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Alcohol and Substance usage among Transgender Youth in Rural Areas - A Qualitative Study

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Abstract

Transgender adolescents are at a greater risk of substance abuse and alcoholism. They are subjected to discrimination, which can lead to substance abuse. They are misled by derogatory peer group affiliation, school bullying and school bonding, and their exposure to physical and sexual abuse is linked to suicidal thoughts, suicide attempts, and substance abuse. Physical and sexual abuse was closely related to alcohol use among transmen, respectively. Sexual assault was related to alcohol use and illicit drug use among Trans women in rural area. Transgender people were identified and treated with caution, with a particular gender-related motivation for violence, a low prevalence of reporting abuse to police and a variety of perpetrators of violence. A qualitative study was conducted using an in-depth interview, observation in the method of case study with five Transgender youth in the rural areas of Mayiladuthural district of Tamilnadu. Data were collected using purposive sampling of the non-probability technique and a descriptive research design. This study seeks to investigate the resilience of TG youth, lack of access to de-addiction care, and the vital role of social assistance in TG youth's success.

Key words: Transgender, alcoholism, substance abuse, de-addiction, discrimination, rural area.

Introduction

The transgender community is at risk for alcoholism, alcohol related problems, drinking motivations, dysphoria and discrimination. Alcohol and tobacco use may be impacted by unique social norms and stressors in rural areas. Although there may be a higher risk of alcohol related problems for transgender people, little is known about the reasons, why they drink. According to the 2011 Census, India has the transgender population of 4.88 lakh. Some of the prominent problems faced by the transgender people in our society are social exclusion and lack of family support and psychological support. SO transgender is prone to use and abuse substances including tobacco and alcohol as a coping mechanism to manage minority stress experience due to high levels of discrimination and lack of acceptance by society. The study focuses on alcohol and substance usage among transgender youth in rural area-a qualitative study. Transgender start facing discrimination in our society right from the day of the sex identification. Family perceives them as a sin to the family and a birth of a transgender as dishonor and shame. Transgender is a broad term which includes transsexuals, cross dressers, Kothis, aravanis, asexual, appearance gendered etc. They belong to the fringes of societal clusters, making them vulnerable to psychological and psycho social hardships. They suffer from mental health issues and exposure to alcohol and other substance usages due to low self - esteem and internalized transphobia.

Statement of the problem

Transgender people both transwomen and transmen face a high prevalence of violence in rural areas due to social rejection may to alcohol and tobacco use. There are eleven blocks in the Mayiladuthurai district and this study was carried out in one among them, i.e Tharangambadi block, which includes Porayar municipal corporation, a mixed group of respondents consisting of two transmen and three transwomen participated in total five case studies were conducted for the research. The prevalence of alcohol, tobacco and substance abuse among transgender people was examined by researcher in the Mayiladuthurai district, particularly in rural areas.

Objective of the study

To determine the prevalence and patterns of tobacco, alcohol and other substance use specifically among transgender individuals in rural locales.

Review of literature

Substance abuse case studies of researches depicted that cross-dressing in childhood; distress about gender identity at an early age; engagement in homosexual acts and ostracization by family-members and society stand out as common themes. The dilemma created by social stigma and its consequences in the form of psychiatric comorbidity, unemployment, high-risk sexual behavior and alcohol abuse have been specifically highlighted in a recent case report (Kumar and Gupta, 2012). Transgender individuals have a greater probability of current use of tobacco and specific substances and of having consumed any substance over their lifetimes, Mirian Cotaina (2022). Indeed, previous studies have highlighted the structural discrimination suffered by the transgender population as one of the factors motivating their increased tobacco consumption, some studies to explore intragroup differences, which indicated a higher prevalence of tobacco use among transgender men compared to transgender women. Subramanian (2022) not being married, higher income, often out with family and friends, interpersonal violence with partner predicted harmful and illicit patterns of substance use.

Case study 1(The names of the respondents did not mention for the ethical reason of the case study method) AAA is 30 years old homeless, with no recent family contact and history of alcohol abuse. She lives in street camps and continues to drink alcohol on a daily basis. She seems to be nervous when not taking alcohol and does not make eye contact. She has the history of suicidal ideation

and suicidal attempts due lack of family support and criticism. She also lives in poor economic conditions. She uses alcohol as a response of family rejection and forgot past incidences and peer group influence to drink alcohol.

Case study 2

BBB is 27 years old; she lives with her adopted son. She underwent hormone treatment for breast enlargement before 22 years. She stated that, she just started as social tobacco, smoking at the age of 24, when out with friends (approximately 5-7 cigarettes per week). She drinks alcohol socially leads to regular habit of drinking. She feels that alcohol is bad to her health and willing to get de-addiction treatment, but biased and postponed treatment, because of stigma, discrimination and disrespect from health care providers.

Case Study 3

CCC is 32 years old; He realizes his gender dysphoria during his 10th standard with the help of internet and Social media platforms, till that he always thought that he had physical problem within himself. From his childhood, he always avoids girls and most of the time with boys, during his school days. He also waited till the girls to go from the toilet to use rest room. His teachers always question him for his behaviour, but he refused to answer them. For this Masculine behaviour, his father stopped talking and hurted him indirectly, but his mother doesn't know about this behaviour. His father verbally abused and criticized. This criticism lead to tobacco abuse behaviour and self-harm behaviour. He also had suicidal ideations. He punished, held accountable and critiqued by their families.

Case Study 4

DDD is 32 years old, unmarried, trans-sexual belonging to lower socioeconomic status with complaints of multiple substance use over the last 7 years. He had been using Alcohol, Tobacco and Cannabis (bhang) for last 7 years, Dextropropoxyphene for 3 years, Nitrazepam for one and half years, Heroin for 4 months and Injection Pentazocine for last one month, before clinical contact. This habit developed when he was away from parents for occupation of unskilled labour as mason. Due to lack of parental support and economic crisis, he went away from home led to addiction.

Case Study 5

EEE is 35 years old and she explained that she loved to wearing men's wear. She got irritated in wearing women ornaments and dress. Until end of

the college life, she was not sure about the changes that occurs in female body through internet, she recognized herself as trans men. After completion of her studies, she joined in private company. She got consultation with doctor and underwent hormone therapy treatment without informing the parents. Hormone therapy treatment taken for 9 months and informed her parents. Her parents were against her thought, lot of conflict and misunderstanding between her and family member. They protected other siblings from her to avoid contact. So she left home and stayed outside. In order to show off herself as men, she started smoking cigarettes and chewing tobacco and drink beer occasionally for more than 7 years. Sometimes, she thought to change herself, but she not able to control herself.

Findings

Trans-men or trans-women identified as transgender still struggle with their identity, are not accepted by their families and are largely responsible for the prevalence of alcohol consumption, tobacco chewing and cigarette smoking in society. In addition to reported harms from drinking for social, coping and enhancement purposes, higher levels of repressed stigma and discrimination dependence risk, drinking alcohol for sex was also linked to harms.

The study reveals that, the transgender people in rural areas are less likely to use drugs because they are harder to obtain or cannot afford them, but they are more likely to use tobacco products, smoke cigarettes and become addicted to alcohol. They felt pressured to receive care from health care professionals, because of stigma and discrimination these problems were societally caused and included issues with unemployment, social rejection and education. Through unstructured interviews, therefore the mentioned case studies have demonstrated the transgender people in rural areas are less likely to use drugs and more likely to use tobacco because these substance are more readily available in daily life. Society also plays a significant role in maladaptive behaviour of transgender key findings include low social support, social acceptance and family emotional support, as well as self-harming and maladaptive behaviour that they have adopted.

Suggestions

- ◆ Transgender people require early invention, care and support in order to avoid the risk factors of alcoholism and tobacco use.
- ◆ Transgender individuals should receive risk

based counselling, appropriate education, a tobacco cessation program and a tobacco use screening.

- ◆ Government organization, health sector and non-government organizational must organize family counselling programmes group counselling in order to stop stigmatized behavior and discrimination by family members against transgender individuals.
- ◆ Transgender individuals should be evaluated for suicidal thoughts, depression, and anxiety symptoms, and they should seek the proper mental health care when necessary.
- ◆ They also need to get dead diction treatment and be stressed for alcohol abuse.

Conclusion

Both trans men and trans women use of alcohol, social drinking and tobacco use affected their quality of life due to various layers of stigma, discrimination, negligence, violence and social isolation. Social exclusion and ingrained prejudice to be addressed through positive reinforcement educational reforms and gender and culturally sensitive tactics should be used for the healthy life condition. Though it is very minor population, it is vulnerable population. Hence the society has to include them in the main stream of the society. They expect equality, respect, and avoid stigma and discrimination about them.

References

1. Barlett, N.H., & Vasey, P.L. (2006). A retrospective study of childhood gender-atypical behaviour in Samoan fa'afafine. *Archives of Sex Behaviour*, 35 (6), 659-666. <https://doi.org/10.1007/s10508-006-9055-1>
2. Bharat, S. (2011). A systematic review of HIV/AIDS-related stigma and discrimination in India: Current understanding and future needs. *Journal of Social Aspects of HIV/AIDS*, 8(3), 138-149. <https://doi.org/10.1080/17290376.2011.9724996>
3. Jaqueline Gomes de Jesus (2020). Mental health and challenges of Transgender women: A qualitative study in Brazil and India. *International Journal of Transgender Health*, 418-430 <https://doi.org/10.101080/268952269.2020.1761923>
4. Rani, M., and Bonu, S (2009). Attitudes toward wife beating: A Cross-Country study in Asia. *Journal of Interpersonal Violence*, 24(8), 1371-1397. <https://doi.org/10.1177/0886260508322182>
5. Goyal, S (2014). Substance abuse as a way of life in marginalized gender identity disorder: A case report with review of Indian literature. *Asian Journal of Psychiatry*, volume 12, December 2014, Pages 160-162. <https://doi.org/10.1016/j.ajp.2014.08.004>