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Study on the Quality of Life among 'Hijras' in Bhubaneswar, Odisha

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Abstract

Individuals who identify as transgender and who have significant challenges during their early years tend to lead low-quality lives into their adulthood. Transgender do not get accepted by the society. The hatred and aggression towards a group of people who do not conform to social norms face extreme violence and discrimination. This has led to the initiation of activism among transgender to have a place like humans in society. Therefore, this study aims to address what happens to them in terms of their quality of life because the inclusion of transgender in society will increase their quality of life, aligning with Maa Rama Devi's vision of reforming society, including the betterment of all marginalized groups. The primary objective is to assess the quality of life of transgender people in Bhubaneswar, Odisha. The research employed a descriptive research approach and employed quantitative methods to know about their quality of life. The study population consisted of male-to-female transgender people from 18 years to 54 years old from Bhubaneswar, Odisha, India. There were sixty-two people in the sample. Data were gathered via interview schedules, a researcher-prepared sociodemographic data sheet with information unique to the transgender population and the WHO

QOL-BREF (1996). Interviews in-depth were used to gather data. Data collected from 62 transgenders show that, in their current circumstances, transgender older individuals had a moderate to good quality of life. Data analysis revealed that transgender face problems in two domains which influence transgender individual's quality of life. These were the social domain and environmental domain. The people in the society do not treat them well and the place where they live is not good. Transgender individuals are at a high risk of social exclusion, facing discrimination and experiencing social stigmas across many situations. They are also at a high risk of not having a good environment. The study found that despite the government giving opportunities to transgender individuals, they are not able to live a good life because of society.

Keywords: Transgender people, Quality of Life, WHO QOL-BREF, Femininity, Third Gender



1. Introduction:

Transgender individuals are those whose gender identity differs from the gender assigned to them at birth. Instead of identifying as male or female in the traditional sense, they can identify as a third gender. Being transgender does not entail being gay, lesbian, or bisexual, according to the Indian [Census \(2011\)](#)¹. Hijra is a biological man who identifies as a woman, "not-man," "in-between man and woman," or "neither man nor woman." He rejects his masculine identity. In India, there are several taboos. One issue that most people generally endorse is their disdain of transsexual persons. It's already included. We hate them and treat them badly. All they see as essential at this moment to live a respectable existence is some degree of respect, acknowledgment, and government associatship; they don't look for reservation or sensitivity. Although transgender individuals are classified as a third gender by the Indian Legislature, they have not undergone any notable changes as a group. Additionally, they are unable to enter theatres, shopping centres, public restrooms, and other public areas. Because of this discrimination, they are forced to work as prostitutes, dancers, or beg. The worst thing about them is that they treat you like they're not even human. Their quality of life suffers as a result of the psychological and social effects of such mistreatment. Therefore, research on transgender issues is crucial. [WHO \(2012\)](#)², defined quality of life as a term that refers to an individual's perception of their position in life, taking into account their culture, values, goals, expectations, standards, and concerns. It encompasses various aspects of a person's life, including their physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship with the environment. The standard markers of the quality of life not only include wealth and job, but also add conditions like physical and psychological wellness, learning, diversion and relaxation time, and social belonging ([Gregory and Derek 2009](#))³. that Gender-affirming surgery (GAS) surgery results in significant improvement in the quality of life of transgender women, regardless of their socioeconomic status ([A, D.S., M, D.S., & Ramula, D.M. 2023](#))⁴. The factors associated with good quality of life of male-to-female transgenders are moderate-to-low stigmatization, good health behaviours, no stress problems, good self-acceptance and a good social environment ([Ponprisan et. al., 2021](#))⁵. There is an association

¹ Census of Odisha State | Government of India [Internet]. [cited 2022 Oct 30]. Odisha Population Census 2011, Odisha Religion, Literacy, Sex Ratio – Census India. Available from:<https://censusindia.gov.in/census.website/data/population-finder>

² <https://www.who.int/publications/i/item/WHO-HIS-HSI-Rev.2012.03>

³ Gregory and Derek (2009). *Quality of Life, Dictionary of Human Geography* (5th ed.). Oxford: Wiley-Blackwell. ISBN978-1-4051-3287-9.

⁴ Dr. Saroja Megha A, Dr. Sathiyapriya M, Dr. M Ramula. Quality of life in transgender women opting for gender affirmation surgery vs trans feminine individuals: Single institutional study in Tamilnadu. *Int J Surg Sci* 2023;7(3):18-22.

⁵ Ponprisan,P., Loahasiriwong, W., Nutrawong, T., Senahad, N.(2021). Stigmatization and Quality of life of male-to-female- transgender university students in the northeast of Thailand. *Journal of Southwest Jiaotong University*, 10/30 476-484 VL – 56.



between socioeconomic factors and quality of life and higher income and education level significantly improve the quality of life among transgender individuals (Aneesh M.S. 2017)⁶. The study found that income, education, marital status, and living status had a positive association with quality of life. However, older adolescents reported a lower level of quality of life compared to their younger counterparts (Naskar et. al., 2017)⁷. The researchers concluded that only the court verdict is not sufficient to bring transgender individuals into the mainstream. The government must also take steps to change people's mentality towards accepting transgender individuals in civil society. Only then can the court verdict become meaningful (Sayantain Roy et. al. 2016)⁸. The transgender's survival was based solely on begging, and the vast majority of them lived far from their biological families (Alphonsa George et. al. 2015)⁹. The support from parents was needed for a better quality of life for transgender. There is a connection between transgender adolescents' sadness, quality of life, and parental support (Simons K et al 2013). The transgender women had a lower quality of life than transgender men for the subscales of physical functioning and general health, but better quality of life for bodily pain (Motmans, J. et. al., 2012)¹⁰.

2. Literature Review:

A, D.S., M, D.S., & Ramula, D.M. (2023) conducted a cross-sectional, questionnaire-based study on transgender females who had undergone surgery from any centre or were waiting to undergo male-to-female Gender-affirming surgery (GAS) for a period of six months from January 2023 to June 2023. Gender-affirming surgery (GAS) is crucial for addressing mental distress caused by gender identity crisis and necessary for an individual's social and sexual well-being. The purpose of this study was to evaluate the quality of life (QoL) of transgender women who underwent gender affirmation surgery (GAS), as well as their reasons for doing so. To assess the quality of life, they used WHOQOL-BREF in Tamil. The study included 60 transgender women who met our inclusion criteria. Of these, 42 (69.31%) had graduated with a degree, and 33% were employed and able to integrate with society on their terms. They found that after undergoing GAS surgery,

⁶ Aneesh M S. "Quality of Life among Transgenders in Kerala." IOSR Journal Of Humanities And Social Science (IOSR-JHSS) 22.7 (2017): 19-24.

⁷ Naskar, P., Roy, S., Naskar, S., & Gupta, I. (2018). An assessment of quality of life of transgender adults in an urban area of Burdwan district, West Bengal. *International Journal of Community Medicine and Public Health*, 5(3), 1089-1095

⁸ Sayantani Roy Choudhury, Megha Bhutra, Ekta Pathak (2016). Social Inclusion of Transgender Population in India - Common People's Perspective, *Quest Journals Journal of Research in Humanities and Social Science* Volume 4 ~ Issue 9 (2016) pp: 13-19 ISSN(Online): 2321- 9467www.questjournals.org

⁹ George, A., Janardhana, N., & Muralidhar, D. (2015). Quality of life of transgender older adults. *Int J Soc Sci Humanit Invent*, 4, 7-11.

¹⁰ Motmans, J., Meier, P., Ponnet, K., and T 'Sjoen, G. (2012). Female and male transgender quality of life: Socioeconomic and medical differences. *International Society for Sexual Medicine*, 9,743-750



there was a marked improvement in their physical, psychological, and social health domains, regardless of their socioeconomic background. In conclusion, the study confirms that GAS surgery results in significant improvement in the quality of life of transgender women, regardless of their socioeconomic status.

Ponprisan et al. (2021) observed that the factors associated with good quality of life of male-to-female transgenders are moderate-to-low stigmatization, good health behaviours, no stress problems, good self-acceptance and a good social environment. They conducted a study to study the stigma influence on the QOL of male-to-female transgender university students in Northeastern Thailand. There were a total 756 male-to-female transgender participants from 17 different universities of Northeast of Thailand. The sample was selected randomly at the multistage of the methodology. A self-administered questionnaire was used. It was found that more than half of the 765 male-to-female transgender students had good quality of life (52.81%; 95%CI = 49.25-56.33). The study also found that several factors were associated with good QOL, including moderate-low stigmatization (adj.OR=6.39; 95%CI = 2.72-15.02), good health behaviours (adj.OR=1.88; 95%CI = 1.47-2.86), absence of stress problems (adj.OR=1.81; 95%CI = 1.30-2.51), good self-acceptance (adj.OR=1.67; 95%CI = 1.37-2.03), and good social environment (adj.OR=1.41; 95%CI = 1.13-1.76). These findings highlight the need for support from family, community, and society, as well as relevant sectors under the Ministry of Public Health, Ministry of Education, and local administration organizations, to effectively promote the quality of life in transgender people.

S Subbaraj et al. (2020) observed that there is a paucity of research in India on the quality of life (QoL) of transgender people after GRS. This was a prospective study conducted from March 2015 to August 2017 on transgender women who volunteered to undergo male-to-female (MtF) GRS. Both the surgical complications and the demographic information were recorded. Both before and a year following the procedure, the quality of life was assessed using the WHOQOL-BREF questionnaire. The data were compared and presented. A total of 62 GRS were carried out during the research period. Just 31.93% of the patients in that have a socially respectable job, and 43 patients (69.35%) are literate. According to our research, there was a major improvement in the surgical patient's social, psychological, and physical health. The domain of psychological wellness showed the greatest improvement. No significant problems were noted in their study group. In conclusion: In the first three WHOQOL-BREF domains—physical health, psychological health, and social relationships—the surgical management raised QOL. Psychological health has significantly improved across these three dimensions. As a result, GRS plays a crucial part in reducing the psychological suffering brought on by gender dysphoria and greatly enhances postoperative quality of life.



Aneesh M.S. (2017) examined the quality of life among transgender individuals aged between 18 to 40 years in three districts of Kerala state, namely Kottayam, Ernakulam, and Thrissur. The study used the 26-item WHOQOL-BREF instrument which measured quality of life across four domains: physical health, psychological well-being, social relationships, and environment. The study compared the association between socioeconomic factors and quality of life and found that higher income and education level significantly improve the quality of life among transgender individuals. The study found that age did not have any impact on their quality of life. The study further revealed that about 42 per cent of the respondents had dropped out of school due to harassment before completing their higher education. This highlights the importance of education in improving the quality of life for transgender individuals.

Naskar et al. (2017) conducted a study on the discrimination faced by transgender individuals and found that it has a significant impact on their quality of life. The study included 79 transgender adults from Burdwan district of West Bengal and data was collected using the World Health Organisation - Quality of Life BREF instrument. The results showed that 57% of subjects had a better quality of life. The study found that income, education, marital status, and living status had a positive association with quality of life. However, older adolescents reported a lower level of quality of life compared to their younger counterparts. The research highlights that income, education, marital status, and living conditions play a crucial role in determining the quality of life of transgender individuals.

Roder et al. (2017) examined the relationship between body image, emotional and behavioural problems, and health-related quality of life among transgender individuals. The sample consisted of 103 trans-male and 23 trans-female adolescents who were referred to counselling and treatment at the Child & Adolescent Psychiatric Department in Hamburg. The study found that internalizing problems and body satisfaction were significant predictors of health-related quality of life. In other words, those who experienced higher levels of internalizing problems and lower levels of body satisfaction had lower quality of life. However, counselling was found to improve body satisfaction, reduce internalizing problems, and increase health-related quality of life. The study highlights the importance of addressing internalizing problems and body satisfaction in improving the quality of life of transgender individuals.

George et al. (2016) examined the quality of life of 60 transgender women who were above 40 years of age in Bangalore. The researchers collected data on socio-demographics and quality of life by slightly modifying the 24-item World Health Organization Quality of Life-BREF, including more questions from the World Health Organization Quality of Life-100 and Overall Quality of Life and General Health. The mean scores indicated a moderate level of overall quality of life



among the subjects. The study found that monthly income played a vital role in determining the quality of life of the participants. Transgender women with higher income reported significantly higher levels of quality of life compared to those in the lower income group. Additionally, those who had regular contact and better relationships with their biological families had a better quality of life. Overall, the study reveals that monthly income has a substantial impact on the quality of life of transgender women. Those who earn well have a significantly higher level of quality of life than those in the lower-income group. Similarly, those who maintain contact with their biological family tend to have a better quality of life.

Newfield E et al (2016) carried out a study on the quality of life for transgender women who become men. The Short-Form 36-Question Health Survey, version 2 was utilized by them (SF-36v2). The SF36v2 and a demographic survey were available on the Internet at <http://www.transurvey.org>, where people may be recruited via email, Internet message boards, and postcards. A total of 446 FTM transgender and FTM transsexual individuals were enrolled, with 384 coming from the United States. The findings indicate that the FTM transgender individuals' Quality of life was significantly ($p < 0.01$) lower than that of the US male and female population, especially when it came to mental health when quality-of-life health concepts were analysed. Individuals who identify as FTM transsexuals who got testosterone (67%), compared to those who did not, experienced statistically significant increases in their Quality of Life levels ($p < 0.01$). Therefore, it may be concluded that FTM transgender participants' mental health-related quality of life was much lower and that further research is needed to identify the root cause of this unhappiness. Improving this community's quality of life is linked to providing the required and appropriate hormonal treatment.

Yang et al. (2016) explored various factors associated with the quality of life and resilience of transgender women in China. A total of 209 transgender women participated in the study and were interviewed using the 36-item Health Survey Questionnaire, Adult Dispositional Hope Scale, and EGO Resilience Scale. The regression analysis conducted on the data revealed that age, insults, and discrimination had a negative association with the quality of life and resilience of transgender women. On the other hand, educational level, hormone therapy, regular partners, less social discrimination, and hope had a positive association with quality of life and resilience.

Alphonsa George et al. (2015) found that there exists a moderate to high level of quality of life for transgender older adults. They conducted a study on the quality of life of male-to-female transgender older adults in the Karnataka district. The research revealed that 23 per cent of the participants were uneducated, 75 per cent of them were surviving through begging, 98.3 per cent were living away from their families for more than ten years, and 85 per cent of them had



undergone Sex Reassignment Surgery (SRS). However, the study also indicated that there exists a moderate to high level of quality of life for transgender older adults. Nevertheless, over half of the respondents' survival was based solely on begging, and the vast majority of them lived far from their biological families.

Anitha Chettiar (2015) conducted a study on the problems faced by transgender at Mumbai concerning their health and harassment by the Police. The researcher collected data from sixty-three transgender through an interview schedule. The results of the research were about 36.51 per cent of transgender wished to identify themselves as females 19 per cent of them were illiterate, 20.6 per cent were doing commercial sex work, 31.7 per cent were begging 40 per cent of them suffered from one or other kind of illness, 87.5 per cent said that they had experienced problems with the Policemen. The researcher concluded that transgender should also live with dignity at all times like all other human beings in society citizens and civil society should take this issue into their own hands and make this happen. There should be further research on the interface between transgender and civil society, and through that, the mainstream of the community must have transgender within the society. The study results of the problems faced by transgender at Mumbai concerning their health and harassment by the Police concluded that transgender should also have a dignified life like all others in society and society should understand that transgender will also have rights in the community.

Motmans J et al (2012) found that transgender women had a lower quality of life than transgender men for the subscales of physical functioning and general health, but better quality of life for bodily pain. The title of the study was Female and Male Transgender Quality of Life: Socioeconomic and Medical Differences aims to determine the health-related quality of life of transgender individuals and compare it with a general population sample; second, to look into the variations in transgender individuals' quality of life; and third, to examine how socioeconomic and transition data influence these individuals' quality of life. A significant quality of life research included 128 transgender patients, both present and past, from a gender identification clinic. The Short Form 36-Item Questionnaire was used to measure the health-related quality of life. The results indicate that, while transgender men's quality of life was lower than that of the general Dutch male sample, overall, transgender women's quality of life did not differ significantly from that of the general Dutch female population.

3. Rationale of the Study:

Studies on transgender people have been extremely rare thus far. Quality of life is a useful tool for determining which areas of life need to be improved in order for the community to have access to healthcare and attain general well-being. Because the bulk of the transgender



population engages in commercial sex work, transgender people's sexual lives are always at danger for the community. They are exposed to and highly susceptible to developing STIs. Because of widespread stigma, discrimination, and taboo-like handling of the group's health care requirements, the sexual quality of life of the transgender community has not been examined in the literature so far. The significance of gender equity Transgender surgery hasn't received nearly enough attention up until now. To have a comprehensive understanding of the healthcare requirements and obstacles encountered by a community, it is necessary to ascertain the behaviour of those seeking healthcare. Equity in health care is non-existent for transgender people, a high-risk, marginalized minority. This is because the public, and especially medical professionals, lack awareness of and sensitivity to these needs. The healthcare issues that transgender people confront and the obstacles that prevent them from accessing care are little understood. Furthermore, because this is a unique demographic, qualitative research from their point of view is required for this element of the study. Therefore, the purpose of this study is to close the aforementioned gaps.

4. Objective of the Study:

The primary objective is to assess the quality of life of transgender people in Bhubaneswar, Odisha.

5. Methodology of the Study:

5.1 Research Design

Generally speaking, it is a conceptual framework that research is carried out inside; it serves as the guide for data collection, measurement, and analysis. For this study, the researcher used a descriptive research approach. Using data on the phenomenon's present state, descriptive research is used to characterise "what exists" in terms of a variable or condition in a situation. This design was used in the current study to describe the Quality of Life for Transgender People in Bhubaneswar, Odisha. Given that the goal of this research is to characterise the variables under study and comprehend them as they are, a descriptive strategy would be more appropriate.

5.2 Study Area:

According to data released by the Indian government for the 2011 Census, Bhubaneswar falls under the class I UAs/Towns category of urban agglomerations. There are 886,397 people living in the Bhubaneswar UA/Metropolitan area overall. There are 468,577 men and 417,820 women in the population. Nonetheless, the 2011 census does not include transsexual people. The closest estimate available comes from a press release issued by the Registrar General of India



(RGI) of the Indian government on June 25, 2019, which states that in the 2011 Census, respondents were given three categories to choose from. If they chose not to record their sex, the enumerator was instructed to record it under the category “other.” Not only would “transgender” people fall under the category of “other,” but so would anyone who wants to document sexual activity under that label. It’s also conceivable that some transgender people might have chosen to come back as either male or female.

5.3 Inclusion and Exclusion Criteria:

The research sample includes transgender (male to female) individuals in the transgender community. Since transgender people frequently relocate, it is difficult to find samples in the district, thus the other transgender people are omitted.

5.4 Period of Data Collection:

The period of data collection was from 22nd February 2024 to 10th March 2024. The researcher has spent about 30 to 40 minutes with each respondent.

5.5 Tools of Data Collection:

The primary tool for data collection used was a detailed Semi Structured Interview Schedule. As this method is very effective in gathering data from the respondents who are less educated or illiterate, the researcher has adopted an interview schedule (which included the age, religion, educational status, income, marital status, various types of stigmas experienced, and quality of life of transgenders) for data collection. The interview schedule was split into two sections. They are as follows:

- (1) Socio Demographic details
- (2) WHO Quality of Life Scale (WHO QOL-BREF 26)

(1) Socio-Demographic Details:

The interview includes a section on socio-demographic factors, including age, transgender identity, mother tongue, current living situation, religion, education, occupation, family support, income, and relationship status.

(2) Quality Of Life (Qol) – Scale:

The scale is used to evaluate each person’s quality of life. The questions on the Quality-of-Life scale cover topics such as happiness level, life satisfaction, productivity at work, physical appearance and surroundings, and more. Initiated in 1991, the WHOQOL-BREF initiative



measures quality of life worldwide. This scale has excellent validity and reliability. In her 2015 study, "Quality of Life and Depression among Older Transgender Women," George employed this scale. Prior to being used in Odia, the WHOQOL-BREF scale was translated, verified, and utilized in that language. This scale is comparable to the original Odia version. There were 26 questions in all. It is broken down into four domains: environmental quality of life (8 things), social relationships (3 items), psychological quality of life (6 items), and physical quality of life (7 items). A 5-point Likert-type scale, ranging from 1 (not at all; never; very poor or very unsatisfied) to 5 (totally; very good, always; exceedingly or very satisfied), was used to record the replies. Higher scores on the scale indicate a higher quality of life; the scale has a maximum value of >75-200. A higher score indicates a higher standard of living.

5.6 Sampling Method:

For this study, the researcher employed snowball sampling. Because of the nature of their jobs and lifestyles, the researcher was unable to meet all transgender people together, even if they had registered their names with several non-governmental organizations. Thus, using a non-governmental organization, the researcher first made contact with a transgender person. Later, the researcher made contact with additional transgender people using this person as a reference. Additional information was gathered after getting in touch with a few additional transgender organizations. As a result of speaking with several such organizations, the researcher was able to obtain information about another group of transgender people who reside in a different area. The transgender person who provided the data was interviewed, and other one-on-one encounters were gathered for additional data gathering.

6. Results:

The mean age of the respondents was 27.4 yrs. with the range being 18 yrs. to 49 yrs. Half of the respondents were found between the age group of 23 yrs. and 33 yrs. Less than one third (31%) of respondents were found in the age group of above 44 yrs. Most of the respondents (85%) were found to be Hindus. This was followed by Christians (3%) and Muslims (10%). Odia was found to be mother tongue for most of the respondents (78%) followed by Hindi (16%). Bengali, Kannada, Urdu, Telugu and Punjabi were some of the other languages found as mother tongue among the respondents. Ninety three percent of the respondents were not married to males or females, while seven percent of them were married to males. Twenty nine percent of the respondents were born in Bhubaneswar, while more than half (66%) of the respondents were born outside Bhubaneswar (within Odisha). Eighty five percent of the respondents were living with their community friends / guru or chelas, while one tenth (10%) of the respondents were living alone whereas 2% of the respondents were living with their parents. More than half of the



respondents (61%) had taken up Sex Work as their major occupation, followed by begging which was taken up by more than one fifth (21%) of the respondents. Less than one fifth (15%) of them were not employed. A negligible number i.e., 2 (3%) of the respondents had taken up tailoring and beautifying as their major occupation. Most of transgender (76%) have utilized this opportunity to get a proper and decent identity because of awareness. Less than one fourth (24%) of the respondents are found to be without this Identity Card. Ration card in India is essential to avail the benefits of government schemes. In other words, we can say, it is a basic document needed in everyday life. The awareness about importance of this card has resulted in the receipt of Ration Card by more than 80 percent of Transgender. Sex Reassignment Surgery (SRS) also known as sex change surgery or, gender reassignment surgery is a procedure that changes a person's external genital organs from those of one gender to those of the other. Converting male to female anatomy requires removal of the penis, reshaping genital tissue to appear more female, and constructing a vagina. The table shows that more than 70 percent of the respondents have undergone SRS and nearly 26 percent have not. The percentage of SRS people is high in the district perhaps because of the urge of the transgender to become wholly a woman. Family acceptance is very poor in the case of transgender. Very few families keep their son with the transgender identity. While most of the transgender are pushed out and they find no alternative than community. In the present study sample only 2 percent of them were living with their own family. About 70% of the respondents expressed that they were completely rejected by their family members and very less about (3%) of the respondents expressed that they were completely accepted by their family members.

Table 1: Socio Demographic Details (N=62)

Variables	Frequency (%)	Variables	Frequency (%)
Age		Marital Status	
Below 23 yrs.	17 (27%)	Married	4 (7%)
23 yrs.- 33 yrs.	29 (47%)	Unmarried	54 (93%)
34 yrs.- 44 yrs.	11 (18%)	Birth Place	
Above 44 yrs.	5 (8%)	Bhubaneswar	18 (29%)
Religion		Outside Bhubaneswar (within Odisha)	41 (66%)
Hindu	53 (85%)	Outside Odisha	3 (5%)
Muslim	6 (10%)	Living Arrangement	
Christian	2 (3%)	Living Alone	6 (10%)
No response	1 (2%)	Living with parents	1 (2%)
Mother Tongue		Living with community/ friends/ guru/ chela	53 (85%)
Odia	48 (78%)	Others	2 (3%)
Hindi	7 (11%)	Major Occupation	



Bengali	2 (3%)	Sex Work	38 (61%)
Others	5 (8%)	Begging	13 (21%)
Educational Qualification		Unemployed	9 (15%)
Illiterate	5 (8%)	Others	2 (3%)
Literate-could read and write	7 (11%)	Major Income	
Primary Education (up to 5 th std)	1 (2%)	Below 5,000	5 (7%)
Middle School Education (up to 8 th std)	6 (10%)	Rs 5001- Rs 10,000	10 (16%)
High School (up to 10 th std)	26 (42%)	Rs 10,001- Rs 15,000	21 (34%)
Higher Secondary Education (11 th & 12 th std)	12 (19%)	Rs 15,001- Rs 20,000	16 (28%)
Completed Degree/ Diploma Course	5 (8%)	Above Rs 20,000	6 (9%)
		Not Applicable	4 (6%)
Transgender ID Card		Acceptance / Rejection by Family Members	
Yes	47 (76%)	Completely Accepted	2 (3%)
No	15 (24%)	Accepted	4 (6%)
Ration Card		No Difference	7 (11%)
Yes	53 (85%)	Rejected	6 (10%)
No	9 (15%)	Completely Rejected	43(70%)
Undergone SRS		Living with Family	
Yes	46 (74%)	Yes	1 (2%)
No	16 (26%)	No	49 (79%)
		Partially Accepted but living with TG	12 (19%)

Table 2: Quality of life Score (N=62)

Quality Of Life N=62	Physical		Psychological		Social		Environmental	
	n	%	n	%	n	%	n	%
Very Poor	0	0	0	0	16	25.81	0	0
Poor	2	3.23	3	4.84	38	61.29	4	6.45
Good	11	17.74	10	16.13	8	12.90	10	16.13
Very Good	49	79.03	49	79.03	0	0.00	48	77.42
Total	62	100	62	100	62	100	62	100

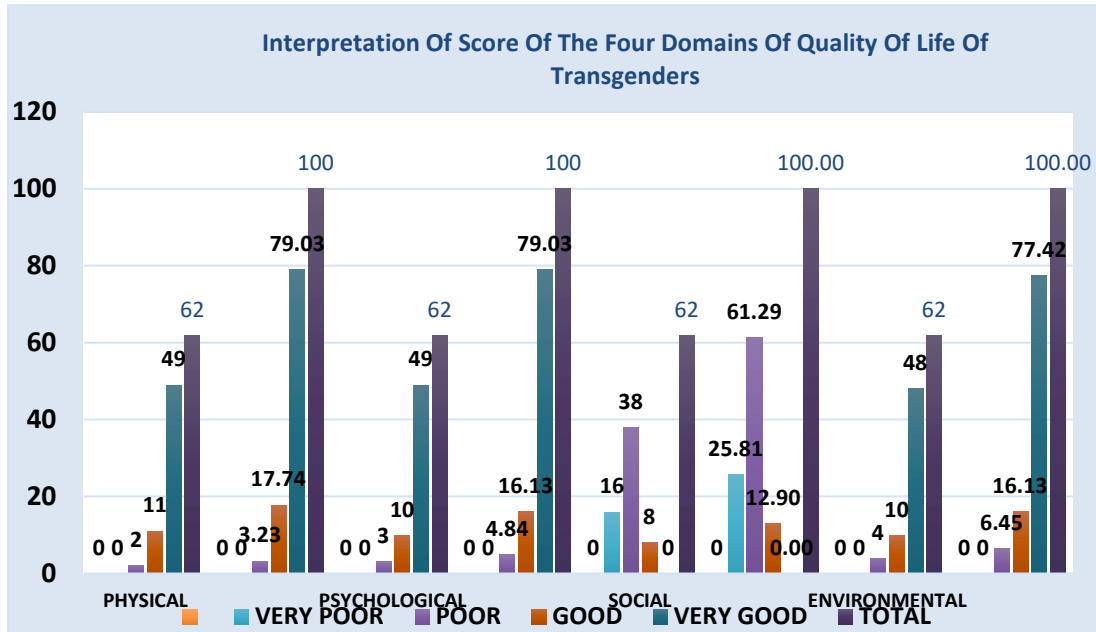


Figure-1: Interpretation of Scores of the Four Domains of Quality of Life of Transgenders

The above table shows the scores of 4 domains of quality of life:

- (i) **Domain 1-Physical Health** – Around 18 percent of the respondents enjoyed good physical health, while nearly 3 percent of the respondents experienced poor physical health.
- (ii) **Domain 2-Psychological Health** - It was observed that 16 percent of the respondents experienced poor psychological health, while 79 percent enjoyed very good psychological health.
- (iii) **Domain 3-Social Relations** – More than 60 percent (61.29%) of the respondents experienced poor social relations (Quality of Life), while more than 12% of the respondents enjoyed good social quality of life.
- (iv) **Domain 4-Environment** - More than half (77.42%) of the respondents expressed that they experienced very good environment (Quality of Life), this was followed by respondents who enjoyed good quality of life in domain 4-environment (16.13%).

7. Discussion:

The mean age of the respondents was 27.4 years. In the current study, most of the respondents (81%) had exposure to formal education, while eight percent of them were illiterates and eleven percent of the respondents, though did not get exposure to education in a formal setting, was able to read and write. The percentage of primary education of the respondents was low in the current study (less than one-tenth) which the researcher considered as a negative sign. Several reasons for the discontinuation of the school were stereotypes, stigmas, bullying, mockery, punishment, assault from both teachers and students were evident in findings of the study.



Migration is one of the common characteristics of human being and it becomes more predominant when an individual is not comfortable with their gender identity and when their family does not accept them as they are. Though our community was characterized by primitive culture, where the social institution, such as, marriage and family were given importance, majority of the respondents were found to be unmarried due to the social stigma related to the transgender people. It was found from the current study that more than half of the respondents (61%) had taken up Sex Work as their major occupation, followed by begging which was taken up by more than one fifth (21%) of the respondents. It could be observed from the current study that majority (34%) of the respondents earned between Rs 10,001 - Rs 15,000. Seven percent of the respondents earned below Rs.5,000, while less than one fifth (16%) of the respondents earned between Rs.5,001 - Rs.10,000. Most of the respondents (85%) were found to be Hindus. It was observed that the overall quality of life of the respondents. It was observed that forty eight percent of the respondents experienced good/very good of overall quality of life, whereas nearly twenty eight percent of the respondents expressed that it was very poor/poor. And near about twenty four percent of the respondents experienced neither good nor bad quality of life. Thus, the percentage of respondents enjoying good quality of life was found to be low in the study. It was found that more than half (60%) of the respondents were satisfied/very satisfied with their health, while 20% of the respondents expressed that they were very dissatisfied/dissatisfied with their health. And remaining 19% expressed neither satisfaction nor dissatisfaction towards their health.

8. Conclusion:

Even though this research illustrates a variety of problems faced by transgenders, we cannot forget the enormous efforts made in the direction of social acceptance and recognition. Despite their endeavours, they continue to be unseen in this community. It is imperative that transgenders should know their rights. They would be protected against sexual, emotional, and physical abuse as a result. Improving the safety environment lowers society's overall risk as well as individual risk. The wellbeing of transgender person in Odisha will make the efforts of Maa Rama Devi to upgrade the status of women in the society. Maa Rama Devi has contributed a lot for all women in the society. She wanted to give women their rights and freedom. India has to work harder to change the discriminatory laws that are already in place and pass laws that provide equal opportunities based on sexual orientation and gender identity. Every level should make an effort. It may encompass the actions of the family, society, and government. The biggest danger to mental health and self-esteem is stigma. There should be greater focus on social health. According to Maa Rama Devi both the societal sensitization and the reinforcement of the support network require a great deal of care for the transgender people. The stigma associated with transgender people is lessened when the community accepts them. And as a



result, this improves the quality of life and would result in a decrease in risky behaviour. In every area of their existence, they are being exploited. The refusal of society to accept transgender individuals as the norm is the primary cause of the abuse.

9. Suggestions:

The results of the study demonstrate that there is a significant stigma associated with transgender identity. It also showed how their family's acceptance of them and their income affected their quality of life. Among the study's key conclusions were the significance of social support, and the requirement for strong self-resilience. It is evident that stigma has a significant negative effect on respondents' quality of life. With these results in hand, the researcher has attempted to offer recommendations that could lessen the stigmas that transgenders face. Therefore, it is not only essential to work at the individual level but also with the families, educational institutions and the society at large. The researcher has presented the following suggestions-

- The stigma associated with one's gender identity or sexual orientation can reduce one's self-esteem. Emotions like confusion, anger, and embarrassment need to be handled.
- The government's motivation to continue education is very essential.
- Provisions should be made to give the student free education.
- Fear of facing stigma from the society, the parents do not support the transgender children. So, it is very essential to address the negative emotions of the parents towards their children.
- The siblings of transgender children should also be sensitized by their parents because they can act as a great support to their brother or sisters

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