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# AN EXPLORATORY STUDY ON SOCIAL SUPPORT AND ITS IMPACT ON SELF-ESTEEM OF THE TRANSGENDER COMMUNITY IN SRI LANKA

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## ABSTRACT

Transgender is an umbrella term used to define any person whose biological sex does not conform to his or her own gender identity. In Sri Lanka they are called by offensive names such as “napunsaka”, “ponnaya”, “nachi” etc. The existing two main types of transgender categories are FtM (Female to Male) and MtF (Male to Female). This research attempts to determine the influence of social support the Trans community members are afforded from those around them and how it impacts their psychological well-being with regard to their self-esteem. A sum of 33 participants (19 - Female to Male, 14 - Male to Female) with a demographic diversity constituted the sample for this study. In order to gather the required data, the study has used both qualitative and quantitative approaches. Data was gathered using semi-structured interviews and already existing questionnaires. Using quantitative measures the study found the presence of social support in participants’ lives has a positive impact on self-esteem after coming out as a transgender person. Furthermore, thematic categories such as 1) childhood and adolescence, 2) transition; before and after and 3) social support; types and sources were emerged in the study using qualitative data analysis. The Trans community is stigmatized and marginalized in Sri Lanka; thus, this study determines to offer insights about their

lives and how they really feel about themselves which highlight the fact that becoming a transgender person is not a choice.

Keywords: transgender, social support, self-esteem

## INTRODUCTION

In a world where the majority is known to be “heterogeneous”, people tend to disregard the sexual orientations and gender roles of “others” that deviate from their common norms which would not fit into the world misperceived by them. People often become judgmental towards any person that would belong to any sexual minority group namely Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ). This research intends to focus on Transgender sexual minority group specifically within the context of Sri Lanka.

### Definition of the Key Concepts

#### Transgender

Transgender is an umbrella term used to define any person whose gender identity or gender role is incongruent with the biological sex assigned at birth. (APA, 2018). According to Chandimal (2014) in Sri Lanka, the concept of transgender was prevailing throughout the history but in different names. The term “nachchi” has

been widely used to address Male to Female trans women. Even though they identified their gender roles with oppose to their biological sex, the MtF individuals were only engaging in cross-dressing and behaviour patterns of females without getting any hormonal treatments or surgeries to become transexuals until recent years. The term “nachchi” also gave a similar meaning to the Sinhala term “napunsaka”. The offensive version of both of these terms that is still in use in our society is “ponnaya” (trannie). (IPID, 2016) The term “transgender” is often misinterpreted with the term “transexual”. Chandimal (2014) explains that transexuality is the clinical process of gender reassignment and one’s self identification with the other binary gender identity. Gender identity: Gender identity is an internal sense of being male or female, in most cases that does not correspond with the sex characteristics assigned at birth. (APA, 2018) We can identify two main groups of transgender; Male to Female (MtF) trans persons known as trans men and Female to Male (FtM) trans persons known as trans women. Gender Dysphoria: It is referred to any discomfort or distress caused by incongruence between the sex assigned at birth and the gender identity a person prefers. (APA, 2018) Transition: ‘The process of shifting toward a gender role different from that assigned at birth, which can include social transition, such as new names, pronouns and clothing, and medical transition, such as hormone therapy or surgery.’ (APA, 2018)

### **Social Support**

Social support is any support that is perceived by an individual receiving from the people the individual associates with. According to Seeman (2008) the types of social support could be mainly divided into two types and sometimes three. They are emotional, instrumental and sometimes informational support. Emotional support is when a person

receives love, compassion and other positive attitudes and opinions that boost one’s self worth. Instrumental support is when people receive tangible help/practical assistance to accommodate their needs such as financial and housing needs. The third type of social support is informational support. One may argue that Informational support can come under instrumental support. It refers to the help a person might receive as provision of necessary and valid information.

Aron (2015) also mentions three types of social support namely, identity support, emotional support and practical support. Identity support defines how trans individuals perceive support that encourages and elevate their gender identity and self-esteem. Furthermore in his study he has suggested various sources of social support that mainly fall into two categories; familial and non-familial. Familial support refers to any kind of help receiving from the immediate and the extended family members and non-familial support refers to help receiving from individuals at various social settings such as school, work place, religious place and any other systematic and organizational setting in the social hierarchy.

### **Self Esteem**

Self-esteem is the overall subjective evaluation of oneself. Abdel-Khalek (2016) with reference to past literature denotes that self-esteem is the individual’s perception of one’s self worth, self-acceptance and self-respect. The extent to which a person holds these evaluative judgments about oneself act as an indicator to determine whether the person has a low self-esteem or high self-esteem.

## ***LITERATURE REVIEW***

### **Perceived Social Support**

Considering the past researches regarding the impact on social support upon various

settings and variables, one research about the students' burnout as a function of their personality has been conducted using 149 undergraduates in Midwest, the USA with regard to the impact on social support and other factors on the level of burnout. (Jacobs & Dodd, 2003) Using the Multidimensional Scale of Perceived Social Support (MSPSS) they have found that higher scores on depersonalization were associated with lower levels of social support from friends, higher levels of negative temperament, and higher subjective workload.

Another research indicated a negative significant correlation between the scales of The Conflict Tactic Scale (CTS) and the MSPSS ( $r = -.28, p = .02$ ) with regard to the relationship between violence and social support in battered women meaning higher the women are exposed to violence in their lives, less social support they receive. The research also suggested there is an association between the three variables namely, violence, social support and self-blame. Lack of social support make these women become the victims of the external violence as well as the victims of their own. (Barnett, Martinez, Keyson, 1996). Transgender persons are provided with support even in rural areas within the USA and two main categories of social support are sources and types of social support. (Aron, 2015) The Trans individuals have claimed that they were pleasantly surprised with the support they got from the familial and non-familial social setting in Central Appalachia. Once they have disclosed their self-affirmed gender they have been accepted by society without any discrimination. Identity and emotional support are quite prominently received by the Trans individuals comparing to practical support. It is stated that in rural areas, familial support they get is poignant and the unsupportive figures become supportive over time. On the contrary occasionally the support Trans participants get at first during their

transition period (social or medical) could be withdrawn over time. (Aron, 2015)

A study conducted among the Australian transgender individuals has indicated that higher the level of social support the Trans community receives; lower the levels of depressive symptoms they experience in life. On the contrary when the Trans persons do not receive a considerably significant level of social support in their lives, they are more prone to suicidal tendencies and other depressive symptoms. (Boza & Perry, 2015) The research has been conducted with the participation of 229 who consider themselves transgender. To measure social support they receive, Multidimensional Scale of Perceived Social Support (MSPSS) has been used. The results showed a moderate level of social support that the Trans community receives on average (mean = 4.68) which is considerably lower than the support the general population receives in their lives (mean = 5.8). (Boza & Perry, 2015)

### **Self-Esteem**

Self-Esteem is the evaluative judgments one would have about him or herself. Abel's (1996) research shows that there is a positive relationship between the Rosenberg Self-esteem Scale and the Generalized Expectancy of Success Scale ( $r = .65, p < .01$ ) meaning that higher the self-esteem one would possess, higher the expectation of success that person perceives. Self-Esteem is an important factor regarding the gender identity and how the self-affirmed gender identity affect the psychosocial well-being of trans individuals. According to Kennedy (2013) both social and medical transition and the time period of such transitions over the life span have an impact on the level of self-esteem a trans person may possess. Kennedy states that gender-related discrimination, rejection and other negative experiences of the trans persons impact their level of self-esteem. And also she denotes that the age of the medical

transition is significantly correlated with the self-esteem of the participants. 239 participants in the USA have taken part in the research. To measure self-esteem she has used the Rosenberg's Self-Esteem Scale (RSES). Even though there is no significance to the association between self-esteem and social transition, it is proven that younger the age of the medical transition, higher the level of self-esteem and adaptation to life a trans person experience. ( $t = -2.99$ ,  $p=.003$ ) Furthermore it has been found that a trans person who is three or more years of the post transition (social/medical) have a higher rate of self-esteem than who are recently transitioned. Gender-related fears and negative expectations may eradicate over the period of time. In a patriarchal society Female to Male trans men have a higher self-esteem over the time comparing to the self-esteem of Male to Female trans women. (Kennedy, 2013)

A similar research suggests that socially transitioned transgender children have a very strong sense of self-worth. (Durwood, McLaughlin & Olson, 2016) They have compared anxiety and depression that transgender children go through with their siblings and other cisgender children. It is suggested that there is no significant difference of these intrapersonal negative aspects between these groups of children even though the levels of anxiety and depression were marginally higher of transgender children in the study. It is also found that collective self-esteem they perceive as a sexual minority group has an impact on their psychological distress. When the transgender individuals perceive the belongingness and the community connectedness more intensely, they experience less psychological distress which helps them to function in healthy mannerisms when dealing with social stressors. (Healy, 2011; Sanchez and Vilan, 2009)

People with higher self-esteem have better coping mechanisms. On the contrary people with lower self-esteem maladaptive coping mechanisms which makes the vulnerable to external stressors and internal psychological distress. (Wike, 2014)

## **METHODOLOGY**

### **Participants**

All the participants who took part in this research identify themselves as transgender or transsexual. 33 participants took part in answering the given questionnaires (quantitative research design). Out of those 33 participants, 14 of them now identify themselves as women (Male to Female) and 19 of them identify themselves as males. (Female to Male) Out of those 33 participants 24 transgender persons took part in the semi-structured face-to-face interview. And among those 24 transgender participants 12 persons claimed to be female (MtF) and the other 12 claimed to be male (FtM).

In this sample the age of the participants varies from 19 years to 45 years. Except for a few, many of them have been already medically transitioned or in the process of transitioning by consulting doctors at Colombo General Hospital or Peradeniya Teaching Hospital, Kandy by taking hormonal treatments and/or surgery.

The participants who took part in the research were found from various districts in Sri Lanka such as Colombo, Kandy, Gampaha, Kurunegala, Kegalle, Galle, Trincomalee, Batticaloa, Anuradhapura and Hambantota while majority is currently living in Colombo and the main reason for their permanent/temporary stay in Colombo is their occupation. Some transgender persons have also come to Colombo during their 20s; at the early stages of being medically transitioned due to the resistance they have come across

from various layers in society starting from family.

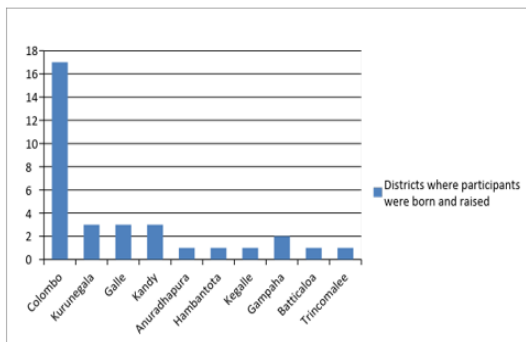


Figure 1: Districts Where Participants Were Born and Raised

When discussing about the occupations of the participant sample, few of the Male to Female participants engage in sex working. Few from both genders (MtF, FtM) work as activists who speak on behalf of transgender community in Sri Lanka. Most of the FtM trans people engage in “socially accepted” occupations and the rest still do their studies.

Majority of the participants are Sinhalese Buddhists and Sinhalese Catholics. There were two participants who added more diversity to the ethnic and religious perspectives of the sample. One is a Tamil-Catholic and the other is a Muslim-Islam.

### Research Design Methods

In this research both quantitative and qualitative design methods were used to gather necessary data.

Two standardized scales were used to measure Social Support, Self-Esteem. The instructions and the items of the 2 scales were translated into Sinhala as the majority of the sample was literate in Sinhala.

To measure Social Support, Multidimensional Scale of Perceived Social Support (MSPSS: Zimet, Dahlem, Zimet and Farley, 1988) was used. It is a 12 item, 7 point Likert scale ranging from 1

(Very Strongly Disagree) to 7 (Very Strongly Agree). The items divide into factor groups relating to the source of the social support, namely Family (Fam), Friends (Fri) and Significant other (SO). The MSPSS mean scores range from 1-7 and any mean score between 1.0-2.9 indicate low support, 3.0-5.0 moderate support and 5.1-7.0 high support. The Multidimensional Scale of Perceived Social Support was a highly reliable scale. ( $\alpha=0.828$ )

Self Esteem of the sample was measured by a common tool which is widely used internationally; the Rosenberg’s Self-Esteem Scale. (RSE: Rosenberg, 1965) The scale is a 10 item Likert scale with items answered on a four point scale; from strongly agree to strongly disagree. The RSE total scores range from 0-30, and higher the score, the higher the self-esteem. The scale demonstrated adequate reliability. ( $\alpha=0.788$ )

Apart from these standardized measures used to assess Social Support and Self-esteem, a semi structured interview was used to gather more information from the participants.

The interview protocol was developed with the information gathered from a previous research done in a rural area of Kentucky, The USA to determine the support the transgender community receives from both their inner circle and outer circle. (Aron, 2015). Interview questions focused on the types (emotional and instrumental) and the potential sources (familial and non-familial) of social support. It also consisted of questions to determine their perceived stress level due to discrimination and other negative live events. Furthermore open-ended questions related to self-esteem were also included in the protocol.

### Procedure

Interested individuals who identified themselves as transgender/transsexual were scheduled for interviews and also to answer the questionnaires they were

provided with. Participants (the ones who took part in both answering the questionnaires and facing the interview) were initially presented with two informed consent forms; to get separate consent to answer the questionnaires and to face the interview which was recorded using an audio recorder. The rest who did not take part in interview were only presented with the consent form by which they agree to take part in the research to fill the given questionnaires. It took about 15-20 minutes for every participant to fill the 4 questionnaire and the duration of the face-to-face interviews varied from 15 minutes to 1 hour and 20 minutes approximately. The interviews were recorded and then transcribed to analyze the amount of valuable information they provided me with which support my research. Thematic analysis was used to give more quality and value to the information the trans individuals gave at their interviews. And the data gathered from the questionnaires were entered in SPSS to prove the hypotheses and to do a more comprehensive data analysis.

**Ethical Consideration**

In the research I followed the instructions stated by T. Bettinger in his research “Ethical and Methodological Complexities in research involving sexual minorities” taken from past literature. (Bettinger, 2010) Some of the instructions were as to record their experiences accurately and sensitively, to respect the identity of the participants and their cultural differences, to treat them in a non-pathologizing manner. Besides one must be careful enough to secure privacy and confidentiality of the information gathered and also of the participants’ identities.

**RESULTS AND DATA ANALYSIS**

**Quantitative Research Design - Findings**

As mentioned in the previous chapter the research was conducted using three psychological instruments namely Multidimensional Perceived Scale of Social Support (MSPSS), Rosenberg’s Self-Esteem Scale (RSES) and Gender Minority Stress and Resilience Scale.

The standardized scales were scientifically analyzed using SPSS and the main objective was the analysis is to examine the hypothesis proposed in the beginning of the study. The main hypothesis proposed is; higher the social support, higher the self-esteem (significant positive correlation)

A Pearson correlation of the selected scales, using SPSS, revealed a statistically significant correlation as indicated below.

*Table 1 - Correlation between MSPSS and RSES*

|      |                  |
|------|------------------|
|      | MSPSS            |
| RSES | .579**<br>P=.000 |

The Multidimensional Scale of Perceived Social Support significantly positively correlates with the Rosenberg’s Self-Esteem Scale. ( $r = +.579, p < .001$ ). The result proves the hypothesis that higher the social support Trans people receive in life will positively enhances their self-esteem. The mean difference between social support the participants perceive and their self-esteem indicates that Female to Male (FtM) trans individuals perceive more social support and have a higher self-esteem and a lower level of stress comparing to Female to Male trans (FtM) individuals. The below table indicate these differences.

*Table 2 - Mean differences of the scales between MtF and FtM trans individuals*

|     |       |       |
|-----|-------|-------|
|     | MSPSS | RSES  |
| MtF | 5.07  | 22.79 |
| FtM | 4.67  | 21.35 |

### Qualitative Research Design - Findings

In the qualitative research design the data gathered from the interviews were analyzed using thematic analysis. Since the objective of the study is to look into the impact of social support on the self-esteem of the Trans individuals, the semi-structured interview was constructed by mainly having open-ended questions that help to analyze of the level of impact of

social support on their psychological well-being. But the answers provided at the interview are also sufficient to look beyond the main objective of the research.

Table 3 - Thematic Analysis

| Main theme                | Subtheme                          | Subcategory                                    |
|---------------------------|-----------------------------------|--|
| Childhood and Adolescence | Unconscious gender incongruence   | Imitation of the opposite sex <u>behaviour</u> |
|                           |                                   | Preference for clothes/toys                    |
| Transition                | Verbal, Physical and Sexual Abuse | -  |
|                           | Social                            | -  |
| Social Support            | Sources of Social Support         | Before: low self-esteem                        |
|                           |                                   | After: self-pride                              |
| Social Support            | Sources of Social Support         | Family   |
|                           |                                   | Friends (cis and trans)                        |
|                           |                                   | Significant other                              |
|                           |                                   | Other  |
|                           | Types of Social Support           | Emotional                                      |
|                           |                                   | Esteem   |
| Informational             |                                   |  |

### Childhood and Adolescence

The time period before coming out as a Transgender person has been a really critical stage in life for all participants who took part in the study. For the majority the experiences they encountered in early stages of life are negative. The confused state of mind and how they gradually developed gender incongruence, consequently followed by bullying at various social settings are important factors to look at considering their current state of mind, stress level and other aspects

of psychosocial well-being and personality.

### Unconscious gender incongruence

Every participant has experienced gender incompatibility with opposite to their biological sex at birth. The unconscious desires for things that are typically associated with a particular gender (the opposite gender by the time) have made all the participants curious about their own gender identity.

Imitation of the opposite sex behaviour: Imitating the behaviour of the opposite sex and of other Trans individuals have helped



most of the participants, especially Male to Female (MtF) to explore their gender identity during their adolescence age.

**Preference for clothes/toys:** It is interesting to state that every interviewee (100%) has had preference for opposite gender affirmed clothes/toys throughout their childhood without have any knowledge about gender concepts. It is generally believed that they were so young that they could not make a calculated choice about their identities. But by looking at the responses of the participants it is proven wrong and invalid.

### **Verbal, Physical and Sexual Abuse**

The suppressed feelings about themselves which were very unclear to them during their childhood and adolescence age have lead most of the participants to experience negative events in life at family, school and other settings. While verbal and physical abuse were most occurring (70.83%), occasionally few participants have faced sexual abuse in their lives (16.66%).

### **Transition**

Transition is a milestone of every participant in the study. In other words transition is the break point of their previous gender and the current self-affirmed gender.

### **Social transition**

Every participant is socially transitioned (100%). Once they have explored the opportunities to become who they really are they have taken the decision of being socially transitioned despite of the hardships they would have to face in real life. The main indicator of social transition is the changed dress codes and patterns.

### **Medical transition**

Not every participant is medically transitioned. Majority is now going through the process of the medical transition by taking hormones and getting surgeries done (54.16%). Only a few have completed their medical transition (20.83%). Some participants (25%) have

not yet started their medical process but waiting eagerly to start the process soon.

**Before (the medical transition) – low self-esteem:** Majority of the participants (87.5) were discriminated by familial and non-familial people once they have started to live according to their self-affirmed gender. Gender dysphoria and distress the participants have faced because of external pressure and low support have made them mentally unfit for a long time. Depression, self-harm, suicidal ideation and attempts were the main results of their low self-esteem. Comparing to Male to Female (MtF) participants, Female to Male participants claimed that they were victims of such emotional vulnerabilities.

**After (the medical transition) – Self-pride:** Medical transition has been the backbone of the self-confidence, acceptance and other accomplishments in life for most of the participants. It is noticeable that after starting the medical transition, at first participants still experience low self-esteem like before but along with time it changes greatly in a positive manner.

### **Social Support**

Social support was perceived by every participant at some point in their lives even though the support some participants received were inconsistent. Social support related their gender identity can be divided into two sub themes; sources of social support and types of social support.

### **Sources of social support**

From whom the participants get support to survive in society as Trans individuals is a significant factor in their lives. From whom they get support before /after coming out depends on the attitudes and behaviours of people Trans individuals associate with.

**Family:** Few participants (16.66%) get a high level of social support after the medical transition from their family members while another set of few participants (33.33%) gets a moderate level of family support. Most of the time

participants of this study claimed that their family neither agree nor disagree with their decision and take a neutral stance towards their self-affirmed gender identity.

Friends (cis and trans): Every participant except for one MtF participants said the support they got/get from their friends is immense. Both cisgender and transgender friends have helped them to become who they really are. Since childhood more than 50% of the participants have had friends who were just like them at that time. The support from transgender friends the participants have got to reveal their gender identity is quite significant comparing to the support they got from cisgender friends. A few participants also said that the support they got from cisgender friends is also quite important in their lives.

Significant other: Few of the participants are currently in romantic relationships and almost every participant has been in romantic relationships at some point in their lives. While those previous relationship partners have had no discrimination towards the participants eventually they have put an end to those relationships pointing out the fact they can't be legally married or some other similar reason. On the contrary the set of few participants (37.5%) who are currently in relationships say that their partners are very helpful and supportive.

Other: More than 50% participants have got support from people at the workplace, medical setting and other organizational settings.

### **Types of social support**

The types of social support the participants have got throughout their life related to their gender identity can be divided into 4 types of support. The type of support could come from any source and most of the time sources and types of social support could be overlapped.

Emotional support: This type of support often involves physical comfort such as listening and empathizing. Majority of the participants have said that they get such support mostly from their friends and few said that their family including parents and siblings also provide them comfort.

Esteem support: This type of social support is shown in expressions of confidence or encouragement. More than 50% participants have expressed several ways of getting esteem support from their families and friends.

Informational support: Those who offer informational support do so in the form of advice-giving, or in gathering and sharing information that can help people know of potential next steps that may work well. Every participant has got informational support from their loved ones and from other organizational settings such as NGOs and health care systems both before and after coming out as a transgender person. People such as consultants and psychologists have helped several participants to overcome their gender dysphoria by providing true and correct information.

Tangible support: This type of support is similar to practical support when you physically assist a person in need of help by providing monetary help, accommodation, food etc. This type of support has been provided to participants who are involved in activism with regard to Transgender rights by the NGOs they work with. One participant (MtF) has got financial aid from the children's home she grew up in to do her final surgeries.

### **DISCUSSION**

The study intended to determine how social support influences the self-esteem of the transgender community in Sri Lanka. The findings of the study affirm the relationship between the above stated two variables.

In quantitative measures it is proven that social support has a positive impact on self-esteem of the participants. It was quite predictable as when people get support from others to enhance their personality it usually works in their favour. Similarly when participants receive support from their loved ones and other social systems it helps them to reduce gender dysphoria, internalized transphobia and helps them to build a better coping mechanism system within themselves to endure the proximal stressors. Perceived support from society helps them to strengthen their emotions to take pride in who they are and what they have become.

Once they start living in their self-affirmed gender in a body that is as well compatible with their perceived gender, society starts to accept them just as the cisgender majority as it becomes harder for them to realize the participants have gone through gender reassignment surgeries. This changed-gender of oneself is subjected to awkward reactions and occasional discrimination if it is still visible that they once belonged to a different gender through their appearance and sometimes certain gestures. Male to Female trans women are easy to be spotted in society due to their biological physique and their voice. Those physical aspects cannot be changed through the basic gender reassignment surgeries they go through. But Female to Male trans men along with time get well-adjusted to social life similar to a biological male person. In most cases it is almost impossible to say that they were once females (physically) when the time passes by after the hormonal treatments and surgery. When they become socially accepted as other cisgender people in society the expectation of social support (emotional and instrumental) becomes a minor requirement in life as they gradually develop their autonomy to achieve their life objectives. (e.g., Aron, 2015)

The differences between how Male to Female participants and Female to Male participants perceive social support, and the difference between their self-esteem (on average) are quite significant. The quantitative results also show that trans men acquire lower level of self-esteem compared to trans women. This finding is opposed to the findings of Kennedy, 2013 where she found in her study that trans men have a higher self-esteem than trans women. A possible explanation for this is that in Sri Lanka, the MtF transgender community holds a stronger sense of community connectedness that help helps them to overcome negative experiences in life as a group. (e.g., Healy, 2011; Sanchez and Vilan, 2009) Whereas FtM trans men appear to be quite autonomous consequently they have to endure social stressors all alone.

In Sri Lanka, the stereotyped gender roles are enforced to our lives from the very first day of being born to this world. Similarly the participants have had the same experience. Yet their automatic and unconscious resistance towards being forced to limit themselves to the gender which is congruent with their biological sex during childhood have made them possess rebellious personality traits. This type of childhood behaviour was common among the trans men than trans women.

During the period of adolescence their unusual behaviour considering the behaviour of cisgender adolescents were often questioned by their families, relatives and the school. The ignorance of the concept of transgender among people including the participants themselves during this time have made questioned about themselves at both interpersonal and intrapersonal levels. In Sri Lanka the concept of transgender was considered to be taboo until recent years. Consequently the participants received a small amount of support or zero support from their families. Being ignorant of what they are becoming, the transgender people at this

stage of life often develop gender dysphoria. Self-exploration gradually leads them to know more about themselves by being exposed to similar friends and other idols such as leaders from the transgender community and people they have seen in media. When they age, their unusual behaviour and gestures are strongly felt by the people who are around them. According to the participants, they have at least once in their lives during the adolescence have gone through verbal, physical or sexual abuse because of their gender incongruence with their biological sex. Discrimination at various settings and at various times has damaged their lives to a greater extent. Lack of proper education and being bullied at home, school are few instances where the rights of the participants as children and adolescents were neglected or in some cases seriously violated. (Chandimal, 2014) Verbal and physical abuse could be serious scars in their lives even up to today where they have come a long way in their life living in the self-affirmed gender.

Even though it is hard to generalize the fact that gender-incongruent children are more prone to sexual abuse, few of the participants, especially Male to Female trans women have gone through sexual abuse in their lives indicating it is a normalized situation for most of the Male to Female trans individuals in Sri Lanka. Their vulnerability and the sense of confusion of the gender they belong to (state of gender dysphoria) could be considered as key features of them being exposed to sexual abuse before they become adults. Furthermore, given the other socio-economic data, sexual abuse/encounters experienced can also be a reason why many trans women take up prostitution as the main source of financial income even for a small period of their adult life.

It is interesting to pinpoint the fact that very few of both FtM and MtF trans

persons state that they have not faced any social challenge because of their gender identity. On the contrary to the majority's life experiences these few participants say that they have got the support from everyone around them when it is needed.

Social transition begins at an early age in life comparing to the medical transition. There is also a considerable gap between the social transition and the medical transition. Social transition or the process of 'coming out' and living in the preferred gender takes a lot of courage. Being a transgender person is not an easy task in a country like Sri Lanka where the majority still thinks transgender is not something real and it is something unnatural. Some people decide only to be socially transitioned. The transgender individuals who are only socially transitioned are called the cross dressers; they only change the way of dressing. Even though they have not undergone any surgery or taken any hormonal treatments they do belong to the category of transgender. In history of Sri Lanka, these crossdressers, specifically Male to Female trans women were called "nachchis". According to Chandimal (2014) nachchi identifying persons were closely associated with profession of the sex work. And in recent years instead of identifying themselves as "nachchis" they preferred the term trans woman as the word nachchi was closely associated with sex work. By using the term "trans" the MtF trans persons expect to earn respect and dignity upon their gender identity.

Medical transition is an important breakthrough in trans individuals lives as they finally get the physical appearance in accord to their true gender identity. It is significant to mention that even though FtM transsexuals have done two surgeries to remove their breasts (mastectomy) and the removal of the uterus (hysterectomy), none of the participants have surgically implanted male organs to their bodies.

When referring to self-esteem level of transgender persons persistent with

Kennedy's (2014) study the findings suggest that along with their medical transition the level of self-esteem is enhanced. The hormonal treatments help the participant to be satisfied with their outer appearance and it helps them to gain self-confidence and self-pride in who they are becoming physically. Reduced anxiety, sadness and eradication of the state of gender dysphoria are quite visible among most of the trans participants who are in the process of medical transition and who have already passed the stage of medical transition. They begin to accept themselves for who they are and along with time they compare themselves to cisgender people in society. (specially MtF trans women) They expect others to treat them not as trans women but as normal women whose sex assigned at birth is female. Similarly trans men also expect the same from society; for them to be treated as cisgender males but not transgender males. This kind of expectation from the society could be justified because once make bodily changes to match with their preferred gender they perceive themselves as equals to other cisgender persons in society, which elevates their self-esteem to a greater extent. Compared to trans women, trans men perceive low self-esteem even after the medical transition. A possible explanation for this is that the inability to get the final surgery done (implantation of the male organs) in Sri Lanka makes them feel incomplete to a certain extent.

With regard to appearance trans men quite pass in society as males compared to trans women, whose physical appearance along with their bodily structure and voice could work in their disadvantage when appearing and behaving like a female. Persistent with previous researches (Kozee, Tylkaand, Bauerband, 2012) this study also shows that their physical appearance after taking hormonal treatments helps them to have higher self-esteem of one self.

Considering their level of self-esteem before the transition it is quite visible that they possessed low self-esteem because of many reasons. The lack of support from their families, friends and others being one of the main reasons, perceived stress they get by being exposed to gender-related discriminations and rejection lead them to question their self-worth. The majority of the participants have indicated that they have developed suicidal thoughts at least once in their life before the medical transition and some have already attempted to commit suicide not because of their gender identity but because of the lack of emotional support and the discrimination faced in society starting from the family. Depression, anxiety, sadness and even aggressiveness were common negative mental health experiences the participants have undergone before their medical transition. Furthermore once the trans persons get adjusted to be in the gender that is incongruent with the sex assigned at birth they experience less negative events in life and increase the level of self-esteem along with time only by being transitioned socially. Male to Female trans women who are only socially transitioned indicated that they are confident in their lives and independent and make their own calls without getting upset over the external stressors. So we can draw a conclusion saying that when they get well-adjusted to live in their preferred gender, the need for the medical transition could be a secondary need without giving much prominence to it in life. But this characteristic could only be seen among middle-aged MtF transwomen. The reason for this could be lack of exposure to infrastructure facilities to get into the medical transition process and also being belonged to the nachchi community in Sri Lanka before they identified themselves as crossdresser or trans women.

Social support being a key variable is highlighted throughout the study. While

trans individuals both FtM and MtF trans people were discriminated and were subjected to transphobia by the Sri Lankan society, they have also got support from various layers of the society. The perceived sources and types of social support might differ from participant to participant yet they have had some sort of support with regard to their gender identity.

For most of the trans individuals, support from family has become a major source of strength for them to come out as trans and live in their self-affirmed gender. Persistent with past researches conducted in the USA (Aron, 2015), it is important to mention that even in Sri Lanka, familial support is present among the family members of the trans individuals and if they were unsupportive and transphobic at first, they become supportive over time. (Aron, 2015) Parents, siblings and sometimes relatives have been the most supportive to the participants to attend to their needs with the drastic change of the medical transition. The trans individuals get emotional and esteem support from their families when they face any inconvenience with regard to their changed gender and develop a state of gender dysphoria, depression, anxiety etc. Other tangible support is provided by home for many of the participants such as accommodation, monetary support just like another cisgender person gets from their family. There is no difference to the tangible support they receive from family to any other tangible support a cisgender family member receives. Assisting the trans individuals after going through surgeries and helping them with sorting out proper documentation of the current gender such as changing the birth certificates are other sorts of support trans individuals get from their family. Some participants mentioned that their families do not provide any support as such yet they also do not show any resistance towards their changed gender over time.

The neutral stance those families take towards the trans individuals have also become a way of support for them to live their life accordingly.

Apart from family members, the next close circle of people whom the trans community in Sri Lanka get support from is their friends. Both cisgender and transgender friends help them in various ways. It is significant that most of the trans persons have made friends with people whom they said were “just like me” since their early stages of life. So unknowingly from the beginning of the stage of ‘felt gender incongruence’ within themselves they have received emotional and esteem support to confirm their gender identity and to face any injustice they would experience in society because of their gender. . There were few participants who mentioned that they did not get any support from their families at first, it was their friends who supported them throughout the process of coming out as a transgender person. Even in the adult life, when the participants have come across any social challenge, their transgender friends were ready to assist them at any given time. This stronger bond of the transgender network/friends was visible among Male to Female trans women compared to the bond among the Female to Male trans men. Transmen seek out for friendships and other formal relationships with cisgender persons once they start the process of medical transition. A possible explanation for this is that while trans women take up similar professions in their adult life most of the time. They work in similar fields such as sex working, beauty culture and some working as transgender activists. The community connectedness grows strong among trans women along with their professions. Whereas trans men once they start their medical transition and once they finish it, prefer to mix up among the cisgender community just like any other cisgender male person. Their appearance greatly works in their favor for

them to pass as cisgender males in society once they start their hormonal treatments. Many participants said that they received informational support from both their transgender and cisgender friends about the process they should take up to become medically transitioned. These individuals get more support with regard to their basic and esteem needs from the transgender community/friends with comparing to the support they receive from their cisgender friends. (e.g., Healy, 2011; Sanchez and Vilan, 2009)

Significant others play a main role in their lives. Many participants are currently involved in intimate relationships or have been involved in such intimate relationships at least once in their lives. FtM trans men have healthier relationships with supportive cisgender (female) romantic partners compared to MtF trans women who took part in the study. The relationships trans women have with cisgender males are also well-maintained and it provides some sort of assurance of life and future for them. Many trans men indicated that their female partners become the most supportive of all most of the time where they receive all the types of support (emotional, esteem, informational and tangible) from them. Their romantic partners being the closest, they share their thoughts, feelings with them. With this connection they have gained a higher level of self-esteem and perceive less stress in their lives. Some of them also highlighted the fact that in their previous relationships with cisgender females they were perceived as lesbians by society and they were discriminated because of their sexual orientation, not because of their gender identity. This was before they were socially transitioned or at the beginning of the social transition. Furthermore looking at the downside of such relationships with cisgender females, few participants said they were emotionally manipulated or emotionally brought down by their romantic partners because they lacked

physical traits of a male person which have caused negative consequences in their lives such as developing low self-esteem and depression.

Support received from neighbors, the officers at various organizational settings, health care providers have helped them to boost their self-confidence in life. Even though many trans individuals mentioned numerous ways of being discriminated in public and at several organizational settings such as the police station they also mentioned how much esteem and informational support they receive from the non-governmental organizations who support the rights of the sexual minorities in Sri Lanka. Many trans women and few trans men who took part in the research are working as activists who help other trans people in Sri Lanka. They are employed by such non-governmental organizations which helps them greatly to become financially stable and be independent. Apart from getting help to become financially stable, they also receive support at various layers of society during their medical transition. Health care providers such as medical officers, counselors and nurses at the hospitals treat them as equals to other cisgender persons without discriminating them. Furthermore they sometimes get special treatment because of their unique case at the clinical setting. This finding is opposed to the findings of Stocking in 2016 who stated that trans individuals are severely discriminated at the clinical settings. (In the USA). In Sri Lanka, society having a collectivistic culture, no matter how different people be from each other, they tend to support each other as a result of bystander effect once they realize the other person is desperate for help/support. At the workplace and at other organizational settings such as AG offices, schools and universities, trans men especially, have stated that they got immense support to get their documents changed with accord to their preferred gender. Thus the trans

participants have a good impression on such societal settings in Sri Lanka even though they believe such support may not present in all organizational settings and to all the trans individuals in Sri Lanka. Drawing a conclusion it is noteworthy to mention that such positive experiences cannot be generalized to the entire trans population in Sri Lanka. But it is quite an important source of support to be mentioned in this study.

## CONCLUSION

As social beings every human in this world lives interdependently along with other humans. Thus every person in this world, regardless of the individual differences gets affected by the social interactions in their day-today life. The life of a transgender person could be really challenging as well as exciting. According to many of them, they are being born two times in one life. Thus, the special treatment they get from society when dealing with the majority could be either negative or positive. Once this treatment is considered positive, the support they get from society to live the life they desire, to live according to their free will has a major positive influence on how they perceive distress in daily life and how they evaluate themselves for being different. This research suggested that the above mentioned statement is true along with solid facts to prove it. The in-depth analysis of the real life experiences of the transgender persons in Sri Lanka opens the door for many in society who are known to be transphobic to look into their lives and to see they too are normal human beings with normal primary and secondary needs to survive in this world. It is not humane to discriminate any person because of their gender identity or sexual orientation and the conservative Sri Lankan society should realize it before they judge another person due to that particular reason. It is also important to

mention that being transgender is not a choice for any of the trans persons yet it is who they really are, and whom they have become of the period of time since birth.

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