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Social Exclusion and Mental Health Issues of Transgender Community in Lahore City

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Marginalisation, social exclusion, and stigmatisation are major issues restricting the transgender community from living normally. This marginalised group suffers more in a developing country like Pakistan, where a vast majority lives below the poverty line. The present study aimed to identify social exclusion and mental health issues faced by the transgender community in Pakistan. This is a quantitative study in which data from 300 transgender people were collected from four towns of Lahore city. A questionnaire based on a nominal scale was prepared, and data were analysed using the Chi-square test. The study reported the poor economic, social and psychological state of the transgender community in Lahore city. This group is being discriminated against in almost all sectors of life, and their social issues are not addressed properly, leading to a poor physical and mental health state, which needs to be addressed at micro and macro levels. This study emphasised providing equal opportunities to this segment of society by ensuring their constitutional rights. Moreover, the laws and policies on physical and sexual assaults need to be reviewed to make them more inclusive, not only by specifying men and women but also transgender people .

Keywords: transgender, community, social exclusion, mental health, marginalisation, Lahore city

The transgender community in Pakistan is socially excluded and least acceptable as a normal human. This community deals with various types of discrimination in public spheres, resulting in different social and mental health issues. Traditionally, gender has used two binary, males and females; however, a third category is also named transgender, having different names: Khawaja Sara, Hijra, Khusra or Murat (Spagna, 2013).

This community faces discrimination since early childhood. Children start getting disapproval from their parents for not showing the appropriate behaviors according to their biological gender. At the time of gender role adoption, a child might get confused as they have to learn the gender role from their same-sex parent, but that is not according to their inner feelings, and the child starts questioning, who am I? What should I do? How should I behave?

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This causes conflict in the mind of the child. At the age of puberty when physical changes appear, and it is the peak time when children usually start to feel disgusted with their bodies as they look different, and their physical identity is not aligned with what they feel. As a result, they suffer from a gender identity disorder. According to The Diagnostic and Statistical Manual of Mental Disorders (DSM-V), this category is gender dysphoria (Olson, Durwood, DeMeules, & McLaughlin, 2016).

This is not a single factor that causes distress, but the whole life of a transgender person is misery. The stigma and lack of social support that transgender persons experience from their immediate family members devastate their psychological well-being, and the urge to strive for their rights may decrease. In this regard, findings of a research study show that 79% of the surveyed population of transgender in Pakistan are uneducated. Dropout of transgender children from schools is common (Nazir &Yasir, 2016). This discrimination they experience in family, in school (if they attend) and at every place where they move or interact with society. As the people started identifying as khusras, a significant population now only looked down upon them on the societal and religious levels. Lovett and de Saxe (2006) suggested that discrimination faced by sexual minorities is often religion based. The sacred scriptures of the Abrahamic religions, i.e., Judaism, Christianity, and Islam, strongly discourage cross-dressing, and other such activities are extremely discouraged (Yip, & Page, 2016). The more a person is religious, the extreme the attitude will be formed against such people (Crooks & Baur, 2005). Due to this discrimination, they are also vulnerable and deprived of society with less or no employment opportunities. Hence, they are bound to adopt means of earning which are not considered respectable in our society, i.e. begging, dancing and prostitution (Hahm, Ro & Olson, 2018). The mentioned stereotypes are built over a period of time.

The perception of social identity and membership in society in the south Asian context is based on social exclusion (Kabeer, 2006). Marginalised groups like the transgender community are undermined in these societies due to the socio-cultural norms and beliefs, thus limiting the social contribution of these groups. The social exclusion theory is useful for understanding the exclusion of transgender communities from religious, political and economic affairs of society due to gender. The ingrained patriarchal mindset having the typical social structures from the macro to micro level, further promotes this social exclusion of the marginalised people. (Labonte, 2004).

There are about 1.5 million transgender people in Pakistan (Wirtz, Poteat, Malik, & Glass, 2018). Khawaja siras in Pakistan have encountered exclusion and maltreatment. “Their story is, or one could undoubtedly say ‘was,’’ excruciating until 2009,” composes Rabail Baig in an ongoing Foreign Policy article featuring the ongoing Supreme Court choices permitting khawaja saras to enlist themselves as transgender on national identity cards and to cast a ballot like other Pakistani residents. In any case, the truth of their lives is a lot harsher than the state's abjuration of character and citizenship (Ziegler & Rasul, 2014). It has been found that their final rituals are performed very secretively. Their funerals are in the dark, somewhere around the middle of the night, whereby only a few people are present at the ceremony. It is even said that a few transgender people even enjoy their fellow's death because they think life on this Earth is harsh and people have been abusive towards them, but God is all loving, and He shall be fair in the afterlife (Abdullah et al., 2012).

In 2013, the Supreme Court of Pakistan decided that, as indicated by the Constitution of Pakistan, transgender/eunuchs have equivalent rights as all citizens of Pakistan and perceived the legitimate status of Hijras as a third sex class. Supreme Court of Pakistan ordered to practice of reasonable conduct with Hijras and to make work openings (Ghafoor et al., 2014). Despite such a memorable activity in Pakistani law, no legitimate arrangement is available for Hijras identified with rights and commitments. With such changing times, the situation is not encouraging. There is a need to study attitudes that play an important role in the marginalisation, stigmatisation, and political standing of such a sexual minority (Jami,2005). Transgender people in Pakistan do not have access to the facilities available to the mainstream population. Transgender people have reported facing harassment and discrimination at the hands of police and health welfare officials, in particular (Aurat Foundation,2016).

In Khyber Pakhtunkhwa (KPK) as reported in a study, transgender people ~~a~~re mostly engaged in different professions (93.5%) like prostitution (37.5%), singing and dancing (31%). Beggars are 15% of the total sampled population. They face hatred from society. Further, people do not hire them for respectable jobs such as household work, day-care services or any other job for which they can learn the skills easily (Aurat Foundation, 2016).

Transgender people from the community face both mental and physical violence. Several cases have been reported in the news whereby transgender people have been victims of acid attacks and brutal killings. There also have been cases reported in the media whereby a transgender person was raped brutally by several men. Such cases, when reported to the police for investigation, are mostly not recorded. Those that get recorded are not pursued, and the perpetrators are not punished. All this anguish causes the transgender population to seek solace through intoxication and self-harm. Many transgender people in the community consume alcohol and other intoxicants. No professional mental health service can be availed by this segment of society (Aurat Foundation, 2016; Hapsari, Effendi & Yanti, 2019).

Research conducted by Olson, Durwood et al. in 2016 postulated that transgender people experience an elevated level of anxiety at the pre-puberty stage compared to normal children. Another research conducted on transgender adolescents concluded that they experience high distress because of their gender identity. A multivariate logistic regression model predicted that the social rejection that transgender people experience regarding their familial, occupational and societal functionality leads to gender identity distress (Robels, et.al, 2016). In India, 31% transgender people committed suicide, and 50% attempted suicide once (Virupakshal, Muralidharl, & Ramakrishna, 2016). Research on suicidal tendencies conducted in USA concluded that 41 percent of transgender people attempted suicide once in life (Grant, Mottet, Harrison, Herman, & Keisling, 2011).

The mental pain experienced by trans-individuals is related to living in a harsh society and sexual orientation-related exploitation (Ellis, Bailey, and McNeil, 2015). In one study, 87% of respondents distinguished separation and bias occasions in their lives legitimately identified with their trans-personality (Couch et al., 2008). A critical number of participants in a single report (63%) portrayed verbal, physical, or sexual exploitation encounters (Nemoto et al., 2005). In another study, trans-men were often bound to take part in illegal medications to adapt to segregation. To deal with the toxic effects of stigma and victimization, trans-people may also use drugs and alcohol (Fredrikson-Goldsen et al., 2013). There are expanding frequencies of depression and related suicidal behaviour (Harrison, Grant, & Herman,2012). The accessible

figures uncover that the percentages of dejection are somewhere between 26% and 66% (Nemoto, Bödeker, & Iwamoto, 2011) and nervousness was 33% (Bockting et al., 2013). Besides, liquor and illegal medication use went between 20–36% (Herbst et al., 2008; Nemoto et al., 2005). The rates for suicides are between 37–65% (Liu &Mustanski, 2012; Nuttbrock et al., 2009).

Keeping in mind the different reported socioeconomic difficulties of Pakistani transgender community, this study aimed to identify the extent of social exclusion of the transgender community and its effect on their mental health in Lahore city Pakistan.

Objectives

The following are the objectives of the study:

- To find out the basic demographic information of the transgender community in Lahore.
- To explore the areas of social exclusion faced by the transgender community in society as an outcome of societal pressure.
- To discover the Psycho-social problems faced by the transgender community.
- To see if there is an association between social exclusion and mental health issues of the transgender community.

Method

The quantitative study measures the socio-demographics antecedents, social issues, areas of social exclusion and mental health issues of the transgender community. The study population was a transgender community in Lahore city. In the absence of proper statistics on the transgender community, it was difficult to have exact numbers; however, considering the community's geographical dispersion, multi-stage sampling was used to approach respondents. The Lahore city has nine towns i.e. Ravi, Shalamar, Wagha, Aziz Bhatti, Data GunjBuksh, Gulberg, Samanabad and Iqbal Town. Four towns were selected at the first sampling stage, including Gulberg, Shalamar town, Data Gunj Baksh town and Aziz Bhatti town. The cultural centrality, commercialism and presence of the transgender community in old mohallas and vicinities was the reason behind the selection of these four towns of Lahore. From each town, 75 respondents were approached based on convenience. The sample was calculated through the G power method, and against each predictor, 15 cases were selected. The reason behind convenience sampling is the common visibility of the transgender groups in the areas, so the researchers went to the transgender communities and asked them to participate in this research after taking consent. It was ensured to them that their information would be kept confidential and only used for research purposes. Moreover, the incentive in the form of money was also given to them. The respondents were briefed about the purpose of the research, and the researchers ensured that confidentiality and anonymity would be maintained.

Instrument of data collection

The study tool was developed to measure socio-demographic variables, economic status, areas of social exclusion and mental health issues. The interview schedule was prepared after the conceptualization and operationalization of the constructs. The questions regarding age, education, income, social issues faced by the community, areas of social exclusion and marginalization faced by the community and psychological issues were included. The item of the pool was get reviewed by two gender experts, and pre-testing was conducted with 50 respondents, The ambiguous, repeated and sensitive questions were further excluded after pre-testing.

Data Analysis

Data were analysed by using SPSS 22 version. Descriptive statistics and non-parametric tests, i.e. chi-square test of independence, was used to measure the association between social exclusion and mental health issues.

Ethical Considerations

The study was approved by the Advanced Studies and Research Board (ASRB) of the Virtual University of Pakistan. To guarantee the protection of confidentiality, anonymity and privacy of subjects' basic rights, a written informed consent was taken from the respondents. Participants were at first told about the motivation behind the investigation and that their cooperation was intentional. Information was gained from the participants with their consent. The participants were guaranteed that the information looked for from them would be kept classified and no data identified with them would be utilised other than that of the scholarly and experimental targets; along these lines, no infringement of secrecy and protection would occur. Clarifications were given on the most proficient method to finish the poll, and any ambiguities were explained.

Results

Socio-Demographic Characteristics of Transgender Community

The mean age of the respondents was 31 years covering the age bracket of 18-45 years. About 48% of the respondents were trans-males, and 52% were trans-females. About 60% of respondents were living in a one-room house on a sharing basis, 30% were in a two-room house and 10% of the respondents lived in a house with three rooms. About 32% of respondents were household heads, whereas 68% of the respondents were living under the headship of Guru. The household transgender distribution was, i.e. 8 (10.7%), 7(13.4%), 6(27.4%), 5(37.8%) and 4(10.7%). About 65% of respondents had a toilet facility, whereas 35% did not. About 80% of respondents had water facilities, out of these, 53% had safe drinking water, whereas 47% did not have access to safe drinking water. Data show that 67% of the respondents were illiterate, 25.3% had basic reading and writing capacity, 3.7% had dropped school before reaching primary level, and only 4% completed the primary level of education. In the household where kids were living(36%), about 62% of kids did not attend school and the rest, 38%, attended regular schools. Of those who attended the school, 75% faced verbal discernment and 25% faced physical abuse.

Social Issues of Transgender Community

Data reflect that about 20 % faced severe social issues in their community, and around 40 % experienced fewer severity issues. A majority of respondents (43.3%) had financial issues at a high level, 33.3% were moderate, and 23.3% were low. Respondents (83.3%) reported no legal issues, 40% had a moderate level, and 3.4% had high-level issues. Most respondents had family issues because of non-acceptance in our society (53.3% high). Drug abuse and addiction are very common among transgender people; 26.7 % had higher level usage, 36.7% had moderate and 36.7 % had low drug use. Severe physical abuse was faced by 43.3 %, moderate level abuse was faced by 36.7% and lower level abuse was faced by 20% of the total population. The same is the case with sexual abuse; about 30% of respondents became the victim of sexual malpractices severely, 40% of them were moderately victimized, and 30% of them had mild sexual experiences.

Statistics on Social Exclusion and Discrimination of Transgender Community

After the statistical analysis, results showed that singing and dancing were the two main professions of the transgender community, i.e. 60 %. Street begging was opted for by 27%, while 10% were involved in paid sexual activities. Very few are related to the respectable profession of a beautician or beauty industry. Most of the total respondents (300) were unemployed (81%) and only 19 % were employed and their daily income ranged from 200 to 1000 Pakistani rupees.

Table 1

Descriptive Statistics of Social Exclusion and Discrimination of Transgender Community

Indicators	F	%
Major sources of income		
Singing and dancing	177	60.0
Beautician	9	3.0
Street Begging	80	27
Paid Prostitution	34	10
Currently Employed Somewhere		
No	243	81
Yes	57	19
Type of employment		
No	242	80.7
Beautician	20	6.7
Daily wage	2	.7
Domestic	13	4.3
Hawker	4	1.3
Labour	8	2.7
Vending	11	3.7
Discrimination in finding job		
No	19	30
Yes	44	69
Discrimination in seeking health care services		
Health issue at the moment		
No	198	66
Yes	102	34
Where do you go for treatment		
Government Hospital	10	9.8
Private clinic	37	36.2
Self-medication	55	54
Face any discrimination in treatment		
No	104	34.7
Yes	196	65.3
Indicators of Social Exclusion		
People avoid meeting you		
No	108	36
Yes	192	64
How often have meal with the community people		
Once a week	20	6.7
Twice a week	50	16.7
Thrice a week	30	10
Sometime	170	56.7

Very often	30	10
People void mixing with you		
No	93	31
Yes	207	69
Indicators Religious exclusion		
Allowed to freely practice religion		
No	130	43.3
Yes	170	56.7

Results reflected that they did not get opportunities to get respectable jobs, i.e. 56 %, and they experienced biased and discriminatory attitudes from those around them. About 34 % were facing health-related issues, and almost more than 50 % of them were on self-medication because of the unavailability of healthcare facilities. About 36.2 % of the remaining population visited private clinics, and the rest looked for healthcare facilities given by government hospitals.

Data reflected that 65.3 % of the respondents reported discriminatory attitudes toward healthcare professionals, and almost half of the reported number experienced distress due to their biased behavior. Respondents (13.3 %) reported that the quality of health care services was sub-standard, which could have caused unhealthiness. About 10 percent of the given number stated that professionals are so nonprofessional that they refuse to treat them after knowing their gender.

A large number of respondents (64 %) experienced social exclusion only because around 56.7 % got the chance to have time for meal sharing in society. Another important issue was the practising religion by the majority of respondents (62.7 %) i.e. Muslim, and the remaining did not know about their religion. In a Muslim country, 56.7 % were allowed to practice their religious beliefs, whereas 43.3% were not. About 59% of respondents were not allowed to participate in religious rituals and celebrations, whereas 41% participated in religious festivities.

Mental Health Issues of Transgender Community

Depressive Symptoms

Data regarding depressive symptoms of respondents under the dimension of Psychological issues shows that a majority, 46.5% reported change in appetite sometimes, 40% often and 13.3% most of the time. About 26.7% and 43.3% reported low mood all the time and very often, and 30% told it at some time. About 50% reported the issue of a continuous headache sometimes, 36.7% often and 40% all the time. About 66.7% had suicidal ideation sometimes, 23.3% often and 10% all the time. A majority, 53.3%, very often face sleep problems, 30% sometimes, and 16.7% always face this issue. A majority, 37.9%, reported a loss of interest in daily activities sometimes and very often and 24.1%. A majority (53.3%) felt sad very often, 26.7% sometimes and 20% all the time. About 46.7% had lower sexual desire sometimes, 40% very often and 13.3% all the time.

Table 2

The extent of depression faced by respondents

Depressive Symptoms	(Sometimes) f (%)	(Very often) f (%)	(All the time) f (%)
Change in Appetite	139(46.5)	120(40)	40(13.3)

Low mood	90 (30)	130(43.3)	80(26.7)
Continuous headache	150(50)	110(36.7)	40(13.3)
Suicidal ideation	200(66.7)	70(23.3)	30(10)
Sleep problems	90(30)	160(53.3)	50(16.7)
Loss of interest in daily activities	110(37.9)	110(37.9)	70(24.1)
Sadness	80(26.7)	160(53.3)	60(20)
Low sexual desires	140(46.7)	120(40)	40(13.3)

Anxiety symptoms

Data regarding anxiety symptoms show that 43.3% of respondents had low anxiety symptoms, 40% had moderate and 16.7% had high anxiety and fear of social situations and appearance in public. About 50% of respondents had low worry about minute issues, 36.7% had a moderate worry, and 13.3% had high worry. About 23.3% had been experiencing a high level of restlessness and fatigue, 36.7% had moderate fatigue and restlessness, and 36.7% experienced it at a lower level.

Table 3

The extent of Anxiety symptoms faced by respondents

Anxiety symptoms	Low (1)	Moderate (5)	High (10)
Fear/anxious about any situation like public appearance	130(43.3)	120(40)	50(16.7)
Excessive worry on minute issues	150(50)	110(36.7)	40(13.3)
Restlessness and fatigue	110(36.7)	120(40)	70(23.3)
Unable to concentrate on things	130(43.3)	120(40)	50(16.7)
Difficulty to sleep	90(30.1)	140(46.8)	69(23.1)

A majority, 43.3%, could not concentrate on things, but at a lower level, 46.8% had this issue at a moderate level, and 16.7% were facing its high intensity. About 23.1% and 16.8% had difficulty in sleep at a high and moderate level, whereas 30.1% experienced it at a lower level.

Feelings of Self-harm. Data show that a majority (60%) of respondents felt self-harm, and 40% did not have such feelings. About 46.8% currently had the feeling of self-harm, whereas 53.2% did not have these feelings. Of those who had self-harm feelings, 30% were low, 40% moderate, and 13.3% used to bruise their bodies and cut through with razors and other tools. About 16.7% and 43.3% had a high and moderate level of practice with burning their body through cigarettes and other means, 20% had a lower tendency, and 20% did not experience such practice. Scratching and pinching were found among 36.7% at a lower level, 33.3% at a moderate level and 13.3% at a higher level. A majority, 43.3%, were used to tearing their skin at a moderate level and 16.7% at a higher level. About 26% and 48.3% of the respondents used to rub objects on their skin at a higher and moderate rate.

Of those who were used to self-harm, 53.3% had done this practice in last six months and 46.7% were currently experiencing it. A majority, 53.3%, used to burn their body with a cigarette and other means in the last six months, and 46.7% had been experiencing current episodes. About 63.3% had current episodes of scratching and pinching their bodies, while 36.7% had experienced this issue in the last six months. Half of the respondents (50%) were used to tearing the skin in the last six months, and 50% were also experiencing current episodes. Most (60%) rubbed objects on their skin in the last six months, and 40% had current episodes.

Table 4

Association between Social Exclusion, Depressive Symptoms and Anxiety Symptoms

	Social Exclusion		
	No	Yes	
Depressive Symptoms	f (%)	f (%)	$\chi 2$
Low	20(25)	39(17.9)	113.268*
Moderate	10(12.5)	150(72.5)	
High	50 (62.5)	209(9.7)	
Total	80(100)	209(100)	
Anxiety Symptoms			
Low	20(22.2)	40 (19.3)	31.154*
Moderate	70(77.8)	130(62.8)	
High	0 (39)	39(17.9)	
Total	90(100)	209(100)	

Note. *p = .000. df = 4

An independent chi-square analysis was conducted to see the association between social exclusion (yes, no) and depressive symptoms (low, moderate, high) among transgender people. Results show that there was a significant association between social exclusion and the level of depressive symptoms $\chi 2$ (4) = 113.268, p< .000. From the analysis of data, it was observed that those who reported social exclusion among them the level of depressive symptoms was also moderate to high (9.7% and 72.5%). Data show that there is a significant association between social exclusion and the level of anxiety symptoms $\chi 2$ (4) = 31.154, p< .000. From the analysis of data, it was found that those who reported social exclusion among them the level of depressive symptoms were also more (17.9% and 62.8%).

Association between Psychological issues (depression & anxiety), self-harm intention and suicide ideation

Table 5

Association between Psychological issues and self-harm intention and suicidal ideation

	Psychological Issues			
	Low	Moderate	High	
Self-harm intensions	f (%)	f (%)	f (%)	$\chi 2$
No	30(30)	40(33.6)	40(57.1)	14.56*
Yes	70(70)	79(66.4)	30(42.9)	
Total	100(100)	119(100)	70(100)	
and suicidal ideation				
No	80(80)	70(58.8)	50(71.4)	11.648*
Yes	20(200)	49(41.2)	20(28.6)	
Total	100(100)	119(100)	70(100)	

Note. *p = .001. df = 2, **p = .003. df = 2

The table shows the association between psychological issues and self-harm intention of the transgender community. Results show a significant association between psychological issues and self-harm $\chi 2$ (2) = 14.56, p< .001. Data analysis found that those who reported psychological issues at moderate and high levels (66.4%, 42.9%) among them self-harm intentions were also found. An independent chi-square analysis was conducted to see the association between the level of psychological issues (low, moderate, high) and suicidal ideation (no, yes) among the transgender. Results show a significant association between psychological issues and suicidal ideation $\chi 2$ (2) = 11.648, p< .003. From the data analysis, it was observed that among those who reported psychological symptoms, suicidal ideation was also found (moderate to high (41.2% and 28.6 %).

Discussion

Transgender people with disapproving social and personal identities have long been marginalized in Pakistan. The existing statistics and reports provide insufficient information about this community's affairs. To study the real-life situation of the Transgender community, this study aimed at exploring this group's demographics, psycho-social and economic issues.

Areas of Social Exclusion Faced by Transgender Community

The very first objective of this research was to get basic demographic information regarding this group of people in Lahore city. The study revealed that this community's age group varies from 20-45 years, with a mean age of 30. Most were living in a one-room, rented house and in slum areas. The household composition showed that due to poverty and limited resources, the number of residents in single and double-room houses exceeds five to eight. It is not just limited to the exceeding number of one family; the situation is so critical that families are supposed to share even those two-room houses with other families or transgender groups. The situation is quite evident regarding their subsistence and was similarly reported by Lombardi and associates in 2002. As this population resides in low-income areas, the basic facilities are also limited. Non-availability of toilet facilities, water, and safe drinking water were the prominent issues this group faced in their respective living areas. One of the plausible reasons is poverty which restricts them from moving into some good living facility, whereas the other is their gender, which limits their access to these facilities.

There is an alarming situation regarding the educational status of the respondents as found during analysis that a big majority is illiterate, and only a few have attended school. Even those who attended the school, their educational level remained limited to learning basic reading and writing skills and below primary level. The same pattern was observed not only for respondents but also for other household members. The humiliating attitude from society does not allow this gender group to be normal members of society and restricts the chances of their upward social mobility due to persistent poverty and discrimination. Similar findings are shared by Tabassum and Jamil (2014) and McFadden (2020), who reported that the transgender community faced social prejudice, especially in educational attainment, that restricted their upward social mobility and change in socioeconomic state.

Education and income are two important indicators of socioeconomic status. As data revealed, the low educational profile of the respondents directly affects their income and type of employment opportunities. Society does not only restrict educational opportunities due to discriminatory attitudes; it has also circumscribed their employment prospects for them. Earning 100-300 Pakistani rupees per day with a ratio of 6-8 family members' daily expenditures makes

it hard to meet their ends. In some cases, even they cannot manage three meal times in a day. Study results show that the majority were not employed as they are not provided equal employment opportunities that a common person has. Those employed were involved in domestic, general, and vending and selling. Even the aptitude of transgender people showed the intention to serve lower level jobs, and not a single respondent intended to serve in executive or high profile jobs. All these are blue-collar workers who can hardly change their socioeconomic status. It also shows that it has been ingrained in their mindset that they are third gender and will not get equal and good opportunities as normal humans. The discriminatory attitudes at the workplace are common, along with emotional, physical and sexual abuse that this group faces. These facts are ascertained by Nazir and Yasir (2016), who reported the absence of proper facilitation for the employment of the transgender community.

Poor socioeconomic status does not affect the economic aspect of life; it also devastates health and health-related issues. When poverty prevails, and quality food is unavailable, the outcome is poor health and the non-availability of resources to bear quality health services. About one-third of the respondents had different health issues, and most relied on self-medication and consultation from medical stores. Few also went to private clinics where general practitioners checked and gave medical advice. Free medical health facility is also availed by few at government hospitals; however, the majority were maltreated at public and private clinics i.e. provided a service of worse quality or on worse terms than they would normally offer and also caused harm sometimes, refused to provide the health services or stop providing the medical facility. This ill-treatment, most of the time, causes distress and offends them. Previous research found only small evidence regarding this (Grossman, D'Augelli, Howell & Hubbard, 2005; Grant, Mottet, Tanis, Harrison, Herman &Keisling, 2011).

The constitution of Pakistan guarantees that individuals freely practice their religions and religious freedom to the people of different sects. Being a marginalized segment of Pakistani society, the transgender group also face issue in practising their religion. The majority of the respondent were Muslims; however, many were not allowed to enter mosques and perform their religious rituals there. Communities avoided them and did not allow them to participate in religious celebrations (Islam, 2020). Only on a few occasions, they went to offer prayers. Even it was reported that people did not consider them Muslims, so they restricted their religious participation. This discrimination and social exclusion harm their self-confidence and make them depressed and sad (AAWAZ, 2016).

Psycho-Social Problems Faced by Transgender Community

Social exclusion is not just limited to religious rituals; generally, people avoid meeting and mixing with transgender people, make fun of them and do not like to have food with them. They are not involved in social and welfare activities due to having different gender. A specific social distance is minted by the general public, which disturbs their self-esteem and alienates them (Munir, 2019). People usually do not socialize with them, do not accept them as normal human beings and even abuse them while they try to involve the general public, which causes stress among them. As a result, few are also involved in deviant behavior and criminal acts (Sharma, 2000).

The transgender community tolerates many social issues; however, their intensity varies per circumstance. Poor health facilities, high concerns regarding their earning, family and parenting issues, use of drugs and high levels of physical and sexual abuse are some of the

common issues faced by this minority group. Family disassociation due to gender is the trauma they feel with high intensity; they feel lonely, neglected and socially rejected by their parents, immediate family and society. In most cases, transgender kids are dropped off at Gurus and transgender households by their parents. Such adoptions are not always legal and disturbing as well for young kids. And all these issues and behaviours lead to psychological and mental disorders.

Social exclusion, discrimination and maltreatment lead to many psychological issues. Respondents of this study reported depressive symptoms like change in appetite, low mood, continuous headache, sleep problems, loss of interest in daily activities, suicidal ideation, and low sexual desires were the commonly reported depression signs (SDPI, 2014; Olson, Durwood, DeMeules, & McLaughlin, 2015). Anxiety symptoms were also found among the respondents. Fear about public appearance, excessive worry about minute issues, restlessness and fatigue, inability to concentrate, and difficulty sleeping were the most reported symptoms (Akhtar & Bilour 2020). These indicate that social exclusion and other factors had badly affected the respondents' mental health, even leading to self-harm and suicidal ideation.

Most respondents felt self-harm, including bruising, burning the body with the cigarette, scratching or pinching, tearing the skin and rubbing objects on the skin. The frequency of these acts is found from the last six months to the current episodes experienced by transgender (Newcomb et al., 2020). One-third of the respondents also tried to commit suicide. The common mean used to commit suicide were sleeping pills, hanging with string, shooting with a gun and use of pesticides. The situation also indicates the availability of pesticides and other sources to commit suicide (Virupaksha, Muralidhar, & Ramakrishna, 2016; Grant, Mottet, Harrison, Herman, & Keisling, 2011; Zaman & Munib, 2020). This social exclusion and discrimination further lead to psychological issues, poor mental health, self-harm, and suicidal ideation (Pantell et al., 2013; Stewart et al., 2017; Breslow et al., 2015; McCann & Brown, 2017).

Conclusion

This research concluded that the transgender community is discriminated against and socially excluded from the mainstream. Their poor educational status, low income and limited employment opportunities have made them economically and socially vulnerable. Residing in poverty-ridden areas with limited facilities and poor hygiene has also exposed them to various health issues. But these issues are not dealt with empathy; they are treated as a minority. The restriction on their religious performativity being transgender people is another important finding of the study that indicates the change in people's attitudes and behaviours towards this segment of society. The study provides evidence that this group is being discriminated against in almost all sectors of life, and their social issues are not addressed properly, leading to poor physical and mental health. Changes in appetite, low mood, continuous headache, sleep problems, loss of interest in daily activities, suicidal ideation and low sexual desires, restlessness and fatigue, inability to concentrate on things and difficulty sleeping were major psychological problems. Overall results highlight that social exclusion leads to psychological issues, the tendency to self-harm, drug use, and suicidal ideation that need to be addressed at micro and macro levels.

Recommendations

The following suggestions for developing policies are provided in light of the study's findings.

- The fundamental rights outlined in Pakistan's Constitution guarantees the equality to all the citizens, regardless of gender, hence it is imperative that these rights may be upheld in letter and spirit. The results of this study strongly advocate proper implementation of the existing policies for the transgender community and emphasized the importance of taking more targeted steps to assure their inclusion in all aspects of society.
- This study also strongly proposes the adoption of new policies and laws to guarantee that the transgender population is equally represented and receives equal chances, and freedom to exercise their fundamental rights.
- It is necessary to evaluate the laws and regulations on physical and sexual assault to make them more inclusive, not just for men and women but also for transgender persons.This study has highlighted that transgender people are not usually considered normal members of society based on centuries-old labeling of Khawaja Sira. There is a need to develop certain parameters, criteria and policies to recognize the transgender official identity and acceptance in private and public service sectors.

Conflicts of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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