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A Study of Personal Satisfaction of Life among Transgender in Chennai

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ABSTRACT: Being raised in the wrong gender causes them profound gender dysphasia and mental anguish as they grow up. Early theories were based on the belief that gender is learned behavior. People believed that transgenderism was a lifestyle choice and this belief led to the social stigma attached to the term. Research shows that transgender are even overlooked by the rest of the LGBT community. Transgender still float beneath the surface, most of them invisible, like the unseen portion of the iceberg. One of the important problems transgender face in the society is lack of social acceptance. Although they have been part of every culture and society in recorded human history, they have only recently become the focus of attention in psychological, medical and social research. The pilot study helped the investigator select variables which affect their personal satisfaction of life. The fact that the transgender felt discriminated and wanted to be accepted by society was the starting point for planning a programme on transgender awareness. A purposive sampling design was followed to collect the data. 200 transgender, 100 from urban and 100 from rural areas were included. All of them were MTF transgender. Their ages ranged from 18 to 50 years. They all had received primary level of education. A standardized questionnaire was administered and data collected then data was analysed by using statistical techniques of descriptive and differential analysis. Interpretation and findings are presented. It was concluded that, telling everyone "I am a transgender" is the ones who are very happy, comfortable and feel positive about being a transgender.

KEYWORDS: Personal Satisfaction of Life, Transgender, MTF.

I. INTRODUCTION

The most accepted definition currently for the term transgender seems to be "People who were assigned a gender, usually at birth and based on their genitals, but who feel that this is a false or incomplete description of themselves." (USI LGBT Campaign Transgender Campaign, 2007). It is often used as an umbrella term to mean those who defy rigid, binary gender constructions, and who express or present a breaking and/or blurring of culturally prevalent/stereotypical gender roles. Transgendered persons usually live full or part time in the gender role opposite to the one in which they were born. In contemporary usage, "transgender" is used to describe a wide range of identities and experiences, including but not limited to: pre-operative, post-operative and non-operative transsexual people; male and female cross-dressers (sometimes referred to as "transvestites", "drag queens", or "drag kings"); inter-sexed individuals; and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical. The term transgender does not imply any specific form of sexual orientation; transgender people may identify as heterosexual, homosexual or as bisexual. There is growing evidence that the transgendered conditions is due to a person's nature rather than the nurture received early in life. Scientific evidence has shown that certain brain-structures in the hypothalamus (the BSTc region) determine each person's core gender feelings and innate gender identity. These structures are "hard-wired" prenatally in the lower brain centers and central nervous system (CNS) during the early stages of pregnancy. If something goes amiss in the early stages of pregnancy the sex hormones do not have the usual action on the integration of the fetus's brain. In these cases, children are born having a brain-sex (neurological sex) and innate gender identity opposite to that indicated both by their genes and their genitalia. Since these infants look normal, they will be raised in the wrong gender for their brain-sex (neurological sex). Being raised in the wrong gender causes them profound gender dysphoria and mental anguish as they grow up. Early theories were based on the belief that gender is learned behavior. People believed that transgenderism was a lifestyle choice and this

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belief led to the social stigma attached to the term. Some of the psychological factors which have been linked with transgenderism are parental rejection, absence of father during childhood, having emotionally-distant father, peer pressure, perfectionism, media images, self-rejection and poor self-esteem which may be reinforced by hostile reception from society.

Gender Identity Disorder: Unlike sexual orientation, transgenderism - technically "gender identity disorder" (GID) - is still deemed a mental illness by the American Psychiatric Association. Medical professionals tend to believe that transgenderism is a medical and mental health condition that may require treatment. The medical approach recognizes sex within a binary construct of male or female, and gender within a linear binary: men are masculine, women are feminine. With its primary focus on SRS, the medical model does not leave room for a broader range of healthy transgender identities. Gender Identity Disorder (GID) now identifies persons whose physical sex does not match their (internal) gender identity, and distinguishes between childhood gender nonconformity and gender conflict persisting into adulthood. According to the most recent DSM, GID is characterized by:

- Strong and persistent cross-gender identification
- Persistent discomfort with [one's biological] sex, or a sense of inappropriateness in the gender role of that sex, and
- Clinically significant distress. (American Psychiatric Association, 2000).

There is disagreement among transgender leaders about attempts to remove GID from the Diagnostic and Statistical Manual of Mental Disorders. Some want it removed because it pathologizes gender variance, while others want it to remain because a GID diagnosis can provide medical coverage and access to care. According to Winter (2007) "the psychiatric pathologisation of transgenderism may indeed be enhancing the access of transpeople in the developed world to subsidized medical care. But transpeople worldwide, with different needs, different priorities, are paying the price"

Transgender identity models: The Authentic Model (also known as the Transgender Model) posits that gender exists on non-binary continuums of male and female dimensions. In this model, successful identity development is open to individualized trajectories. Identity consolidation (and thus healthy emergence from adolescence) does not require SRS as in the medical model. Rather, identity is achieved via authentic self-actualization; that is, a sense of self-coherence regardless of identity labels, physical appearance, or gender role. The authentic model also discusses gender nonconformity as a natural human variability and not a mental disorder (Denny, 2004). Bilodeau (2003) introduced a model of transgender identity development that closely mirrors D'Augelli's (1994) framework for homosexual individuals. There are six processes that transgender work through on the way to a healthy identity:

1. Exiting a traditionally gendered identity - involves recognizing that one is gender variant.
2. Developing a personal transgender identity- focusing on knowing oneself in relation to the gender variance.
3. Developing a transgender social identity- creating a network of support for one's identity.
4. Becoming a transgender offspring- coming out to family members and reevaluating these familial relationships.
5. Developing a transgender intimacy status- establishing intimate personal and emotional relationships.
6. Entering a transgender community- becoming involved politically and socially with transgender communities. This model removes some of the stigma that has come with transgender research and turned the focus back onto the transgender person as an individual. It validates what the person is feeling and the many areas they must endure change in order to establish a healthy gender identity. Today, researchers and advocates support an eco-developmental approach for exploring transgender identity development. This framework is not limited by what is socially expected; instead, researchers may consider multiple interacting systems of biology and environment (at home, in school, in a society, etc.). By considering interacting systems, researchers are better able to explore the meanings and representations of changing identity labels over time (Grossman & D'Augelli, 2006; Pardo, 2008).

Personal Satisfaction of Life: Personal Satisfaction of Life is the subjective judgment of the extent to which one is living the good life. This perception of the good life may be based on feelings of happiness, meaning in life, and inner peace. The definition of Personal Satisfaction of Life is different for everyone. The main thing that determines Personal Satisfaction of Life is our ability to enjoy all that life has to offer. For instance, the ability to walk, talk, see and feel all contributes to our overall Personal Satisfaction of Life. A quality life is a life full of meaning and purpose. A high-

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quality life is also a life of freedom from tyranny. If a person is happy, has inner peace, and perceives that his or her life is meaningful, then the person could be viewed as being successful and achieving a high Personal Satisfaction of Life. Personal Satisfaction of Life (PSL) defined as a the individual's experience of a sense of fulfillment of a need or want and the quality or state of being hold everything, covers broad domains including physical, psychological, economical, spiritual and social well-being. PSL is described as "people's perception of their situation in the culture and the value system they live in related with their goals, standards, expectations and ideas". It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. The term PSL is used to evaluate the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. It cannot be simply equated with the terms of health status, lifestyle, life satisfaction, mental state, or well being; it is rather a multidimensional concept incorporating the individual's perception of those and other aspects of life. Their Personal Satisfaction of Life Model is based on the categories "being", "belonging", and "becoming", respectively who one is, how one is connected to one's environment, and whether one achieves one's personal goals, hopes and aspirations. In the clinical setting, individuals suffering from psychological disorders have low PSL. Outside of basic health care needs, the goal of medical therapy for transgender people is to improve their Personal Satisfaction of Life by facilitating transition to a physical state that more closely represents their sense of themselves.

II. REVIEW OF RELATED LITERATURE

1. **Newfield, Hart, Dibble and Kohler (2006)** evaluated health related Personal Satisfaction of Life in female-to-male (FTM) transgender individuals, using the Short-Form 36-Question Health Survey version 2 (SF-36v2). Using email, Internet bulletin boards, and postcards, 446 FTM transgender and FTM transsexual participants were recruited. Analysis of Personal Satisfaction of Life health concepts demonstrated statistically significant diminished PSL among the FTM transgender participants as compared to the US male and female population, particularly in regard to mental health.
2. **Yuksel, Aslantas, Andemir, Bikmas and Ozturk (2007)** evaluated the perception of the transgender individuals about the group psychotherapy sessions with a semi-structured interview form. The group psychotherapy sessions conducted once in a month with the participation of three therapists and 10-16 transgender individuals. All of the participants were single and living with their families. They were working at temporary jobs and had no health insurance mostly because of their gender identity. A positive kind of relationship between members developed in spite of the differences in the socio-cultural levels of the participants.
3. **Seidl (2007)** considered two groups: the fixed – representing transgender individuals who preferred identification with the gender binary male or female, and the fluid - representing transgender individuals that favor openness and flexibility on the gender continuum. The fixed and fluid transgender groups were then used as the key criterion for investigating differences in PSL, self-confidence, stress and counselling satisfaction. The mean difference between the fixed and fluid transgender groups was statistically significant. The dissatisfaction was higher in the fluid transgender group..
4. **Lakshmanan and Victor (2010)** did a study on transgender in Chennai using qualitative and quantitative techniques of data collection and analysis. A standardized Tamil version of the Wellbeing Questionnaire -12 (Gold Berg 1972) was used. 75.76% of the transgender belonged to the "Average Wellbeing category" while the rest were in the "Better Wellbeing Category". From the in-depth interviews it was inferred that the socio-economic status of transgender was very poor and they felt inferior to others and were constantly humiliated and ill-treated by the society at large..
5. **Hancock, Krissingner and Owen (2010)** explored relationships between self-perceived PSL and perceptions of femininity and likability associated with transgender voice. For male-to-female transgender clients, PSL is moderately correlated with how others perceive their voice.

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Studies related to Personal Satisfaction of Life after Sex Reassignment Surgery

6. **Cohen-Kettenis and vanGoozen (1997)** investigated postoperative functioning of 22 consecutive adolescent transsexuals who underwent sex reassignment surgery. The subjects were interviewed by an independent psychologist and filled out a test battery containing questionnaires on their psychological, social, and sexual functioning. All subjects had undergone surgery not less than a year before the study took place. Twelve subjects had started hormone treatment between 16 and 18 years of age. Postoperatively the group was no longer gender-dysphonic. It was found that starting the sex reassignment procedure before adulthood results in favourable postoperative functioning.
7. **Lawrence (2003)** examined factors associated with satisfaction or regret following sex reassignment surgery (SRS) in 232 male-to-female transsexuals operated between 1994 and 2000 by one surgeon using a consistent technique. Participants reported overwhelmingly that they were happy with their SRS results and that SRS had greatly improved the quality of their lives. Most indicators of transsexual typology, such as age at surgery, previous marriage or parenthood, and sexual orientation, were not significantly associated with subjective outcomes.
8. **Cuypere, et al (2005)** carried out a long-term follow-up study of 55 transsexual patients (32 male-to-female and 23 female-to-male) post-sex reassignment surgery (SRS) to evaluate sexual and general health outcome. Relatively few and minor morbidities were observed in their group of patients. After SRS, the transsexual person's expectations were met at an emotional and social level, but less so at the physical and sexual level even though a large number of transsexuals (80%) reported improvement of their sexuality.
9. **Kim, et al (2007)** evaluated psychologic status, health-related Personal Satisfaction of Life in 40 transsexuals, both female-to-male (FTM), male-to-female (MTF) transgender individuals. Analysis of PSL health concepts demonstrated statistically significant diminished PSL among the transsexual participants as compared to the Korean male and female population. Overall, in all psychological status examination, transgender individuals were within normal population boundary. SRS improved their PSL and mental stability.
10. **Parola, et.al (2009)** provided a detailed assessment of the impact of surgical reassignment on the most important aspects of daily life for these patients. They also established the influence of various factors likely to have an impact on the PSL, such as biological gender and the subject's personality. Thirty-eight subjects who had undergone hormonal surgical reassignment were included in the study. The results show that after gender reassignment surgery their social and sexual PSL improved.
11. **Ainsworth and Spiegel (2010)** studied the self-reported PSL of male-to-female (MTF) transgendered individuals and how this Personal Satisfaction of Life is influenced by facial feminization and gender reassignment surgery. There was no statistically significant difference in the mental health-related Personal Satisfaction of Life among transgendered women who had GRS, FFS, or both. Participants who had FFS scored statistically higher than those who did not in the FFS outcomes evaluation.
12. **Murad, et al (2010)** undertook a systematic review and meta analysis of PSL and psychosocial outcomes. These studies enrolled 1833 participants with GID (1093 male-to-female, 801 female-to-males) who underwent sex reassignment that included hormonal therapies. Pooling across studies shows that after sex reassignment, 80% of individuals with GID reported significant improvement in gender dysphoria; 78% reported significant improvement in psychological symptoms; 80% reported significant improved
13. **Wierckx, et.al (2011)** indicate that transsexual men generally have a good PSL and experience satisfactory sexual function after SRS. Compared with a Dutch reference population of community-dwelling men, transsexual men scored well on self-perceived physical and mental health. Almost all participants were able to achieve orgasm during masturbation and sexual intercourse, and the majority reported a change in orgasmic feelings toward a more powerful and shorter orgasm. Surgical satisfaction was high, despite a relatively high complication rate.
14. **Dhejne, Lichtenstein, Boman, Johansson and Langstrom (2011)** studied 324 sex-reassigned persons (191 male-to-females, 133 female-to-males) in Sweden. Random population controls (10:1) were matched by birth year and birth sex or reassigned (final) sex, respectively. Persons with transsexualized, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.

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III. NEED FOR THE STUDY

Research shows that transgender are even overlooked by the rest of the LGBT community. Transgender still float beneath the surface, most of them invisible, like the unseen portion of the iceberg. One of the important problems transgender face in the society is lack of social acceptance. Although they have been part of every culture and society in recorded human history, they have only recently become the focus of attention in psychological, medical and social research. Unchecked negative attitudes toward transgender persons may result in transphobia as well as discriminatory treatment of transgender individuals (Claman, 2008). As The (2002) puts it, ignorance is one of the reasons why people are prejudiced against transsexuals. As the visibility of transgender increases it is time to help them join the main stream of society. In order to achieve this objective it is necessary to understand the psychological issues and challenges they face as well as examine the prevailing attitudes in the society. A major challenge in the mobilisation process has been motivating the transgender to actively demand rights and services. There has been some progressive steps taken to improve their Personal Satisfaction of Life, but this has come after years of crushing social stigmatisation, abuse and general derision from the wider community. As one transgender put it “They make documentaries about us and say all these interesting things, but when we walk out on the street we still get the calling and the whistles.” The study will also empirically examine the possibility of making a shift in the attitude by dealing with some of the unexpressed fears towards this gender variant group. Discrimination is the anti-thesis of equality, and it is the duty of all right minded citizens to drive away discriminatory practices from all walks of life (Shukla, 2011)

IV. PRELIMINARY STUDY

Objectives of the study

- To understand how to build a rapport with transgender
- To study the personal and social problems of male-to-female transgender persons.
- To study the attitude of the MTF transgender person towards society.

Sample: The researcher used convenient sampling method to collect data from transgender. Four transgender who were working in a NGO were contacted at first. With their help it was possible to locate other transgender who lived in a particular locality. The respondents were in the age group of 20 to 50 years.

Tool Used: A questionnaire containing 18 items was prepared based on the information collected from an informal interview with a transgender. Being a preliminary study, it was decided to include questions which were open ended.

Findings: Analysis of the data revealed the following information which gave some insights about the living conditions of the transgendered persons and their problems.

Family and living conditions: About one fourth of the sample lived with their parents and the rest (76.67%) of them lived with their community. Many of them (63.33%) did not have any relationship with their family. Non acceptance by parents was an important step in alienating them from society. Financial problems were reported by 83.33% of the sample. Majority of them were not getting financial help from their parents.

Problems in their development and relationships: It was interesting to know that 50% of them realized their difference in their childhood and the rest of them realized their gender variant feelings in their adolescence. 83.33 % of the sample were treated badly by their parents when they disclosed this. 50% of them have said that they had undergone sex reassignment surgery. 30% of them said that they did not feel comfortable with their body language in public. About 40% of them had taken hormone therapy. Only two of them dressed sometimes in male clothes. More than half the sample (56.66%) experienced a kind of loneliness. 26.66% of them were troubled by feelings of guilt and shame. However 76.66% of the sample felt happy that they were transgender and some even said that they felt proud to be one. This shows that in spite of the discrimination they face in the society they were not unhappy that they were transgender. About 23.33% of them faced problems in relationship and/ or sexuality. Only 6.66% of the sample was married and even that did not last for a long time.

Social and employment problems: Only 10% of the MTF transgender were employed. The rest of 90% reported that no body wanted to employ them. This resulted in their taking up to beggary, indulging in anti-social activities and /or becoming sex workers. 76.66% of them said that they did not experience any religious conflicts as a transgender person. Majority (96.33%) of them revealed that they depend upon their own community for all their needs. Most of

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them felt that they were being discriminated by society. Whether it was a happy event or a sad one like death they were not generally welcomed. □ When asked about their expectations from the society, 50% of them mentioned that they wanted to be accepted and 26.66% of them wanted to be treated like human beings. The other 23.33% of them had no expectations from the society. It was interesting to note that most of them in the latter group were younger in age.

□ Among the problems which bothered them most, 40% of them mentioned problems with their family. They wanted to join their family but were not accepted by them. Another 40% of them had problems with the police and rowdies. 10% of them said that they found it difficult to rent a house and as such even their basic needs for shelter were not fulfilled.

Future Aim: When asked about their future aims, 56.66% of them were not sure about their future aims since they lived with uncertainty. 6.66% of them wanted to bring up children and the rest wanted to find freedom in society so that they could live in peace.

What was learnt from the preliminary study? The two major expectations which the transgender had from society were to get social acceptance and to be treated with respect as human beings. The study also showed that it is very important to win their trust if we expect them to respond to any questionnaire. They can be approached better through the leaders in their community. Almost all of them did not want to be asked about health problems like HIV/AIDS/TB. So it was decided not to ask them about these problems in the main study. The study helped the investigator select variables which affect their personal satisfaction of life. The fact that the transgender felt discriminated and wanted to be accepted by society was the starting point for planning a programme on transgender awareness.

V. OBJECTIVES OF THE PRESENT STUDY

The following were the objectives of the study

1. To find out how demographic variables like age, education, income, and place of residence, type of employment influence PSL in transgender
2. To study how sex reassignment surgery affects PSL in transgender
3. To study the attitude of transgender towards society
4. To study the PSL in transgender after realizing their gender difference.

VI. HYPOTHESES

Effect of socio demographic variables on PSL in transgender

1. **Age:** There will be a significant difference between PSL in transgender and their age.
2. **Place of residence:** There will be no significant difference between PSL in transgender living in rural and urban.
3. **Education:** There will be no significant difference between PSL of transgender and their educational qualification.
4. **Income:** There will be a significant difference between PSL in transgender and their income.
5. **Occupation:** There will be a significant difference between PSL in transgender and their employment.
6. **Accommodation:** There will be no significant difference between PSL in transgender and their accommodation.

Effect of certain variables related to being a transgender

7. **Sex reassignment surgery:** There will be a significant difference between PSL in transgender who have undergone sex reassignment surgery and those who have not.
8. **Age of realisation of gender identity difference:** There will be a significant difference between PSL in transgender who have realized their gender difference before 12 years of age and those who realize it after 12 years.

VII. SAMPLE

A purposive sampling design was followed to collect the data. 200 transgender, 100 from urban and 100 from rural areas were included. All of them were MTF transgender. Their ages ranged from 18 to 50 years. They all had received primary level of education.

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Inclusive criteria:

1. Only MTF transgender were included in the sample
2. They were not below 18 years of age
3. Only those who expressed willingness to answer the questionnaires were included in the study

Distribution of Samples

Heading	Category	N	%	Heading	Category	N	%
Age	18 – 25 years	62	31	Income	Below 5000	66	33
	26 – 35 years	68	34		5000 – 10,000	65	32.5
	36+ years	70	35		Above 10,000	69	34.5
Place of Residence	Rural	100	50	Accommodation / Living with	All alone	117	58.5
	Urban	100	50		Family	23	11.5
Education	S.S.L.C	69	34.5		other TGs	60	30
	H.S.C	105	52.5	Sex Reassignment Surgery	Undergone	147	73.5
	Graduation	26	13		Not undergone	53	26.5

VIII. DISCUSSION

Among the socio demographic variables which influenced PSL were place of residence, education, income, occupation and their living arrangements. Age did not significantly influence PSL. For most of the variables it was noticed that there was a significant influence in some of the domains of PSL. The slower pace of life and perhaps a more pollution free atmosphere found in the rural areas may possibly have been the reason for higher scores on the physical health domain among the rural transgender compared to the urban transgender. However the urban transgender seems to have better social relationship and support as well as a more satisfying sex life than the rural transgender. They are able to also have more access to information and leisure time activities. Higher level of education also seems to enable transgender to have better social relationship and more opportunities to acquire new information and skills which has resulted in better PSL. Income was found to influence the social relations and environmental domains of PSL. Those who held some kind of full time jobs had higher scores on most of the domains while those who earned their livelihood as beggars had the least scores in all the domains except that of social relations. Taking the living arrangements of transgender into consideration it was found that those who lived with their families had significantly higher scores in social relations than those who lived alone. Social connectedness, and its positive relationship to participant reports of Personal Satisfaction of Life in this study, is a finding consistent with past research. However those who lived with other transgender seem to be in a better position to avail of the services and enjoyed a higher PSL in the environmental domain. The feeling of being together with other transgender could have probably given them a higher sense of physical safety and security. It is interesting to note that in this domain we find that those who lived with their families had lower scores than those who even lived alone. It was observed that transgender who had sex reassignment surgery scored significantly higher than those who did not in the social relations and environmental domains of PSL. This is in keeping with what Wierckx and colleagues (2011) conclusion that transsexual men generally have a good Personal Satisfaction of Life and experience satisfactory sexual function after SRS. However their physical health seems to be lower than those who had not undergone surgery. There was no significant difference in their psychological well being. This finding seems to partially support the findings of Murad et al (2010) that that there is very low quality evidence that sex reassignment is likely to improve gender dysphoria, psychological functioning and comorbidities, sexual function and overall Personal Satisfaction of Life. Gender identity disorder was first noticed during puberty (70.2%) or prepuberty (17%) according to Polat, Yuksel, Discigil and Meteris(2005). In this study it was found that about 55% of the sample realized their gender variance before 12 years. In a study conducted in University of Maine it was found that transgender who reported initially recognizing their gender expression to be different from peers between the ages of 11-15 years old were significantly more likely to have lower Personal Satisfaction of Life scores than those who

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reported discovering this between the ages of 0-10 years old. In this study a similar trend was found in the physical health and psychological domains of PSL.

The only socio demographic factor which influenced self esteem in transgender was that of living arrangements. Transgender who lived with their family scored significantly lower than those who lived alone or with other transgender. Ryan and her team (2010) showed that LGBT young adults who reported high levels of family acceptance during adolescence had significantly higher levels of self-esteem, social support and general health, compared to peers with low levels of family acceptance. This is in contrast with what is found in this study since transgender living with their family had lower levels of self esteem. This perhaps can be understood better by taking into consideration the fact that we also notice that the social anxiety in this group of transgender is significantly higher than in the other two groups. Although they feel more connected their self esteem is affected perhaps by years of subtle rejection that they might have experienced. The fear of experiencing discrimination often provokes symptoms of psychological distress. Transgender who had full time jobs have significantly higher self esteem than those who earned their living by prostitution or by begging. Transgender who were younger experienced more fear with regard to negative evaluation. Verbal harassment can cause the transgender to perceive social situations as competitive and to judge themselves as having a low rank compared to other people thus leading to social avoidance and anxiety. (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). With age perhaps they get used to the social ridicule and harassment that they face. Transgender from rural areas had significantly lower social anxiety. This suggests that there maybe more tolerance for gender variance in the rural areas. They may therefore be more aware of their rights and better prepared to deal with issues of social rejection or disapproval. Transgender who earned by begging had significantly higher social anxiety than the other two occupation groups. The public avoid transgender who go around begging as they are viewed as demanding and dangerous. This could be the reason for their higher social anxiety. One of the important problems as reported by the transgender is not getting any financial support from their family (96%) as well as rejected by their family (70.3%). The other major problems mentioned were getting a job (94%) and housing (95.5%). According to Melchior et.al (1999) transgender clients were significantly more likely to have precarious housing situations, to have run away from home, due to sexual, physical, or verbal abuse than members of other gender/sexual orientation groups. A survey conducted by a NGO in Chennai showed that 58% were rejected by their families and friends as soon as their gender status was known. They are still surviving in the fringes of society despite positive intervention from NGOs and the government. Their predominant aim in life seems to be to find a job and solve their housing problem. There are some transgender whose aim seems to be working towards making the society accept them and making their community more self reliant.

IX. FINDINGS OF THE STUDY

1. Age does not have a significant influence on their PSL and self esteem in transgender.
2. There is a significant difference between transgender from the rural and urban areas in all the domains of PSL except the psychological.
3. There is a significant difference in the social relations and environmental domains of PSL among the transgender categorized according to their educational qualifications
4. Income has a significant effect on the social relations and environmental domains of PSL of transgender.
5. Occupation has a significant effect all domains of PSL except that of environmental in transgender.
6. There is a significant difference in the social relations and environmental domains of PSL of transgender categorized on the basis of their living arrangements.
7. There is a significant difference between transgender who have undergone sex reassignment surgery and those who have not in all domains of PSL, except the psychological.
8. There is a significant difference in the physical health and social relations domains of PSL of transgender who have realized their gender difference before 12 years and those who realize it after 12 years.
9. The subjective rating of the PSL in the majority of the transgender is "neither poor nor good". Majority of them are "neither satisfied nor dissatisfied" with their health.

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X. CONCLUSION

It is concluded that, transgender above 36 years of age without Sex Reassignment Surgery, identified their gender difference after the age of 12, having degree qualification and working full time moreover living all alone are having better personal satisfaction of life in Physical as well as Psychological domains telling everyone "I am a transgender". Perhaps they are the ones who are very happy and feel positive about being a transgender. Also revealed that, transgender with SRS living with other transgender in rural, getting more income are having better personal satisfaction of life in social and environmental domains.

XI. IMPLICATIONS OF THE STUDY

1. The study threw light on the problems faced by the transgender. It shows that lack of suitable skills has driven the transgender to prostitution and beggary. Functional literacy programmes can be conducted for transgender so that they can improve their employability.
2. The negative attitudes held by people can help us understand the barriers faced by them in gaining social acceptance. Future awareness programmes should focus on removing these barriers.
3. The results of the study, both quantitative and qualitative, provide guidelines for counseling the transgender. Counselors should be given more exposure to dealing with sex variant groups especially the transgender.

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BIOGRAPHY

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