

Research article

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## **Quality of Life of LGBTQ Community**

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#### **ABSTRACT**

Any discussion on the *Third Gender* must begin with the distinction between the much ignored or may be deliberately under-played difference between the concepts of "gender identity" and "sexual orientation. In many cases, discrimination against and unfair treatment of LGBT persons remains legally permitted. According to APA, evidence indicates individuals who identify as lesbian, gay, bisexual and/or transgender (LGBT) are especially susceptible to socioeconomic disadvantages. Thus, the aim of the present study is to assess the level of quality of life lived by the LGBTQ community in Jaipur, Rajasthan. The samples of 100 LGBTQ were selected from different NGOs of Jaipur that support their problems faced by these populations and work for their rights. WHO-Quality of Life questionnaire was administered on them and it was found that more that 50% of the population of gay and transgender lied in the category of low and very low levels of quality of life. However, majority of lesbians and bisexuals tend to have average quality of life. It was concluded that major steps should be taken for the upliftment of this society in the country. Limitations and implications of the study were selected.

**KEYWORDS:** LGBTQ, quality of life, gender discrimination

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#### INTRODUCTION

**LGBT** or **GLBT** is an initialism that stands for lesbian, gay, bisexual, and transgender. In use since the 1990s, the term is an adaptation of the initialism **LGB**, which was used to replace the term *gay* in reference to the LGBT community beginning in the mid-to-late 1980s. The initialism LGBT is intended to emphasize a diversity of sexuality and gender identity-based cultures. It may be used to refer to anyone who is non-heterosexual or non-Cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender<sup>1</sup>. To recognize this inclusion, a popular variant adds the letter Q for those who identify as queer their sexual identity; **LGBTQ** has been recorded since 1996. The initialism has become mainstream as a self-designation; it has been adopted by the majority of sexuality and gender identity-based community centers and media in the United States, as well as some other English-speaking countries. The term is also used in dozens of other countries<sup>2</sup>.

Transgendered people feel a "persistent discomfort and sense of inappropriateness about one's assigned sex (feeling trapped in the wrong body)" as the diagnosis in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM III) puts it. And rather than change their gender, they want to change their biological sex to match their felt gender identity<sup>3</sup>.

Trans\* covers all non-cisgender (genderqueer) identities, including transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderfuck, genderless, agender, non-gendered, third gender, two-spirit, bigender, and trans man and trans woman. Likewise, the term *transsexual* commonly falls under the umbrella term *transgender*, but some transsexual people object to this<sup>4</sup>.

According to UNDP in India, Hijra is an umbrella term for all sexual minorities. It states that hijra cultures are India's answer to support systems for sexual minorities. Long before the West gave birth to gay lib, India's homosexuals, bisexuals, transvestites, transsexuals and kothis found refuge under this umbrella. It was extremely difficult to stand upright on the threshold of objectivity, for the victimized transgenders lacked voices, as the social stage has been quite unwelcoming for the majority of them<sup>5</sup>.

Although the "lesbian, gay, bisexual and transgender community" (LGBT) are often referred to as a group, lesbian and gay people have made considerable advances over the last two decades in claiming their rights albeit relatively, while the transgender people and transsexuals, particularly the hijras in this context who differ from societal gender norms – are still without legal protection for their basic civil rights particularly in India (Harper and Schneider, 2003). The Constitution of India in Article 19 declares non-discriminatory practices on the basis of religion, race and gender yet; several instances of stigma and discrimination prevail among the sexual minorities in India including the hijras. Indian society is deeply stratified along the axes of class, religion, language, education, which intersect with sexuality to create deeper oppressions. However, hijras have a sort of sanctioned and visible place in Hindu society (especially at weddings, births and festivals), in the contemporary context, it is the gender non conformity of the hijra that has a major impact besides lack of a gender recognition certificate, sexual expression, employment, decent housing, subsidized health care services, and as well as the violence they suffer especially when they choose to take up sex work. They are the hardly researched and callously neglected groups in Indian Society <sup>6</sup>.

While they are almost deified in some circles not only in India but also in many other countries of the world though under different names, they are often considered as objects of curiosity, ridicule, exploitation, and abuse. The report shedslight on the mainstream society's deep rooted fear of sexual and gender non conformity, which manifests itself in the refusal of basic citizenship rights to these communities. These groups face the following social stigmas in India:

- 1. Harassment by the police in public places,
- 2. Harassment at home,
- 3. Policeentrapment,
- 4. Abuse/Harassment at police stations, and
- 5. Rape in jails.

On the basis of other narratives, the reports also analyse how the institutions of the family, the law, the medical establishment, and the media are extremely intolerant to gender non-conformity and are actually complicit in the pervasive violence and discrimination which transgender are subject to<sup>7</sup>.

#### **MATERIAL AND METHODS**

## **Objectives**

- 1. To assess the quality of life of Lesbian community.
- 2. To assess the quality of life of Gay community.
- 3. To assess the quality of life of Bisexual community.
- 4. To assess the quality of life of Transgender community.

## Hypothesis

1. There will be varied results for the levels of quality of life among the LGBT community.

#### **Variables**

- LGBT
- Quality of Life

## Sample

To total sample in the study was taken as 100. (N=100). The sample was taken through purposive sampling on availability basis. As only one sample in Queer category was found, it was not included in empirical analysis. The distribution of the sample was as follows:

| Category    | Sample |
|-------------|--------|
| Lesbian     | 9      |
| Gay         | 20     |
| Bisexual    | 15     |
| Transgender | 55     |
| Queer       | 1      |
| Total       | 100    |

#### Inclusion criteria

- 1. Those having clear declaration of belonging to LGBT community were selected.
- 2. Age range -20-50 years
- 3. Informed consent was taken from the sample.

#### Exclusion criteria

1. Those having a doubt about their sexuality were excluded.

2. Those having any chronic mental or physical illness.

## Tools employed

 WHO- Quality of life scale(questionnaire in Hindi) (Saxena, Chandramani& Bhargava, 1998)<sup>8</sup>

#### **Procedure**

The sample was taken from various NGOs working in this sector in the city of Jaipur in Rajasthan. Sociodemographic details of the selected sample were noted down and WHO-Quality of Life Scale was further administered. The level of Quality of Life was assessed on all the categories by applying relevant statistics. The results obtained after the calculation of data were tabulated and result tables were formed. Interpretation of the results was drawn and limitations and implication of the study were also illustrated.

## Statistical Analysis

Frequency and Percentage were calculated of the data obtained.

#### **RESULTS AND DISCUSSION**

#### Results Table

Table-1.Quality Of Life Estimate of Lesbian, Gay, Bisexual and Transgender Participants

| Category    | QOL       | Frequency | %age  |
|-------------|-----------|-----------|-------|
|             | Very high | 0         | 0%    |
|             | High      | 1         | 11.1% |
| LESBIAN     | Average   | 4         | 44.4% |
| (9)         | Low       | 2         | 22.2% |
|             | Very low  | 2         | 22.2% |
| Category    | QOL       | Frequency | %age  |
|             | Very high | 0         | 0%    |
|             | High      | 2         | 10%   |
| GAY         | Average   | 5         | 25%   |
| (20)        | Low       | 7         | 35%   |
|             | Very low  | 6         | 30%   |
| Category    | QOL       | Frequency | %age  |
|             | Very high | 0         | 0%    |
|             | High      | 3         | 20%   |
|             | Average   | 6         | 40%   |
| BISEXUAL    | Low       | 4         | 26.7% |
| (15)        | Very low  | 2         | 13.3% |
| Category    | QOL       | Frequency | %age  |
|             | Very high | 0         | 0%    |
|             | High      | 3         | 5.5%  |
|             | Average   | 11        | 20.4% |
| TRANSGENGER | Low       | 22        | 39%   |
| (55)        | Very low  | 19        | 35.1% |

#### **DISCUSSION**

The purpose of the study was to assess the level of quality of life of LGBTQ community in Jaipur, Rajasthan. The sample of 100 participants was taken from various NGOs working in this sector. Sociodemographic details of the selected sample were noted down and then the WHO-QOL scale questionnaire (Hindi version by Saxena, Chandramani and Bhargava, 1998) was administered. Out of 100 participants from the LGBTQ community there were 55 Transgender, 20 Gays, 15 Bisexuals, 9 Lesbians and 1 Queer. So, in the evaluation process the only Queer participant was exempted. Data obtained was calculated into frequencies and percentage of responses given by the participants and interpretations was done in form of 5 point scale indicating very low, low, average, high and very high.

Table 1 indicated the distribution of the level of QOL among Lesbians where it was found that the majority of Lesbian participants (44%) perceived average QOL and 22% of the Lesbians had low and very low level of quality of life each, whereas a percentage of 11.1% belong to the high level of quality of life leaving none for the very high level of QOL. The data indicates that although individuals whose identity as Lesbians do not face a problem in indicating their gender however, they have difficulties in expressing their sexual orientation. On interacting with them it was found that most lesbians are able to breakthrough only after heterosexual marriages due to the social pressure and societal norms. Also, as same-sex/gender marriages are not legalised in India so many Lesbian couples are not allowed with housing facilities and are thus vulnerable to conditions of poverty.

Most of the Gay participants were found to be lying under the low (35%) and very low (30%) level of quality of life as shown in the table. The average level of quality of life leading Gay participants was among 25% and only 10% perceived high QOL. Like Lesbians, Gay individuals also do not face problem in indicating their gender but sexual orientation. The confusion they face in indicating this sexual orientation demarcates them from the society. Families and society reject them for revealing their sexual orientation and thus, making them homeless. Although, some are supported by the NGOs supportive of this community, others are left incapable of earning their daily bread. Also, the gay and lesbians try to fit under the Third Gender umbrella in order to gain minimum recognition in the Indian society.

According to the results obtained, 40 % of the total Bisexual participants taken under study were seemed to have average quality of life. Those who perceived low and very low level of QOL consisted of 26.7% and 13.3% of Bisexuals respectively. Although there have been varied results found with the Bisexuals category, the reason for this may be the environment playing a vital role in shaping their personality and sexual orientation. It is seen that Bisexuals face workplace discrimination frequently

The frequency of transgender participants being 55, the majority of them i.e. 39% and 35.1% lie under the low and very low level of quality of life respectively. Only 5.5% of transgender have a high level of quality of life leaving 20.4% to the average category. It must be observed that there was not a single transgender participant with a very high level of QOL. During the visits to various NGOs supporting LGBTQ community and while interacting with the transgender participants, it was observed that although, there has been rules made by the government supporting their gender or Third Gender, but those rules are not being implemented on a serious level. Such as there are no public toilets installed for the Third gender whereas male and female toilets are in every nook of the city. These people are rejected by family and society alike. Being devoid of family and financial support restricts them from accessing education and health services. Schools and colleges in India rarely give admissions to the third gender further discriminating them.

Issuing Adhaar cards for them is a long drawn process and often left in trial. Only limited industrial sectors offer job to them and since most of them do not have an educational qualification, they are doomed to work for minor sectors. Thus, their incomes reflect the social status and the quality of life led by them. Most of them suffer from psychological problems as the constant inequality they have to face. The transgender community has been discriminated in spite of their being a part of the society from the beginning of the existence of mankind.

From the above estimate of QOL of the respondents it can be stated that more than 50% of the LGBT population lead a low and very low level of QOL. Thus, falling under the marginalised section of the society, the LGBT community face legal, social as well as economic difficulties which in turn affect the health of this population/group. Transgender people have

difficulties in practicing their basic civil rights and are a target of frequent harassment, violence and unfair treatment.

Jun Kim, H et al., (2017) observed that Few existing studies have addressed racial/ethnic differences in the health and quality of life of lesbian, gay, bisexual, and transgender (LGBT) older adults and examined health-promoting and health risk factors that contribute to racial/ethnic health disparities among LGBT adults aged 50 and older. It was found that African Americans and Hispanics had lower income, educational attainment, identity affirmation, and social support, which were associated with a decrease in physical and psychological HRQOL (Health related quality of life). African Americans had higher lifetime LGBT-related discrimination, which was linked to a decrease in their physical and psychological HRQOL <sup>9</sup>.

Bockting et. al., (2016) summarized research to date on the overall development and quality of life of transgender and gender nonconforming adults. It was found that pervasive stigma and discrimination attached to gender nonconformity affect the health of transgender people across the lifespan, particularly when it comes to mental health and wellbeing. Despite the related challenges, transgender and gender nonconforming people may develop resilience over time. Social support and affirmation of gender identity play here in a critical role. While there is a growing awareness of diversity in gender identity and expression among this population, a comprehensive understanding of biopsychosocial development beyond the gender binary and beyond transition is lacking<sup>10</sup>.

### **CONCLUSION**

The study shows that 44.4% of Lesbians, 65% of Gays, 39% of Bisexuals and 74.1% of Transgender perceive a low and very low level of QOL. The conclusions derived from the present research clearly indicate that apart from social discrimination the LGBTQ community is facing a lot of legal, general and mental health problems. Particular intervention strategies should be developed for aiding the specific problems faced by these people for Indian population.

#### Limitations

- The sample size taken was small so the results cannot be generalized.
- More variables could be used.
- Longitudinal studies were not conducted to get the whole idea about the gravity of the problems.
- A pre post study could be conducted after imparting interventions to the participants to help them become a part of mainstream.

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