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Social Work Initiatives to Lessen Transgender People's Stigma

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Abstract

Transgender people have always played a significant role in human civilization in one way or another. Despite the fact that transgender people come in many diverse forms, they are nonetheless associated with homosexuality. Though there are disagreements in thought among these diverse parts, today's transgender community has been unified under the LGBT label. Transgender people may be born male or intersex but present as female. Rather than with individuals who are related to them by marriage or genetics, they generally live in kinship groupings of other transgender persons. Emasculation of the male organ was essentially required for transsexual people until a few decades ago. They can now choose whether or not to have the procedure. They essentially see themselves as women. Additionally, they present themselves as "the spirit of a female trapped in a body." They may or may not have partners, just like any other people from any other group in society. However, the LGBT community as a whole is united by the fact that homosexuality. According to Grant *et al.* (2011), discrimination against transgender people is widespread. According to Mac Kenzie, societal prejudice against transgendered people is nothing new. As a result, discrimination against transsexuals has had a negative impact on the transgender community's public health, particularly HIV/AIDS.

Keywords: Transgender, Stigma, Discrimination, Health, Interventions, Social Work.

Introduction

Transgender people have always played a significant role in human civilization in one way or another. Despite the fact that transgender people come in many diverse forms, they are nonetheless associated with homosexuality. Though there are disagreements in thought among these diverse parts, today's transgender community has been unified under the LGBT label. Transgender people may be born male or intersex but present as female. Rather than with individuals who are related to them by marriage or genetics, they generally live in kinship groupings of other transgender persons. Emasculation of the male organ was essentially required for transsexual people until a few decades ago. They can now choose whether or not to have the procedure. They essentially see themselves as women. Additionally, they present themselves as "the spirit of a female trapped in a body." They may or may not have partners, just like any other people from any other group in society. However, the LGBT community as a whole is united by the fact that homosexuality. According to Grant *et al.* (2011), discrimination against transgender people is widespread. According to Mac Kenzie, societal prejudice

against transgendered people is nothing new. As a result, discrimination against transsexuals has had a negative impact on the transgender community's public health, particularly HIV/AIDS. Male-to-female (MTF) and female-to-male (FTM) are terminology frequently used by transgender people to refer to their gender identification. MTFs are people who, although being born as males, prefer to identify as females. People who identify as male yet are born with a female gender are known as FTMs. Despite the small amount of information that is currently available, it appears to show that transgendered people have a high HIV prevalence rate and are at a high risk of contracting HIV. Around the world, including in India, there is growing understanding of the critical role that the family, educational institutions, media organisations, health institutions, philanthropic societies, cultural organisations, and research and development organisations play in the development and rehabilitation of transgender people. The lack of safe environments, poor access to physical health services, a lack of resources to address their mental health concerns, and a lack of continuity of caregiving by their families and communities are the main issues related

to the vulnerability of transgender people in the health sector (Grossman, and D'augelli, 2006). Transgender people experience extreme hardship, which is characterised by illiteracy, starvation, a lack of shelter, susceptibility to disease, a lack of possibilities for education and employment that would promote upward mobility, and restrictions on their access to resources that might help them get out of poverty. Transgender people deal with a wide range of problems, including those involving their human rights, transgender rights, HIV/AIDS, health, sex, gender, sexuality, and gender identity (Hammarberg 2009). After getting valuable insight into the problems and difficulties experienced by transgender people, the author came to the conclusion that they needed to be mainstreamed in a variety of situations.

According to a review of the literature, studies on social prejudice and the health of transgender people are not very positive for the field of social work. Thus, the author investigates the social prejudice against transgender people. The issues that transgender people have with their health were also identified. In addition to bullying and family rejection of LGBT adolescents, overrepresentation in the criminal justice system, assault, and discrimination in the workplace, industry, and other settings are only a few examples of stigma and discrimination (Mallory, 2017). The difficulties that transgender persons face in many facets of life include a variety of types of discrimination, including barriers to employment, housing, and health care; susceptibility to hate crimes, bullying, and physical and sexual violence. Because transgender people commonly endure societal rejection and are generally visible, they face a high level of prejudice and hostility (Schembri, 2015). In small towns and villages, transgender status carries a stigma that leads to discrimination. Transgender rights violations, criminality and violence against transgenders, mostly committed by hoodlums and extortionists, stigma and discrimination associated with transgender identification in mainstream society are only a few of the problems that exist everywhere. Violence against transgender people and abuses of their rights are of a very high calibre. The stigma associated with the aravani / transgender identity already exists, and the discrimination experienced by transgender people is more severe. For many transgender people, using public restrooms and transportation can be problematic. In the railway, neither men nor women allow aravanis to travel in the gent's cabin since they find them offensive. However, over time, women grew accustomed to seeing aravanis travelling in the ladies compartment and gradually warmed to their presence there. Women's attitudes have changed. Additionally, when aravanis were imprisoned, they were placed in men's cells. Sexual assault was often the result of this. Aravani cases are currently handled by the All Women's Police Station. Housing was another problem. Aravanis were not provided with rental housing. The general public does not want aravanis to reside in their area, which was the cause. The general public's attitude also significantly contributes to the development of transgender stereotypes. Additionally, their gender transition carried stigma, which led to discrimination against them. To avoid jeers and harassment, they steered clear of crowds and walked along forest trails. The first location where rights are violated, there is violence, and there is prejudice. Many aravanis moved to Western and North Indian states (and a handful to East Indian states as well) for gender transitioning without the support of their families, and they joined the hijra society. A safe sanctuary for gender transformation, security, and alternate forms of employment like begging, badhai

(dancing), and sex work emerged among the hijra community. When a person (a male) comes out as transgender, society does not immediately accept his (her) position. Because transgender identification is stigmatised, parents and other family members reject their transgender child. The first location where rights are violated, there is violence, and there is prejudice. Many aravanis moved to Western and North Indian states to undergo gender transformation without the support of their families. A person who want to change their gender finds protection in the hijra/aravani community after leaving her parents' home, but in the absence of education and employment, they are forced to engage in sex work and beg. Transgender people are oppressed in more generalised mainstream culture as a result of denial and a lack of family support. Gender transition is seen in both urban and rural settings, as well as among different social classes. But in terms of cities, towns, and villages, the transgender status varies.

1. The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them
2. No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to

Health problems are common among transgender people. Transgender people's life are primarily concerned with challenges and health difficulties. The health of the transgender community is plagued by disproportionate and complicated problems. Their physical and psychological health suffer as a result of their dread of discrimination and stigmatisation. This is exacerbated by avoidance of health services because of expectations of unfavourable or discriminating treatment from healthcare professionals. Most people think that transgender health primarily pertains to the medical steps required for transition. Tran's health, though, covers a much more ground. According to the World Health Organisation, "health" is "a state of full physical, mental, and social well-being, not merely the absence of disease or infirmity." Thus, a comprehensive understanding of Tran's health entails recognising all the services, safeguards, and resources that Tran's individuals require in order to live healthy lives in secure communities. Along with an emphasis on socioeconomic factors like identification document policies, poverty, employment, housing, and public acceptance of transgender persons, this encompasses a variety of primary and other health care services. Tran's individuals have significant health inequalities and hurdles to proper health care providers throughout the world, which prevent them from getting the best health outcomes. In addition to other health inequalities, Tran's individuals are disproportionately more likely than the general population to be the subject of assault and harassment, get HIV, and experience mental health issues like despair and attempted suicide. According to Hatzenbuehler *et al.* (2013), stigma may be the root cause of the poor health of transgender communities since it directly causes stress, a major cause of illness and death, as well as indirectly by limiting access to resources that can preserve health (such as knowledge, money, and power). High rates of psychological anguish, HIV, STDs, impairments, and risky health behaviours are only a few of the health problems transgender people encounter (Dragon, 2017). According to UNAIDS, around 19% of transsexual women worldwide are HIV positive. In addition, they have a 49-fold higher risk of contracting HIV

than all other adults (UNAIDS, 2015). According to Nolle *et al.* (2008), transgender women had much greater rates of depression, suicidal ideation, and suicide attempts than the general population. Depression and suicidal thoughts are among the mental health issues that transgender people experience. As a result, society and doctors alike need to comprehend what motivates them (Beam, 2007). Since many healthcare professionals lack appropriate awareness about the health problems that sexual minorities confront, transgender people also encounter increasing difficulties when trying to access public healthcare. According to Aaron, transgender people have a variety of mental and psychological health problems, such as stress, depression, mood and anxiety disorders, and suicide thoughts, in addition to HIV. Studies from Nepal and the Islamic Republic of Iran show how common psychological problems are in transgender people.

Major Health Problems of Transgender

HIV According to Baral *et al.* (2013), HIV infection rates among transgender people are 49 times higher than those among the world's adult population as a whole. Despite the fact that transgender people in India have historically been targets of discrimination and violence because of their transgressive gender identities (Reddy 2005), these people have socioreligious legitimacy due to the long-standing belief that they have the ability to influence fertility. Transgender people were previously included in HIV prevention efforts in India under the umbrella term "men sex with men and transgender people." Since 2009, Avahan, the India AIDS initiative, has launched a community mobilisation programme to lessen vulnerability among marginalised groups, including female sex workers, men who have sex with men, and transgender people, in high HIV prevalence states. The Government of India's National AIDS Control Programme IV (2012–17) recognises transgender people as a separate group for programme focus (NACO 2014b). It is estimated that 83% of the transgender population in India receives the HIV services that are successfully aimed at them. Additionally, they took significant moves towards establishing transgender people-also known as Hijras-as a third gender.

Behavioural health In comparison to men who have sex with men, the hijra are more likely to experience psychological health problems because they pay for sex, make their sexual debut sooner, and have a higher prevalence of HIV. The psychological illnesses that the transgender people experienced ranged from alcoholism and dependency to depression spectrum disorders. The hijra women frequently experience a wide range of discriminatory attitudes and behaviours, as well as institutional challenges in receiving basic necessities or having their third gender identification recognised. This prejudice against the hijra is quite intrusive and harmful to their emotional and psychological well-being, which makes loneliness more likely to develop.

Non-suicidal self-harm and suicidal behaviour In 46.3% of patients, non-suicidal self-injury (NSSI) was found to have occurred at some point in the past, and in 28.73% of patients, NSSI was said to be occurring right now (Sujita Sethi, 2018). Results of the analyses showed that those with a lifetime history of non-suicidal self-injury had significantly higher levels of general psychopathology, lower self-esteem, transphobia, and interpersonal difficulties than those without such a history. Use of tobacco In India, cigarette smoking is more prevalent among LGBT people than it is among heterosexual/straight people. Every year, 30,000 or more LGBT people die from diseases linked to cigarette smoking.

Additionally, it was noted that gay men had high rates of HIV infection, which, when combined with tobacco use, raises their risk for developing anal and other malignancies. Risk factors for smoking among LGBT people include daily stress brought on by potential prejudice and stigma. LGBT nightclub servers and bartenders are subjected to high quantities of second-hand smoking. Lesbian women who don't smoke are more likely to be exposed to second-hand smoke than straight women who don't smoke.

Criminal activity and violence based on the kind and severity of victimisation, five unique profiles of Indian TGW were found:

1. High verbal and physical police victimisation, moderate victimisation,
2. high verbal and physical police victimisation
3. A lot of victims

In order to better protect the health and rights of transgender persons, WHO and partners have created a range of specialised assistance for healthcare professionals and policymakers, including policy briefings, programme implementation tools, health advice, and guidelines. While attempts to halt the HIV pandemic are driven by an explicitly rights-based strategy and significant community mobilisation, transgender people's needs are highlighted even if transgender health is acknowledged to go beyond sexual health (Rebekah Thomas *et al.*, 2017). While collecting census data for years, the Indian census has never recognised the third gender, or transgender people. However, information on transgender people was gathered in India in 2011 together with information on their occupation, literacy, and caste. According to the 2011 census, there were roughly 4.88 lakh transgender people worldwide. In the primary data given by the census bureau, transgender data has been combined with "Males" data. In 2011, there were 22,364 people living in Tamil Nadu. (4% of the total number of transgender people) The dualistic feeling that transgender people endure throughout their lives can be painful at times. They appear to be a male on the outside, yet inside they are a woman, and vice versa. They suffer from a lack of love despite their-went for it. Although there are laws to support and advance transgender people, in practise they still confront a number of challenges. They have many problems, and they must deal with problems both within themselves and in society. In order to better understand social discrimination against transgender people and their health, this study looked at Tamil Nadu.

Social Work Interventions

Transgender people need social work training and experience to be able to deal with the prejudice and discrimination they encounter on a daily basis. When offering support to transgender people, social workers should consider social work from a multicultural viewpoint. In order to help and enhance the lives of transgender people, the workers must embrace and put into practise social work practises from a strength-based perspective. By adopting this viewpoint, the social workers were able to pinpoint their qualities, including resiliency, enthusiasm, self-worth, and determination. The social workers can align the values and insist the transgenders to improve their capacities by identifying and using their values. In order to assist transgender people more effectively, social workers must be aware of the difficulties they confront. Social workers use social work techniques and procedures when working with both individuals and groups. Individual counselling, case management, catharsis, group activities, and

community welfare are used to support transgender people. Social workers must keep their ethical obligations to uphold the worth and dignity of every person, regardless of gender, and to support the rights of transgender people in society (Fanganiello *et al.*, 2017). To build an equal environment for transgender people, their community must provide them with support and opportunities for positive interactions. Social workers will thus run community initiatives to provide options to support and welcome transgender people through awareness campaigns, rallies, community development initiatives, and dramas. By building and collaborating with community centres in general, these can be put into practise. Social workers should actively get involved and come up with ways to get families to support transgender people. Even if it could be a demanding assignment, it needs to be handled by the employees through relationships. Reviving family ties will therefore increase their social acceptance. Regardless of their gender, family members' support will unquestionably have a profoundly good effect on how well transgender people can adapt. Transgender people have more challenges going about their daily lives. The unfavourable attitudes and perceptions that people have of transgender people are one of the main causes of their troubles. The major way that people portray this is through stigma and discrimination. Thus, the study has made an effort to investigate the social discrimination and health status of Tamil Nadu's transgender community. The current study investigated the discrimination experienced by transgender people in all spheres of society. The study placed special emphasis on transgender people's lifestyle, health problems they confront, and state of health. The findings show that despite having highly powerful physical bodies, transgender people experience mental inferiority, particularly when they encounter prejudice from their family and friends. The current status of transgender people is greatly influenced by society. In order to express concern for the transgender community, society was advised to feel empathy for their physical, mental, and emotional needs. Sympathy was not required. In the past, people were hesitant to talk to and interact with transgender persons, but in more recent years, the situation has changed and people are becoming more receptive to developing positive relationships with transgender people. Beyond gender variance, a comprehensive way of thinking and being aids in accepting transgender people.

Only after understanding and implementing gender equality and gender sensitivity, particularly with regard to understanding the development of transgender people as similar to that of the other gender, can society claim to be developed. Therefore, the full inclusion of the third gender alongside the other two genders enables people to live in a society free from prejudice. The government and society must provide financial assistance to transgender people as well as love, care, and devotion. That would make every transgender person in the nation a healthy and potential human. The transgender community should be treated with respect and sensitivity on par with other people in society.

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