

Quality Of Life of Transgender Older Adults

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ABSTRACT: *Transgender individuals who face great adversities from their childhood, experience a poor quality of life that continues to their adulthood. However, the life of transgender older adults are more or less invisible in the society. What happens to them in terms of their quality of life after a certain age, is therefore the question that this study attempts to answer. The study used quantitative methods adopting a descriptive research design. Male to female transgender individuals from Bangalore, Karnataka, India, who are above 40 years, constituted the study population. The sample size was 60. Interview Schedules involving a socio-demographic data sheet prepared by the researcher which included details specific to the transgender community, and WHO QOL-BREF (1996) were used for data collection. Data was collected through in depth interviews. The results indicate a moderate to good level of quality of life of the transgender older adults both domain wise and in total, in the current life situation.*

KEY WORDS: *Adversities, Invisible, Older Adults, Quality of life, Transgender individuals*

I. INTRODUCTION

Transgender individuals experience many difficulties in their life time that affect their quality of life. Starting with the denial from their families of origin in their childhood, the rejection experienced by the transgender individuals progress in every walks of life in the society, as they grow up. Though it cannot be ignored that in the current scenario, welfare measures and very recently legal measures, are being taken in terms of accepting the 'third gender', existing research on transgender people, however limited, shows that many transgender people are aging in isolation and without a support in the aging, health and social services arenas (Services and Advocacy for GLBT Elders (SAGE) and National Center for Transgender Equality (NCTE), 2012). In India, transgender individuals after a certain age, is more or less invisible and the literature about the transgender older adults is almost nil. Therefore, it is important to know about them and understand their quality of life in order to improve the lives of transgender older adults.

A transgender or gender nonconforming child who acts against the binary gender norms of the society, face culturally infused transphobia and psychological trauma within the family (Ehrensaft, 2011). Adding to one's own sense of alienation and confusion during self-identification, overwhelmingly negative messages about homosexuality in their homes and school environments, make the sexual identity formation of transgender individuals, a process characterized by varying degrees of denial and acceptance (Cornne Munoz-Plaza, Sandra Crouse Quinn, Kathleen A. Rounds, 1999). Once they 'come out' with their identified gender and sexual identity, thrown out of their own homes mostly during adolescence, the transgender individuals end up living on the streets doing sex work and begging, due to lack of education resulting in no employment opportunities. Though the 'Hijras' are 'tolerated' by the Indian society they are not 'accepted' and are discriminated against in various settings, first because of their transgender status – their cross-dressing or feminine appearance – which is often ridiculed and second, because of their presumed occupation, sex work (Venkatesan Chakrapani, Priya Babu, Timothy Ebenezer, 2004).

The mainstream society's deep-rooted fear of sexual and gender non-conformity manifests itself in the refusal of basic citizenship rights to these communities including suitable housing facilities (The People's Union for Civil Liberties – Karnataka (PUCL-K) Report, 2001). General public ridicule 'Hijras' and feminine MSM for being 'different' and many sometimes behave in a hostile manner towards them. It was found that the transgender community is disproportionately affected by violence (Mizock, Lewis, 2011; Wilchins, Lombardi, Priesing, & Malouf, 2001).

Sex work brings in a lot of stigma and discrimination further, along with the added risks of Sexually Transmitted Infections (STIs) or HIV/AIDS for the transgender individuals. Sex reassignment surgery can be another aspect that can determine the quality of life of the transgender individuals. Often, such surgery is undertaken by poorly qualified doctors in hazardous and unsanitary conditions (PUCL-K Report, 2001).

Though the literature gives a detailed description of the quality of life of the transgender individuals in general and the society started acknowledging what they are going through, the living conditions and the quality of life of the transgender older adults are completely unknown in the Indian context. This paper attempts to find out answers to this yet unanswered question.

II. METHODOLOGY

The aim of the study was to find out the quality of life of male to female transgender older adults who are above 40 years. The study used quantitative methods adopting a descriptive research design. Transgender individuals who are above 40 years, residing in Bangalore, Karnataka, India, constituted the population of the study. The researcher has reached out to the population through the help of 'Payana' and 'Samara', community based organizations working for the rights and empowerment of transgender individuals in Bangalore. Based on the line list of the community based organization 'Payana', Bangalore, all the transgender individuals who are above 40 years have been contacted. Those respondents who have given their consent and who satisfy the inclusion criteria that involve male to female transgender individuals, transgender individuals who have undergone sex reassignment surgery or transvestites and transgender individuals who lives full time in female dressing, have been included in the present study. The sample size was 60.

Interview Schedules involving a socio-demographic data sheet prepared by the researcher which included details specific to the transgender community, and WHO QOL-BREF (1996) were used for data collection. The WHO QOL-BREF contains a total of 26 questions. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in the WHO QOL-100 has been included. In addition, two items from the Overall quality of Life and General Health facet have been included. WHO QOL-BREF is based on a four domain structure, viz. Physical health, Psychological health, Social Relationships and Environment. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life). The mean score of items within each domain is used to calculate the domain score. Method of data collection adopted was in-depth interviews wherein each interview took about 45 minutes, on an average.

Ethical clearance was obtained from the Institute Ethics Committee of National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore. A written informed consent was obtained from the participants and confidentiality of the information were assured. The information collected was used only for the purpose of the research.

III. ANALYSIS AND INTERPRETATION

The data was coded and tabulated with the help of R software. Descriptive statistics such as percentiles, mean and standard deviation were used to describe the information, and inferential statistical methods such as correlation and t test were used to examine the relations, which have been presented in tables along with the interpretations. The required items in WHOQOL-BREF were recoded and missing data were checked prior to analyses. WHOQOL-BREF scores were transformed using the WHOQOL-BREF syntax in order to be interpreted and compared in accordance with the original scale. Then the mean value and standard deviation of the transformed WHOQOL-BREF scores were calculated both domain wise and in total.

IV. RESULTS

The socio demographic details of the participants

Majority (88.3%) of the participants were limited to the age group of 40-50 years though the study population was transgender older adults in general. Most of the participants identified themselves as transgender women when one participant wanted herself to be identified as a woman, and 75% of them expressed themselves to be having a heterosexual orientation. Though only 23.3% of the participants were not at all educated, about 75% of the participants were earning their livelihood through begging. However, 58.3% of the participants were earning more than Rs10000/- per month. Majority (76.7%) of the participants belonged to Hindu religion. About 30% of the participants were said to be married, however, only one person among them lived with her husband/partner and 90% of the participants lived with the transgender community. Most of the participants (98.3%) were living away from their biological family for more than 10 years, nevertheless, 76.7% of them have contact with their biological family at present. Eighty five percent of the participants had completed their sex reassignment surgery (SRS). Table 1 shows the socio demographic profile of the participants.

Assessment of the Quality of Life (WHO QOL BREF) of the transgender older adults gave the following results

The item that measured the participants’ overall perception of their quality of life shows that majority of the participants (45%) perceived that they have a good quality of life, 35% of the participants perceived their quality of life as neither poor nor good, about 13.3% of the participants perceived a very good quality of life and about 3.3% of the participants perceived their quality of life as poor and very poor, each. For the item that measured the participants’ overall perception of their health, 61.7% of the participants said that they are satisfied with their health, 16.7% said that they are neither satisfied nor dissatisfied with their health, 10% told that they are very satisfied with their health, 8.3% said that they are dissatisfied and, 3.3% were very dissatisfied with their health.

In the QOL Domain 1, Physical health, the mean value is 69.70 and standard deviation is 17.478 indicating a moderate to good level of quality of life in terms of physical health of the participants. In QOL Domain 2, Psychological health, the mean value is 64.86 and standard deviation is 18.513 indicating a moderate to good level of quality of life in terms of psychological health of the participants. In Domain 3, Social relationships, the mean value is 66.53 and standard deviation is 11.734 indicating a moderate to good level of quality of life in terms of social relationships of the participants. In the 4th Domain, Environment, the mean value is 65.00 and standard deviation is 13.842 indicating a moderate to good level of quality of life of the participants. Thus, looking at the QOL Total, the mean value is 266.09 and standard deviation is 51.751 indicating a moderate to good level of quality of life of the transgender older adults in the current life situation. Table 2 indicates the domain scores and table 3 indicates the overall quality of life scores of the participants.

The variable; ‘monthly income’ of the participants is found to have significant correlation with their quality of life, correlation significant at 0.01 level (2-tailed). Table 4 shows the correlation between the monthly income and the quality of life of the participants. Also, t test revealed that there exists a significant difference in the quality of life of the participants who have contact with their biological families and who do not have any contact with their biological families at 95% confidence interval. Table 5 shows the t test result.

TABLES

Table 1: Socio Demographic Profile

Variable	Frequency (N=60)	Percent	Variable	Frequency (N=60)	Percent
<i>Age</i>			<i>Sexual Orientation</i>		
40-50	53	88.3	homosexual	12	20.0
50-60	6	10.0	heterosexual	45	75.0
60 and above	1	1.7	asexual	3	5.0
<i>Educational Qualification</i>			<i>Employment</i>		
none at all	14	23.3	sex work	2	3.3
primary	23	38.3	begging	45	75.0
secondary	13	21.7	running hamams	5	8.3
higher secondary and above	10	16.7	others	8	13.3
<i>Monthly Income</i>			<i>Marital Status</i>		
less than 10000	25	41.7	Married	18	30.0
above 10000	35	58.3	Single	42	70.0
<i>Religion</i>			<i>Living Arrangement</i>		
Hindu	46	76.7	with husband/partner	1	1.7
Christian	5	8.3	transgender community	54	90.0
Muslim	9	15.0	alone	5	8.3
<i>Years of Living Arrangement</i>			<i>Contact with Biological Family</i>		
less than 10 years	1	1.7	yes	46	76.7
10 years to 20 years	9	15.0	no	14	23.3
20 years to 30 years	30	50.0	<i>SRS Done</i>		
30 years and above	20	33.3	yes	51	85.0
			no	9	15.0

Table 2: QOL Domain scores

N=60	QOL Domains			
	dom1- Physical health	dom2- Psychological health	dom3- Social relationships	dom4- Environment
Mean	69.70	64.86	66.53	65.00
Std. Deviation	17.478	18.513	11.734	13.842

Table 3: Overall Quality of life of transgender older adults

<i>tQOLtotal</i>		
<i>N</i>	<i>Valid</i>	60
	<i>Missing</i>	0
<i>Mean</i>		266.09
<i>Std. Deviation</i>		51.751
<i>Minimum</i>		109
<i>Maximum</i>		376

Table 4: Correlation between monthly income and QOL

	<i>Monthly income</i>	<i>tQOLtotal</i>	
<i>Monthly income</i>	<i>Pearson Correlation</i>	1	.532**
	<i>Sig. (2-tailed)</i>		.000
	<i>N</i>	60	60
<i>tQOLtotal</i>	<i>Pearson Correlation</i>	.532**	1
	<i>Sig. (2-tailed)</i>	.000	
	<i>N</i>	60	60

Table 5: t test between QOL and contact with biological family

	<i>t-test for Equality of Means</i>			
	<i>Contact with Biological Families</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>
<i>tQOLtotal</i>	<i>Equal variances assumed</i>	2.286	58	.026

V. DISCUSSION

The results indicate a moderate to good level of quality of life for the transgender older adults both domain wise and overall, in contrast to what the literature says about the transgender community in general. According to PUCL-K (2003), the transgender expressions of sexuality or gender identity are often hidden or stigmatized by the wider society and resisting this stigma has been part of the long struggle for survival of the transgender community to live alongside the society at large. However, Motmans, et.al, (2012), did not find any significant difference in the quality of life (QOL) of transgender women from the general Dutch female population, which can be positively connected to the current findings. Conversely, they also found that transgender women had a lower QOL than transgender men for the subscales physical functioning and general health.

The quality of life of transgender older adults have a significant correlation with their monthly income. About 42% of the participants’ monthly income is less than 10,000 rupees. This is in par with what is stated by Venkatesan Chakrapani, Priya Babu, and Timothy Ebenezer, (2004) that many ‘Aravani’s have a low socio-economic status and if they fall ill they attend public hospitals since free medical care is available there. However, it cannot be ignored that 58% of the participants in the current study have a monthly income of 10000 rupees and above, which might have contributed to their better quality of life. Another variable which has a significant effect on the quality of life of the participants is their contact with their biological family. About 76.7% of the participants have some contact with their biological families. There is a significant difference in the quality of life of the participants who have contact with their biological families and who do not have any contact with their biological families at 95% confidence interval. However, majority of them are not completely accepted and have contacts with either one or only few of their family members.

Though none of the other socio demographic variable is found significant with the quality of life of transgender older adults, Murad et.al, (2010) in a meta-analysis of 28 studies constituting 1833 transgender participants, found 80% of them reported significant improvement in quality of life after sex reassignment. In the present study also, 85% of the participants have undergone sex reassignment surgery. However, there is no significant difference in the quality of life of the participants who have undergone SRS and who haven’t undergone SRS. This could be because of the time factor where all the current research participants are above 40 years and majority of them did their sex reassignment in their late adolescence which therefore have been normalized for years together and the difference is not felt at present. No significance is attached to the educational qualification as well as the living arrangement, with the quality of life of the participants. The possible reason could be, despite the educational qualification, the kind of work that majority of the participants do comes in the purview of their community culture and being settled in as a separate community in itself, the determinants of their quality of life might have changed for them at least in certain aspects.

VI. CONCLUSION

WHO QOL BREF tries to generalize its questions across population and attempts to assess the functioning of the participants at the present scenario, which therefore doesn't seem to capture what needed to be assessed in case of the current research participants, given that their life situations are entirely different from the general population and their present quality of life is a continuation of a very difficult past that cannot be equated to any other chronic illness conditions or similar aspects, which was revealed through the literature as well as the qualitative part of the larger study that was conducted alongside the current study. Therefore, the pathway of change from a poor quality of life to a moderate to good level, among transgender individuals as they age, could not be identified using the given instrument. Also, there was an imprecision in terms of items regarding physical health wherein the participants told that they have physical pain however the questions such as "to what extent do you feel that physical pain prevents you from doing what you need to do?", doesn't allowed to mark the accurate responses as the participants told that they do what they need to do, despite the physical pain, as they don't have anybody else to rely on.

The current study helped in understanding the quality of life of transgender older adults as well the immense difference that existed among the quality of life of the younger and the older generations of transgender individuals. This would urge the need to look at the healthy coping mechanisms of the transgender older adults to acquire the current level of quality of life and help the younger generation adapt those positive mechanisms at an early stage for a better living. At the same time, more accurate measure of quality of life that could help the readers understand the pathway of change in the quality of life of the transgender individuals as they grow older can be identified or even developed by the researcher or future researchers who intend to work with transgender individuals.

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