

## Research Article

# HOSTILITY IN EUNUCH PATIENT-AN EXPERIENCE WITH 153 CASES

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## ABSTRACT

The idea for this study came to the mind of the authors by spate of incidences in which the aggrieved mob destroyed the property of the hospital and at times conducted physical violence against doctors, nurses and health workers in India over the last decade. If the noble profession could meet such a fate the question arises as to why? Once we explored the amphitheatre of grievance and resurgence of wrath we found that quite a good number of studies have already been done. Therefore, it was decided to scan a deeply under privileged and socio-legally sidelined group over this issue of hostility against health care providers i.e., the eunuchs or “hijras” as they are known in India. The findings coupled with their decimated existence throws up a challenge for medical as well as social groups.

**Keywords:** Eunuch Patient, Hostility, Health care, India

## INTRODUCTION

Transgender communities have existed in Indian subcontinent since ancient times. They are called with masticating pleasure as “Hijras” (sing: *hijra*; pl: *hijras*) meaning transvestite or eunuch (Oxford Dictionaries). The term *transvestite* was used early in the 20th century to describe people (primarily men) who rejected ones biological sex and presented themselves in public in accordance with their psychological sex or gender identity (Lombardi, 2001). India is the only country where tradition of *eunuchs* is still prevalent. Currently, transgender, transvestite, or transsexual are at times used interchangeably to identify people exhibiting gender identities or/and expressions not traditionally associated with the sex they were assigned at birth (Lombardi, 2001). Also, the International Classification of Diseases-10 (ICD-10) (WHO, 1992) and the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV), (American Psychiatric Association, 2000) the two official nomenclatures have formally defined definitions and detailed criteria for all Gender Identity Disorders (GID). Since prehistoric times different cultures faced the issues related to gender variance and they accordingly devised indigenous ways to deal with the them; some Native American cultures refer to them as “two-spirit people” (aspects of both genders), while Hindu cultures call them “hijras” (neither man nor woman). In India, ancient myths have bestowed *hijras* with special powers to bring luck and fertility, but despite this supposedly sanctioned place in Indian culture *hijras* are still an isolated and shunned community. Their human and sexual rights have been historically overlooked by main stream society. They are often subjected to physical/sexual abuse and treated as social outcasts. Their social discrimination can be judged by the fact that, mere utterance of word *hijra* in public reflects sense of denigration. There are about 50,000 to 1.2 million *eunuchs* in India, though there exact population is not known as they don’t figure either in male or female categories set up in national census (Sharma, 2008). After painstaking effort culled by us from different sources by mainly hitting the core densely populated areas of eunuch, we found that the eunuch population in district Aligarh, Uttar Pradesh stood at approximately 200 by the end of December 2010, barely 0.0047 % of the entire population of the district. (Total district population: 3, 67, 3849). Access of *eunuch* to health care services is constrained due to marginalized social status, and thus their health is usually poorer than the general population (Pitts *et al.*, 2006). Further, health facilities sensitive to *eunuch* culture are almost nonexistent and medical doctors have limited knowledge about their culture and sexuality (Khan *et al.*, 2009). Transgender health issues are now being voiced at major platforms by many health care organizations and several studies has been conducted worldwide mainly dominated by specific transgender-related topics, such as hormone and

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surgical treatments, transmission of HIV and prevalence of psychopathology (Couch *et al.*, 2007). The health care sector is a soft target and likely to be brow-beaten. Transgender worst experiences with health services usually involved encounters where they were met with hostility. These ranged from instances where participants sensed discomfort, contempt and resentment, to occasions of being refused treatment, laughed at, ridiculed, and met with outright displays of disgust (Pitts *et al.*, 2006; Couch *et al.*, 2007). Many studies have been conducted worldwide on hostilities demonstrated by patients against health care services (Martin, 1975) we found that the eunuch population in district Aligarh, Uttar Pradesh stood at approximately 200 by the end of December 2010, barely 0.0047 % of the entire district population. (Total district population: 3, 67, 3849). Access of *eunuch* to health care services is constrained due to marginalized social status, and thus their health is usually poorer than the general population (Pitts *et al.*, 2006). Further, health facilities sensitive to *eunuch* culture are almost nonexistent and medical doctors have limited knowledge about their culture and sexuality (Khan *et al.*, 2009). Transgender health issues are now being voiced at major platforms by many health care organizations and several studies has been conducted worldwide mainly dominated by specific transgender-related topics, such as hormone and surgical treatments, transmission of HIV and prevalence of psychopathology (Couch *et al.*, 2007). The health care sector is a soft target and likely to be brow-beaten. Transgender worst experiences with health services usually involved encounters where they were met with hostility. These ranged from instances where participants sensed discomfort, contempt and resentment, to occasions of being refused treatment, laughed at, ridiculed, and met with outright display of disgust (Pitts *et al.*, 2006; Couch *et al.*, 2007). Many studies have been conducted worldwide on hostilities demonstrated by patients against health care services (Martin, 1975). Some of these were general (Fredette, 1977), others were case studies (Levine, 1970), and few attempted classifying patients based on their natural predisposition, predicament, prejudice or plainly the desire to show-case their prowess (Groves, 1978). One opinion was to match the patient's ire with ire – the so-called “hostile reaction” from the health care provider's team (Flexer and Abran, 1978), but no study has been done to measure the level of hostility in *eunuchs*. To fill this gap we conducted a study to explore the hidden under-current of hostility in *eunuchs* against the hospital in particular and the health care in general.

### Aims

The aim of this study was to assess the presence and level of hostility in *eunuchs* towards health care.

## MATERIALS AND METHODS

The study included all *eunuchs* seen between January 2003 and December 2010 at XXX. A total 153 *eunuchs* were contacted during the study period, which took about eight years of effort against unforeseen and unpredictable punches. Plain interview or at best conversation with the *eunuchs* visiting the hospital, primarily the Emergency section and the main OPD registration counter was done. Each respondent was explained the purpose of the study and all concerns were addressed. The confidentiality of all information was assured. Those, who finally agreed to participate, were asked to give informed consent. Out of 153, only 116 *eunuchs* (Group A) voluntarily agreed to respond to the queries and were included in the study. The interviews were conducted in a comfortable environment ensuring complete privacy. The time chosen was immediately after their visit to the hospital when emotions – whether upscale or downscale – were raw and untouched. The queries asked were in accordance to the pre discussed standardized Performa and the level of hostility was measured according to the scale devised specifically for this study. The contact period with our team or a member of the team was generally one hour. A control group (Group B) of randomly selected n=116 persons, aged more than 18 years, of either sex were included in the study and they were questioned according to the structured Performa exactly the same time when they visited to the hospital.

### Main Outcome Measures

This study focused on the level of satisfaction vis-à-vis hostility and in order to gain more insight a five item scale to assess the level of hostility was devised. The scale (Table: I) had 1-5 scores based on mild (Score 1-2) to moderate (Score 3-4) to severe (Score 5) aggressive behavior of the respondents during

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Mainly questions were based on availability of various services, behavior and the conversation while relating their experiences.

**Table 1: Scale displaying level of hostility**

S. No.	Level of hostility displayed	Score
i.	Calm voice and demeanor yet representing hostility	1
ii.	Voice raised and eyes wandering in all directions	2
iii.	Face red and body fidgeting including restless hands	3
iv.	Clenched fist and threatening body posture	4
v.	Suddenly getting up from the chair assuming threatening posture and mouth foaming	

Attitude of the staff, waiting period whether unnecessarily and for an unreasonable period, patient hearing by the doctor and their overall perception about the attention they received. Questions were multiple choice, open ended as well as close ended and because of lower literacy rate among the respondents, team simplified and explained the questions in the language best understood by them. Following questions were asked to evaluate the behavior & attitude of hospital staff– Where you approached with dignity? Were you given respect and attention? Did the staff showed empathy? Were the staff understanding, compassionate, helpful, polite and professional? Did staff had non judgmental attitude and respected their gender identities? Did you feel accepted? Were you treated in way to contribute to your self-confidence? At times the discussion moved from the format and the *eunuchs* narrated other problems in their social lives too. The answers were recorded on Performa and after meticulously sifting and sorting out of the information; the result was presented for a period of 116 hours i.e. the cumulated one hour period spent with 116 *eunuchs*.

## Data Analysis

The data obtained was complied and analyzed by using SPSS 19.0 (Statistical Package for Social Sciences, Version 19.0, SPSS Inc., Chicago, IL, USA). Chi-square test was applied to test the association and statistical differences between the two groups. A value of  $p < 0.05$  was considered statistically significant whereas  $p > 0.05$  was considered statistically non-significant.

## RESULTS

### Demographics Characteristics

A total of 116 *eunuchs* were included in the study. The age of *eunuchs* ranged in from 15 to 48 years (mean age = 27.8, standard deviation [SD] = 6.19). The majority of them (35.3%,  $n=41$ ) were between 31 and 35 years followed by 26.7% ( $n=31$ ) between 21 and 25 years. Out of 116 controls, 35.3% ( $n=41$ ) were females while 64.7% ( $n=75$ ) were males. The mean age ( $\pm$  SD) was  $31.1 \pm 8.2$  years. The majority of them (36.2%,  $n=42$ ) were between 21 and 25 years followed by 23.3% ( $n=27$ ) between 31 and 35 years. Most of the *eunuchs* (65.5%,  $n=76$ ) were illiterate. The maximum educational qualification was primary school i.e. 8 years of schooling, achieved by 8% ( $n=9$ ) of respondents. Among the controls nearly two third (66.4%,  $n=77$ ) were high school graduates. The maximum educational attainment was college graduation, achieved by 11.2% ( $n=13$ ).

### Level of Hostility

**Table 2: Level of hostility in *eunuchs* (Group A) & control group (Group B)**

Level of Hostility	Group A (EUNUCHS)		Group B (Controls)	
	No.	Percentage (%)	No.	Percentage (%)
No hostility	0	0.0	33	28.4
Level 1	80	69.0	70	60.3
Level 2	23	19.8	10	8.6
Level 3	7	6.0	2	1.8
Level 4	4	3.5	1	0.9
Level 5	2	1.7	0	0.0
Total	116	100.0	116	100.0
Chi square $\chi^2=45.37$		df=5	$p < 0.05$ Significant	

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The distribution of level of hostility by score was in the following fashion:

80 respondents score 1; 23 respondents, score 2; 07 respondents, score 3; 04 respondents, score 4; and 02 respondents, score 5. Maximum of *eunuchs* (69.0 %, n=80) had Level 1 hostility, followed by 19.8% (n=23) having Level 2 hostility. None of the eunuch interviewed was without hostility against the healthcare received. A significant association ( $p<0.05$ ) was found between level of hostility displayed by *eunuchs* and control group.

### Behavior & Attitude of Hospital Staff

**Table 3: Behavior & attitude of hospital staff towards *eunuchs* (Group A) & control group (Group B)**

Behavior & Attitude of hospital staff	Group A ( <i>EUNUCHS</i> )		Group B (Controls)	
	Satisfactory	Not satisfactory	Satisfactory	Not satisfactory
Senior Doctors	39	77	12	104
Junior Doctors	56	60	23	93
Nurses	96	20	68	48
Reception/Billing/Inquiry	104	12	58	58
Radiology/Laboratory staff	76	40	35	81
Fourth grade employers	88	28	43	73
Chi square $\chi^2= 203.5$	df=15		$p<0.05$ Significant	

Majority of *eunuchs* (n=104), felt that behavior and attitude of staff at Reception/Billing/Inquiry counters was appalling towards them, followed by n=96 *eunuchs* feeling the same for Nurses. In comparison to this in control group maximum (n=68) felt that behavior and attitude of Nurses was awful towards them. A significant association ( $p<0.05$ ) was found between Behavior & attitude of hospital staff as perceived by *eunuchs* and control group.

**Table 4: Knowledge & Competency of staff of hospital staff as perceived by *EUNUCHS* (Group A) & control group (Group B)**

Knowledge & Competency of staff	Group A ( <i>EUNUCHS</i> )		Group B (Controls)	
	Satisfactory	Not satisfactory	Satisfactory	Not satisfactory
Senior Doctors	43	73	112	4
Junior Doctors	42	74	104	12
Nurses	22	94	87	29
Chi square $\chi^2= 36.3$	df=6		$p<0.05$ Significant	

In evaluating hospital staff, 37.1 % (n=43), 36.2 % (n=42), and 19 % (n=22), of *eunuchs* felt that Seniors Doctors, Junior doctors and Nurses respectively, had knowledge of their health issues, were sensitive to their needs and had enough experience treating similar patients.

### Maximum Resentment/Complaint

Among the eunuch group it was found that maximum resentment (102, n=116) was against nursing staff because of their ‘stiff upper lip’ behavior. Staff at Reception/Billing/Inquiry counters and others (Laboratory/Radiology/Grade IV employers) came next at (10, n=116), and last came the doctors (4, n=116).

## DISCUSSION

Our study is first to detect the presence and level of hostility in *eunuchs* against Health care. Our results showed that *eunuchs* displayed higher hostility level in comparison to normal population in similar settings. Since other studies are not available, therefore, collaborative analysis could not be done. In our study the majority of *eunuchs* were in the age group of 30 to 35 years which is comparable to the age distribution reported by authors, Rosser (2007) in United States, Gooren *et al.*, (1993) in Netherlands, Weitze (1997) in Germany, Chaudhary *et al.*, (2009) and HIV/AIDS Surveillance Project (2006) in



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Pakistan. Transgender face a vast array of discriminatory incidents including verbal and/ or physical victimization and harassment in their social lives. This fact has been substantiated by many authors in western countries e.g. Perkins *et al.*, (1994) in Sydney; Green *et al.*, (1995) in San Francisco; Lombardi *et al.*, (2001) in California, USA; Bockting (2004) in Minnesota, USA; Couch *et al.*, (2007) in Australia and New Zealand; Williams (2008) in Washington, USA and Mizock (2008) in Boston, USA, and as well as in India by Rao *et al.*, (2001), Chakrapani (2008) and Karthik (2010). This discrimination faced by transgender persons persists today in dangerous and insidious ways, and such experiences of discrimination have been shown to adversely impact transgender health. Our study reveals that *eunuchs* are reluctant to visit the hospital and because of their past experiences, they have a negative feeling in assessing the government health care centres. Further, they faced a number of barriers to access adequate health care. Our study collaborates with study done by Kammerer *et al.*, (1999) and Kenagy (2005), who pointed that transgender have great difficulty with access to health and social services. Even when they do gain access, their difficulties continue, since providers frequently do not understand them and their needs. Similarly, Raj (2002); Sperber *et al.*, (2005) and Embaye (2006) in their studies pointed that many transgender persons have faced various levels of victimization and transphobia at the hands of mental health and medical professionals, ranging from the disrespect from staff, refusing to use a person's preferred pronoun, staring, humiliation and name-calling, to refusal to provide treatment. In another study done by Hounsfield *et al.*, (2007) in Sydney over 16 years, authors concluded that their clinics needs improvement to give better sexual health service to transgender clients. In our study *eunuchs* feel health care providers (Doctors/ Nurses) lack distinct knowledge of their health issues, are insensitive to their needs and had little experience treating them. This findings correlate with the studies done by Mclean (2011) and Couch *et al.*, (2007). Participants in their study felt that their doctor lacked knowledge of transgender issues and needed to gain new skills in order to take them on as patients. As the ignored health issues of transgender are catching the eyes of health along with professionals, guidelines for examination and treatment, inclusion in undergraduate medical curriculum, for the same has been voiced by many authors (Parish and Clayton, 2007; Couch *et al.*, 2007).<sup>(37,8)</sup>

## **Conclusion**

In India *eunuchs* are stigmatized, socially marginalized and economically impoverished people. They are looked as hapless and social outcasts, who are constantly humiliated and ill-treated by the society at large. Generally, this group of people keeps to themselves, does not interact with others outside their group, and are blissfully unaware of their rights. They live under the ever vigil cast over them by the police and neighbors. Such seclusion and suspicion breeds neglect and abhorrence. Our study explores *eunuchs* experiences of discriminatory behavior by hospital staff and how these experiences impact their satisfaction with treatment. We concluded that healthcare services are very insensitive to the needs of *eunuchs* and they face discrimination in health care on basis of their gender identity. This has contributed to their dissatisfaction, which in turn has lead to increase in hostility towards health care as a whole.

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