



Quality of Life of Transgenders About Age and Residence Area

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ABSTRACT

The term 'transgender' originates from the Latin word 'trans,' meaning 'across,' and the English word 'gender,' encompassing a diverse range of identities that do not conform to traditional male or female classifications. Transgender individuals often face societal rejection due to their deviation from conventional gender norms. This lack of acceptance poses significant challenges to their pursuit of a dignified life, contributing to heightened stress levels. Stress manifests when individuals experience pressure or threats, which is a common reality for many transgender people.

The present study investigates the quality of life among transgender individuals, analyzing the influence of age and residential area. A total of 60 transgender participants were involved, with 30 aged between 25 and 35 years and another 30 between 36 and 45 years. Both age groups included participants from rural and urban areas. The Quality-of-Life Scale, developed by Sarika Sharma and Dr. Nakhat Nasreen, measured various dimensions such as life satisfaction, spirituality, motivation, happiness, stress reduction, adjustment, physical well-being, personal development, and frustration.



Findings indicated no significant difference in the overall quality of life between the two age groups. However, a lower mean score suggested a slightly diminished quality of life for those aged 36 to 45. A significant disparity emerged concerning residential areas, with urban transgender individuals reporting a higher quality of life than their rural counterparts. These results highlight the need for targeted interventions to enhance the well-being of rural transgender populations, ensuring equitable opportunities and support systems.

Keywords: Quality of Life, Transgenders, Age, and Residential Area.

INTRODUCTION:

When allowed to conduct a study, I decided to apply my knowledge to better understand the social issues and challenges faced in my country. In preparing for the study, I explored various social and personal problems in India. I became particularly interested in the hijra community, as they experience significant social exclusion. Honestly, compared to other social and personal issues in India, I had limited awareness of this community and its vulnerable situation. Only a few studies have addressed the challenges faced by the hijra community. However, the insights from these studies highlighted the extreme marginalization of the hijra, the complexity of their gender identity, the risks of HIV they face, and, at the same time, the neglect of their issues by both society and the state.

Third gender:

“Third gender or third sex may be a thought during which people are unit classified, either by themselves or by society, as neither man nor lady.”

The quality of life (QOL) for transgender individuals is a complex and multifaceted issue that is influenced by a variety of factors, including age and residence area. Gender identity, as an intrinsic aspect of personal identity, intersects with societal structures, cultural norms, and healthcare access, which all play pivotal roles in shaping the lived experiences of transgender people. In this context, understanding the relationship between age, residence area, and the quality of life of transgender individuals provides critical insights into the challenges and disparities they face in different settings.



Transgender people often encounter significant obstacles related to social acceptance, discrimination, mental health, physical health, and economic stability, which can vary significantly depending on their stage in life and where they live. Age-related factors, such as transitioning in adolescence versus adulthood, can influence access to healthcare, family support, and employment opportunities. Additionally, residence areas whether urban or rural can significantly impact a transgender person's experiences, with urban areas often offering more resources, healthcare professionals specializing in transgender care, and a more accepting social environment, while rural areas may present limited resources and heightened social stigma.

This study aims to explore the quality of life of transgender individuals about age and their residence area, identifying potential differences or patterns that may exist in their experiences. By examining these factors, this research seeks to better understand how age and geographic location can influence the well-being and daily lives of transgender individuals, ultimately providing a foundation for policies, support systems, and interventions that promote greater equity and inclusivity for the transgender community across diverse contexts.

METHOD:

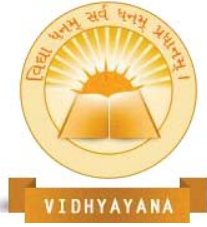
HYPOTHESES:

Transgenders of the age group 36 to 45 years will have a lower quality of life than with the age group 25 to 35 years. Transgenders belonging to urban areas will show higher quality of life than rural residents.

RESEARCH DESIGN:

SAMPLE:

The study sample included 60 transgender individuals from Ahmedabad, Gujarat. Thirty participants were aged 25 to 35, and the remaining 30 were aged 36 to 45. Both age groups comprised individuals from rural and urban areas, ensuring a diverse representation for the research on quality of life across different residential settings and age brackets.



VARIABLES:

The study's independent variables include age groups (25–35 and 36–45 years) and residential areas (urban and rural). The dependent variable is the Quality of Life (QOL) scale, assessing life satisfaction, well-being, and personal development.

TOOL:

QOL developed by Sarika Sharma and Dr. Nakhat Nasreen. The scale consists of 42 items measuring Quality of life i.e. life satisfaction, Spirituality, Goals and Motivation, Happiness, Hopes and Wishes, Stress reduction, Adjustment, Physical well-being and self-care, Personal Development, and frustration.

PROCEDURE:

Data was collected from transgender individuals in Ahmedabad, Gujarat. After building rapport, personal information was gathered, and the Stress Scale was administered. Data was scored according to the manual, and the Student's 't' test was applied for statistical analysis, leading to the interpretation of results.

RESULT AND INTERPRETATION:

Table 1.1: Comparison of Quality of Life Scores Between Transgender Individuals Aged 25–35 and 36–45 Years

Group	N	Mean	SD	t-value	Table Value	Level of Significant
25-35 Years	30	18.80	1.58	1.16	2.00	NS
36-45 years	30	19.27	1.53			



The table presents the comparison of quality of life (QOL) scores between transgender individuals aged 25 to 35 years and those aged 36 to 45 years. The sample consisted of 30 participants in each age group. The mean QOL score for the 25 to 35 age group was 18.80 with a standard deviation (SD) of 1.58, while the 36 to 45 age group had a mean score of 19.27 and an SD of 1.53.

A Student's 't' test was conducted to assess the significance of the difference between the two groups. The calculated t-value of 1.16 is lower than the table value of 2.00, indicating that the difference is not statistically significant at any level. This suggests that age does not significantly impact the quality of life among transgender individuals in this study.

Table 1.2: Comparison of Quality of Life Scores Between Urban and Rural Transgender Individuals

Group	N	Mean	SD	t-value	Table Value	Level of Significant
Urban	30	19.43	1.61	2.04	2.00	0.05
Rural	30	18.63	1.43			

The table compares the quality of life (QOL) scores between transgender individuals residing in urban and rural areas. The study involved 30 participants from each residential area. The mean QOL score for urban participants was 19.43 with a standard deviation (SD) of 1.61, while rural participants had a lower mean score of 18.63 and an SD of 1.43.

A Student's 't' test was conducted to determine if the difference in QOL scores between urban and rural transgender individuals was statistically significant. The calculated t-value of 2.04 exceeds the table value of 2.00 at the 0.05 significance level. This indicates a significant difference in the quality of life between the two groups, with urban transgender individuals exhibiting a higher quality of life compared to their rural counterparts. The results highlight the



need for greater support and resources to improve the well-being of rural transgender populations.

DISCUSSION:

Transgenders are the neglected and isolated sections of our society. They were not well received and welcomed among us. This attitude and behavior of people have a profound effect on their mental and physical health. Only ten years later some of the basic rights granted to each individual are also limited. Foremost among these was the right to education, which had a profound effect on their quality of life. The main components of quality of life are life satisfaction, Spirituality, Goals and Motivation, Happiness, Hopes and Wishes, Stress reduction, Adjustment, Physical well-being and self-care, Personal Development, and frustration. For passersby, their relatives separate them which makes the relationship a very serious problem. Either people are afraid of them or they live far away from them so managing Stress is also not so easy. They may feel sympathy for others but may not receive the same restoration. They are not given equal status in society, for example, getting jobs is not so easy for them. So keeping yourself motivated is very difficult.

As a result, the age group did not differ significantly in terms of Transgender's quality of life. Transgenders of urban-suburban housing show greater quality of life than transgender accommodation of a rural group in terms of mean and the effect is also very different. In the Transgenders community, quality of life has a profound effect on them, because this is a very independent group of people. The community is very discriminatory and does not welcome them with open arms. So having a positive attitude and good meditation is an important factor that helps them to improve their character and build faith for survival.

The results of this study on the quality of life (QOL) of transgender individuals about age and residential area align closely with existing literature, reinforcing the significant influence these factors exert on well-being. Research consistently emphasizes the role age plays in shaping transgender experiences, with various studies highlighting the differing challenges faced by younger and older transgender individuals.



Budge et al. (2013) and Sausa et al. (2009) report that younger transgender individuals, particularly adolescents and young adults, frequently encounter elevated levels of discrimination and social stigma. This negatively impacts their mental health, leading to higher rates of depression, anxiety, and suicidal ideation. However, increased social visibility and growing acceptance of transgender identities in contemporary society offer some respite. As Grant et al. (2011) and Reisner et al. (2016) highlight, younger transgender individuals are more likely to benefit from expanded healthcare access, legal protections, and advocacy networks. This greater societal inclusion can contribute to an improved quality of life for many young transgender people, despite ongoing discrimination.

Conversely, older transgender individuals often report lower QOL, a finding corroborated by D'Anastasi (2012) and Stotzer et al. (2017). Age-related challenges, such as declining health and limited economic opportunities, exacerbate their struggles. Additionally, the transgender community's focus often centers on the needs of younger individuals, leaving older populations with fewer resources and social support structures. This marginalization contributes to feelings of isolation and frustration, ultimately lowering their overall quality of life.

The residential area also plays a critical role in determining QOL for transgender individuals. Poteat et al. (2013) and McNeil et al. (2017) demonstrate that urban areas generally offer more comprehensive healthcare services, legal protections, and social networks that support transgender people. These resources foster a sense of inclusion and provide avenues for personal development, leading to a higher QOL for urban transgender individuals. In contrast, Whitehead et al. (2016) and Hart et al. (2020) note that transgender individuals residing in rural or less urbanized areas face greater isolation, limited healthcare options, and increased exposure to discrimination. The absence of inclusive policies and specialized healthcare professionals in rural areas significantly diminishes QOL, particularly for those already contending with age-related issues.

This study's findings align with these broader trends, revealing that urban transgender individuals report higher QOL compared to their rural counterparts. Similarly, while no significant difference was observed between younger and older participants, older individuals



exhibited slightly lower QOL scores. These results underscore the need for targeted interventions addressing both age-specific and geographically specific challenges. Policymakers and community leaders must prioritize inclusive strategies that enhance healthcare access, foster social connections, and provide economic opportunities for transgender individuals across all demographics.

CONCLUSION:

The study concluded that there was no significant difference in the quality of life (QOL) between transgender individuals aged 25 to 35 and those aged 36 to 45. However, a significant difference was observed in QOL between urban and rural transgender individuals. Transgender individuals residing in urban areas reported higher QOL compared to their rural counterparts. Additionally, while not statistically significant, younger participants exhibited higher average QOL scores than older individuals. These findings highlight the importance of addressing geographic disparities and providing greater support to improve the well-being of rural and older transgender populations.

LIMITATIONS AND SUGGESTIONS:

The study was limited to 60 transgender individuals from Ahmedabad city, Gujarat, focusing only on urban and rural areas and two age groups (25 to 35 and 36 to 45 years). The restricted sample size and geographic scope may limit the generalizability of the findings. Additionally, the study solely relied on the Quality of Life (QOL) scale, without considering other potential variables that could influence or interact with QOL, such as stress, mental health, and overall well-being. Incorporating multiple variables could provide a more comprehensive understanding of the factors affecting transgender individuals' lives. Future research should expand the sample size, include diverse geographic areas, and examine additional variables to offer broader insights and create more inclusive policies for transgender populations.



IMPLICATIONS OF THE STUDY:

The group being studied is one of the most marginalized, and as a result, their issues and concerns remain largely unknown to society. This research could play a key role in helping to shift societal attitudes, encouraging acceptance of this group as an integral part of the community. It also provides valuable insights for the government to develop policies aimed at improving the welfare of transgender individuals, particularly by ensuring equal access to education and livelihood opportunities. Without stable means of income, many transgender people may resort to harmful or inappropriate methods to make a living, which increases their health risks. This study could also serve as a useful resource for researchers interested in conducting further studies on the transgender community.



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