

**A Study on Economic Conditions and Psychological stress
among Trans-genders in Delhi**

Project submitted to the Central University of Punjab

For the award of

Master of Arts

Economics

In

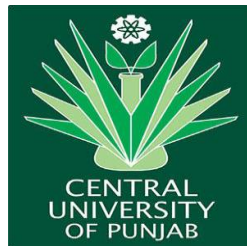
Department of Economics

By

Aman Singh

Supervisor

Dr. Jajati Keshari Parida



Department for Economic Studies

School of Social Sciences

Central University of Punjab, Bathinda

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Chapter-1

Introduction

1.1. MOTIVATION OF THE STUDY:

Transgender is a term for person whose gender identity, gender expression or behaviour does not confirm to that typically associated with the sex to which they were assigned at birth.

In India they face many problems because of there so called sex identity or gender. These people are shunned by family and society alike. They have restricted access to education, health service and public spaces. They were excluded from effectively participating in social and cultural life. Transgender people have difficulty in exercising their basic civil rights.

What motivates us to study on trans genders is that despite being considered as 'the Third gender by the supreme court of India, they are not given the importance they deserve as the politicians or the so-called democrats of the country miss the vital members of the society whom they turn to only at the time of elections making them just the vote bank for their own benefits. It is important that new policies are being directed for their welfare as they as a part of society must be encouraged to work for the welfare of the society as a whole which is the need of the hour. Since they are harassed at the workplace, forced into prostitution, face sexual violence, laughed at by the people they must be protected by the Law and order of a country. The psychological stress they go through, lack of employability, social exclusion and various health issues are the major aspects that need to be taken care of by the Government and the people of our country.

Each being in this society is indeed unique, and an integral part of nature. It would be wrong to judge and discriminate people who may be different from the stereotype, which again is man-made. It is time that India realised that every individual in this country has equal rights and privileges, and follow the policy of "live and let live".

1.2 Review of Literature

BAGGIO (2017) explain how transgender people work in organize sector. Transgender persons are persons whose identity and/or gender expression differs from what is socially attributed to their bodies, breaking with the heteronormative logic. In Brazil, where only the bodies within this discourse are legitimate, this group is systematically excluded from a myriad of spaces including the formal job market. Therefore, the experiences of these people at and with work are invisible to organizational diversity's theory and practice. . The conclusions are: (1) the relations with work are marked by opportunity restrictions; (2) the relations in the job hold the person responsible for their on intelligibility and safety; and (3) the relations with the organization vary according to the way it faces transgenerity and its own voice systems.

In **Prabawanti et al. (2011)**, report Behavioural surveillance was undertaken among 1,150 male-to-female transgenders (waria) in Java, Indonesia, 2007; samples were collected for HIV and STI testing ($n = 748$). Almost all waria had ever sold sex (median duration 10 years). Prevalence of HIV was 24.4%, syphilis 26.8% and rectal gonorrhoea and/or chlamydia 47.0%. Syphilis and rectal STIs were associated with HIV infection. Consistent condom use during receptive anal sex with clients was reported by 35.9% waria and was higher among those who visited an STI clinic and who knew their HIV status. Efforts should continue to strengthen behavior change and STI care in future HIV prevention programs.

Stanis (2009) reports explain the HIV high risk factor among Male to female Transgender. Male-to-female (MTF) transgender women experience a host of psychosocial issues such as discrimination, stigmatization, and marginalization. These challenges often limit economic opportunities, affect mental health, and may place members of this population at an increased risk for HIV infection. This report presents a review of the literature that focuses on risk factors for HIV infection specific to the MTF population. Factors including needle sharing and substance abuse, high-risk sexual behaviours, commercial sex work, health care access, lack of knowledge regarding HIV transmission, violence, stigma and discrimination, and mental health issues have been identified in the literature as risk

factors for the acquisition of HIV infection by members of this population. Implications for care provided to MTF transgender persons are presented, and suggestions for future research are identified.

Fowler and Gomez-Lobo (2017) explains the Care of the Transgender Child and Adolescent in their study. According to report transgender and gender non-confirming individuals becoming increasingly visible. Because they turn to physicians for assistance in transitioning as well as for their routine health care, it is important that gynaecologists be knowledgeable resources and advocates. Recent Findings Updates on emerging long-term outcomes following early treatment of transgender adolescents are reviewed. Current guidelines for puberty suppression and gender-affirming hormone therapy are outlined. They emphasize providing a welcoming clinical environment and continued awareness of the mental healthcare challenges of transgender youth.

Operario and Nemoto (2011) Explains the high risk of HIV infection among transgender in United States. Using syndetic theory, they examine how HIV risk in transgender communities is embedded in multiple co-occurring public health problems, including poor mental health, substance use, violence and victimization, discrimination, and economic hardship. Although safer sex counselling and testing programs are essential platforms for HIV intervention, these modalities alone may be insufficient in reducing new infections. Multicomponent interventions are necessary to respond to the complex, interacting syndemic factors that cumulatively determine HIV vulnerability in transgender individuals.

Lombardi (2008) examine male to female transgender social networks and how they influence social and political activity. Four Transgender organizations within Northeast Ohio were contacted for this study. Network size has a positive effect upon a person's social and political activity, as did meeting attendance. This study suggests the importance of social networks for Trans-people.

Fletcher et al.,(2014) explains the social stigma lack of support , and minimal legal opportunities, transgender women (transwomen) face elevated rates of unstable housing. This study examined the association between housing status and HIV risk behaviours among 517 trans women encountered through street outreach. Seven

variables (including sociodemographic, HIV status, housing status, and sexual partner type) were used to estimate partial associations during multivariable analyses; housing status was coded dichotomously (housed, marginally housed, and homeless) for these analyses. The marginally housed transwomen exhibited the greatest risk profile for HIV acquisition or transmission.

Testa et al (2012) Examines the effects of violence on trans men and women who are at a high risk of experiencing violence either due to alcohol abuse or illicit substance use. As in the general population, the physical and sexual violence leads to suicidal ideation and suicide attempts, the same turns out for the Trans women and men with an even higher risk. Logistic regression analysis also showed that the trans men or women with higher physical abuse /violence are more likely to attempt suicide. It also explains the need of the hour to report to the police after identifying these problems with the Trans genders. Various implications are provided in this current study of Trans women(n=92) and Trans men(n=179).

Shelton (2015) in his paper he explains the conditions of transgender facing stigma, discrimination and systematic barriers including sex segregated programs that deny their own understanding and articulation of their gender. Focus on this paper is to recognize the need for affirming services specially designed to meet the need of transgender young people facing homelessness. The current study investigates the lived experience of a group of New York City based transgender young people. Sampling is based on questionnaire to determine the eligibility. Young people were eligible between 18 to 25, self-identified transgender and experienced instability for minimum of 60 days within the past 18 months and were not living on the street at time of the interview.

Transgender and gender expansive young people are capable of achieving the same goals as any other young people, however due to institutional oppression, they often complete additional step or need additional support to reach their goal. The primary tenet of social work practice is meeting the client where they are.

Reisner et al., (2011) describes the evolution of Boston community health center's multidisciplinary model of transgender healthcare, research, education, and

dissemination of best practices. Here transgender patients receive medical service through **Transgender Health Program**. The program began as a response to unmet clinical needs and has grown through recognition that our local culturally responsive approach that links clinical care with biobehavioral and health services research, education, training, and advocacy promotes social justice and health equity for transgender people.

Reisner et al, (2016) examines the associations between changes in self-reported attractions and mental health in the community. Multivariable logistic regression models estimated adjusted risk ratios and 95 % confidence intervals to examine associations between changes in attractions and mental health outcomes. They concluded that change in attraction post-social transition were not significantly associated with mental health. Clinical implications of findings about changes in attractions and mental health are discussed for transgender individuals.

Clements-nolle et al, (2006) try to find the attempted suicide among transgender persons. Participants were recruited through targeted sampling, respondent-driven sampling, and agency referrals in San Francisco. The prevalence of attempted suicide was 32% (95% CI = 28% to 36%). In multivariate logistic regression analysis younger age (<25 years), depression, a history of substance abuse treatment, a history of forced sex, gender-based discrimination, and gender-based victimization were independently associated with attempted suicide.

Operairio et al, (2011) examines the HIV and Unprotected sexual behaviour in male primary partners of transgender women. After administering 174 men whose primary partner were transgender women he concluded that 19% reported being HIV positive (8% had been diagnosed with AIDS), 11% had at least one STIs during past year, and 16% reported in a HIV serodiscordant relationship with their primary partner. Interventions are needed to reduce risk for HIV and other STIs among men who have sex with transgender women.

Kimberly (2015) explains the political opinions about transgender legal rights. he explains this a problematic due to the relatively delayed passing of legislation to protect

transgender rights when compared to those of various sexual orientations. Result shows how attitude about legal rights differ between groups and how stable the opinions are or policies that support transgender people. These findings have the potential to be useful in building effective policy campaigns targeting members of the dominant voting group.

Gillig et al (2017) study is first of its kind as they try to find the influence of televised storylines on viewers and attitude towards transgender people. Findings highlight the potential for entertainment narratives to influence attitudes toward marginalized groups, and they demonstrate the importance of emotion in the context of divisive topics. Social, political, and public health implications are discussed.

Agoramoorthy and J.Hsu (2009) explains the importance of transgender in ancient India and their downfall. According to the report they were portrayed in famous Hindu religious scriptures such as Ramayana and Mahabharata. They were given imperative roles in the royal courtyards of Mughal emperors. Their downfall came only at the onset of British rule during the eighteenth century when they were blacklisted and treated as criminal elements in society. This article explores their past glories, present struggles and future ambitions in the world's largest democracy.

1.3 RESEARCH GAP:

We are trying to examine the psychological stress, social exclusion and health hazards among trans genders in the society that they face during their lifetime vis-a vis other people. We wish to learn the problems they face living in an unequal world where their rights are questioned and are often regarded as the neglected part of the society. Our research will be based on primary survey where we would try to understand their shortcomings on a personal level. This paper will revolve around health issues, social acceptance who often face the harsh cruelties of the people at their workplace **If** they manage to get a job. We also wish to review the policies being brought up in India for improving their welfare and has it helped them overcome the difficulties they still face. Human Development Index (HDI) shows the persistent inequality be it for the poor or the Trans genders who are entirely invisible, isolated and subject to stereotypes. Being the minority group do they possess the right to education to enhance their skills so as to

contribute to a country's GDP? Are there any old age security schemes for the Trans genders which can protect their future or are they deprived of such schemes? Do they feel socially exploited or face plethora of disgusting remarks from the people who fail to understand their emotions and expressions? This extract will provide the all know-hows about what circumstances a transgender goes through from the day they discover themselves as trans-men or trans-women till the day that discovery comes to an end.

1.4 Research Hypothesis and Questions:

This paper deals with the Psychological Stress, Social exclusion and Health Hazards face by Trans genders. This study is going to test three major research hypotheses. First, psychological stress is high in trans genders and they undergo lot of stress in their life time; second, they are socially excluded and not accepted in society as other gender are accepted; and finally, they are easily prone to diseases and are at higher risk of Sexual Transmitted diseases. To test these hypotheses the following research questions are set. Why are transgender still not accepted in the society? Why they have to face social exclusion? What health policies are there for trans genders? What are their rights? And despite of article 14 and 15 why they have to face discrimination on the basis of their sex? Is government forming any health policy for them? This study attempts to answer the above research question by setting the following research objective.

1.5. Objective of Study

In this context the following research objectives (tentative) are set:

1. To study the psychological Stress among the transgender and how they overcome that stress.
2. To study the social exclusion of transgender in the society.
3. To study Trans genders health problems and specially their awareness about STIs and AIDS.
4. To study the Economic Status of Trans-genders.

Chapter-2

Data and Methodology

The study is based on Primary Data. This primary survey is conducted in Delhi metropolitan city.

This survey has mainly three components. Firstly, we cover the Trans genders' socio-economic conditions. Secondly, we look after the psychological aspect of Trans genders and eventually we examine their views on Government and on local public.

For this purpose, several districts from the UT were surveyed and the area with highest population ratio of TG was also covered.

Figure 2,1 Delhi Map


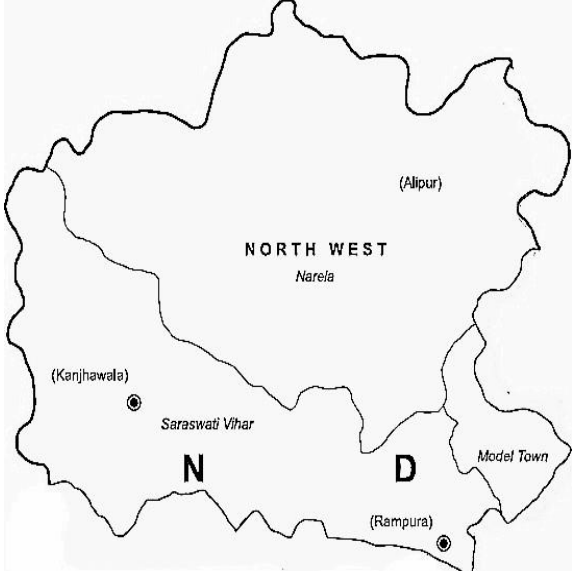
Map of Delhi



Source: https://commons.wikimedia.org/wiki/File:Delhi_map_wikivoyage.svg

Samples are mainly taken from East Delhi, North Delhi and North west Delhi.

In east delhi main region which was covered are Lakshmi Nagar and Preet Vihar.

<p>Figure2.2 East Delhi Region</p> 	<p>Figure 2.3 North West Delhi Region</p> 
<p>Source: http://www.onefivenine.com/india/villag/east-delhi</p>	<p>Source:http://www.onefivenine.com/india/villag/north-west-delhi</p>

Sultanpuri was the main area covered in North West Delhi.

A NGO for Trans genders was also approached for the survey. All TGs were interviewed with a structural scheduled (either personally or telephonic). Sample size of TG is around 60.

Snowball sampling was used to do this survey. Snowball sampling is where research participants recruit other participants for a test or study. It is used where potential participants are hard to find. It's called snowball sampling because (in theory) once you have the ball rolling, it picks up more "snow" along the way and becomes larger and larger. Snowball sampling is a non-probability sampling method. It doesn't have the probability involved, with say, simple random sampling (where the odds are the

same for any particular participant being chosen). Rather, the researchers used their own judgment to choose participants.

Snowball sampling consists of two steps:

1. Identifying potential subjects in the population. Often, only one or two subjects can be found initially.
2. Ask those subjects to recruit other people (and then ask *those* people to recruit. Participants should be made aware that they do not have to provide any other names.

Table 2.1.1. Streets and Sample size Collection

Geographical location (Streets)	Sample size
Kishan Ganj	9
Laxmi Nagar	18
Sultanpuri	33
Total	60

Source: Primary Data collected from Delhi Metro city during April-May, 2018

The above table shows the sample distribution of Trans genders living in ***Kishan Ganj, Laxmi Nagar and Sultanpuri.***

Chapter-3

Major Findings

3.1 Level of Education

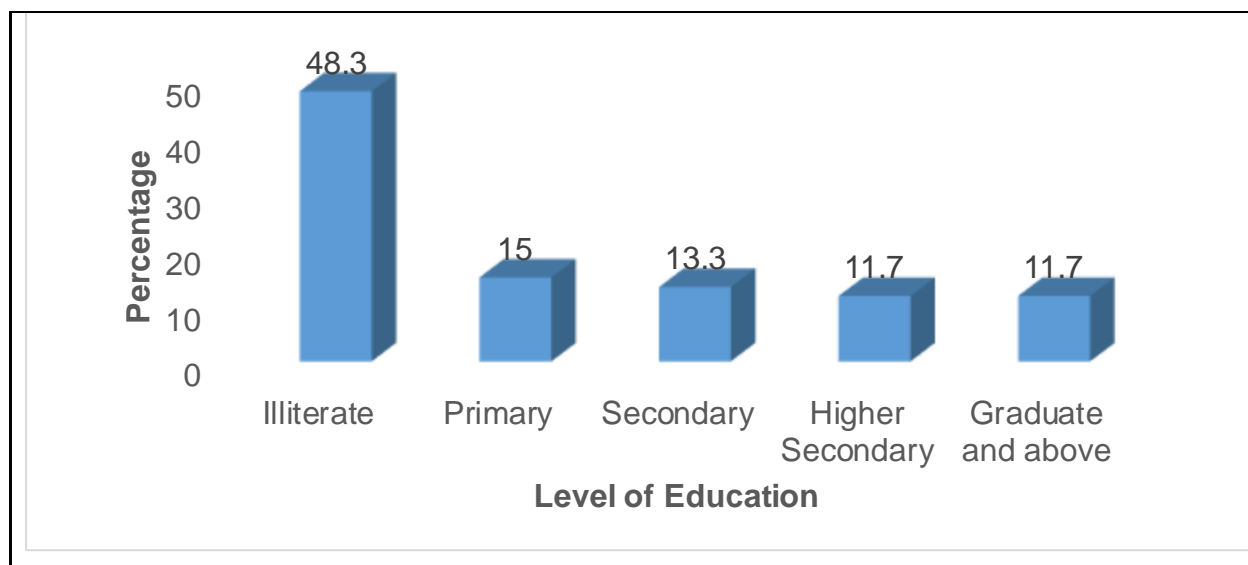
The table examines the level of education of the Trans genders. It can be seen that 29 of the 60 Trans genders interviewed were illiterate i.e. approximately 48%. 17 of them have completed their schooling till the secondary level constituting around 25%. 7 of them have completed their senior secondary education and the remaining 7 have done their graduation from respectable universities. This eventually explains that a majority of trans-genders didn't get access to education in their childhood days and even if they managed to attend school they barely managed it past 5th grade.

Table 3.1.1: Level of Education among Trans-genders in Delhi

Level of Education	No. of Observation	Percentage figure
Illiterate	29	48.3
Primary	9	15.0
Secondary	8	13.3
Higher Secondary	7	11.7
Graduate and above	7	11.7
Total	60	100

Source: Author calculating using Primary Data, 2018

Figure 3.1.1: Education levels of Trans-genders in Delhi



Source: Primary Data Using Excel, 2018

3.2 Age Group of Trans-genders

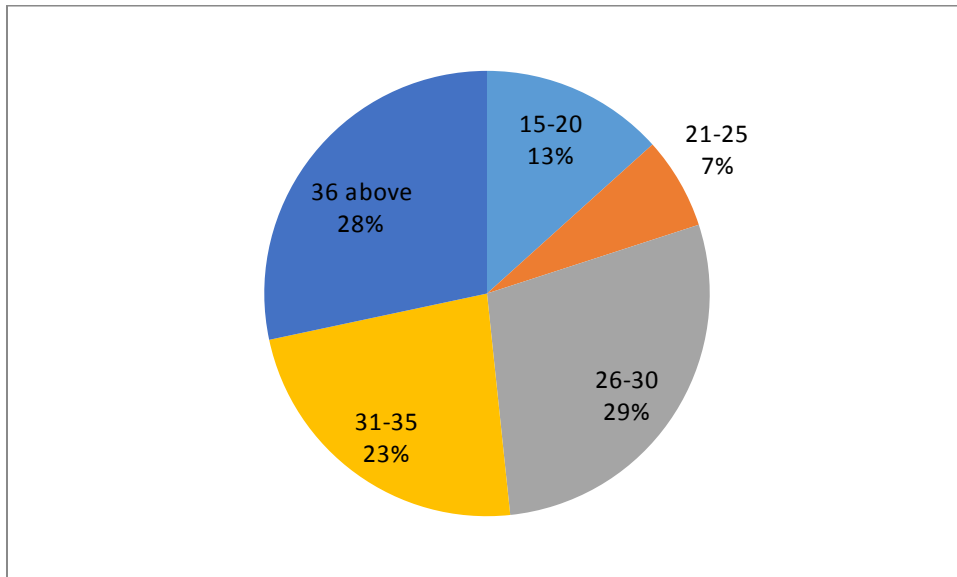
The pie chart explains the division of age groups among Trans genders. It shows that majority of Trans genders are in the age group of 26-30 AND 35+ years both constituting of 17 Trans genders. 20% of Trans genders are aged between 15 to 25 years. 8 or 13.33% of the TGs are aged between 15-20 years which was a small amount acc. To the survey we took.

Table 3.2.1 Age Group of Trans-genders

Age Group	No. of observation	Percentage fig.
15-20	8	13.33
21-25	4	6.67
26-30	17	28.33
31-35	14	23.33
36 above	17	28.33
Total	60	100.00

Source: author calculating primary data 2018

Figure 3.2.1 Age group of Trans-genders



Source: Author calculating primary data 2018

3.3 Occupation and Employment Status

Most of the Trans genders are unemployed and are involved in Hijra activities like singing and dancing for the new born baby or on the occasion of weddings. 40 TGs are involved in Hijra activities which are headed by 'Guruji' as stated by them. All the earnings they get from these activities are presented to the 'Guruji'. 12 of them are employed and work in NGOs or are selected for the govt. jobs. Also 11 of them work as Sex workers enticing the customers for money. Only 2 of them are searching for a job having completed their graduation.

Table 3.3.1 occupation and employment status of Trans-genders

Employment status	Occupation						
	Professional job	Clerical	Business	Sex worker	Begging	Other	Total
Employed	2	1	2	1	1	5	12
Unemployed	0	0	0	3	9	34	46
Searching job	0	0	0	0	1	1	2
Total	2	1	2	4	11	40	60

Source: Author calculating using Primary Data, 2018

3.4 Major Disease and Severe Disease

As far as health problems go , 21 of them carry severe diseases like gout,cancer and most importantly mental problems. Out of these only 5 of them have major diseases as well like sugar, respiratory diseases etc. 32 Trans genders don't have either any severe disease or a major disease. We have regressed Major disease on severe disease and the results that are out say that these 2 variables don't depend majorly

on each other as the coefficient is affected at 8% thereby showing a lower probability than what is expected to be.

Table 3.4.1 Major Disease and severe Disease

Severe Disease	Major Disease		
	Suffering from Major Disease	Not suffering	Total
Suffering From Severe Disease	5	16	21
Not suffering	7	32	39
Total	12	48	60

Source: Author calculating using Primary Data, 2018

3.5 Depression among Trans-genders

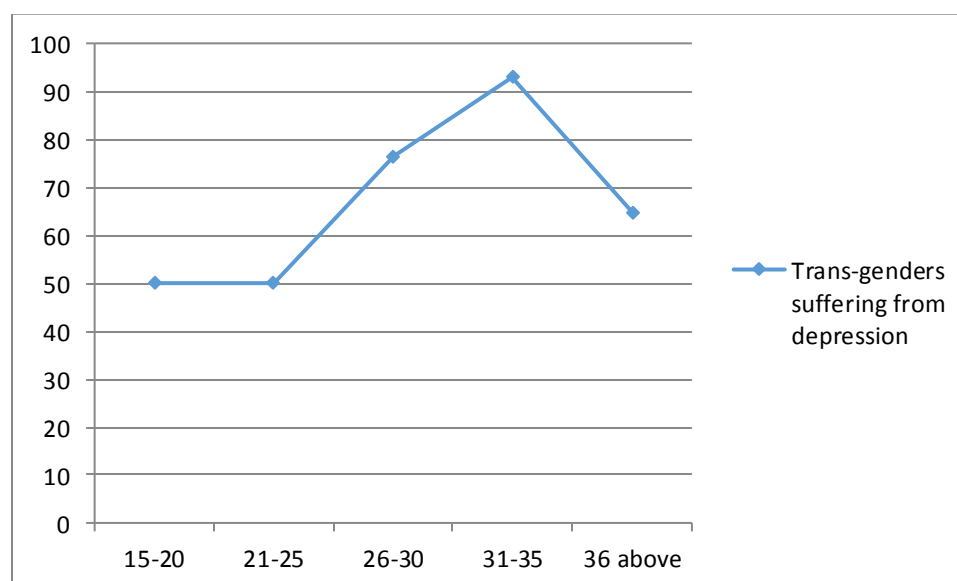
Overall trend that has been seen among Trans genders are that they are either sexually or mentally harassed at some point in their lives which is the main reason behind they being depressed. So we have categorized them into their various age groups and have presented a definite outlook of the TGs suffering from depression. 50% Trans genders aged between 15-25 years are suffering from depression and the percentage increases to 76% when it comes to TGs above 25 years but below 30 years. This trend has continued to increase and it has reached a mammoth 92.9%(13 out of 14) till the age 35 years i.e. going into mid 30s the level of depression keeps on increasing for them. After a certain age ,here 35+ they try living their life as it comes and accept those challenges in a more apathetic manner without much emotions and hence feel a lot less depression or stress issues as they used to face in their early ages. This explains the amount of embarrassments they face in the society because of which they suffer from anxieties thereby affecting their health.

Table 3.5.1 Depression among Different age Group of Transgender

Age group	Depression		Total	Percentage
	suffering	Not suffering		
15-20	4	4	8	50
21-25	2	2	4	50
36-30	13	4	17	76.5
31-35	13	1	14	92.9
36& above	11	6	17	64.7
Total	43	17	60	71.7

Source: Author calculating using Primary Data, 2018

Figure 3.5.1 Depression Among Trans genders



Source: Author calculating using Primary Data, 2018

3.6 Income Distribution

Acc. To observations, we attained the largely fluctuating earnings of the Trans genders that they earned while doing Hijra activities, working as a prostitute and running NGOs.

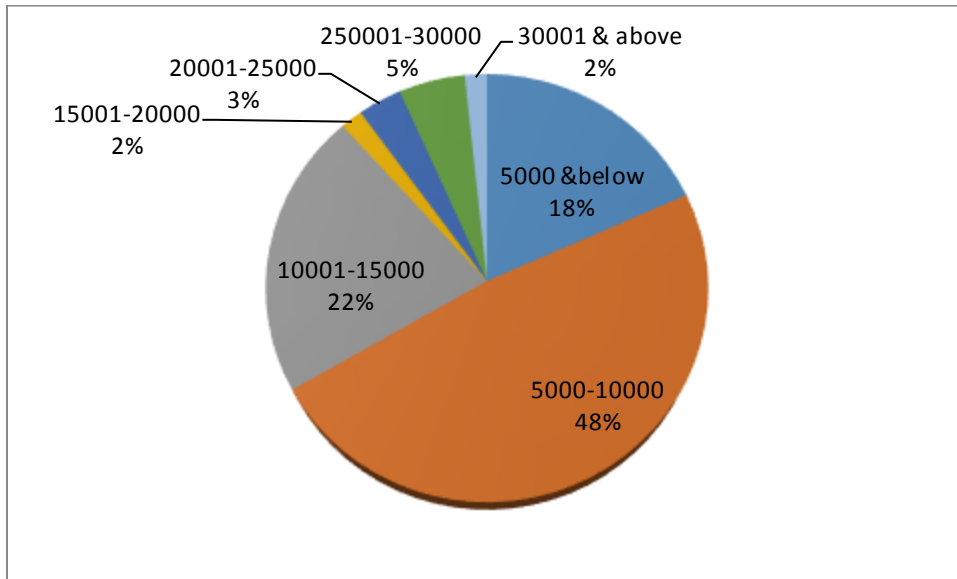
The above table shows the 7 different income groups of the Trans genders ranging from Rs.3000 to Rs.35000. Majority of the Trans genders earn within the range of Rs.10000 with 40 of the 60 Trans genders earning this much amount i.e. 2/3rd of the total. Only 1 out of the 60 earn Rs.35000 on a monthly basis which is the maximum amount any Trans gender has managed to earn which is merely 1.67%. Rest 19 of them earn within the range of Rs.10000-Rs.30000 on a monthly basis. This all income is earned through unofficial work and despite having the same desires and greed like men and women they restrict themselves within the societies , eventually killing their dreams just to live a mediocre life.

Table 3.6.1 Income Distribution

Income Group	Number of observation	Percentage
5000 & below	11	18.33
5000-10000	29	48.33
10001-15000	13	21.67
15001-20000	1	1.67
20001-25000	2	3.33
250001-30000	3	5.00
30001 & above	1	1.67
Total	60	100

Source: Author calculating using Primary Data, 2018

Figure 3.6.1 Income Distribution Of Trans-Genders

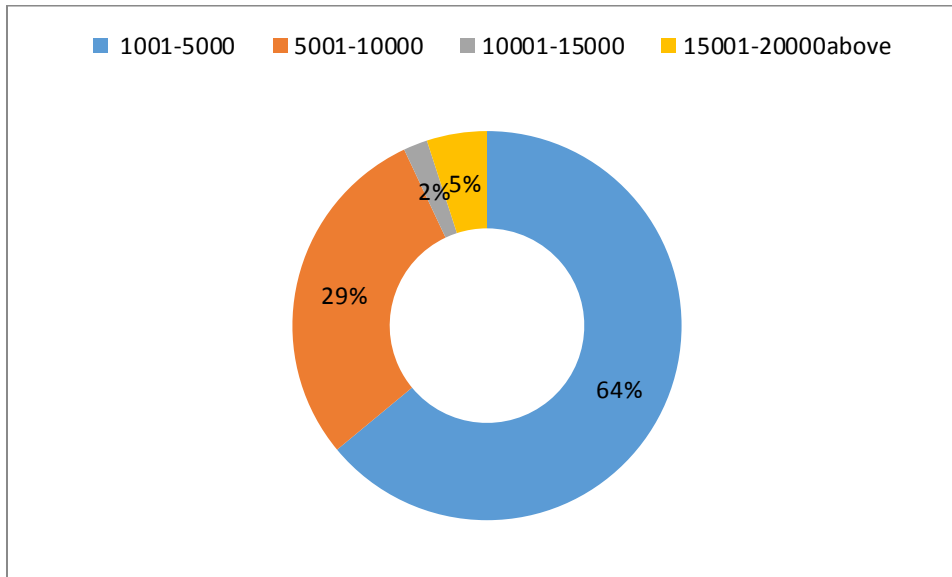


Source: Author calculating using Primary Data, 2018

3.7 Monthly Expenditure

Monthly expenditure shows that how much a particular person spends on their basic needs. These needs mainly are basic food items, day to day groceries and items which are current needs. Survey result shows that large population expenditure is between 5000 to 10000 which shows that Trans genders are only able to fulfill their basic needs and they lack in fulfilling their luxurious needs. Apart from basic needs there are certain things which people want to achieve and for that they work hard but in case of Trans people they work hard so that they can achieve or fulfill their basic needs.

Figure 3.7.1 Monthly Expenditure of Transgender

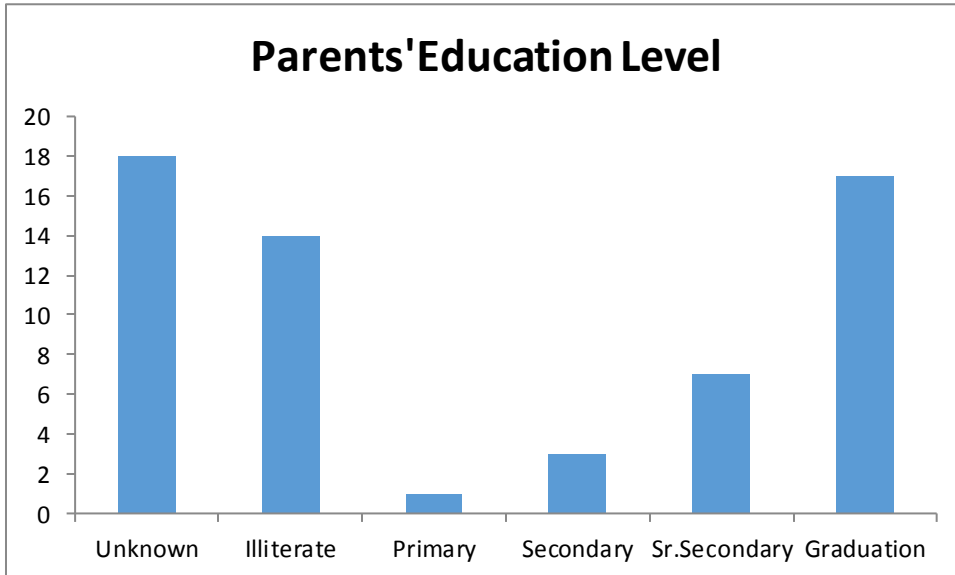


Source: Author calculating using Primary Data, 2018

3.8 Parents' education

Trans-genders are either forced against their wish to join the community or their family pressurizes them to do the same and here the parents play a vital role in deciding for them. Parents' education should matter in case such a situation happens with their children, on how to manage them but going by the survey we can see education doesn't matter in these extreme cases of Trans genders. 17 of the parents here have education but to no avail as they forced their children to join the Trans genders' community against their wishes. They either ask them to leave home or if in some rare cases, even if they allow them to stay, they impose a condition of not revealing their identity to anyone and live the way they are living either as a man or woman. It's not only the thinking of the society that matters but parents do play a major role in looking after their children. But in case of Trans-genders, it failed miserably. Many Trans-genders leave their homes themselves so as to save the pride of their family. And hence, they fall prey to the evilness of the society. Around 50% have no or lower education, so it is difficult for them to take care of children who are abnormal according to stereotypical thinking of the so called society.

Figure 3.8.1 Level of parents' education



Source: Author calculating using Primary Data, 2018

3.9 Mental Harassment

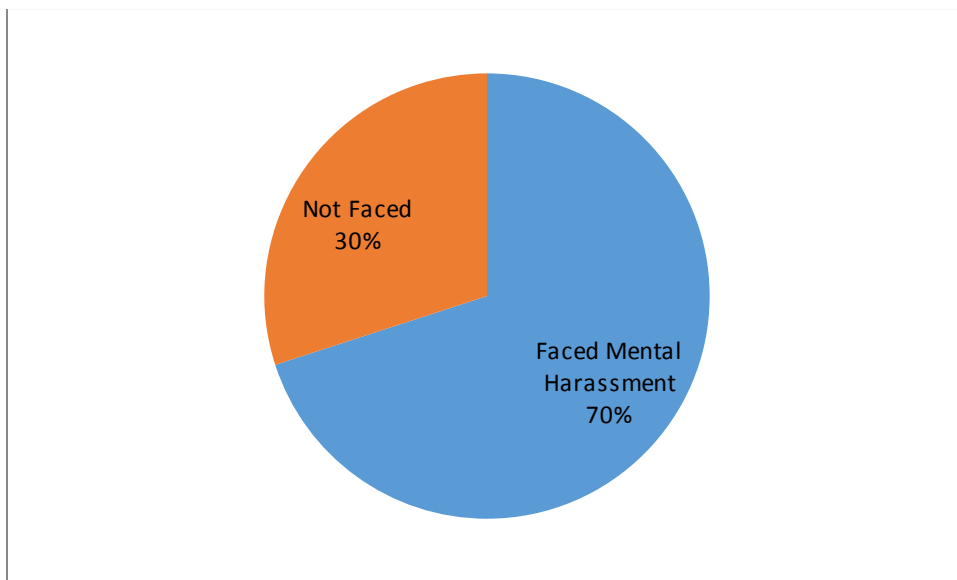
Some transgender have to face mental harassment due to their gender. Being the third gender in our society they do not get that respect and position which other gender enjoy. Out of 60 transgender 18 face mental harassment which leads to depression and also feeling of being different.

Table 3.9.1 Mental Harassment faced by Trans-genders

Mental Harassment	Number of observation	Percentage Fig.
Faced Mental Harassment	42	70
Not Faced	18	30
Total	60	100

Source: Author Calculating Using primary data.

Figure: 3.9.1 Mental Harassment Faced by Trans-genders



Source: Author calculating using primary Data.

3.10 Severe Disease

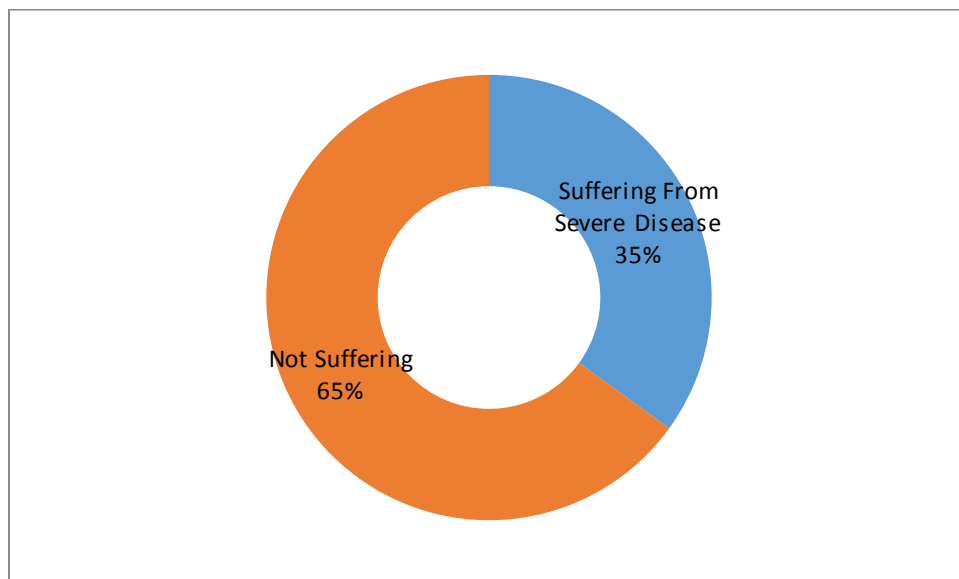
SD stands for Severe Disease or chronic disease. These diseases are mainly life long and also progressive, with age these disease increase and sometime become fatal also. In this survey we have found that 35 % of transgender suffer from SD. Many of them are unable to treat SD, due to lack of financial support. Large population of TG suffers from SD but they are afraid to accept in open as large number of SD are sexual transmitted Diseases (STDs).

Table 3.10.1 severe disease among Trans-genders

Severe Disease	Number Of observation	Percentage Fig.
Suffering From Severe Disease	21	35
Not suffering	39	65
Total	60	100

Source: Author calculating using primary data 2018

Figure 3.10.1 Trans-Genders Suffering From Severe Disease



Source: Author calculating using primary data 2018

3.11 Awareness of Health Programme

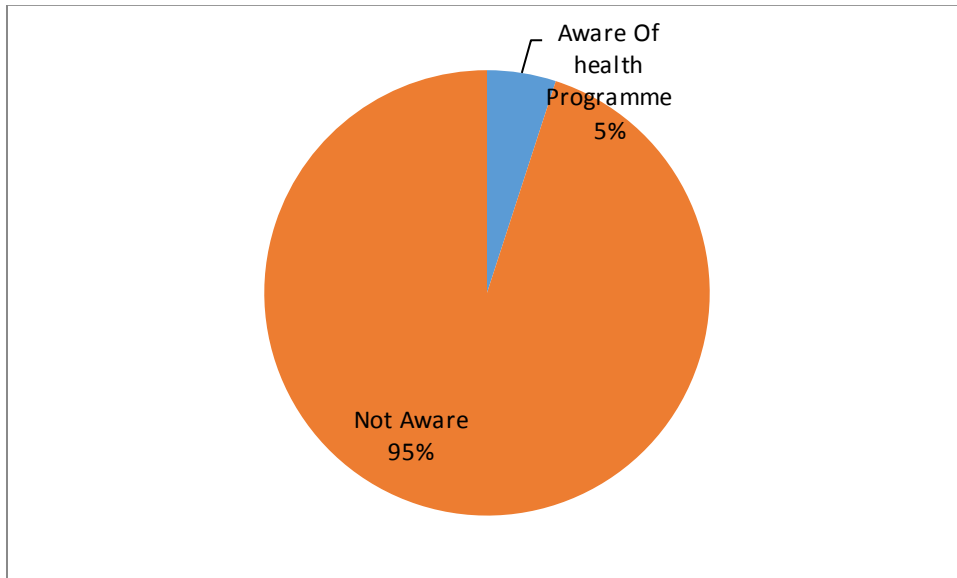
Government of India passes many bills and formed some policy for TG community. But the problem is that large number of TG community does not know about any policy and there benefits. Only 5% of people know about the programme and those 5% are the one who are working in NGO or independent.

Table 3.11.1 Awareness of health programme among Trans-genders

Awareness of Health Programme	Number of Observation	Percentage Fig.
Aware Of health Programme	3	5
Not Aware	57	95
Total	60	100

Source: Author calculating using Primary Data.

Figure 3.11.1 Awareness of Health Programme



Source: Author calculating using Primary Data, 2018

3.12 Asset Possession

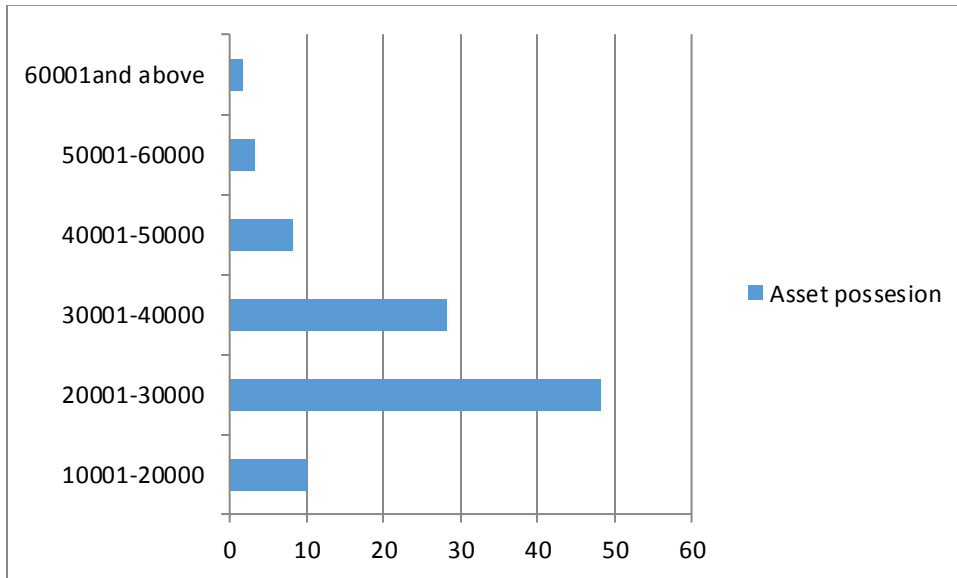
Asset possession includes daily basis items mainly include electronics like Refrigerator, television, Owen etc, and vehicle for daily use like scooter and car. Large population of TG comes under range 2 and 3 respectively. This indicates the low level of income among TG.

Table: 3.12.1 Asset possession among trans-genders

Asset possession	Number of observation	Percentage Fig.
10001-20000	6	10
20001-30000	29	48.33
30001-40000	17	28.33
40001-50000	5	8.33
50001-60000	2	3.33
60001and above	1	1.67

Source: Author calculating using primary data

Figure 3.12.1 Asset Possession of Trans-genders



Source: Author calculating using Primary Data, 2018

3.13 House Ownership

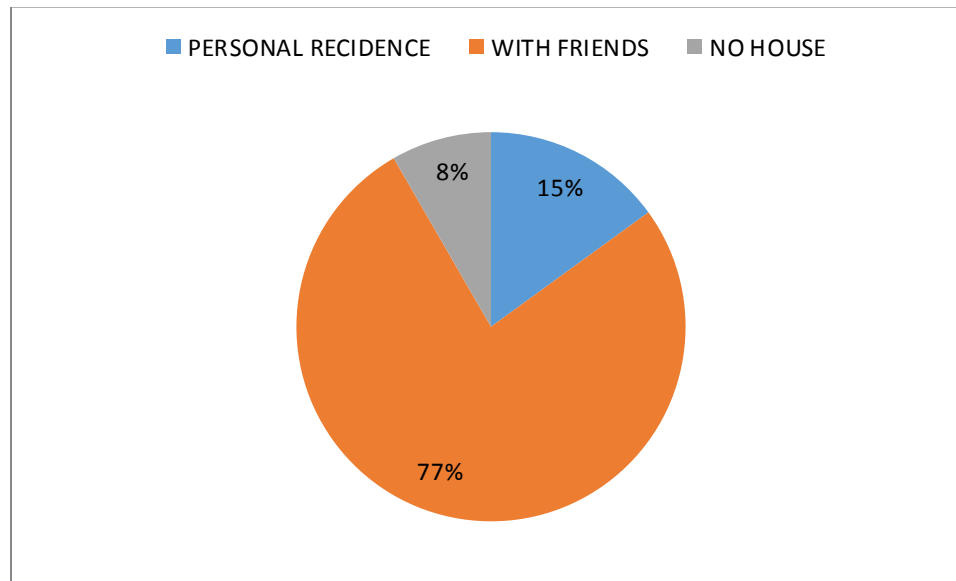
TG community mainly lives in groups which we can see in our result as large number of transgender lives with friends. Here with friends means the group they are in and the group is led by the guru ji the oldest one. They treat there guru ji as their parents and whatever money they collect they donate it to guru ji. Only few are well enough to have a personal residence. Transgender with personal residence are the one who have expenditure of more than 40000 and income of 30k to 35k and above.

Table 3.13.1 House ownership

HOUSE OWNERSHIP.	Number of Observation	Percentage Fig.
PERSONAL RECIDENCE	9	15.00
WITH FRIENDS	46	76.67
NO HOUSE	5	8.33

Source: Author calculating using Primary Data, 2018

Figure 3.13.1 House Ownership



Source: Author Calculating Using Primary Data.

3.14 Sexual Harassment

Sexually harassment means as a range of actions involving the harassment of person due to their sex. In India it is one of the major problems faced by women. In case of transgender the ration is alarming because large number of TG community face this problem and many of them are not in condition to tell about it. According to survey 67% of transgender face sexual harassment. Problem with TG community is that police does not take their complain seriously which make them vulnerable and easy target. There

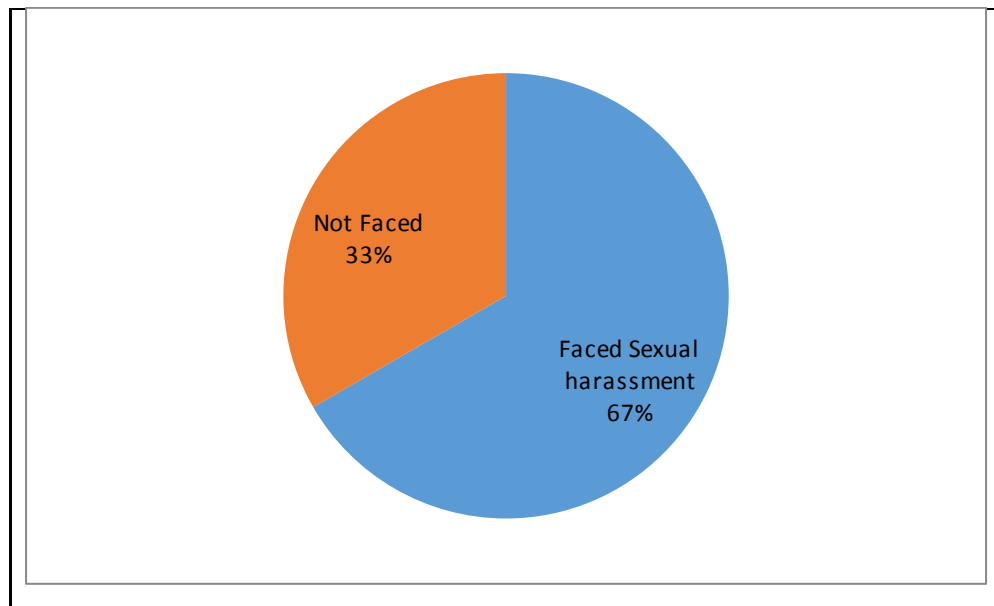
are so many rules and guidelines for women safety but there are none for Trans-genders.

Table 3.14.1 sexually harassed

Sexually harassed	Number of observation	Percentage Fig.
Faced Sexual harassment	40	66.67
Not Faced	20	33.33
Total	60	100

Source: Author calculating using Primary Data, 2018

Figure 3.14.1 Sexual harassment faced by Trans-genders



Source: author calculating using primary data 2018.

3.15 Depression and Family.

Transgender left their home at the early age and spend their rest of life with their community but missing ones family is in nature which again we can see in the survey. Large number of transgender miss their family and become one of the factor of depression among transgenders. Depression is a multifaceted disorder, encompassing a wide range of somatic, cognitive, and mood symptoms; it varies in intensity, duration, frequency, course, and family history; it can be assessed continuously or categorically;

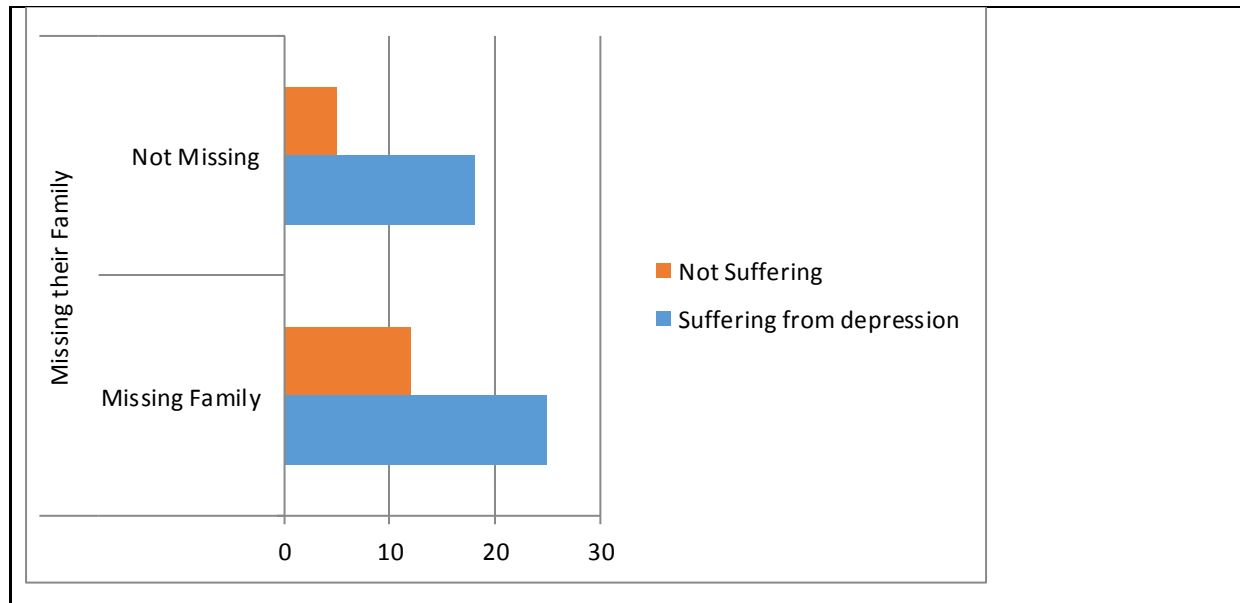
it can be obtained by interview or by self-report; and importantly, the cardiac prognostic impact of these distinctions may vary. We provide an overview of definitions and possible assessment of depression, and we discuss key assessment distinctions(W.K Davidson et al.,2005).

Table 3.15.1 Depression and Family Series.

Depression	Missing their Family		Total
	Missing Family	Not Missing	
Suffering	25	18	43
Not Suffering	12	5	17
Total	37	23	60

Source: Author calculating primary data

Figure 3.15.1 Depression and Family



Source: Author calculating using Primary Data, 2018

Conclusion

the light of this study which is about the psychological stress among trans-genders ; it is observed that there is a significant evidence that shows that large population of trans-genders suffer from mild stress and depression too. In this research it is found that there are several factors which lead to stress and gradually towards major depression. Social and economic factor are one of the major reason as lack of acceptance in society also leads towards isolation and loneliness. Being third gender in the society where male play dominant role and Female secondary, role of third gender automatically start declining and does not get the status what they deserve. Financially weak status is like another add on to their problem.

Trans genders fail to express their views in the society and lack of financial support drag them more deeper. After social and economic there comes there health conditions of Trans Genders, many of the trans-genders face several problems but major and severe diseases are the alarming one. Lack of health facility and treatment in hospitals due to their gender also make them feel different and non-acceptable. Result shows that people with severe disease have more chance to get depressed.

Findings shows that large number of trans-genders have to face harassment due to their resemblance. Few were harassed sexually which is also a major concern because it leads to depression or stress throughout the life.

Despite of all these problems Trans-genders community are living there life at most and supporting each other for the betterment of life and there living conditions. When asked what they want from the government and the local public their answer were “acceptance and social equity” and from the government basic facility so they can make their survival easy.

Appendices
Appendix A: Structure Questionnaire for Survey

A Study on Economic Conditions and Psychological Stress Among Transgenders

Aman Singh (M.A. in Economics)

(Department of Economic Studies, Central University of Punjab, Bathinda)

1. Personal Information									
Name of the respondent (optional)		Age (in years completed)			Transgender sex (<i>male=1; female=2</i>)				
Level of education (<i>illiterate=1, primary=2, Secondary=3, higher secondary=4; above=5</i>)			Years of schooling (completed)			Caste (<i>ST=1; SC=2; OBC=3; Others=4</i>)			
Religion (<i>Hindu=1, Muslim=2, Christian=3, Others=4</i>)		Marital Status (<i>unmarried=1; married=2; divorced/separated=3</i>)			At what age did you come to know about your gender (year)?				
Age at which you have dropped out from education (year)?		Age at which you have left your family (year)?		Are you still in contact with your family members (<i>Yes=1 No=2</i>)					
2. Family Details									
Family size	Family Type (<i>Joint=1; Nuclear=2</i>)		Total no. of brothers	Total no. of sisters	Total family land holdings		Agricultural (in Acres)	Residential (in Square ft)	
Parents Education (<i>illiterate=1, primary=2, Secondary=3, higher secondary=4; above=5</i>)		Father	Parents employment status (<i>Employed=1, not employed=2; others=3</i>)		Father	Parents Occupation (<i>farmer=1, Govt. service=2, Private service=3, business=4; other labour=5; others</i>)			Father
		Mother			Mother				Mother
Response and behaviour of your family members when transgender is identified for the first time (<i>supportive & they treated nicely=1; neutral=2; treated badly=3</i>)		Father	Mother	Brother	Sister	Grand father	Grand mother	Other relatives	
What made you to join the transgender community (<i>put √ in appropriate box</i>)		Family member forced to join TG community		TG community forced to join their community		Any other reason (specify)			
3. Employment/work status									
Employment Status (<i>Employed=1 Unemployed=2 Searching job=3</i>)	If employment status=1 (employed) then answer the following questions								
	Nature of job- (<i>Self-employed=1; Regular salaried=2; Casual Labour=3</i>)	Type of job- (<i>Government=1; Private=2; NGO=3</i>)	Occupation (<i>Professional jobs=1; Clerical jobs=2; Doing Business=3; Sex worker=4; Begging=5; Others(specify)=6</i>)		Are you entitled to open account in NPS, EPF, CPF or any other insurance schemes (<i>Yes=1; No=2</i>)		Monthly Earnings (Rs.)		

4. Asset possession details											
Card Possession (put √)		Ownership of durable goods (put √)		Ownership of Vehicle (put √)		Do you have a Bank Account (Yes=1; No=2)	If yes,		Land holding		House ownership (self=1; With friends=2; No house=3)
							No. of times did you visit your bank/ATM for transactions (during last 30 days)	Do you use online/ mobile banking facility (Yes=1; No=2)		Agricultural (in acres)	
<i>BPL Card</i>		<i>Mobile phone (ordinary)</i>		<i>No vehicles</i>							
<i>Aadhar Card</i>		<i>Smart Phone</i>		<i>Bicycle</i>							
<i>Voter ID</i>		<i>TV</i>		<i>Motor Bike</i>							
<i>PAN Card</i>		<i>Radio</i>		<i>Scooter</i>							
<i>Ration Card</i>		<i>Refrigerator</i>		<i>Car</i>							
<i>Others (Specify)</i>		<i>AC/cooler</i>		<i>Other (specify)</i>							
5A. Expenditure during last 30 days (in Rs.)											
On Basic food items		On Beverages		on Pan/ tobacco products, liquor smoking e.t.c.		On cosmetics		Watching Cinema and other entertainments		On clothing & footwear	
5B. Expenditure during last 365 days (in Rs.)											
On health			On Rents/housing			Savings		Investment		Any others (specify)	
6. Living Arrangements											
Type of house (<i>Pucca-1; Kaccha -2; semi pucca-3</i>)		Roof type (<i>Ceiling-1; Tiles-2; Straw/canvas=3</i>)		Floor type (<i>Tiles-1; Mozaic-2; Cemented-3 Kaccha-4</i>)		Bathroom type (<i>Within house-1; outside but attached-2 outside not attached-3 No bathroom-4</i>)					
Number of living rooms	Source of drinking Water (<i>RO=1; simple filtered=2; Public tap-3; Tube well/bore well=4</i>)		Source of lighting (<i>electricity=1; kerosene=2; candle=3; all of the above=4</i>)		Source of cooking (<i>electricity=1; kerosene=2; LPG=3; all of the above=4</i>)		Toilet type (<i>Within house-1; outside but attached-2 outside not attached-3 No toilet-4</i>)				
7. Health status and Psychological condition											
Did you suffer from any minor diseases (duration of illness less than 7 days) during last 365 days? (Yes=1; No=2)						If Yes, no. of times suffered during last 365 days					
Did you suffer from any major diseases (duration of illness about 30 days and more or/and hospitalized up to 3 days and more) during last 365 days? (Yes=1; No=2)						If Yes, no. of times suffered during last 365 days					
Are you suffering from any severe diseases? (Yes=1; No=2)			If Yes, the what is the duration of your suffering (in months)			What is the Name of your Diseases (optional)					
How much did you spend on your illness during last 365 days out of your pocket (in Rs)			On minor diseases (Rs)			On major diseases (Rs)		On Severe diseases (Rs)			

Do you aware of any govt. health programmes for TG? (Yes=1; No=2)		If yes, have you ever availed any such schemes during your need? (Yes=1; No=2)		Do you have ever availed any health insurance scheme? (Yes=1; No=2)		
Do you smoke? (Yes=1; No=2)		If yes, what do you smoke (put √)			Your expenditure on smoking during last 30 days (Rs)	
		Bidi	Cigarette	Marijuana		
Do you drink? (Yes=1; No=2)		If yes, how often do you drink (put √)			Your expenditure on Drinking during last 30 days (Rs)	
		Daily	Once in a week	Occasionally		
Do you addict to any other drugs? (Yes=1; No=2)		Your expenditure on drugs during last 30 days (Rs)				
What is the main reasons for your drug/smoking/drinking habits? (open)						
Do you still miss your family members? (Yes=1; No=2)		If yes, Whom do you miss the most (open)?				
Why do you remember them/him/her (open)						
If you are not missing your family member then why (open)?						
Do you ever feel like depressed because of your gender? (Yes=1; No=2)		If yes, How often you feel that? (put √)	Daily	Once in week	Twice in a week	Occasionally
Do you ever feel like depressed because you are not with your family members? (Yes=1; No=2)		If yes, How often you feel that? (put √)	Daily	Once in week	Twice in a week	Occasionally
Have you ever harassed (sexually)? (Yes=1; No=2)		If yes, How often you feel that? (put √)	Daily	Once in week	Twice in a week	Occasionally
Have you ever harassed (mentally)? (Yes=1; No=2)		If yes, How often you feel that? (put √)	Daily	Once in week	Twice in a week	Occasionally
What would you like to suggest to the society about your gender and what do you expect from them?						
What would you like to suggest to the government of India about your gender and what do you expect from them?						