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What Contributes to Behaviour Related Stigma among Transgender Population in Western Province – Sri Lanka

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Abstract: Transgender (TG) people are identified as a key population group. They are at high risk of transmitting and acquiring HIV. Stigma is vested upon them due to their gender identity. Therefore, it is essential to address those factors associated with stigma among TG to take action to minimize them. To determine the correlates of behaviour related stigma among TG in Western province. A cross sectional study with an analytical component was conducted among TG population in Western province, Sri Lanka. Forty eligible participants were recruited for the study. Sampling method was respondent driven sampling. "Behavior related stigma Scale", a tool developed and validated by the investigators to assess behaviour-related stigma among key populations and a separate questionnaire to assess the correlates of stigma which was also developed by the investigators were used for data collection. Correlates of behaviour-related stigma among TG were determined. Adjusted Odd's ratios were used for the multivariate analysis. Experience of harassment ever from the society ($p = 0.018$, aOR = 17.2, 95% CI: 1.6 – 183.9), gaining knowledge on HIV/AIDS from their peers ($p = 0.023$, aOR= 0.068, 95% CI: 0.007 – 0.69_ and receiving hormone therapy for gender affirmation ($p = 0.07$, 95% CI = 0.9 – 31.2) were associated with high level of behaviour related stigma among TG in Western province with statistical significance. There are factors associated with behaviour related stigma among TG which can be modified. Awareness programmes needs to be conducted to the general population regarding the importance of non-harassment of TG community. Education regarding HIV/AIDS should be done to propel including TG population.

Keywords: Behaviour Related Stigma, Transgender, Gender Identity, Western Province Sri lanka

1. Introduction

Transgender (TG) population is identified as a Key Population (KP) group internationally as well as in Sri Lanka (United Nations Programme on HIV/AIDS (UNAIDS, 2023). They have a high tendency to acquire Human immunodeficiency virus (HIV) in many settings. They have been classified according to the special characteristic which has been present in them, which have made them more prone to acquiring HIV.

Transgender is defined as an umbrella term used to describe people whose gender identity and expression don't conform to the norms and expectations traditionally associated with their sex assigned at birth. Individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (hormone therapy), and individuals who identify as having no gender, multiple genders, or alternative genders are also considered transgender (UNAIDS, 2015). They have been present among groups of people since ancient times in Sri Lanka (Fernando, Wanniarachchi & Vidanapathirana, 2018). These groups are targeted for the implementation of different prevention strategies to end AIDS by 2030 under the goal three sustainable development goals (UNAIDS 2018a).

Globally, KP are adversely affected by stigma and discrimination. This will be further aggravated by gender inequality, violence, and violations of human rights due to the lack of legal protection and negative social norms. Laws and policies criminalizing diverse forms of gender identity aggravate the severity of the problem further. These factors contribute to high risk of acquiring HIV, limiting access to health services, limit the services are delivery, and diminish their effectiveness (World Health Organization (WHO), 2014).



Stigma is an attribute, behaviour, or reputation which is socially discrediting in a particular way (Goffman, 1963). When stigma is acted upon, the result is discrimination (UNAIDS, 2015). Social, psychological, and medical aspects an affected person's life is adversely affected by stigma and discrimination. They get deserted from their families and get rejected from school, hence become school dropouts without completing education. Above mentioned factors have made their life more vulnerable. Additionally, many complications leading to adverse health effects also occur. Anxiety, depression, self-harm, suicidal attempts, poor self-image, low self-esteem, and addiction are some of them. A qualitative study conducted in the Netherlands revealed that there is stigmatization after transitioning among TG individuals and psychological aftercare needs to be addressed (Verbeek et al, 2020). Stigma and discrimination are identified as key obstacles to universal access to HIV prevention, treatment, and care (Link & Phelan, 2006). Stigma among TG reduces the access to health care services adversely affecting HIV testing and treatment among these groups (Ford et al, 2004). Finally, this will lead to a hidden epidemic of HIV in the community.

Correlates of behaviour-related stigma among TG have been identified in the global setting as well as in the Sri Lankan setting. In the Sri Lankan setting TG are harassed by police, legal professionals, armed forces, and other government officers due to lack of understanding and existing legal provisions (NSACP, 2015; NSACP, 2018a). A qualitative study conducted in Sri Lanka has revealed that they are discriminated against by known people such as family, friends, and neighbours (Chandimal, 2014a).

Non-acceptance of gender transformation by society plays a major contributory role in the stigmatization of the TG community. They are being deserted from their families and schools. This leads them to be school dropouts thus tending to do unprofessional jobs like sex work. In the meantime, the influence of the media on TG people is highly discriminating. The preference of the TG people for activities that are mostly done by their preferred gender which is opposite to their sex at birth has also led this community to be stigmatizing. Eventually, this group of people are harassed by the society in different ways. They are harassed non-verbally, verbally, physically, and sexually. These actions contribute to self-stigma.

Minimizing stigma and discrimination is identified as one of the four critical enablers which help to overcome main barriers to service uptake, which includes social exclusion and marginalization, criminalization, stigma, and inequity among the TG population (UNAIDS, 2014).

Ending the AIDS epidemic in 2030 is one of the key mandates to achieve sustainable development goals (United Nations, 2015). Ministry of Health Sri Lanka is working towards ending the AIDS epidemic by 2025, five years in advance to the United Nations target to end AIDS in year 2030 (Ministry of Health, 2016).

The objective of this study was to determine the correlates of behaviour-related stigma among the TG community in the Western Province, of Sri Lanka. The findings of this study will be useful in taking measures to minimize their exposure to modifiable determinants, which will eventually improve their access to healthcare services reducing the burden of HIV.

2. Methods

A cross-sectional study with an analytical component was conducted among the TG population, in the Western province, Sri Lanka during the period of July to November 2018. As the network of this community was not well developed at the time of planning the study, following discussions with experts in the field, 40 participants were taken as the study sample of this group.

A TG person above 18 years of age, who resided in the Western Province, Sri Lanka, (which has three districts) at the time of the study with a valid recruitment coupon, who was residing in the study area for more than six months was included in the study. Transgender people who were diagnosed with a psychiatric illness were excluded. Participants were recruited using the Respondent Driven sampling method. Three seeds were selected, one from each district. Two questionnaires were used in this study. They are, an interviewer-administered questionnaire developed and validated by the investigators to assess the correlates of stigma among TG, and a Behaviour-Related Stigma Scale (BRSS) which was developed and validated by the same investigators. Data was collected by four sociology graduates.



2.1 Data Analysis

In the descriptive analysis, sample proportions and population proportions were calculated using RDS -A version 7.0 package. Unweighted analysis was done to identify the correlates of behaviour-related stigma among the TG population in Western Province, Sri Lanka, considering the similarity of sample proportions and population proportions. Correlates of behaviour-related stigma were analyzed using bivariate cross-tabulations using version 22.0 of SPSS software. The chi-square test was used to identify significant correlates. Variables were dichotomized whenever possible and unadjusted odd's ratios were calculated.

Correlates with p-value <0.2 were entered into a logistic regression model for the multivariate analysis used to identify the unconfounded correlates of behaviour-related stigma among the TG population.

Ethical clearance was granted from the Ethic Review Committee, Faculty of Medicine, and University of Kelaniya, Sri Lanka. Administrative clearance was obtained from the provincial and the Regional Director’s Health Services offices.

3. Results

Among the 40 participants included in the study, the majority were < 40 years of age with a mean of 33 and SD of 8.6. Most of them belonged to Sinhala in ethnicity, Buddhism in religion, and never married. The majority had an educational level above G.C.E. Ordinary level. All the participants had a personal monthly income of or less than LKR 20,000.00 and no formal workers were having a low level of behaviour-related stigma as shown in Table 1. All the participants had to change their jobs due to their gender identity. Nearly two-thirds of the participants had a permanent partner and had been transgender for less than 10 years. Among the 15 participants who have engaged in other work than the main occupation, all four participants who were engaged in sex work had a high level of behaviour-related stigma. Duration of gender transition (≤ 10 years) was significantly associated with a high level of behaviour-related stigma ($p= 0.03$).

Table 1. Frequency Distribution of the Study Participants by the Demographic Characteristics

Characteristic	Transgender population		
	No	(%)	PP*
Biological sex at birth			
Male	21	52.5	54.0
Female	19	47.5	46.0
Gender identity			
Trans female	18	45.0	55.6
Trans male	19	47.5	34.4
Other	03	7.5	10.0
Age in Years			
18 - 29	15	37.5	29.2
30 - 39	15	37.5	42.3
40 - 49	09	22.5	27.0
50 - 59	01	2.5	1.5
≥ 60	-	-	-
Ethnicity			
Sinhalese	34	85.0	83.3
Tamil	06	15.0	16.7
Moor	00	0.0	-
Other	00	0.0	-
Religion			
Buddhism	29	72.5	72.0
Hinduism	03	7.5	5.1



Catholic/ Christian	07	17.5	21.9
Islam	00	0.0	-
Other	01	2.5	1.0
Marital status			
Single	35	87.5	93.9
Currently Married	02	5.0	2.2
Divorced/ separated	02	5.0	2.9
Widowed	01	2.5	1.0
Highest Educational Qualification			
Never attended school	00	0.0	-
Grade 1- 5	01	2.5	4.4
Grade 6 -10	07	17.5	13.4
Passed O/L	08	20.0	18.4
Passed A/L	09	22.5	28.0
Completed diploma	08	20.0	15.8
Completed degree	07	17.5	20.0
Personal Monthly income (LKR)			
No income	05	12.5	14.0
< 5000	05	12.5	13.0
5000 – 10000	02	5.0	4.6
10001 – 20000	04	10.0	10.0
20001 – 30000	02	5.0	3.1
30001 – 40000	10	25.0	28.8
> 40000	12	30.0	26.5
Status of receiving a GRC (n=40)			
Yes	12	30.0	24.9
No	28	70.0	75.1
Total	40	100.0	100.0

PP* Population percentage
GRC- Gender recognition certificate

Undergoing hormone therapy, breast surgery, or Penile reconstruction/ vaginal reconstruction/ total hysterectomy were not significantly associated with a high level of behaviour-related stigma among TG participants with significance values >0.05 in bivariate analysis. None of the participants have undergone voice surgery.

Among the trans-female (TGW) participants, the majority who preferred to work in a salon had a low level of behaviour-related stigma (58.3%) while an almost equal proportion of transwomen who preferred to do cookery had a high and low level of behaviour-related stigma. Sewing was preferred by the majority of TGW who had a low level of stigma (57.1%). The three activities which were mentioned above were not statistically significant with a high level of behaviour-related stigma ($p>0.05$).

The majority of the TG participants (66.7%) had a gender recognition certificate (GRC) had a high level of behavior-related stigma and their association was not statistically significant ($p = 0.7$). There was no significant association between the change of names in documents that prove identity and a high level of behaviour-related stigma among TG participants. All the eight participants who had been deserted from the family had a high level of stigma. The majority of the TG participants who were harassed in their lifetime (82.1%) had high level of behaviour-related stigma ($p=0.04$). The four TG participants who had been harassed nonverbally by their parents had high level of behaviour-related stigma and there were no participants who had been sexually harassed by parents. There was only one participant who had been physically harassed by relatives while sexual harassment from relatives was not experienced by any of the participants. Only two have been exposed to physical harassment while only one has been exposed to sexual harassment by friends. There had been no experience of physical and sexual violence from doctors at the STD clinic setting while only one participant had been exposed to nonverbal and verbal harassment by nurses at the STD clinic setting. One participant had been nonverbal harassed by doctors in STD clinic settings.



None of the participants had been exposed to physical and sexual harassment by doctors, nurses, and minor staff in STD clinic settings.

One participant has been arrested by police and being remanded during the past year. None of the participants have ever been imprisoned due to their gender identity.

All Five TG participants who had travelled abroad after gender transformation had high level of behaviour-related stigma.

Feeling ashamed of being a TG by the inclusion of trans comedy characters in films and dramas and having confidentiality breached through media was not significantly associated with high level of behavior-related stigma among TG participants ($p= 1.0$).

The association between different types of sexual activities among TG people with male and female partners and high level of behaviour-related stigma could not be assessed due to low exposure level.

There was no significant association between receiving money for sex ($p= 0.3$) or not using condoms always with the permanent partner and the casual partner during the past three months ($p>0.05$) and high level of behaviour-related stigma among TG participants.

Revealing their gender identity to either an immediate family member, close friend, a health care worker at an STD clinic setting, or a non-STD clinic was not significantly associated with behaviour-related stigma among TG participants ($p>0.07$).

All the TG participants who participated in this study had ever heard of HIV/AIDS. The majority of them had high level of behaviour-related stigma (72.5%, $n=29$).

There was no statistically significant association between the usage of counseling services to discuss issues related to transgenderism ($p = 0.7$) and the counseling services being helpful to overcome the issues ($p=1.0$) and high level of behaviour-related stigma among TG participants.

Ever of use of alcohol ($p = 0.7$), drinking alcohol more than once a week during the past month ($p =0.1$), and ever use of illicit psychoactive substances ($p = 0.4$) were not significantly associated with high level of behaviour-related stigma among TG participants. Although the illicit psychoactive substances which were used by TG participants were inquired about, their association with the level of behaviour-related stigma was not assessed due to low exposure.

Among the TG participants, 88.9% who agreed on the fact that laws that affect transgenderism is stigmatizing had high level of behaviour-related stigma. However, the association was statistically not significant ($p= 0.4$).

Table 2. Independent Correlates of Behaviour Related Stigma Among drug users in Western Province and Their Significance

Independent variable	β	SE (β)	Wald	df	Sig.	Exp (β)	95% CI for Exp (β)	
							Low	Upper
Transgender (n= 40)								
Ever been harassed from the society	2.84	1.21	5.55	1	.018	17.2	1.6	183.9
Gaining knowledge from peer leaders	-2.7	1.2	5.15	1	.023	.068	.007	.69
Receiving hormone therapy for gender affirmation	1.6	.91	3.26	1	.07	5.2	.9	31.2

β – regression coefficient
 SE (β) – Standard error of β
 df – degrees of freedom
 Sig. - significance



The three variables that were retained in the final model of the LR analysis were the experience of harassment from society, gaining knowledge on HIV/AIDS from their peers, and receiving hormone therapy for gender affirmation. It showed a statistical significance with high level of behaviour-related stigma after adjusting for confounders. They are shown in table 2.

4. Discussion

The demographic and socio-economic characteristics that were studied in the current study were not significantly associated with high level of behaviour-related stigma among TG individuals. There were no international and Sri Lankan studies that measured such associations. Hence, the above results could not be compared with any previous study.

The current study revealed that there is a significant association between taking hormonal treatment for gender reassignment and high level of behaviour-related stigma among transgender people (aOR = 5.2; 95% CI = 0.9 – 31.2). The association between behaviour-related stigma among TG individuals and the use of hormone therapy has not been assessed at the international as well as national level. However, a study done in Ontario in the 2009 – 2010 period revealed that 26.8% of the population (95% CI = 18.0, 36.7) had ever used hormones that were not prescribed by a doctor (Rotondi, Lombardi & Servellen, (2000)). They have also suggested that the non-prescribed use of hormones may lead to inappropriate drug dosages or contaminated drugs and encourage the use of other illegal drugs which are stigmatizing (Lombardi & van Servellen, (2000)). However, the most probable reason for identifying "receiving hormone therapy" as a risk factor in this study could be the fact that they must have been using hormones without medical supervision, which has not been assessed in the current study.

According to the current study, transgender people who have ever been harassed by society have a 17.2 times the risk of having high level of behaviour-related stigma compared to those who have not ever been harassed by society. According to Lombardi *et al*/2002, majority of the transgender individuals in the U.S.A. face discrimination. Grossman & D'augelli (2006), in their study, have identified harassment from society as a reason for self-stigma among TG individuals. Further, a qualitative study by Sughra and Imran (2016) in Pakistan has revealed the presence of the association between experience of discrimination and self & perceived stigma of TG individuals. A cross-sectional study conducted in Jamaica has also revealed that there is a significant positive association between transgender stigma and harassment by police (Loggie, *et. al*, 2017) Evidence from Sri Lankan context in this regard has been conducted as case studies were done among 15 TG persons island-wide. This study has unveiled evidence of harassment from society including the family (Chandimal, 2014b). Therefore, it is evident that discrimination which could elicit harassment is a predetermining factor for self and perceived stigma among the TG population.

Although Grossman & D'augelli (2006) has revealed desertion from the family leads to the development of self-stigma among TG individuals, the current study has not identified it as independently associated with high level of behaviour-related stigma.

It is revealed in the current study that gaining knowledge from TG peers was 0.68 times less likely to be associated with high level of behaviour-related stigma (95% CI = 0.9- 31.2) with a significance value of 0.023. Even though there were no studies at the international and national level that measured the association between the same variables, a mixed method study has revealed that the prior awareness of TG peers and the prior engagement with them were independently associated with less suicidality and less fearfulness which are identified as consequences of stigma (Testa *et al.*, 2014).

Accessing counseling services to discuss issues of gender transition was not significantly associated with high level of behaviour-related stigma in the current study. In the meantime, there were no studies that assessed this correlation. Hence, this finding could not be compared with another study.

Perception of TG people regarding laws affecting them as discriminatory was not identified as a significant association with high level of behaviour-related stigma in bivariate, nor in multivariate analysis of this study. Further, there were no studies that described such association at the international or Sri Lankan level, which refrained the comparison of this finding with any other study.



5. Conclusions & Recommendations

Three characteristics were significantly associated with behaviour-related stigma among the TG population when adjusting for confounders. They are being harassed by society (aOR= 17.2, 95 % CI = 1.6 – 183.9), gaining knowledge from peers (aOR= 0.068, 95 % CI = 0.007 – 0.69), and receiving hormone therapy for gender reassignment (a OR= 5.2, 95 % CI = 0.9 – 31.2).

None of the socio-demographic characteristics, factors related to occupation, factors related to psychoactive substance use, factors related to sexual acts & condom use, factors related to disclosure of key behaviour, factors related to awareness of HIV/AIDS, and factors related to awareness and perception of laws related to transgenderism did not show any significant association ($p>0.05$) after controlling for confounders.

Programmes focusing on educating the public regarding the importance of non-harassment of the TG community and the involvement of peers in implementing training educational programmes to the TG community are of prime importance.

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Conflict of Interest

The Authors have no conflicts of interest to declare that they are relevant to the content of this article.

Author Contribution Statement

MF participated in design of the study, coordinated data collection and performed statistical analysis and drafting the manuscript. JV was the technical supervisor throughout the study. Both authors approved the final manuscript.

Ethical Statement

Ethics clearance was granted by the Ethics Review Committee of Faculty of Medicine, University of Kelaniya, Sri Lanka. Informed written consent was obtained from each patient prior to data collection.

Data availability

The Authors confirm that the data supporting the findings of this study are available within the article.

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