abuse is at par with the cisgender population, but it has underpinning variables that need to be addressed. Internalized transphobia and falling out with loved ones are big challenges for the trans community, but if they are given support, they can flourish and be prosperous and happy in the long run.

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**Appendix**

**1. Tabular data from Butler et al. (2019)**

| How common is self-harm amongst young people your age? |            |        |         |         |
|--|------------|--------|---------|---------|
|  | Most Don't | A Few  | Many Do | Most Do |
| Males  | 33.30%     | 47.80% | 16.90%  | 2.10%   |
| Females  | 14.40%     | 45.20% | 36.80%  | 3.60%   |
| Others   | 19.80%     | 41.40% | 27.80%  | 11.00%  |
| Trans  | 25.50%     | 32.70% | 20.00%  | 21.80%  |

| Do you ever think about hurting yourself? |                  |        |                  |        |              |
|---|------------------|--------|------------------|--------|--------------|
|   | None of The Time | Rarely | Some of the Time | Often  | All the Time |
| Male                                      | 77.20%           | 14.10% | 5.90%            | 2.10%  | 0.70%        |
| Female                                    | 57.90%           | 20.20% | 13.60%           | 6.10%  | 2.30%        |
| Others                                    | 51.10%           | 13.20% | 12.40%           | 13.30% | 10.10%       |
| Trans                                     | 30.90%           | 12.70% | 7.30%            | 14.50% | 34.50%       |

## 2. Tabular data from Coulter et al. (2015)

Table 2

Unadjusted estimates and adjusted comparisons of drinking patterns by gender identity: National College Health Assessment Surveys, Fall 2011–2013, United States

|  | Unadjusted estimates          |                                   |                                 | Adjusted models               |                                   |                     |                                 |             |                     |                  |
|--|-------------------------------|-----------------------------------|---------------------------------|-------------------------------|-----------------------------------|---------------------|---------------------------------|-------------|---------------------|------------------|
|  | Transgender-identified people | Nontransgender-identified females | Nontransgender-identified males | Transgender-identified people | Nontransgender-identified females |                     | Nontransgender-identified males |             |                     |                  |
|  | % (95% CI)                    | % (95% CI)                        | % (95% CI)                      | Estimate                      | Estimate                          | (95% CI)            | P                               | Estimate    | (95% CI)            | P                |
| Lifetime alcohol use prevalence <sup>a</sup> (n=74,628)  | 79.9 (74.1, 84.6)             | 75.8 (73.8, 77.7)                 | 74.8 (73.0, 76.6)               | RR = 1.00                     | 0.98                              | (0.92, 1.05)        | 0.609                           | 0.96        | (0.90, 1.03)        | 0.276            |
| Past-month alcohol use prevalence <sup>a</sup> (n=74,628)  | 60.3 (52.3, 67.8)             | 62.1 (59.5, 64.6)                 | 63.1 (60.5, 65.5)               | RR = 1.00                     | 1.04                              | (0.92, 1.17)        | 0.522                           | 1.04        | (0.93, 1.17)        | 0.475            |
| Past-month alcohol use frequency <sup>b</sup> (mean number of days and 95% CI; n=74,628)                 | 5.2 (4.0, 6.4)                | 4.1 (3.8, 4.3)                    | 5.2 (4.9, 5.5)                  | IRR = 1.00                    | <b>0.69</b>                       | <b>(0.52, 0.90)</b> | <b>0.006</b>                    | 0.88        | (0.67, 1.16)        | 0.372            |
| Past-two-week heavy episodic drinking prevalence <sup>a</sup> (n=74,850)                                 | 27.4 (21.0, 35.0)             | 28.1 (26.3, 30.1)                 | 40.9 (38.7, 43.2)               | RR = 1.00                     | 0.97                              | (0.75, 1.25)        | 0.802                           | <b>1.42</b> | <b>(1.10, 1.81)</b> | <b>0.006</b>     |
| Past-two-week heavy episodic drinking frequency <sup>b</sup> (mean number of times and 95% CI; n=74,850) | 1.1 (0.7, 1.5)                | 0.6 (0.5, 0.6)                    | 1.1 (1.0, 1.2)                  | IRR = 1.00                    | <b>0.28</b>                       | <b>(0.19, 0.40)</b> | <b>&lt;0.001</b>                | <b>0.43</b> | <b>(0.29, 0.62)</b> | <b>&lt;0.001</b> |

Unadjusted estimates are the prevalence or mean, as well as 95% confidence intervals (CIs), for each alcohol use outcome by gender. Adjusted models present the risk ratio (RR) estimates or incidence-rate ratio (IRR) estimates, as well as 95% CIs, for each alcohol use variable by gender identity, controlling for age, race/ethnicity, sexual orientation, education level, employment, residence, and fraternity/sorority membership. Both unadjusted and adjusted estimates account for the clustering of students within schools.

<sup>a</sup> = Adjusted models were fit using the modified Poisson regression approach.

<sup>b</sup> = Adjusted models were fit using zero-inflated negative binomial regression models.

## 3. Tabular data from Thoma et al. (2019)

TABLE 2 Lifetime Prevalence of Suicidality Outcomes Within Gender Identity Groups, Including Unadjusted Pairwise Comparisons Between Gender Identity Subgroups

| Suicidality Outcome            | All Cisgender | Cisgender Sexual Minority | Cisgender Heterosexual | All Transgender | Cisgender Males | Cisgender Females | Transgender Males | Transgender Females | Nonbinary Assigned Female | Nonbinary Assigned Male | Questioning |
|--------------------------------|---------------|---------------------------|------------------------|-----------------|-----------------|-------------------|-------------------|---------------------|---------------------------|-------------------------|-------------|
| Passive death wish             | 77.0          | 84.7                      | 68.2                   | 94.3            | 61.9            | 82.1              | 96.4              | 93.7                | 92.3                      | 86.0                    | 92.2        |
| 95% CI                         | 74.2–79.8     | 81.5–87.9                 | 65.5–72.9              | 93.0–96.6       | 55.4–68.4       | 79.2–85.0         | 94.9–97.9         | 87.6–99.8           | 89.6–95.0                 | 75.5–96.5               | 84.7–99.7   |
| Significance <sup>a</sup>      | —             | —                         | —                      | —               | A               | B                 | C                 | B, C, D             | C, D                      | B, D                    | B, C, D     |
| Suicidal ideation              | 60.4          | 70.4                      | 48.2                   | 84.8            | 46.5            | 65.0              | 88.6              | 90.5                | 79.2                      | 72.1                    | 82.4        |
| 95% CI                         | 57.1–63.7     | 66.3–74.5                 | 43.2–53.2              | 82.7–86.9       | 39.8–53.2       | 61.3–68.7         | 86.1–91.1         | 83.2–97.8           | 75.1–83.3                 | 58.5–85.7               | 71.8–93.0   |
| Significance <sup>a</sup>      | —             | —                         | —                      | —               | A               | B                 | C                 | C, D                | D                         | B, D                    | B, C, D     |
| Planning attempt               | 49.8          | 57.6                      | 40.7                   | 72.5            | 37.6            | 53.8              | 75.6              | 75.0                | 69.6                      | 48.8                    | 72.5        |
| 95% CI                         | 46.5–53.1     | 53.2–62.0                 | 35.8–45.6              | 70.0–75.1       | 31.2–44.0       | 50.0–57.6         | 72.2–79.0         | 62.0–84.0           | 64.9–74.3                 | 33.7–63.9               | 60.1–84.9   |
| Significance <sup>a</sup>      | —             | —                         | —                      | —               | A               | B                 | C                 | B, C, D             | C, D                      | A, B, D                 | B, C, D     |
| Suicide attempt                | 31.4          | 37.9                      | 23.4                   | 50.3            | 24.3            | 33.8              | 54.5              | 57.1                | 44.3                      | 44.2                    | 41.2        |
| 95% CI                         | 28.3–34.5     | 33.6–42.2                 | 19.1–27.7              | 47.4–53.2       | 18.6–30.0       | 30.2–37.4         | 50.6–58.4         | 44.8–69.4           | 39.3–49.3                 | 29.2–59.2               | 27.6–54.8   |
| Significance <sup>a</sup>      | —             | —                         | —                      | —               | A               | A                 | B                 | B, C                | C                         | A, B, C                 | A, B, C     |
| Attempt requiring medical care | 5.6           | 7.5                       | 3.2                    | 13.2            | 1.4             | 7.0               | 15.4              | 6.3                 | 10.9                      | 14.0                    | 9.8         |
| 95% CI                         | 4.1–7.1       | 5.2–9.8                   | 1.4–5.0                | 11.2–15.2       | 0.0–2.9         | 5.0–9.0           | 12.5–18.3         | 0.2–12.4            | 7.7–14.1                  | 3.5–24.5                | 1.6–18.0    |
| Significance <sup>a</sup>      | —             | —                         | —                      | —               | A               | B                 | C                 | A, B, C             | B, C                      | B, C                    | B, C        |
| NSSI                           | 59.1          | 68.5                      | 47.8                   | 86.9            | 38.9            | 65.9              | 89.4              | 73.0                | 87.6                      | 76.7                    | 76.5        |
| 95% CI                         | 55.8–62.4     | 64.3–72.7                 | 42.8–52.8              | 84.9–88.9       | 32.4–45.4       | 62.2–70.0         | 87.0–91.8         | 62.0–84.0           | 84.2–91.0                 | 63.9–89.5               | 64.7–88.3   |
| Significance <sup>a</sup>      | —             | —                         | —                      | —               | A               | B                 | C                 | B                   | C                         | B, C                    | B, C        |

—, not applicable.

<sup>a</sup> Each letter denotes gender identity subgroups that do not differ significantly from each other at the 0.002 level within unadjusted pairwise comparisons for each outcome.

