



Trans Stigma Index : Development and validation of a stigma monitoring tool for use among transgenderwomen in Tamil Nadu

BACKGROUND

Transgender women in India have existed for centuries, with various indigenous transidentities. Despite the legal recognition of gender identity of trans people in India, evidence suggests that stigma and discrimination against transwomen are still rampant. A robust survey tool is needed to periodically monitor the trends in stigma and discrimination faced by transwomen, which will help in refining the stigma reduction interventions and to evaluate their effectiveness.



METHODS

The information in this research brief was drawn from a multi-site mixed methods research study commissioned by VHS MSA DIVA project (see Acknowledgments) and conducted in two study sites (Chennai and Tiruvallur) in Tamil Nadu. Informed consent was obtained from all participants. The study received ethics approval from the Institutional Review Board of C-SHaRP.

A 'Trans Stigma Index' tool was developed based on desk review of academic/grey literature and available scales, and inputs from trans community members. The tool was pilot-tested, refined, and administered among a convenience sample of 300 (200 in Chennai and 100 in Tiruvallur) trans women. Univariate and Bivariate analyses were conducted using IBM SPSS (version-21).

KEY FINDINGS

Sociodemographic characteristics

Participants' mean age was 30.3 (SD 8.4). Forty-one percent had completed high school or higher secondary. More than three-fourths (85%) identified as thirunangai or transgender (English term). Sixty-four percent reported basti/begging as their main occupation, while 17% reported engaging in sex work. More than half (52%) were living with their trans friends; 87% were living in rented houses.

Experiences of discrimination in varied settings

Overall, 71% (n=214/300) reported having ever experienced some form of discrimination or harassment from different persons in varied settings. About half (48%) reported having experienced forced sex at some point in their lifetime. The prevalence of having experienced any kind of discrimination in various settings or from different types of perpetrators are summarised in the table below.

Prevalence of various forms of stigma and discrimination by settings and perpetrators, stratified by urban and rural study sites

Setting/Perpetrators	Total N (%)	Urban n (%)	Rural n (%)	p value ^a
Police	122/300 (40.7)	93/200 (46.5)	29/100 (29)	< .01
Ruffians	146/300 (48.7)	120/200 (60.0)	26/100 (26)	< .001
Intimate partner violence	13/119 (10.9)	11/77 (14.3)	2/42 (4.8)	.11
Previous Workplace	89/164 (54.3)	75/113 (66.3)	14/51 (27.4)	< .001
Public hospitals	21/251 (8.4)	16/164 (9.8)	5/87 (5.7)	.24
Private hospitals	8/258 (3.1)	6/172 (3.5)	2/86 (2.4)	.63

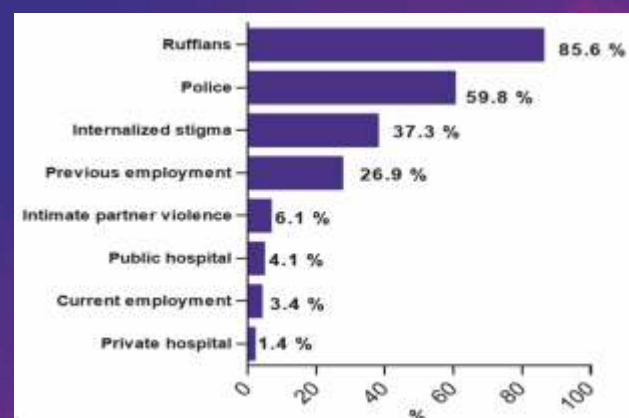
^a a Chi-square test or Z-test for comparison of proportions. Note. Urban site – Chennai, Rural site – Tiruvallur.

Across the settings or perpetrators, the prevalence of having experienced any kind of discrimination was highest in the previous workplace (54.3%), followed by discrimination/violence from ruffians (48.7%) and police (40.7%).

Mean index scores of subscales

The mean index scores of different subscales are reported in percentages in the figure below. (Note that this % does not refer to the prevalence of this discrimination in this sample). The percentage of mean index score for each subscale refers to the relative severity of discrimination in a particular setting or by a perpetrator. In the diagram below, the topmost mean index score was for discrimination experiences faced by trans women from ruffians (85.6%), and the lowest mean index score was for discrimination experiences in private hospitals (1.4%). The mean index score of internalised stigma (37%) was higher than that for discrimination experiences in the previous workplace (26.9%). In general, the severity of

discrimination/violence faced by trans women in the urban area was higher than that faced by trans women in the rural area, across the type of perpetrators or settings (except private hospitals).



Reliabilities (Cronbach's alpha)

In general, most of the subscales in the questionnaire had adequate reliability (Cronbach's alpha > .70). Subscales measuring discrimination experiences with ruffians and intimate male partner had higher reliabilities (.88 and .79, respectively), and those that measured discrimination experiences in health care settings had lower reliabilities (government institution = .63, private = .51). Analysis of responses and debriefing with the interviewers helped in identifying problematic areas in the tool, which can be refined in the future for scale-up of this study. The suggestions for further improving the tool are provided as part of the recommendations in the larger report on this study (The full report can be obtained from writing to VHS DIVA project).

RECOMMENDATIONS

This stigma monitoring tool, with further refinement, can be used to periodically collect evidence for action by various ministries / departments of central and state governments

A refined version of this trans stigma index can be adapted to periodically monitor the status and trends in stigma and discrimination faced by trans women, so that stigma elimination programmes are informed by real-time evidence for the focus and evaluation of such programmes. The information from this tool can thus be used by various ministries/departments (health, social welfare, education, human resources and development) of Central and State governments to improve the health, human rights situation and livelihood of trans women. Similar stigma index tools can also be prepared and tested among other key populations (such as men who have sex with men, people who inject drugs and female sex workers).

RECOMMENDATIONS FOR POLICIES AND PROGRAMMES

Stigma reduction/elimination programme

UNAIDS has set an ambitious goal, to which India is also a signatory, that there should be 'zero discrimination' against people living with HIV and key populations, including trans women, by 2030. To achieve that goal, a realistic, comprehensive, and scalable stigma reduction/elimination programme is required in various settings.

Addressing intersectionality of various stigmas faced by trans women

Given that trans women face multiple stigmas (e.g., stigmas related to gender identity, sex work involvement, and perceived or actual HIV status), any comprehensive stigma elimination programme needs to take into account these intersecting/intersectional stigmas. Addressing intersectional stigmas is a challenge, which requires commitment from multiple stakeholders and ministries/departments in government (e.g., the health ministry, the ministry of social justice and empowerment, the law ministry). Establishing inter-ministerial and inter-departmental committees could quicken collaborations across these ministries/departments to advance the human rights of trans women.

Addressing internalised stigma related to being a transgender person

Some of the ways by which internalised stigma can be addressed are: providing information about the rights of trans women, screening for internalised stigma and providing counselling to promote self-acceptance, and promoting collectives of trans women to support themselves and their communities.

Human/legal rights education and improving access to redressal mechanisms

Educational programmes for trans women need to emphasise their human and legal rights (right to health, including sexual and reproductive health, right to work, right to get education and right to be

treated with dignity) and raise awareness about rights violations, and redressal options (e.g., legal redressal) that are available in case of incidents of rights violations.

Strengthening trans women communities for effective advocacy to promote their rights

As the community collectives/organisations of trans women help one another to get connected and empowered, financial and technical supports are needed for those collectives/organisations for effective community mobilisation and advocacy. Further, those agencies can also be supported to provide psychosocial counselling services and link trans women who faced discrimination with legal and necessary support services.

ACKNOWLEDGEMENTS

This study was commissioned by VHS MSA DIVA Project and implemented by the Centre for Sexuality and Health Research and Policy (C-SHaRP). The full report is also available in the same title from the VHS. Dr. Venkatesan Chakrapani was the lead consultant for this study. We thank the C-SHaRP team – Mr. Murali Shunmugam, Mr. Ruban Nelson and Mr. Gunasekaran – for data collection and analysis. VHS MSA DIVA team – Dr. Vijayaraman Arumugam, Dr. Pannirselvam Gurusamy, Ms. Rinu Anantharaman – provided helpful comments on refining an earlier version of the report/brief. We also thank our collaborating partner agencies - Thozhi, Chennai; and Vidivelli Thirunangaigal Nala Sangam, Tiruvallur – for their help in data collection. We extend our sincere thanks to the Technical Support Unit of Tamil Nadu State AIDS Control Society (TANSACS) for their support.

Published in 2017 © VHS MSA DIVA.

Disclaimer: Information contained in the publication may be freely reproduced, published or otherwise used for non-profit purposes without permission from VHS MSA DIVA. However, VHS MSA DIVA requests to be cited as the source of the information. The contents of this publication are the sole responsibility of VHS MSA DIVA and do not

necessarily reflect the views of its funders.

Recommended Citation: VHS MSA DIVA. (2017). Research Brief. Trans Stigma Index: Development and validation of a stigma monitoring tool for use among trans people in Tamil Nadu. Chennai: VHS MSA DIVA.

The Voluntary Health Services

Rajiv Gandhi Salai (OMR) T.T.T.I Post
Taramani, Chennai – 600 113.

REFERENCES

- ¹Chakrapani, V., Vijin, P. P., Logie, C. H., Newman, P. A., Shunmugam, M., Sivasubramanian, M., & Samuel, M. (2017). Understanding How Sexual and Gender Minority Stigmas Influence Depression Among Trans Women and Men Who Have Sex with Men in India. *LGBT Health*, 4(3), 217-226.
- ²Willie, T., Chakrapani, V., White Hughto, J., & S. Kershaw, T. (2017). Victimization and Human Immunodeficiency Virus-Related Risk Among Transgender Women in India: A Latent Profile Analysis. *Violence and Gender*, 4(4), 121-129.
- ³Shaw, S. Y., Lorway, R. R., Deering, K. N., Avery, L., Mohan, H. L., Bhattacharjee, P., . . . Blanchard, J. F. (2012). Factors associated with sexual violence against men who have sex with men and transgendered individuals in Karnataka, India. *PLoS One*, 7(3), e31705.
- ⁴Chakrapani, V., Vijin, P. P., Logie, C. H., Newman, P. A., Shunmugam, M., Sivasubramanian, M., & Samuel, M. (2017). Assessment of a "Transgender Identity Stigma" scale among trans women in India: Findings from exploratory and confirmatory factor analyses. *International Journal of Transgenderism*, 18(3), 271-281.