Enhancing Life Style Pattern Of The Selected Transgenders-For Social Inclusion

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Abstract- Negative health consequences such as body image dissatisfaction and eating disorders also came to be seen as related to the specific lifestyle and subculture. People tend to eat more or less to express their anger, depression on food. In Coimbatore two hundred subjects from the age group of 20-50 years were selected using stratified sampling technique. A detailed interview schedule was used to collect their demographic profile, life style patterns. It was alarming to note that out of 200 transgenders, 18.5 per cent transgenders were found to be illiterate, 37.5 % of them collect money from the shops and 47% subjects earned a monthly income of up to 3,300. Seventy three per cent had the habit of smoking. It was evident from the study indicates that 91 per cent were found to be alcoholic, 54.5 per cent transgenders were found to be chewing tobacco and the deficit intake of nutrient can be attributed.

Keywords- Transgenders, Life style, Trans people, Expenditure, Smoking pattern, Alcoholic

I. INTRODUCTION

Transsexuals are transgender who live or wish to live full time as members of the gender opposite to their birth sex. Biological females who wish to live and be recognized as men are called female-to-male (FTM) transsexuals or transsexual men. Biological males who wish to live and be recognized as women are called male-to-female (MTF) transsexuals or transsexual women. Transsexuals usually pursue therapeutic involvements, such as hormones and surgical procedure to kind their bodies as compatible as potential with their ideal gender. The progression of transitioning from one gender to the other is called sex removal or gender reassignment.

Globally around14 million men are transgendered with 5.1 billion people aged 15+ worldwide (US Census Bureau, estimates for mid, 2011) that implies 15,324,000 transpeople on this earth. Many more commonly cited clinic-based estimates suggest and around equal to the populations of countries like Kazakhstan, Equador and Cambodia, there are a lot of transpeople in these countries(Lyn convey, 2013). Majority of transgenders suffer from discrimination,

sometimes with a cumulative effect on physical and mental health and general well-being. On health grounds alone these people would benefit from rights advocacy.

Studies across North American suggest that drug containing nicotine and alcohol use is common among transgender individuals. As with the general population, transgender individual's history of substance use varies widely. Some use drugs or alcohol in an attempt to cope with transgender feelings, mental health issues, painful emotions relating to socioeconomic concerns, memories of physical or sexual abuse or assault or work-related stress and fatigue. Others start using alcohol or drugs to facilitate social interactions or to meet peer expectations (Gatson, 2001).

Transgender people experience their feelings in a variety of ways. Some can trace their transgender identities or gender-typical attitudes and behaviors back to their earliest memories. Many transgenders individual experience intense dissatisfaction with their birth sex and these individuals often seek sex reassignment surgery (WPATH, 2010).

Research has shown mixed results as to whether bisexual women are more likely to be overweight than heterosexual women. Some studies suggest that lesbian and bisexual women are more likely to be overweight and obese than heterosexual women (lesbians are most likely). However, data show that more bisexual women are underweight than heterosexual and lesbian women (Dobinson, 2007).

Many factors, similar to those that affect lesbian women and gay men, affect the mental health of bisexuals. However, some studies have suggested that quality of life and available support for bisexual adults is similar to or *lower than* that of lesbian women or gay men. Bisexual adults have the lowest level of emotional wellbeing among people of other sexual orientations (Dobinson, 2013).

Transgenders struggles with a host of issues, including financial worries, health care concerns and loneliness. Unfortunately, these problems are magnified in the population of transgender residents. A recent report found that

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transgenders tend to have more medical problems, higher poverty levels and more social isolation. Same sex partners are not afforded many of the resources afforded to spouses and biological family members during the aging process. In addition transgenders to lack support from many mainstream aging programs such as senior centers and places of worship or they are afraid of the stigma and discrimination that could result from reaching out to those programs.

II. METHODOLOGY

A. Selection of Sample

More number of transgenders resides in north and east part of Coimbatore city, no such study was carried out, so these areas was chosen for the present study. Two hundred subjects from the age group of 20-50 years was selected using stratified sampling technique. In stratified sampling techniques that every item in the population has an equal chance of being included (Kothari, 2007).

B. Collection of Data And Formulation of an Interview Schedule

A set of questions in an interview schedule especially one addressed to a statistically significant number of subjects as a way of gathering information for a survey (Agarwal, 2004).

Background information such as age, education and occupational status, working hours and income details was elicited from the transgenders using a well-framed interview schedule.

The family history, size of the family members their educational status and employability was also collected with the help of an interview schedule. To assess the quality of living parameters like pertaining to place of dwelling, housing facilities, provision for safe drinking water and toilet facility were also studied.

In order to know the lifestyle pattern of the selected transgenders habit of smoking and frequency, consumption of alcohol and frequency, chewing tobacco and frequency was also collected.

III. RESULTS AND DISCUSSIONS

Age wise distribution

Age wise distribution of the selected transgenders is depicted in Table I.

Table I Age Wise Dissemination of Selected Transgenders

ISSN [ONLINE]: 2395-1052

Age (years)	Number	Percentage
21-30	43	21.5
31-40	89	44.5
41-50	68	34

Table I clearly indicates that 44.5 per cent of transgenders were in the age group of 31-40 years and 34 per cent transgenders have its place to the age group of 41-50 years, shadowed by 21.5 per cent transgenders were in the age group of 21-30 years.

Educational Status

The educational status of the selected transgenders is given in Table II.

Table II Educational Status of The Selected Transgenders

Educational status	Number	Per cent
High school	98	49
Higher secondary	61	30.5
Under graduate	4	2
Illiterate	37	18.5

It was alarming to note that out of 200 transgenders, 18.5 per cent transgenders were found to be illiterate. The rate of illiteracy was low among transgenders compared to normal population. It was also observed that 49 per cent had completed their school education up to ninth or tenth standard. Thirty per cent had completed their higher secondary, thus the above finding reveals that a poor educational status is prevalent in this underprivileged group. Educational policies and the right for education still remains as a dream, so Government of India should take a necessary education policies that all third gender population should have education as their birth right.

Education of transgenders refers to the creation of an institutional mechanism that can foster an environment in which their self-esteem can flourish and their creativity can blossom. Education will teach them the values of self-respect, equality and freedom to lead a respectable life in the society. It will expose them to problem of social exclusion, poverty, avoidance of their family and individual disparities and will

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enable them to lead a quality of living (Sachithanandam, 2009).

The reason for not availing education is that they run away from the home at the age of 15-16 years. They all had psychological problems like feeling like to act in opposite sex, they are not able to adjust with family members, society and neighborhood, and even today they realize that if they had higher qualification, they may be placed in good jobs.

Occupational status

This figure shows the occupational status of the selected transgenders.

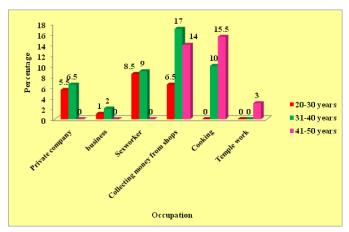


Figure 1 Occupational status of the selected transgenders

Out of 200 transgenders, majority that is 37.5 per cent of them collect money from the shops, 5.5 per cent of them were working in private sector. Nine per cent of them involved themselves as a sex worker and they were in the age group of 20-40 years. Very less percentage of transgenders owns their business. Collection money from shops is the main source of income, because they did not have the jobs. On the whole three per cent of the transgenders work in temples and none of the subjects were unemployed

Income status

The income status of the transgenders was elicited and the observation on their income levels illustrated below. The monthly income of selected transgenders is projected in Table III.

Table III Income Level of the Selected Transgenders

Income level (₹)	Number	Per cent
Economically Weaker Section (Upto₹ 3,300)	94	47
Low income (₹3301-7300)	88	44
Middle income(₹7301-14, 500)	18	9

(HUDCO classification, 2007)

The Government of India report (2003) adjudge that transgenders are still in the below poverty line of economic status and low income occupations. It also states that the efforts made towards their socioeconomic development were far from the required critical level and therefore the base remained almost stagnant.

Based on HUDCO (2007) reveals that 44 per cent earned a monthly income of $\sqrt{.}4500-7500$ and 47 per cent subjects earned a monthly income of upto 3,300. Only nine per cent of transgenders comes under middle income category, they earn more than seven thousand five hundred rupees. None of the selected subjects come under high income category ($\sqrt{.}14,500$).

Expenditure pattern of the selected transgenders

Information regarding the expenditure pattern of the selected subjects is given table IV.

TableIV Expenditure Pattern of the Selected Transgenders

	Percentage		
Details	of expenditure	Number	Percent
	<20	47	23.5
	20-30	52	26
	30-40	27	13.5
Food	40-50	35	12.5
	>50	39	19.5
	5-10	72	36
Clothing	>10	128	64
	<5	112	56
Medicine	5-10	63	31.5
	10-15	25	12.5
	0-10	64	32
Transport	10-30	136	68
Carings	0-5	26	13
Savings	5-10	-	-
Recreational	5-10	93	46.5
substances	10-15	107	53.5

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The above table reveals that 26 per cent subjects spent 20-30 percent, of their income towards food, whereas 19.5 per cent transgenders spent more than 50 percent of their for the food. Thirty six percent of the selected subjects spent 5-10 percent of their monthly income towards purchase of clothing and 64 per cent spent more than 10 percent on clothing. Fifty six per cent subjects spent less than five percent towards their medical expenses. Sixty and 32 per cent transgenders spent 10-30 percent and less than ten percent spend for transportation. Maximum number of transgenders is not having the habit of saving but 13 per cent transgenders had the habit, they had saved in home, because they did not have the bank account due to proper identity proof. Major portion of income was spent on recreation, includes alcohol, smoking and other substances, the figures showcased are 46.5 and 53.5 per cent subjects spent 5-15 percent of their daily income.

Life style habits

Using a structured interview schedule the life style behavior of the transgenders for habit of smoking, alcohol consumption and tobacco chewing were elicited. The frequency and duration of smoking and alcohol consumption was also observed.

Habit of Smoking

The habit of smoking, frequency of smoking and type of smoking of the selected transgenders is presented in the table V.

Table V Habit of Smoking of the Selected Transgenders (N=142)

Number	Per cent		
Frequency of smoking			
39	19.5		
56	28		
37	18.5		
14	7		
No of cigarettes/ day			
39	19.5		
56	28		
37	18.5		
14	7		
Duration of smoking			
45	22.5		
101	50.5		
	39 56 37 14 rettes/ day 39 56 37 14 of smoking 45		

Among the selected transgenders, 73 per cent had the habit of smoking. Twenty eight per cent smoked six cigarettes in a day at an interval of four hours, they were smoking cigarettes or beedi is related to their availability of money. It was also noted that 50.5 per cent transgenders were smoking for more than ten years a potential risk factors for cardiovascular disease, cancer and diabetes. These figures seek attention for imparting awareness on healthy lifestyle pattern.

ISSN [ONLINE]: 2395-1052

Alcohol consumption

The frequency and the quantum of consumption of alcohol by the selected transgenders is depicted in table VI.

Table VI Alcohol Consumption of the Selected Transgenders (N=182)

Details	Number	Percentage		
Frequency of alcohol				
Daily once	52	26		
Weekly thrice	38	19		
Weekly twice	43	21.5		
Weekly once	49	24.5		
Quantity				
Quarter (250ml)	97	48.5		
Half (500 ml)	85	42.5		

It was evident from the table that indicates that 91 per cent were found to be alcoholic. It was also observed that nearly 48.5 per cent transgenders consumed 500ml of alcohol every day and nineteen per cent of transgender consumed alcohol weekly thrice. Twenty six per cent transgenders consumed 250ml alcohol daily once; because of this they have a chance to get liver and lung diseases. Fifty three per cent transgenders spent 10-15 percent for their monthly income to purchase recreational substances like cigarette, alcohol and tobacco. From the study, it was observed that they consumed different types of alcohol such as wine, beer, brandy and whiskey.

Chewing habits

Information elicited on the habit of chewing tobacco and beetlenut is projected in Table VII.

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Table VII Habit of Chewing Tobacco among the Selected Transgenders

Details	Number	Percentage	
Type of tobacco			
Beetlenut	14	7	
Beetle nut with tobacco	83	41.5	
Pan	12	6	
Frequency of chewing			
2 hr once	21	10.5	
4 hr once	75	42.5	
6 hr once	12	6	
Daily once	1	0.5	

From the table, it was evident that 54.5 per cent transgenders were found to be chewing tobacco, likewise seven per cent transgenders chewed tobacco of which 42.5 per cent subjects chewed it once in every four hours and 41.5 per cent of transgenders had the habit of chewing beetle nut with tobacco these subjects have the potential risks for oral cancer. WHO (2010) estimated that 91 per cent of oral cancers in South-East Asia are directly attributed to the use of tobacco and this is leading cause of oral cavity and lung cancer in India.

Sex Reassignment Surgery

Among the selected 200 transgenders, 120 subjects were underwent sex reassignment surgery. Out of 65 per cent transgenders, 32 per cent of transgender had undergone surgery in government hospital and rest of subjects done in private hospital. They spent almost₹ 20,000 for this surgery in private hospital and only less amount spent in government hospital. Collect the details about medicines they have taken and the surgeries you may they had.

Breast implementation

Among the selected 200 transgenders, 65 per cent were undergone breast implementation, because transgender women want to look feminine and beautiful without having to wait for the effects of estrogen. They expect injections of silicone to give them "instant curves." The silicone, sold at "pumping parties" by non-medical persons, may move around in the tissues and cause ugly scars years later. It is usually not medical grade, may be contaminated, and is often injected using a shared needle, they can get hepatitis or HIV through

shared needles. Silicone breast is dangerous and should not be used.

IV. CONCLUSION

Life style pattern of the transgenders has to be protected not only from major issues of discrimination and social bias, but also from the health point of view, to enable this suppressed group of people to lead a healthy life. Care and precautious measurement to protect the transgenders should be enforced can prevent the transgenders from risk of acquiring diseases relating to occupational hazards. Social inclusion of marginalized people will pave way for a better quality of living.

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