Perspectives on Transgender People Issues: A Feminist Approach

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Abstract

Nevertheless, the truth is that even though awareness about transgender issues has increased and changes in policies have been made, the transgender population is still socially isolated and deprived of full access to all areas of society. The research herein referred to as Perspectives on Transgender People Issues: A Feminist Approach is aimed at delving into the actual life circumstances of transgender people through different aspects such as their socio-economic status, level of awareness, experiences of discrimination, behavioural patterns, and indicators of empowerment. Besides, the research integrates a feminist-oriented intervention programme which is intended to raise awareness, self-confidence, and the ability to access services among the participants. This research aims through empirical evaluation and empowerment methods to not only contribute to the academic world but also bring practical changes which will lead to the quality of life upliftment of the transgender communities. Looking through the lens of feminism, transgender issues open up a great number of possibilities for inclusive policymaking, social intervention, and human rights, based approaches (Llaveria Caselles, 2023).

The study was conducted with 200 transgender participants from the chosen study area. The research team considered this number adequate for gaining an in, depth understanding of the challenges faced by transgender communities. Having a sample of this size enabled the researcher to look into various aspects of socio-economic and health, related issues faced by transgender people. Besides, it gave enough room to investigate trends of gender-based discrimination, measure the degree of awareness of health and social rights, and check the success of the intervention programmes which were part of the study.

Keywords: Rights Awareness, Social Stigma, Empowerment, Health Behaviour, Livelihood Conditions, Quality of Life, Feminist Perspective, Transgender..

INTRODUCTION

Gender is one of the major factors that shapes how society is structured, determining who gets access to power opportunities resources, and social status. In fact, the way society has predominantly dealt with gender is by dividing the world into two categories: male and female. This gender binary is supported in major ways by patriarchal norms and institutional practices. Typically, individuals whose gender identity or expression differ from those two gender binaries are marginalized and excluded by society. Their lives are a continuous struggle against the gender norms of society and reveal the social construction of gender hierarchies that exist in various social institutions. (Stryker, Currah, & Moore, 2008).

In fact, people who identify as transgender have been part of all cultures throughout human history. The only exception is unfortunately virtuous depictions of transgender individuals in history are very

few and most often their stories have been marked by alienation, invisibility, and discrimination. With some traditional recognitions aside, indigenous transgender groups today still find themselves facing barriers not only in education occupation housing, access to legal recognition of identity, and public life. However, these obstacles do not only represent individual experiences but rather they are the evidence of deep, rooted structural inequalities arising from the enforcement of gender roles, heteronormativity, and masculinity, based power relations. (Connell, 2012; Elliot, 2009; Heyes, 2003; Namaste, 2009).

Feminist writers have been highlighting gender oppression in institutions that privilege normative identities and simultaneously suppress those who do not conform to socially approved roles. Adding transgender people to the discussion helps show that gender hierarchies are not only between men and women but also cross different identities. (Bettcher, 2017).

Feminist methodologies emphasize aspects like empowerment, agency and the changing of oppressive social structures. One excellent thing about feminist perspective of gender issues is that it not only allows to critically challenge the power structures but at the same time reveals the importance of voice, participation and self-determination. Feminist perspectives see transgender individuals as being in control of their lives and able to construct their social realities and identities rather than as being given social support in a way that makes them passive victims. People must be empowered through knowledge self-esteem, and rights education, and at the same time, make them access to resources which can be a positive force for their mental and physical health as well as for society in general.(Bettcher, 2017; Pearce, 2012).

Nevertheless, the truth is that even though awareness about transgender issues has increased and changes in policies have been made, the transgender population is still socially isolated and deprived of full access to all areas of society. The research herein referred to as Perspectives on Transgender People Issues: A Feminist Approach is aimed at delving into the actual life circumstances of transgender people through different aspects such as their socio-economic status, level of awareness, experiences of discrimination, behavioural patterns, and indicators of empowerment. Besides, the research integrates a feminist-oriented intervention programme which is intended to raise awareness, self-confidence, and the ability to access services among the participants. This research aims through empirical evaluation and empowerment methods to not only contribute to the academic world but also bring practical changes which will lead to the quality of life upliftment of the transgender communities. Looking through the lens of feminism, transgender issues open up a great number of possibilities for inclusive policymaking, social intervention, and human rights, based approaches (Llaveria Caselles, 2023).

REVIEW OF LITERATURE

In India, transgender people are systematically excluded from the society because they are socially and culturally stigmatized, economically deprived and have very little institutional recognition. (Kumar et al., 2022) revealed the occurrence of discrimination in various social domains such as education, employment, healthcare, and public spaces thereby exposing the widespread nature of gender-based marginalization. Similarly, (Thompson et al., 2019) reported that gender, diverse people in Karnataka who experienced violence were also the ones with poor mental health outcomes, which shows how structural oppression can impact human health. So, this means that the marginalization of transgender people is not just a matter of their own personal disadvantage but it is also influenced by larger gender power hierarchies that determine social inclusion and exclusion.

Transgender persons and their families have been often breaking up, they are being harassed in public places and denied jobs, etc. all of these, contribute to the socio-economic marginalization. (Gomes de Jesus et al., 2020) have abdicated two study on the experience of violence, stigma, and social isolation among transgender women in India and Brazil, where they have mentioned several social layers of stigma, violence, and isolation. Moreover, they have exposed the interconnection between social exclusion and mental health issues. Besides, their article reveals that the absence of educations and employments opportunities usually leads transgender people into taking up dangerous lifestyles including sex on the streets. it is also a major factor for vulnerability and social marginalization. On the

other hand, (Divya, MENON, & ABEETHA, 2023) found that discrimination in healthcare settings leads to fear and avoidance behaviors, which further hinder access to the essential services. These researches reveal that not only stigma is a social attitude but also a structural factor that determines opportunities in life and health outcomes.

Through their study, (Kaur & Singh, 2024) revealed that health disparities among transgender persons in India are not substantially due to the failure of the healthcare system alone but are also the result of the effects of other factors such as socio-economic status, education, caste, and family support that lead to complex vulnerability patterns in individuals. Likewise, (Kaur & Singh, 2024; Mahapatro et al., 2021) investigated the difficulties confronted by differently abled transgender persons and came up with the conclusion that disability acts as a barrier not only to healthcare and gender affirming procedures but also leads to an increase in psychological distress and social exclusion. (Mahapatro et al., 2021) besides class, caste, and gender by uncovering their mutual influence as one of the greatest variables leading to the non, fulfilment of the healthcare needs of the Indian population, thus giving further credence to the utility of intersectional methods in informing policy and the direction of research. Similarly, (Sangamithra & Arunkumar, 2020) have observed the role of lack of healthcare provider sensitization programs and the exclusion of institutions in the present healthcare inequalities are very significant. The most recent paper by (Raghuram et al., 2024) reveals that barriers are not a few and they go deep into various levels like socio-economic marginalization, lack of identification documents, and institutional discriminations. Next, (Fernandez & Gaitonde, 2025; Rao et al., 2025) highlight the lack of financial power nonprofessional attitudes of the healthcare workers, and limited working of transgender clinics as the main factors causing healthcare inequality. Indeed, these findings indicate that equity in healthcare is where the structures of inequalities intersect, and not a simple issue of service delivery.

In a study by (Yadav, Joseph, & Devi, 2025), it was revealed that transgender people often turn to home remedies and self, medication because of their fear of getting humiliated and mistreated in healthcare settings. Ahuja et al. (2024) through their extensive research mapped the barriers to healthcare utilization at the health system, social, and individual levels and collectively revealed that people's decision to seek healthcare is mainly determined by their perception of how safe and dignified they will be treated, and not merely by the availability of services. (Umashankar, Sivakumar, Sundar, & Subramaniam, 2025) through their field work in Chennai among transgender adults, have shown that healthcare, seeking behaviour is primarily dependent on factors such as accessibility, affordability, and discrimination experiences. (Khapre et al., 2024) besides highlighting stigma and social isolation, also point out financial insecurity as a major factor affecting healthcare utilization. All these studies collectively suggest that health-seeking behaviour is to be viewed and analyzed within the socio-structural contexts rather than individual decision, making alone.

According to (Das, Shikha, Bhattacharya, & Sinha, 2023) the main reason why transgender people are at high risk of mental health disorders such as depression and anxiety is the societal rejection and discrimination that they face. (Gomes de Jesus et al., 2020) also noted that long, term social isolation and being a victim of violence have major impacts on the psychological health of individuals. In the same way (Thapa, Kumar, Kuppuswamy, Bairwa, & Das, 2025) revealed that the transgender women are likely to have poor physical and mental health as a huge percentage of them are discriminated against when accessing healthcare. (Divya et al., 2023) in addition recognized that hospital anxiety and social phobia were related to discrimination experiences prior to hospital visits. It is clear from these researches that the mental health problems that the transgender community is facing are not only individual issues but they are related to the inequalities and marginalization that exist in society.

The insufficient support from the institutional level led the transgender men to mostly get their transition, related information through their peer networks, argues Chakrapani et al. (2024). (Dharsheni & Sivakami, 2025) have listed the benefits and drawbacks of gender affirmation surgery based on patients' feedback, the upsides of this medical intervention can be psychological while the side effects may be financial. (Sahoo, Naskar, Singh, & Panigrahi, 2024) have concluded that in order to build and sustain transgender, friendly healthcare services we will need collaboration across disciplines, staff

training, and policy support. These researches show how necessary it is to treat gender-affirming healthcare not as a spare medical treatment but as a human rights and dignity issue.
Considering this, there has been a need for complete research on the issue of transgender, taking into account feminist approaches along with intervention-based methodologies. The present study attempts to fill this gap by using a feminist empowerment approach along with a pre-test and post-test design to assess the effectiveness of awareness, counseling, and empowerment programs on transgender individuals. The present study attempts to contribute to the theoretical and practical understanding of the issue of transgender from a feminist approach, rather than just highlighting the barriers and difficulties faced by transgender individuals.

OBJECTIVES OF THE STUDY

1. To examine the socio-economic and demographic characteristics of transgender persons in the selected study area.
2. To examine healthcare access barriers and health-related challenges faced by transgender individuals.
3. To assess the level of knowledge and awareness among transgender persons regarding HIV/AIDS, preventive health practices, and available healthcare services.
4. To identify the major sources of information influencing health awareness among transgender persons.
5. To evaluate the effectiveness of awareness programmes, counselling initiatives, and advocacy interventions using pre-test and post-test methods.
6. To examine whether intervention programmes contribute to behavioural change, improved self-confidence, and better health-seeking practices among transgender persons.
7. To identify the major challenges faced by transgender persons in accessing healthcare services and social support systems.
8. To propose policy recommendations and intervention strategies for improving the quality of life and social inclusion of transgender communities.

Hypotheses of the Study

H_1: There is a significant relationship between rights awareness and quality of life among transgender persons.
H_2: Health behaviour has a significant influence on the quality of life of transgender persons.
H_3: There is a significant association between socio-economic status (income) and quality of life among transgender persons.
H_4: Educational level significantly influences the level of rights awareness among transgender persons.
H_5: Empowerment significantly influences the quality of life of transgender persons.
How effective are intervention programmes in improving the quality of life and empowerment of transgender persons?

RESEARCH METHODOLOGY

Research Design

The present study adopts both descriptive and intervention, based research designs to investigate the socio-economic profile, health awareness, behavioural practices, and empowerment of transgender persons in the selected study area.

Study Area

This study was carried out in the Rayalaseema region of Andhra Pradesh. The areas selected were the districts of Kadapa, as the research proposal mentioned. Kadapa district were chosen purposively in connection with other known transgender populations, socio-economic diversity and also the possibility to implement intervention programmes.

Sample Size

The study was conducted with 200 transgender participants from the chosen study area. The research team considered this number adequate for gaining an in, depth understanding of the challenges faced by transgender communities. Having a sample of this size enabled the researcher to look into various aspects of socio-economic and health, related issues faced by transgender people. Besides, it gave enough room to investigate trends of gender-based discrimination, measure the degree of awareness of health and social rights, and check the success of the intervention programmes which were part of the study.

Transgender communities are frequently still considered a hidden or hard, to, reach population since there is no official register or sampling frame that lists the members of the community. Therefore, this research decided to use a non-probability sampling method, more precisely the snowball sampling technique.

RESULTS AND DISCUSSION

Demographic characteristics give a picture of the social composition of the transgender community in the study area as well as providing us with a wealth of information on the respondents' background. Factors like age, educational level job income, living conditions, ownership of assets, and number of family members determine the social and economic status as well as well-being of the person as a whole.

Table No: 1. Socio-Demographic Profile

Variable	Category	Frequency	Percentage (%)
Mandal	Kadapa	113	56.5
	Rayachoti	87	43.5
Age Group	26–35	75	37.5
	18–25	44	22.0
	36–45	40	20.0
	46–55	27	13.5
	56+	14	7.0
Monthly Income	5001–10000	72	36.0
	10001–20000	57	28.5
	Below 5000	45	22.5
	Above 20000	26	13.0
Education Level	Secondary	72	36.0
	Graduate	49	24.5
	Primary	39	19.5
	Illiterate	30	15.0
	Postgraduate	10	5.0
Employment Status	Full-time	57	28.5
	Unemployed	51	25.5
	Self-employed	50	25.0
	Part-time	42	21.0
Shelter	Rent	120	60.0
	Own	80	40.0
Housing Type	Permanent	141	70.5
	Temporary	59	29.5
Own Assets	No	146	73.0
	Yes	54	27.0
Family Size	3–4	96	48.0
	5–6	50	25.0
	1–2	37	18.5
	7+	17	8.5

As can be seen from the table above, the age group with the highest percentage of the total population was 26-35 years (37.5%). The majority of the income category was between ₹5,001-₹10,000 (36.0%) and Secondary education was the most common education category (36.0%). There were 28.5% who were employed full-time, 25.5% unemployed and 25.0% self-employed. 60% had rented housing, 70.5% said they were living in permanent housing.

Comparative Analysis of Pre-Test and Post-Test

Comparative analysis was performed to determine the pre and post change in the six major study variables. The variables that were taken into account were Rights Awareness, Social Stigma, Empowerment, Health Behaviour, Livelihood and Quality of Life. The comparison is made by using the mean scores and percentages of the responses that are favorable. The differences between the pre-test and post-test scores were statistically analyzed for significance using a paired sample t-test.

Table No: 2. Comparative Analysis of Pre-Test and Post-Test Scores

S. No.	Study Variable	Pre-Test Mean	Post-Test Mean	Mean Difference	% of Favorable Pre-Test	% of Favorable Post-Test	% of Point Change
1	Rights Awareness	2.914	3.398	0.484	33.63	50.69	17.06
2	Social Stigma	3.064	3.389	0.324	38.50	50.31	11.81
3	Empowerment	2.928	3.238	0.309	34.81	44.19	9.38
4	Health Behaviour	2.886	3.234	0.348	32.44	44.31	11.87
5	Livelihood	2.935	3.208	0.273	34.31	44.44	10.13
6	Quality of Life	2.929	3.181	0.251	35.25	44.44	9.19
7	Overall Study Score	2.912	3.154	0.242	-	-	-

The comparison of the two is shown in the above table 4.2. The mean scores for all 6 study variables demonstrated an increase in scores for the post-test in the X group. This suggests that there was a positive shift towards the responses overall following the intervention. The greatest gain was seen in Right Awareness. The mean score for the pretest was 2.914 and the mean score for the post test was 3.398 and the mean difference was 0.484. The favorable response percentage also rose significantly from 33.63% to 50.69% (with a 17.06% increase). This suggests that there was a significant increase in respondents' awareness of rights and related issues associated with the intervention. The Social Stigma score increased from 3.064 to 3.389, with a mean difference of 0.324. The percentage of the favourable responses rose from 38.50% to 50.31%, a 11.81 percentage point gain. The increase was the result of negatively worded stigma items being reverse coded, so higher scores indicate more positive perceptions such as less stigma and higher social acceptance. The mean difference for the Empowerment score was 0.309, rising from 2.928 to 3.238. Favorable response percentage rose from 34.81 % to 44.19 %; an increase of 9.38 % points. This means that there has been an improvement in the perceptions of self-confidence, self-respect, agency and empowerment. Health Behaviour rose from a mean score of 2.886 to 3.234, (mean change 0.348). The percentage of favorable responses rose by 11.87 percentage points from 32.44% to 44.31%. This is an example of a positive shift in the health behaviour construct assessed in this study. The Livelihood mean rose from 2.935 to 3.208 with a mean difference of 0.273. The percentage of favourable responses also rose from 34.31% to 44.44%, a 10.13 percentage-point increase. This shows that there has been an improvement in views on livelihood and economic conditions. The mean Quality of Life was 2.929 and 3.181, respectively, for before and after the intervention, with a mean difference of 0.251. The percentage of favourable responses rose from 35.25% to 44.44% (an increase of 9.19% points). This means that there is a positive shift in the respondents' quality of life. Overall Study Score improved from PRE-test 2.912 to POST-test 3.154 with an overall improvement of the mean score

by 0.242 points. This shows that positive change was not just in one dimension but was seen across all of the combined study measures.

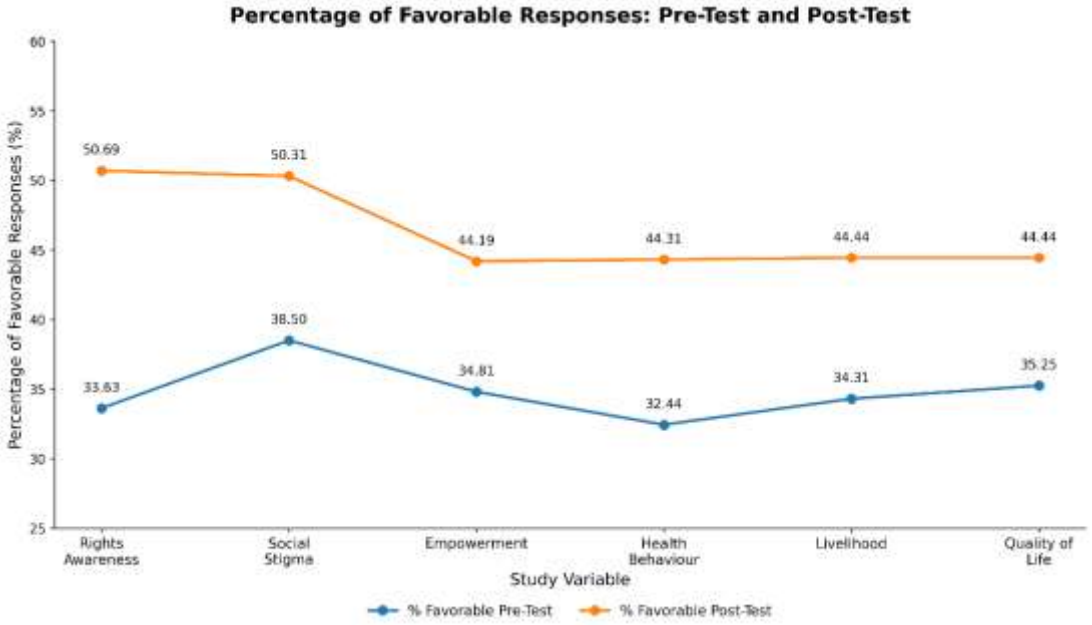

Figure 1: Favourable responses" Pre-Test and Post-Test

Factor Analysis

A preliminary exploratory factor analysis of the 48 pre test items was performed. KMO = 0.935 . Bartlett's test of sphericity was significant, $\chi^2(1128) = 5970.77$, $p < .001$.

Table No: 3. Factor Analysis

S.No	Factor	Eigenvalue	Variance explained (%)
1	Factor 1	16.575	34.53
2	Factor 2	4.110	8.56
3	Factor 3	3.078	6.41
4	Factor 4	2.730	5.69
5	Factor 5	1.678	3.50
6	Factor 6	1.509	3.14

Table no 4.3 discuss about the first six factors were those with eigen values > 1 and accounted for 61.83% of the variance. In general, the rotated pattern was easily understood in terms of the main dimensions of the questionnaire, namely Quality of Life, Social Stigma, Health Behaviour, Livelihood, Rights Awareness and Empowerment.

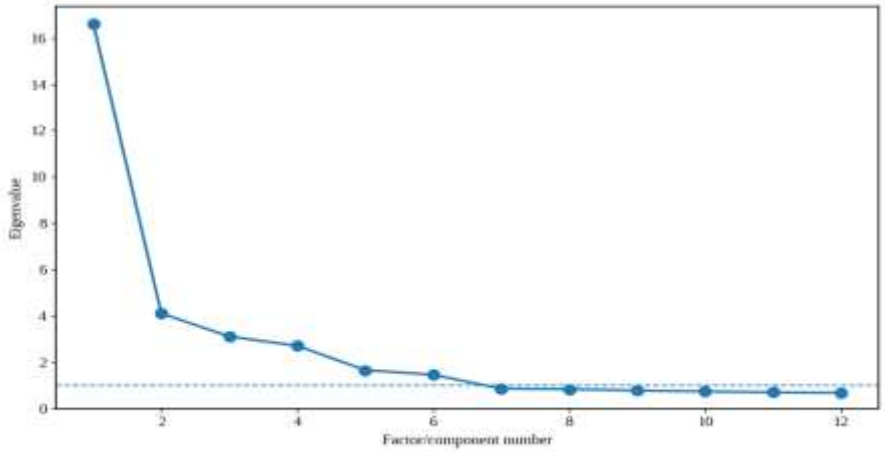

Figure 2: Scree plot of the pre-test item correlation matrix

Variable-Wise Factor Analysis

Factor analysis was split into the six conceptual variables: Rights Awareness, Social Stigma, Empowerment, Health Behaviour, Livelihood and Quality of Life to determine the dimensional adequacy of the questionnaire for each concept separately. Analysis was done separately for Pre-test and Post-test data, using the eight items that were assigned to each variable. Items that were negatively worded were reverse-scored to give a high score the more positive direction in which they were used in the study.

Table No: 4. Variable-Wise Factorability and Reliability – Pre-Test

S. No	Variable	N	KMO	Bartlett χ^2	df	p-value	Cronbach α
1	Rights Awareness	200	0.936	851.758	28	< .001	0.772
2	Social Stigma	200	0.911	669.120	28	< .001	0.750
3	Empowerment	200	0.948	948.879	28	< .001	0.758
4	Health Behaviour	200	0.930	700.869	28	< .001	0.743
5	Livelihood	200	0.918	788.502	28	< .001	0.716
6	Quality of Life	200	0.935	955.370	28	< .001	0.773

Table no 4.4 explains that all six variables have a very high sampling adequacy as measured by the Pre-Test KMO values (between 0.911 and 0.948). The Bartlett's test for each of the variables is significant ($p < .001$), indicating that the item correlation matrices are non-identity matrices, which is appropriate for application of factor analysis. The internal consistency of the instruments is acceptable with Cronbach's alpha values ranging from 0.716 to 0.773.

Table No: 5. Variable-Wise Factorability and Reliability – Post-Test

S.No	Variable	N	KMO	Bartlett χ^2	df	p-value	Cronbach α
1	Rights Awareness	200	0.927	962.056	28	< .001	0.783
2	Social Stigma	200	0.916	701.222	28	< .001	0.726
3	Empowerment	200	0.935	948.748	28	< .001	0.777
4	Health Behaviour	200	0.936	758.102	28	< .001	0.723
5	Livelihood	200	0.933	871.542	28	< .001	0.755
6	Quality of Life	200	0.941	860.187	28	< .001	0.762

Table no 4.5 shows that all variables have values for the Post-Test KMO between 0.916 and 0.941 and all of the Bartlett's tests are significant at $p < .001$. Therefore, there is sufficient common variance among the eight items of each variable to perform a factor analysis. The post-test reliability values vary from 0.723 to 0.783.

Table no: 5. Correlation analysis

S.No	Domain	Awareness	Stigma	Empowerment	Health	Livelihood	Quality of Life
1	Right Awareness	1.000	0.381	0.674	0.442	0.534	0.678
2	Social Stigma	0.381	1.000	0.346	0.188	0.210	0.309
3	Empowerment	0.674	0.346	1.000	0.480	0.526	0.685
4	Health Behaviour	0.442	0.188	0.480	1.000	0.336	0.385
5	Livelihood	0.534	0.210	0.526	0.336	1.000	0.497
6	Quality of Life	0.678	0.309	0.685	0.385	0.497	1.000

Table no: 4.6 explains that the Post-test Pearsons were all positive in each of the six domains. Empowerment ($r = .685$) and Rights Awareness ($r = .678$) were the two highest correlation with Quality of Life. These coefficients reflect association and are not necessarily a reflection of causality.

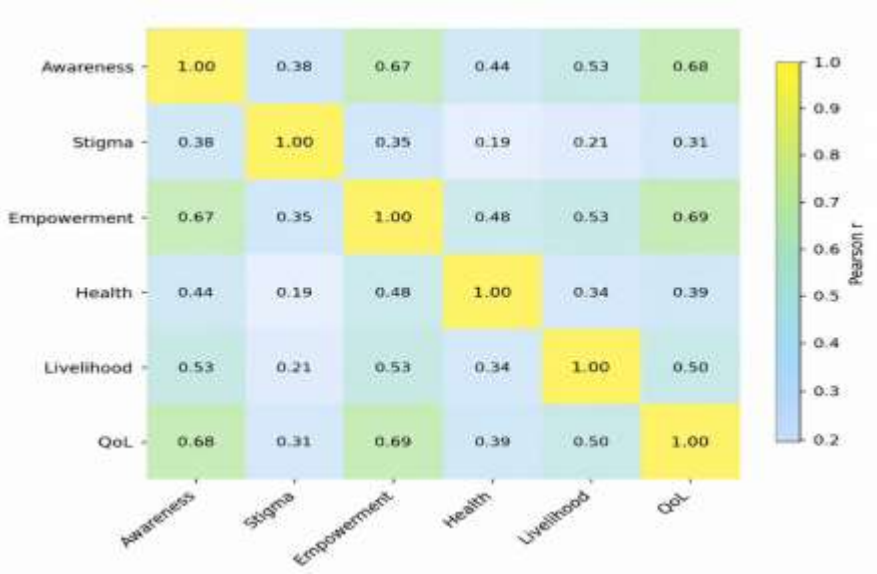

Figure 3: Post-test Pearson correlation matrix

Table No: 7. Correlation Analysis between the Independent and Dependent Variables

S.No.	Independent Variable	Dependent Variable	Pearson's r	p-value	Result
1	Rights Awareness	Quality of Life	0.678	< .001	Strong positive relationship
2	Social Stigma	Quality of Life	0.309	< .001	Moderate positive relationship
3	Empowerment	Quality of Life	0.685	< .001	Strong positive relationship
4	Health Behaviour	Quality of Life	0.385	< .001	Moderate positive relationship
5	Livelihood	Quality of Life	0.497	< .001	Moderate positive relationship

1. Rights Awareness and Quality of Life:

The correlation between Rights Awareness and Quality of Life ($r = 0.678$, $p < .001$) is positive and statistically significant, suggesting that an increase in Rights Awareness is related to an increase in the Quality of Life.

2. Social Stigma and Quality of Life:

There is a positive and statistically significant correlation between Social Stigma (measured in the positive direction – reduced stigma) and Quality of Life ($r = 0.309$, $p < .001$).

3. Empowerment and Quality of Life:

Empowerment shows positive and statistically significant relationship with Quality of Life ($r = 0.685$, $p < .001$).

4. Health Behaviour and Quality of Life:

The Positive and statistically significant correlation between Health Behaviour and Quality of Life is $r = 0.385$, $p < .001$.

5. Livelihood and Quality of Life:

There is a positive and statistically significant relationship between Livelihood and Quality of Life ($r = 0.497$, $p< .001$).

Therefore, all the independent variables are significantly correlated with Quality of Life. The results suggest correlations between the variables, but do not prove causal effect.

Table no: 8. Pre-Test and Post-Test Analysis of Overall Study Score

Measure	Pre-Test	Post-Test	Change
Mean Score	2.912	3.154	+0.242
Paired t-value	-	-	18.006
Significance	-	-	$p < 0.001$

Table no 4.8 explains that there was a moderate overall level across the six dimensions of the study, with an overall mean score of 2.912 on the pre-test. The mean score of the post-test is 3.154 which shows a positive overall change after the intervention was administered. The average gap was 0.242 points. The paired sample t test gave t = 18.006 and p < 0.001, which indicated that the overall difference between the pre and post tests was statistically significant. Thus, it shows that there was a statistically significant gain in the overall study score after the intervention.

Table No: 9. Hypothesis-wise Discussion

Hypothesis	Statement	Result and interpretation
H1	Transgender visibility to the mainstream community helps to decrease social stigma, discrimination and violence.	There was a significant improvement in the Rights Awareness and Social Stigma ($p < .001$). The findings provide evidence for improvement in measures of awareness and stigma-related outcomes. No direct measures of violence were taken, so there is no evidence from this data to suggest a reduction in violence.
H2	The sensitisation increases the self-confidence and self-respect of transgender people.	The levels of empowerment were found to have increased from 2.928 to 3.238, $t = 10.770$, $p < .001$, which is considered significant in terms of the empowerment indicators measured.
H3	Social stigma counseling is associated with positive behavior to seek treatment.	Health Behaviour went from 2.886 to 3.234 ($t = 11.759$, $p < .001$), which represents a significant improvement in the indicators measured in the treatment-seeking and preventive-health categories.
H4	Counselling and advocacy minimize diffusion of HIV/AIDS.	There was a significant improvement in Health Behaviour, particularly in indicators of HIV testing and condom use. There is no HIV incidence, prevalence or transmission rate variable included in the data-set, hence a direct reduction test of HIV diffusion is impossible.
H5	Nutrition positively contributes to the life span of HIV positive persons.	There is no specific variable for nutrition, nutritional status, HIV positive status, survival or life span. The data provided does not allow for statistically testing this hypothesis.

Findings of the Study:

1. 37.5% of the respondents were in the 26-35 age group, which was the largest group.
2. About 36% of respondents had a monthly income between ₹5,001 and ₹10,000.
3. Half of the respondents (36%) had Secondary Level education, highlighting the importance of ongoing awareness and education.
4. The 28.5% of people who were employed were working full-time, 25.5% were unemployed, and 25% were self-employed.
5. The important point was the housing and security of social living, as 60% of the population answered that they were in rented houses.

6. Many respondents, 73%, did not report having listed assets, indicating low economic security among many respondents.
7. Rights Awareness saw positive upwards movement with a favorable response rate of 33.63% rising to 50.69%.
8. A positive change in mean scores for the Social Stigma scale was seen, with the Social Stigma mean score improving from 3.064 to 3.389
9. There was a significant increase in Empowerment ($t = 10.770$, $p < .001$).
10. This Health Behaviour improvement was statistically significant ($t = 11.759$, $p < .001$).
11. There was a significant positive correlation between Rights Awareness and Quality of Life ($r = .678$, $p < .001$).
12. Quality of Life had the most significant positive correlation with empowerment ($r = .685$, $p < .001$).
13. Social Stigma was found to have a significant positive correlation with Quality of Life ($r = .309$, $p < .001$).
14. Quality of Life ($r = .385$, $p < .001$) was significantly and positively correlated with Health Behaviour.
15. There was moderate positive correlation between Livelihood and Quality of Life ($r = .497$, $p < .001$).
16. The data was suitable for factor analysis as reflected in the high KMO values obtained for the pre-test (0.911-0.948) and post-test (0.916-0.941) results, while Bartlett's test results for the pre-test and post-test were also significant.

CONCLUSION

The current research explored the socio-economic status and behaviour of transgender people and gauged an awareness and empowerment programme in a selected area. Results show that transgenders respondents experience moderates levels of awareness, empowerment and quality of life whereas social stigma and economic difficulties still impact their well-being. The intervention programme in this research study showed a rise in knowledge and behavioural changes in the respondents. Yet, the findings reveal that it is not enough to have awareness programmes to deal with the deeply-rooted problems that transgender communities face. Alongside raising awareness, comprehensive policy changes that can lead to providing employment opportunities, increasing healthcare access, and promoting social inclusion are what it takes to bring about improvements in the quality of life of transgender individuals. To sum up, the study points to the need for community-led awareness programmes, empowerment initiatives and policy changes to work together in the promotion of the social and economic well-being of transgender persons.

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