IDENTITY AND SELF-CONCEPT OF TRANSGENDER PERSONS IN NAIROBI

COUNTY, KENYA: A PSYCHO-SPIRITUAL INTERVENTION

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DECLARATION AND RECOMMENDATION

DECLARATION

I hereby declare that this Master's thesis is my original work. It has not been previously presented to any other University or institution for academic grading. All sources herein have been appropriately cited and duly acknowledged.

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RECOMMENDATION

This Master's Thesis has been submitted for examination with our recommendation as

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Signed: Date: 8th May, 2018.

Name: Fr. Hubert Pinto, SDB

DEDICATION

This work is dedicated to my mothers,

Mrs. Theophila Ogeyi Ofana

Who taught me love and respect for all and sundry

And

Mother Mary Charles Walker, RSC

(Foundress of the Congregation of the Handmaids of the Holy Child Jesus)

From whom I inherited the spiritual tradition of respecting the dignity of every human person

expressed in our charism "All embracing Charity."

ABSTRACT

Transgender identity is incongruent with societal norms and as such attracts discrimination and stigmatization. Such discrimination from the society has the capacity of affecting their self-image and self-esteem. This study, therefore, explored the identity and self-concept of transgender persons in Nairobi County, Kenya with the aim of investigating the role of psycho-spiritual therapy and counselling intervention in building the self-image/esteem of transgender persons. The study was guided by five research objectives: to examine the identity of the transgender persons in Nairobi County, Kenya; to explore the self-image of the transgender persons in Nairobi County, Kenya; to investigate the self-esteem of the transgender persons in Nairobi County, Kenya; to explore strategies used by transgender persons in Nairobi County, Kenya toward coping with their identity and self-concept; and to find out the role of psycho-spiritual counselling intervention in the building of a healthy self-concept among transgender persons in Nairobi County, Kenya. The study employed a qualitative research method using phenomenological design which involved triangulation technique such as, face-to-face interviews and a focus group discussion. The target population was eighteen from *Jinsiangu* Transgender Support Group in Nairobi, Kenya. Purposive sampling technique was employed. The data for the study were collected, coded for themes and analyzed thematically based on the research objectives. The findings of the research showed that the hostile social environment which transgender persons find themselves affects their self-image as expressed in frustrations, confusion, and humiliations. Consequently, their self-esteem was impacted on. Thus, they manifested mental health issues of anxiety, depression, and hopelessness. The findings and recommendations of the research were meant to create awareness about the identity and self-concept of transgender persons for transgender persons themselves, and others.

ACKNOWLEDGEMENTS

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ACRONYMS

AMSHeR   -   African Men for Sexual Health and Rights

APA   -   American Psychiatric Association

APA   -   American Psychological Association

BYS   -   Boston Youth Survey

DSM   -   Diagnostic and Statistical Manual of Mental Disorders

KHRC   -   Kenyan Human Rights Commission

HIV   -   Human Immunodeficiency Virus

LGBT   -   Lesbians, Gays, Bisexual and Transgender

MSM   -   Men who have Sex with Men

USAID   -   United States Agency for International Development

CHAPTER ONE

INTRODUCTION

This chapter presents the background of the study, the statement of problem, the objectives of the study, the research questions and significance of the study, the scope of the study, the theoretical and conceptual frameworks, and operational definition of terms that inform the present work.

1.1 Background to the Study

Transgender persons generally experience rejection within their social environment both with self and others, which impacts on their sense of self, leading to low self-image and self-esteem. Living with low self-image and self-esteem could bring about mental ill-health. The experience of rejection arises partly from a culture that stigmatizes those who go contrary to gender-norms (Rosenberg as cited in Parry, 2013). In addition, this rejection has cultural undertones, and as well has been by religion sustained. For instance, the aversion and hostility for LGBT persons in Africa have continued on the grounds of religion as shown in a global survey by Pew Research Centre in 39 African countries sampling 37,653 respondents in 2013. The results revealed that Africa is a deeply religious continent and religion being a core aspect of the people's culture, influences their social interactions, and as such they tend to rebuff all traces of LGBT sexual orientation. In essence, religion facilitates the sustenance of hostility towards LGBT people through moral judgments. Another survey of gay and bisexual men in seven African countries conducted by African Men for Sexual Health and Rights (AMSHeR, 2013) also established that religion was responsible for homophobic legislations through hate speech by religious leaders and institutions. According to Brammer (2017) in a recent document released by the Pontifical Academy for Life (Vatican's bioethics advisory board), Pope Francis

denounced the new technologies that are making it easier for people to change their genders on the grounds that it threatens the creation of new life. Thus the Pope's exact words are: "biomedical technology risk dismantling the source of energy that fuels the alliance between men and women and renders them fertile" (Pope Francis cited in Brammer, 2017, p.1).

Furthermore, the lack of a proper understanding of the identity of transgender persons by society has influenced the negative attitudes towards them (APA, 2015). Such negative attitudes in most cases lead to the exclusion of transgender persons from social life (Carroll, 2016). Hence, transgender persons' self-concept is likely to be affected. In the context of the present study, self-concept consists of self-image (view of oneself) and self-esteem (how much value one places on oneself depending on the messages received from the environment).

Accordingly, a number of scholars have proposed that the social environment in which LGBT persons find themselves is fraught with social rejection, isolation, discrimination, and verbal and physical abuse (Russell & Fish, 2016). Consequently, the transgender person who falls under the category of LGBT likely appears to possess an identity of a person, who struggles with self-acceptance as well as acceptance from others. The concern is what kind of impact would such social rejection have on the self-concept of a transgender person?

A study carried out by Nuttbock et al. (as cited in Moleiro & Pinto 2015) among 500 transgender women in New York City, Metropolitan Area regarding the impact of discrimination on transgender persons, reported that 30% of the participants attempted suicide, whilst 35% had planned to do so. In summary, the results indicated that over half of the participants had expressed suicidal ideation. In the same vein, Almeida et al. (2009) carried out a study to evaluate emotional distress among 9th-12th grade students who are LGBT in Boston, Massachusetts. The researchers investigated this construct in relation to perceived discrimination

among their peers. Data was collected from the 2006 biennial Boston Youth Survey (BYS) from selected schools in Boston Public Schools. The study showed that discrimination was a major determinant of emotional distress among LGBT youth, the reason for the discrimination being transgender identity.

The research by Almeida et al. (2009) further demonstrated that there is significant emotional distress associated with gender identity. The manifestation of this distress can be seen in the fact that forty-one percent of the LGBT participants had indulged in self-harm and suicide attempts which include self-inflicted painful acts, such as cutting the skin with sharp objects and burning of the body with fire. The result of the research also indicated that the expression of emotional distress is more prevalent among LGBT males than heterosexual males (Remafedi et al., 2009; Safren & Heimberg, as cited in Ameida et al., 2009). To buttress this point, Almeida et al. (2009) quoted data from 2007 Washington DC Youth Risk Behaviour Surveillance (YRBS) system which reported that LGBT youth comprised more than twice the percentage of suicide attempts than their heterosexual peers. From the foregoing, it is probable that the unfavorable social environment plays a significant role in the transgender person's perception of self.

More so, APA (2008) attested to the fact that transgender persons' struggles with their identity are not only based on societal discrimination. Even when some transgender persons undergo hormonal treatments and/or sex reassignment surgeries in order to align their bodies with their new gender, there are some indications of dissatisfaction with their body image. This is because in some cases, the new physical appearance does not seem to fully mirror their new gender as the character traits and physiology of their birth-assigned gender may still be prominent. Paradoxically, Peters, Becker, and Davis (2017) noted that the social milieu is not congenial even for the transitioned transgender persons. For instance, transgender persons run

into conflicts with the heterosexual majority in the use of public facilities that have gender markers, such as bathrooms. Unfortunately, some government policies seemed to encourage hostility against transgender persons. In the light of the above, the move by Mr. Donald Trump, the President of United States of America, to revoke the protection put in place by his predecessor, allowing transgender students to use bathroom that corresponded to their gender identity has led to distress and agitation by transgender persons. Hence, it is in recognition of the distress that APA (2008) proposes counselling intervention to enable transgender persons cope with the distress that may arise. Be that as it may, there are few literatures on counselling interventions. Hence, the present study hopes to fill the gap by proposing a psycho-spiritual counselling intervention, since there is no known record of such therapeutic intervention.

The research interest lies in the fact that in recent years, issues of lesbians, gays, bisexual, and transgender persons (LGBT) feature in public discourse (Almeida et al., 2009) and in most cases attracting either positive or negative attitudes. Universally, there are social stigmas associated with gender identities that deviate from the societal norms (Hoover & Fishbein; Horn; Norwood; Taywaditep as cited in Ameida et al., 2009). Therefore, there is not much acceptance for LGBT persons in spite of the formulation of policies that are geared towards greater acceptance for different sexual orientations (Russell & Fish, 2016).

In many countries in Africa, LGBT persons face hostility of all sorts. In which case, Carroll (2016) maintained that they are persecuted by the governments and citizens through exclusion from policies and human rights violations as a result of their sexual orientation and gender identity. To buttress this point, the author reported that a recent world survey of laws about the protection and recognition of same-sex relationships revealed that thirty-four out of the fifty-four countries in Africa have very stringent homophobic laws, some of which includes

death penalty for same-sex expressions. For instance, a good number of African countries such as Uganda, Nigeria, Democratic Republic of Congo, Liberia and The Gambia have recriminalized the homosexual and bi-sexual relations, thereby putting stiffer penalties not only on LGBT persons, but also on associations and organizations that work to address the exclusion and violation of LGBT person's rights (Esom, 2016). Furthermore, Esom (2016, p.18) concluded by saying that LGBT persons in Africa are experiencing "an epidemic of homophobic legislation across the continent."

In Kenya, a report by Kenyan Human Rights Commission (2011) revealed that hostility and discrimination against LGBT is prevalent in Kenya, and is popularly captured by the notion that they are outlawed persons. There are records of high levels of societal stigma and discrimination directed against LGBT persons, especially men perceived to be engaging in sex with other men in Kenya. This was affirmed by Therkelsen (2015) who stated that in 2005, the said discrimination erupted in violent mob attacks and harassment by the police in Kilifi, Kwale and Mombasa counties. Therkelsen (2015) further remarked that the violence made many LGBT persons resort to hiding in order to prevent more attacks. He went further to express that LGBT persons experience acute stigmatization and discrimination and have little opportunities of overcoming such challenges. The hostility in Kenya is such that transgender persons' sense of being is affected in a way that makes it difficult for them to engage in social life. Many of them are likely to feel hopeless, isolated, and insecure; for fear of further attacks (USAID, 2008). Based on this backdrop, particularly with emphasis on the impact of social interactions on transgender identity, this research is relevant and hopes to propose coping strategies through psycho-spiritual counselling intervention.

The 2008 report from a survey by USAID on "Gender Identity and Violence in MSM and

Transgender: Policy Implication for HIV Services" aimed at examining the prevalence of HIV among LGBT persons, showed that forty-three percent of LGBT in the port of Mombasa in Kenya are infected with HIV; most of whom are involved in sex work. From the aforementioned report, one can infer that a good number of LGBT persons resort to sex work in the absence of an alternative means of livelihood. Having a transgender identity and being HIV positive can heighten the stigmatization they experience, thereby lowering their self-concept. Therefore, there is need for urgent intervention in assisting transgender persons to develop healthy self-concepts so that they could live more decent lives. A contrary position is taken by Bertron and Gonzalez-Figueroa (2009) who argued that much of the reporting in the media about LGBT issues consists more of speculation than facts. Similarly, Esom (2016) likened what was presented in the media to what Chimanda Adichie referred to as 'the dangers of a single story', which implies listening to a story from only one perspective and making judgments thereafter. Nonetheless, Esom (2016) argued that LGBT groups in the continent are also making moves to assert their ego through forming alliances with global advocacy groups to seek redress, and legal and policy change in all spheres of life. Furthermore, he supported his arguments by quoting a few isolated cases of how LGBT individuals in Uganda, Nigeria, and Kenya have been able to get court rulings in their favour with regard to the change of name in their academic certificate to reflect their new gender. Be that as it may, the majority of transgender persons still have challenges with their identities. The present study, therefore, will provide information to bridge the gap in the studies of LGBT. To the best of the researcher's knowledge, however, there is no research on self-concept of transgender persons in Kenya, although there are a few studies addressing the impact of discrimination on LGBT persons' health status.

In Kenya, there is a transgender support group known as *Jinsiangu* (a coinage from the Swahili expression 'Jinsia Yangu' meaning 'my gender') in Nairobi and the interest to explore their self-concept emerged from the interaction the researcher had with one of them recently. This was during the psychology and spirituality study organized at Tangaza University College featuring Sexual orientation and gender identity. During the session, one young man, who said that he is a female trapped in a male's body, narrated his unpleasant experiences of feeling rejected and the struggles to accept who he really is. His story inspired the researcher to further explore the narratives of transgender persons with the aim of proposing psycho-spiritual counselling as an intervention strategy to assist transgender persons to cultivate positive self-image of 'who they are', and 'who they are becoming'. Bertron and Gonzalez-Figueroa (2009) acknowledged from their review of literature on LGBT issues that there is still much to be learned about how gender-based violence affects the lives of men having sex with men (MSM) and transgender persons; therefore the present study will contribute to the knowledge gap.

The rationale of the present study lies in the fact that though a lot of research has been carried out among LGBT globally, little research has been carried out among transgender persons in particular (Almeida et al., 2009). This is because as the authors noted, the identity of a transgender person is complex and has its peculiarities. In this context, APA (2015) presents a clearer understanding of the two constructs, sexual orientation and gender identity while acknowledging the interrelationship between both constructs. It also brings out the distinction thus:

> Sexual orientation is defined as a person's sexual and/or emotional attraction to another person, compared with gender identity, which is defined by a person's felt, inherent sense of gender. For most people, gender identity develops earlier than sexual orientation. Gender identity is often established in young toddlerhood (APA, 2015, p.835).

Hence, the primary concern of transgender persons is more on the expression of transgender

identity in terms of gender roles, which usually go contrary to societal expectations, while lesbians, homosexuals, and bisexuals focus more on sexual attractions/romantic relationships (Dearham & Kimani, 2013). Although Dearham and Kimani (2013) co-authored a manual on transgender issues, the text is not available to the public. Since, no study of this nature has been carried out in Kenya the present study will fill the knowledge gap by creating more awareness of transgender identity and self-concept.

1.2 The Statement of the Problem

Transgender identity is incongruent with societal norms with regards to gender roles, and as such transgender persons experience rejection, isolation, violence, and denial of basic human rights (APA, 2013). As reflected in the background of the study, social stigma is a major determinant of a person's self-concept. The self-concept of transgender persons, that is, the way they perceive themselves based on the information they receive from the society, is likely to be affected. Hence, transgender persons withdraw from social life, and sometimes indulge in self-harm. For instance, as a result of the violence experienced by transgender persons in Kilifi, Kwale and Mombasa counties of Kenya in 2005, they were inhibited from openly expressing their identity for fear of being lynched (Carroll, 2016). What is observed and perceived is the high rate of suicidal ideations and self-inflicted painful acts such as cutting the skin with sharp objects and burning the body with fire by some transgender persons (Remafedi et al,. 1998; Russell & Joyner, 2001; Safren & Heimberg, 1999).

Although, social stigma may be hard to do away with, transgender persons have the responsibility of developing coping strategies in order to live meaningful and healthy lives. Moreover, due to social stigma, information concerning transgender identity is culled out from the society not from transgender persons themselves since they are not easily accessible. This

study bridged the gap by providing a medium through which transgender persons could share their experiences. This was done through interviews and focus group discussions.

The researcher's interaction with the transgender person at Tangaza brought home the existential difficulties that transgender identity creates. Life is unbearable for the transgender person; they lose faith in themselves and in others, and sometimes lack the will to live (Schreiber, 2016). According to the transgender person that the researcher encountered at Tangaza, as soon as he made his sexual orientation known, his family rejected him and stopped funding his education, but his greater concern was the rejection, which made him feel unaccepted and rootless. He had to grapple with this sense of disenfranchisement, and no doubt these have implications for his self-image/esteem. Furthermore, he was mocked and ridiculed in the community to the extent that he abhorred social gatherings. He also expressed the difficulty he encountered in accessing medical facilities in Kenya. Having such a debased self-concept invariably impacts on their progress in life and by extension militates against national development (Badgett, Nezhad, Waaldijk & Rodgers, 2014). It is against this backdrop that the researcher embarked on the present study in order to explore ways in which the transgender persons can be helped to live meaningfully.

No doubt, concerted efforts are being made in the formulation of policies towards the acceptance of sexual diversity, but before the society is made to understand the context of transgender persons that may probably reduce this hostile environment, the transgender persons themselves ought to develop some coping strategies. For this reason, this study is appropriate and necessary to be conducted. Hence, developing a positive transgender identity requires them to develop coping strategies against the pressure that they may continue to experience from the heterosexual majority. If issues related to transgender identity are not given serious consideration

in Kenya, a significant number of the populace will be walking around humiliated, leading them to live with a sense of shame including anger, all of which do not facilitate mental health in any way.

1.3 The Objectives of the Study

The objectives of this study are:

1) To examine the identity of the transgender persons in Nairobi County, Kenya;

2) To explore the self-image of the transgender persons in Nairobi County, Kenya;

3) To investigate the self-esteem of the transgender persons in Nairobi County, Kenya;

4) To explore strategies used by transgender persons in Nairobi County, Kenya towards coping with their identity and self-concept;

5) To find out the role of psycho-spiritual counselling intervention in the building of healthy self-concept among transgender persons in Nairobi County, Kenya.

1.4 Research Questions

The research questions were informed by the research objectives. They are:

1. What is the identity of transgender persons in Nairobi County, Kenya?

1. What is the self-image of transgender persons in Nairobi County, Kenya?

2. What is the self-esteem of transgender persons in Nairobi County, Kenya?

3. What are the coping strategies of transgender persons in Nairobi County, Kenya?

4. What is the role of psycho-spiritual counselling intervention in the building of healthy self-concept among transgender persons in Nairobi County, Kenya?

1.5 Significance of the Study

This study would be relevant to the following: transgender persons, their families,

healthcare providers, the church, governments and other policies makers, and the larger society. The research findings will hopefully be published so that it can be used as a resource material for those with transgender issues and other minority groups such as ethnic, religious, and racial minorities that may be having identity crises. The findings and recommendations could be used to create awareness about transgender identity to enable healthcare providers to assist the transgender persons to live purposefully. Similarly, the transgender persons would be helped to develop coping strategies despite the hostile situations in which they find themselves. The awareness created by this study may also enable families of transgender persons understand the struggles that the transgender person faces in trying to make sense of who they are, thereby provide the necessary support they need to live productively.

The present study would also provide additional resources to assist pastoral agents in the church in its all-inclusive ministry to humanity. The government and other policy makers would also be enabled to create more conducive social environment for its citizens irrespective of their gender orientation. Given the role that the society plays in determining gender identity, the current study would make knowledge available for the psychological-education of the public, in order to stop or at least, reduce the discrimination against transgender persons.

1.6 Scope of the Study

This study focuses on transgender persons in Nairobi County, Kenya. The participants of the research were drawn from *Jinsiangu*; a support group for transgender persons with membership from different towns within Nairobi County, Kenya. At the time of this study, there were thirty registered transgender persons in the group; the study drew qualitative research data from eighteen of them. However, given the qualitative nature of the research, it is hoped that in-depth rich data was drawn, reflecting the reality of the fact that transgender persons themselves

are best positioned to tell their own story (Creswell, 2014).

The construct of self-concept is broad and given the duration of the research study, the research focused only on two aspects of self-concept, namely, self-image and self-esteem of transgender persons.

1.7 Theoretical Framework

The study was guided by two theories; namely, Transgender Theory and the Theory of Logotherapy. The justification for using both theories laid in the fact that Transgender Theory was used to explain the nature of the phenomenon (transgender) and its impact on self-image/esteem, while the Theory of Logotherapy was proposed as a means of resolving the frustration that transgender persons experience as a result of their gender orientation.

1.7.1 Transgender Theory

Transgender theory is an emerging theoretical orientation on the nature of gender and gender identity. It was developed from Katrina Roen's (2001) ideas on transgenderism as a critique of queer theory. Suffice to note here that queer theory builds on the basic assumption of the gender categorization of male versus female and by implication, accepts masculine females and feminine males. Such categorization according to the author leaves room for gender role stereotypes (Hausman as cited in Nagoshi & Brzuzy, 2010). On the other hand, Transgender Theory's basic assumption is that gender identity can either be male or female, or both male and female, or neither male nor female identity. The theory proposes that human have both male and female characteristics in a particular individual; *anima and animus*. One of these characteristics could be dormant and the other active. In some cases, both characteristics are present to the same degree or in other situations the visible sex does not correspond to the interior gender disposition

of the individual. This is the situation in which most transgender persons find themselves. The theory therefore, invites transgender persons to accept their identity as the consequence of dysfunctional pre-natal biological processes (Nagoshi & Brzuzy, 2010).

Roen (2001) emphasizes the significance of physical embodiment in gender and sexual identities. Although, the theory can be broadly applied in situations of intersecting identities such as racial, class, sexuality and gender, it provides the basis for working with and empowering transgender persons to develop healthy self-image and self-esteem as well as build alliances between them and other groups that are socially oppressed (Nagoshi & Brzuzy 2010). Hence, Transgender Theory provides a lens through which transgender identity can be understood because it creates an understanding of one of the causes of transgender identity which is attributed to pre-natal biological processes. It is probable that an understanding of the phenomenon by the society could lead to an acceptance or at least reduce the hostility towards transgender persons. The acceptance from the society will most likely lead to a healthy self-image and self-esteem of transgender persons.

1.7.2 Strength of Transgender Theory

Transgender Theory provides a broad and integrated framework for the comprehension and empowerment of persons with multiple identities (Nagoshi & Brzuzy, 2010). Hence, the theory suggests that transgender persons can be empowered to express their gender identity based on their lived experience and a better understanding of who they are instead of being confined to a particular category of sex-assigned identity. Based on the proposition of Transgender Theory, the ability of transgender persons to express their identity will possibly boost their self-image and self-esteem.

1.7.3 Weakness of Transgender Theory

According to Nagoshi and Brzuzy (2010) the argument for and against the practicability of Transgender Theory is not very clear since it is still evolving. Hence, the theory has not assumed a definite focus yet. Another reason why it has not gained much popularity is that its basic assumption conflicts with the basic proposition of other gender orientations such as Lesbian, Gay and Bisexual (LGB). LGB persons argue that sexual orientation is fixed and genetically determined, therefore should not be changed (Norwood, 2013). Hence, there was no need to bring the body to alignment with the mind.

1.7.4 The Theory of Logotherapy

The second theory that informs this study is Logotherapy developed in the 1930s by Viktor Frankl. Logotherapy basically emphasizes that the ultimate goal in life is to find meaning. The meaning potential is what gives impetus to the quality of a person's life. According to Nietzsche, "He who has a why to live can bear with almost any how" (Frankl, 2014, p.75). In the same vein, Costello (2015) refers to logotherapy as a meaning-centred therapy which is directed towards attitudinal alterations through a person's will to meaning. There is no gainsaying that a person's self-concept is largely dependent on the messages received from the society. In the case of transgender persons, the negative messages received from society could lead to the loss of the will to live. Much as one cannot control the society's aversion for transgender persons, it behooves the transgender person to cope with the situations in which they find themselves. Logotherapy has as its basic assumption that life has meaning no matter the circumstances in life.

Furthermore, the theory posits that despite the existential challenges that human beings experience, especially situations wherein a person has little or no control over, leaves one with a

choice to either to get stuck or to develop coping strategies. From available literature, transgender persons suffer many forms of discrimination that lead to suicidal ideation (Almeida et al., 2009). One can decipher from Frankl's experience in the Nazi concentration camp, that difficulties in life are surmountable when one finds meaning in life. In the case of the transgender person who encounters rejection and discrimination to an extent that they would rather end their lives, Logotherapy comes in handy as its main focus is meaning creation. In spite of Frankl's horrific and gruesome experience in the Nazi concentration camp, he credits his survival to the hope of reuniting with his wife.

Logotherapy focuses on the meaning of human existence and a person's search for that meaning. Hence, a person's search for meaning is not only the basic intrinsic motivational force for existence but also a powerful means for personal transformation (Wong, as cited in Machell, Kashdan, Short, & Nezlek, 2015). Frankl went on to explain that cognitive and existential therapies emphasize the fact that having a healthy sense of one's identity is greatly influenced by who one is, how one makes sense of oneself, and how one perceive one's place in the society. Furthermore, Machell, Kashdan, Short, and Nezlek (2015) state that meaning is also a fundamental concept in developing faith and spirituality, which eventually leads to healthy lifestyles. Consequently, the discovery of meaning in life includes, inter alia, referring to a person's attitude towards unavoidable suffering (Frankl, 2014). Discrimination and stigmatization of transgender persons has been commonplace despite emphasis on the Fundamental Human Rights of every person including different sexual orientation (Fetner & Kush, 2016). Frankl, further posits that though having control over one's experiences in some cases is arduous, the ability to choose one's attitude is a certainty:

> We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed.

> For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation . . . we are challenged to change ourselves **(Frankl,** 2014, p.135).

In this sense, the theory provides a way in which transgender persons can develop coping strategies that would boost their self-image and self-esteem. Logotherapy, therefore, has the capacity of assisting transgender persons live meaningfully despite the existential challenges they face as a result of their identity.

1.7.5 Strength of Logotherapy

It belongs to the domain of positive psychology whereby a person's attention shifts from what is not going on well to what is going on well in life generally (Machell, Kashdan, Short, & Nezlek, 2015).Therefore, logotherapy can lead to transcendence of the negative messages that transgender persons receive from the social milieu to a positive outlook to life. Its application is easy to understand and it has life-changing potentials.

Logotherapy is a secular science that employs religion or the spiritual sphere as a medium through which a person achieves his ultimate search for meaning (Costello, 2015). This is because the spiritual dimension may be blocked by frustrations and hardship but can be brought to the fore by the "will to meaning" (Frankl, 2014). The seeming incapacitation that the transgender person is likely to experience as a result of stigmatization can be done away with when the person is assisted to tap into the spiritual dimension. The theory posits that the will to live meaningfully is inherent in each individual and as a result the solutions to existential challenges in life can be best dealt with inwardly.

Furthermore, the fact that Logotherapy was founded and developed from the lived experience of Victor Frankl, the Austrian neurologist, psychiatrist and holocaust survivor of the

Nazi concentration camp gives authenticity to this theory. Hence, the theory can be adopted as a means through which transgender persons can address and cope with societal pressure. However, on its own, Logotherapy is not sufficient to provide a comprehensive framework for counselling. In this perspective, Frankl himself, intended it to be an adjunct to other counselling theories.

1.7.6 Weakness of Logotherapy

The fact that Logotherapy belongs to existential philosophy gives little room for empirical research findings; therefore its validity is questionable. As such, the critics of logotherapy find it too religious and insufficiently scientific (Wong as cited in Machell, Kashdan, Short, & Nezlek, 2015).

1.7.7 Justification for Transgender Theory and Logotherapy

Transgender theory provides the lens into the identity of transgender persons, thereby giving them the impetus to be at home in their gender identity. As a result they can develop healthy self-image and self-esteem. The researcher is of the opinion that the validity of Logotherapy is attributed to the author's survival in the Nazi concentration camp through the will to meaning. Frankl reiterates this in the following statement: "Everything can be taken from man but one thing: the last of the human freedoms–to choose one's attitude in any given set of circumstances, to choose one's own way…." (Frankl, 2014, p. 66). This is because the theory proposes that the power to rebound lies at the spiritual core of the individual. Even when all fails, the human spirit can never die. Logotherapy in essence, leads to the discovery of the meaning of a person's existence and by implication, being resilient. A strong will to meaning enables people to endure unimaginable sufferings and to persist in pursuing their ideals (Frankl, 2014). Therefore, a combination of Logotherapy and Transgender Theory could lead transgender

persons to have positive attitudes to life and in essence, assist them to stay on top of the challenges of stigmatization and discrimination. While Transgender Theory gives credence to transgender identity, Logotherapy provides the will to live through the discovery of the meaning potential in their lives.

1.8 Conceptual Framework

The conceptual framework is shown in the diagram below:

Independent variable   **Dependent Variable**

| Identity of Transgender persons | → | Self-concept: Self-image and self-esteem |

| Academic qualification, employment, physical and social needs satisfaction level |

Confounding Variables
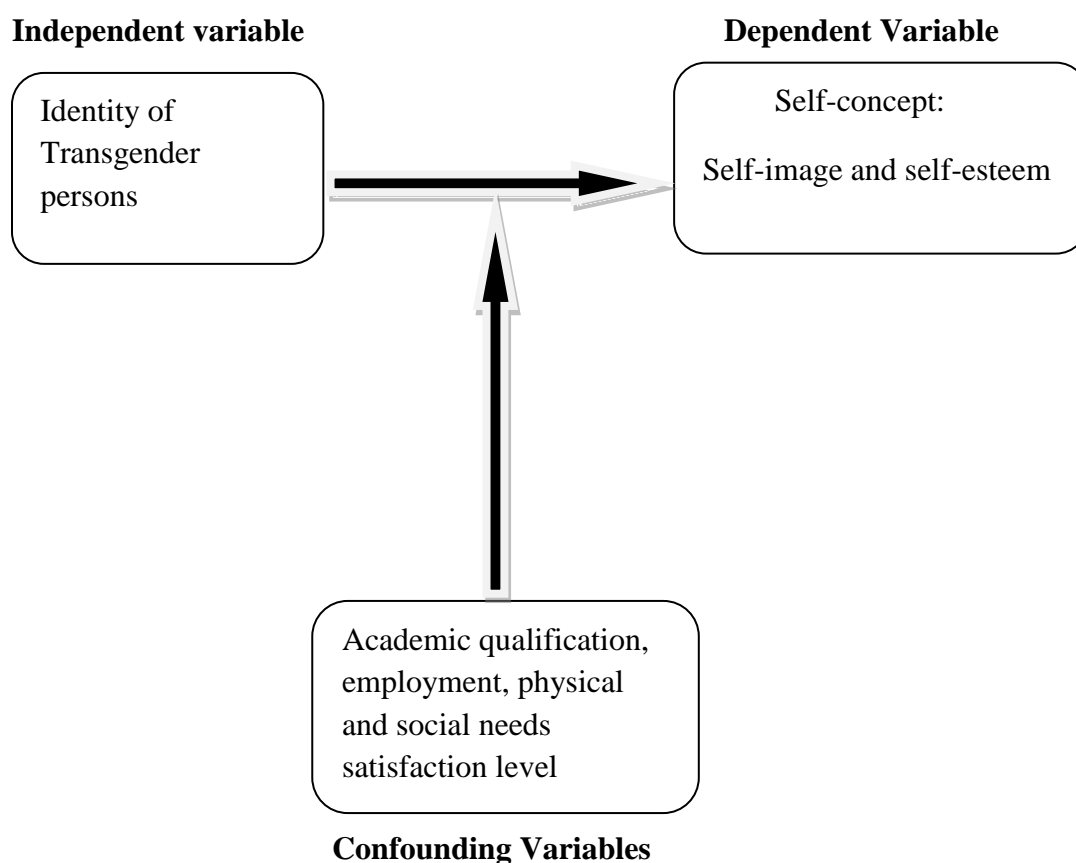
Figure 1 A Conceptual Framework showing relationships among variables
Source: Researcher (2017)

The diagram on page 18 shows identity of transgender persons as the independent variable, impacting their self-concept, which is the dependent variable. The identity of an

individual influences his or her self-concept. An individual's self-concept in turn, affects how the person relates to the world. In this study, the researcher claims that transgender identity, which is the independent variable, impacts their self-concept, the dependent variable.

There are other variables that need to be controlled in the course of the research study for the validity of the results to be achieved. They include: academic qualification, employment, physical and social needs satisfaction level. Any of the listed confounding variables is capable of altering the result of the research findings. For instance, a person's academic qualification can influence the person's self-image as well as self-worth.

1.9 Operational Definition of Terms

The following keywords are defined as used in the current research topic:

Identity

It refers to a person's sense of who s/he really is as it relates to one's gender. This, most often, influences the way a person perceives him/herself, his/her thoughts, behaviour and even interactions with others. In the context of the present study, identity is specifically transgender identity.

Self-concept

Self-concept is broad and consists of self-image and self-esteem. In the present study, self-image took into consideration bodily features and bodily presentation as either male or female, or both, or neither and how that perception affected the way a person viewed himself or herself. Self-esteem, on the other hand, focused on the value of self, and whether they are encouraged or discouraged as a result of their identity.

LGBT

This is an acronym for lesbian, gay, bisexual, and transgender. It is an umbrella term for referring to people with sexual orientations that deviate from societal norms.

Transgender

Transgender refers to a person whose gender identity, gender expression or behavior is incongruent with the sex to which s/he was assigned at birth and is usually against societal expectation. A transgender expression is shown in their lifestyle such as dressing and mannerism.

Psycho-spiritual intervention

This is adopting a therapeutic process that takes into cognizance a holistic view of the human person. Therefore, the process can be a powerful force for all-round healing. It involves cognitive restructuring, meaningfulness, and behaviour modification techniques.

CHAPTER TWO

THE REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter focused on the review of related literature geared towards exploring identity and self-concept of transgender persons in Nairobi. It aimed at reviewing related literature at the global, national and local levels. The review was based on the research objectives.

2.2 Identity of Transgender Persons

It is difficult to identify when transgender identity evolved. APA (2016) reports that transgender identity has been in existence from ancient times as recorded in many traditional Western, and Eastern cultures and societies. Furthermore, APA (2016) acknowledges the difficulty in giving an estimate of the population of transgender persons since there is no statistical study in this regard. Besides, being a vulnerable group, it might be difficult for them to participate in such a study. However, the expression "gender identity" was introduced in the mid-1960s, to describe one's unflinching inner sense of belonging either as male or female (Money as cited in Drescher, 2010). With time the concept of gender identity evolved to include persons who neither identified as female or male. In essence, gender identity came to denote a person's self-concept of their gender irrespective of their biological sex (Lev as cited in Moleiro & Pinto, 2015). The fact is that every person has a gender identity. However, for transgender, their natal sex and their internal sense of gender identity are incongruent (Drescher, 2010). However, the identity of a transgender person is complex and can be expressed in varied ways (Erickson-Schroth, 2016). It is worth noting here that the term transgender is a broad appellation for those

whose gender identity is incongruent with their birth-assigned sex and may either have undergone or are working towards sex-reassignment surgeries or only dress as the members of the new gender (APA, 2009a; Coleman et al., 2012). The complexity of the construct can be noticed even in categorization. Included in the category of transgender are intersex, transsexual, gender non-conforming, cross-dressers and queer (Moleiro & Pinto, 2015; Platt & Bowland, 2017). Each of the aforementioned forms of being transgender varies in expression as well as in presentation. Pardo & Schantz (2008) noted that the experience of trying to assert their identities which is usually against societal norms is to a large extent fraught with internal and external conflicts. In the same vein, an explanation of each of the categories of transgender identity reveals the complexity that is present even within their confines. Intersex, according to APA (2017) refers to abnormal formation of the genitalia or internal reproductive organs or sex hormones, such that the individual cannot easily be classified as male or female. Dearham and Kimani, (2013) put it succinctly as follows: an intersex person is therefore, an individual whose genital, hormonal composition and/or secondary sexual characteristics do not reflect a male or female physiological appearance. It is a case of being neither a male nor female. Similar to the intersex are non-conforming/queer. The term refers to an individual who developed the primary and secondary characteristics of both genders. They could sometimes pass for both genders. Non-conforming persons prefer others to use neutral pronouns in referring to them, such as, the pronoun "zie" in place of "he" or/and "hir" for "she" and in place of his or hers.

Another category of transgender identity is transsexual. Wu (2016) states that, transsexuals are those who wish to change or alter their physiology to make it congruent with their gender identity. The alteration is done through medical interventions such as hormone treatment, facial feminization through electrolysis or sex reassignment surgeries. This alteration

is referred to as transition. A male who transits to female is known as transfemale or male to female transgender (M-T-F). Conversely, a female who transits to a male is a transmale or female to male transgender (F-T-M). APA (2016) noted that some transgender persons do not want the prefix 'trans'. They prefer to be referred to simply as either male or female.

Cross-dressers are those who wear clothing that are traditionally worn by their opposite gender in their particular cultures. They may partially or fully cross-dress. Usually cross-dressers do not wish to undergo sex reassignment surgery.

Drescher, Cohen-Kettenis, and Winter (2012) acknowledge that transgender identity is an area that has been for a long time characterised by lack of knowledge, misconceptions and controversies. The lack of knowledge is evident in the limited research study on transgender issues when compared with literature on LGB orientation. Although transgender people belong to the big LGBT umbrella, their particular issues, which include identity, are not given much attention (Dearham & Kimani, 2013). This has led to the misconception that lesbians, gay and bisexual (LGB) and transgender have uniform issues until recently when the distinction between the two construct was brought to the fore (APA, 2015). Suffice it to note here that LGB is connected to sexual orientation while transgender deals with identity issues. According to APA (2013), sexual orientation refers to a person's sexual or romantic attraction towards members of one's own gender (homosexuality), or towards one's opposite gender (heterosexuality) or towards both genders (bisexuality). That notwithstanding, transgender persons could be straight (heterosexual), gay, lesbians or bisexual.

The misconceptions about transgender identity can be seen even in the classification and words used in referring to transgender identity in the various editions of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM). For instance, in 1952 transgender identity was

regarded as "sociopathic personality disturbance" (DSM-1, 1952); "sexual deviation" (DSM-II, 1968); "ego dystonic homosexuality" (DSM-III, 1980); "gender disorder" (DSM-1V, 2000); and gender dysphoria (DSM-5, 2013). Such was the confusion even among the LGBT support group in Kenya that towards the end of 2011, transgender persons separated from the LGBT support group and created an exclusive transgender group. Dearham and Kimani (2013) said the separation of transgender from LGBT was to address the lack of focus on transgender identity and gender minorities that existed in the LGBT group in Kenya. Even within the LGBT group, transgender persons experienced a lot of stigma. Most gays and lesbians gossiped or treated transgender persons with disdain because they did not understand the phenomenon (Dearham & Kimani, 2013). The dearth of information on transgender issues has given impetus to the present study.

The American Psychiatric Association (2013) classifies transgender as gender dysphoria; a term which refers to persons who have cognitive and affective discontentment with their birth-assigned gender. The term gender dysphoria as used in DSM-5 is more descriptive of clinical problems associated with the incongruence that exist between a person's birth-assigned sex and the expressed gender than the previous term 'gender identity disorder' used in DSM-IV. According to DSM-5 most transgender persons experience distress if they are not able to access physical interventions such as cross-sex hormone therapy and /or sex-reassignment surgeries. On the other hand, transgender advocacy groups want transgender identity removed from *The Diagnostic and Statistical Manual of Mental Disorders* altogether (Drescher, 2010). That notwithstanding, some psychologists argue that the removal of gender dysphoria from the diagnostic manual implies preventing directives on how to provide for the well-being of transgender persons (Erickson-Schroth, 2014).

Knowledge of the causes of transgender identity is important for the understanding of the phenomenon. Although the complexity of transgender identity makes it difficult to attribute the causes to any one set of factors (McGuire, Kuvalanka, Catalpa & Toomey, 2016). According to the afore-mentioned authors, research is on-going with regards to a better understanding of the phenomenon of transgender. Meanwhile, studies have revealed that transgender identity is largely influenced by biological composition such as genetic influences and prenatal hormone levels, and an individual's experiences during early childhood, or during adolescence or adulthood (APA, 2016; Wu, 2016).

A study carried out by Berger (2008) revealed that chromosomal formation is a major contributory factor in intersex conditions. This could take the form of unbalanced rearrangements of the 23rd pair of chromosomes (sex chromosomes) through duplications, translocation (some part or all of a chromosome incorrectly joins with another), deletions (missing of some part of the chromosome), or insertions of a chromosomal segment (Power, 2011; Wu, 2016). For instance, a male who has XXY chromosome instead of XY is most likely to have more of the female hormones. The person could have male genitalia but may possess more female hormones leading to feminine tendencies. Khabar (2015) posits that for intersex persons, doctors sometimes do corrective surgeries to them at birth in order to assign either a male or female genitalia; some intersex persons grow up feeling they actually are more of the gender of the dormant sex genitalia. Hence, growing up and fulfilling the gender role of the birth-assigned gender becomes a great challenge (Khabar, 2015). Usually at puberty, sex differentiation becomes prominent, such that intersex persons and other transgender persons may seek sex reassignment surgeries to align their bodies with their minds, thereafter (Erickson-Schroth, 2014). The process of sex reassignment begins with cross-sex hormone therapy and

culminates in either a top surgery (removal of breast) for transmale or bottom surgery (removal of genitals) for transfemale (Dearham &Kimani, 2013).

Erickson-Schroth (2014) points out that transition from their sex-assigned gender to their preferred gender is one of the ways transgender persons seek to resolve their crisis. Transgender transition, according to Erickson-Schroth (2014) is dependent on the choices made by each person, physiological changes and social transitions. According to the author, choices made by the transgender individual may be influenced by the environment. Expatiating on what physiological changes entail, Buxon (2007) said they typically include changes in sex organs through surgeries or hormone treatments, and other procedures that would lead to forming gender congruent features. Social transitions according to Erickson-Schroth (2014) could also involve changes in name, in gender markers on legal documents, in dressing and physical looks, and disclosure to family, friends and at work. Despite the attempts at transition, Erickson-Scroth (2014) argues that the transgender person still face distress especially in their relationships, which either hinders or facilitates their self-image/esteem. In this sense, some individuals could either develop positive or negative self-image. The positive self-image indicates that they are at peace with who they are whilst the negative suggests that they are either confused or sad about who they are and are becoming. Supportably, DSM-5 states that such distress or what it refers to as 'gender dysphoria' could lead to depression, substance abuse, anxiety and suicidal ideation. Certainly, all these pulled together go a long way to describe the troubled identity being transgender offers to individuals who find themselves this way, and the concern is what could be the possible impact on self-image/esteem?

However, DSM-5 proposes that having a supportive environment helps transgender persons to sort out ways to cope. In this regard, the supportive environment provides resources

which affirm the transgender persons to reconstruct his/her identity of a person who is accepted and loved the way s/he is. In addition, biomedical treatments could reduce the distress experienced by the transgender persons. It is against this backdrop that the researcher has embarked on this study in order to propose a psycho-spiritual intervention in addition to other existing coping interventions.

2.3 Transgender Identity and Self-image of Transgender Persons

Body image and self-image go hand-in-hand. Nair (2016) defines body image as the perception of one's physique and how one thinks others see him/her. Self-image is closely linked with how a person sees, thinks and feels about his/her physical appearance (Nagoshi & Brzuzy, 2010). Self-image also refers to an interior response to what one thinks and how one feels about one's body-image. A good body-image is very likely to lead to a good self-image and vice versa (Reames, 2016). One's body image constitutes a large part of one's identity. Studies carried out by Perera's work (as cited in Nair, 2016) revealed that a person's identity is closely related to the person's self-image (perception of self). To buttress the same point, Argyle (2008) opines that the reaction of others can influence a person's self-image; when others admire, listen to, agree with, and seek out a person's company; there is the tendency for the person to develop a positive self-image. On the other hand, a person who is avoided and neglected will possibly develop a negative self-image.

Allison (2012) carried out an online survey to examine body dissatisfaction and its associated psycho-social variable of transgender male and female. The research findings showed that gay men were more dissatisfied with their bodies than heterosexual men or women. It also revealed that transfemale are likely to be overweight as a result of the hormone treatment since one of the functions of androgen is to enlarge the muscles. Their weight also affects their self-

image. On the contrary, the results of the study also revealed that psychosocial factors like self-esteem, experience of childhood teasing about appearance and social pressure to diet, may not only lead to body dissatisfaction but also be influenced by sexual orientation. Lesbian culture on the other hand, encourages them to value their worth than their looks. Thus, lesbians are likely to have lesser problems with self-image than gay. However, lesbians and gays experience some low level of self-image by the mere fact that they are a minority group. Naturally, it is more tolerable to accommodate a woman with masculine features or traits than to find a man with feminine features because men who behave like women are seen as weaklings (Allison, 2012). The findings of the study by Allison (2012) were of significance to the present research study, which claims that there is a correlation between identity and self-esteem. Although, Allison's study was carried out in the United States of America, the findings are in line with one of the objectives of the present study which intends to investigate the self-esteem of the transgender persons in Nairobi County. The author further noted that transgender persons are left with the option to learn how to see the world with the lens of the new gender. The challenges involved in adapting to the attitudinal expectations of the new gender may affect their self-esteem. The findings have exposed the challenges that transgender identity continues to create. This satisfies the objectives of the present research.

Brennan, Lalonde, and Bain (2010) concur with Allison (2012) in a similar research study on "Body Image Perceptions: Do Gender difference Exist?" carried out in North America. The focus of the study was on how males and females perceive their bodies and how that impacts on their self-image. Participants were undergraduate students of a prominent university in Canada. Data was collected through an online survey from 197 students between the ages of 17 and 41years. Exploratory analysis procedures were used to investigate the predicator of

dissatisfaction within each group (lesbians and gay). The study revealed that women suffer a higher rate of body image discontentment than men and this impacts on their lives negatively. Moreover, the study also showed that individuals with low self-image also had low self-esteem. Furthermore, Brennan, Lalonde, and Bain (2010) posit that individuals who feel badly about their bodies end up developing negative body image, which leads to poor self-image. The authors opine that, body image is a subjective and multidimensional construct. It includes height, weight, Body Mass Index (BMI) and attractive general looks. Thus, they purport that a person's self-image is highly influenced by standards of body image set by the society usually through the social media. Despite the messages received by the society with regards to what body features is attractive or acceptable, the onus lies on the individual to construct their own self-image. On this note, Brennan, Lalonde, and Bain (2010) assert that a poor self-image appraisal can lead to depression. The difficulty that identity poses to the transgender person's self-image has necessitated this study.

It must be noted that a study of this nature needed to be done in Kenya in order to explore the identity and self-image of transgender persons in Kenya with the aim of creating awareness in the Kenyan society. A similar research was conducted by Aguayo-Romero, Reisen, Bianchi, and Poppen (2015) on "Gender Affirmation and Body Modification among Transgender Persons in Bogotá, Colombia" with the aim of examining the factors that influence gender affirmation and body modification. A mixed method research design was used. The initial study was a qualitative method which involved face-to-face interviews with fourteen transgender persons and a focus group discussion with eleven of them. The ages of the participants for both interviews and focus group discussion were 18 to 47 years. This was followed by a quantitative method which drew data through questionnaires administered to 58 transgender persons. The results

revealed that many transgender persons experienced internalized stigma, portraying struggles with self-acceptance which affects their self-concept. Furthermore, the participants acknowledged that the support by fellow transgender individuals, social support and acceptance of one's gender identity by family and significant others in their lives acted as buffer for them against the stigmatization. Although, Aguayo-Romero et al. (2015) study was carried out in Colombia, the study provides a lens with which the present study can be understood.

Indian Webb (2015) conducted a comparative study of the body image that adolescents identify with. There were two samples: clinical (those with signs of gender dysphoria) and a control group. The clinical samples comprised of referrals to the national commission for Gender Identity Development Service (GIDS) in London from 2010 to 2014. The second samples were recruited from mainstream secondary schools aged 12 to 18 years old. Questionnaires were administered to them. The total number of participants was 907; 591 from the clinical group and 316 were the control group. The results showed that body image is a significant component of transgender identity as expressed in the feeling of incongruence between their physical features and the identified gender. The results also revealed a very significant percentage of body dissatisfaction in the clinical group (especially in the female population) and an insignificant percentage in the control group. However, among the 3% of those who showed body dissatisfaction in the control group, female participants were the majority. The results confirmed the findings of previous studies carried out by Allison (2012). Although being a quantitative research design provided for a large sample of participants, the authors recommended a qualitative research design for further researches. According to the author, the qualitative design will create a better understanding of the construct with the intention of recommending

appropriate intervention that will support transgender persons. It is in lieu of this that the rationale for the present study lies.

Msibi (2011) carried out a research to explore how sexually marginalized black high school students in South Africa experience schooling. Questionnaires were administered to 14 participants comprising of teachers, pre-service teachers, and students. The study found out that queer youth had negative experiences such as vicious hate, isolation, and violence perpetrated by teachers and students. The author said there is disconnect between policy and reality with regards to LGBT issues in South Africa. Although South Africa legally recognizes the LGBT, the day-to-day experience of LGBT persons is a far cry. Msibi (2011) also pointed out that the limited empirical research on LGBT issues is because LGBT persons to a large extent remain hidden for fear of being harmed. There are relatively negligible researches done in this very important area that affect the vulnerable members of the human society and as such, it is necessary that the present study should be carried out.

Body image is highly dependent on the pressure received from the media, peers and larger society. Inability to meet set standards of the bodily features for a girl or a boy, could lead to body dissatisfaction and thereby influence the self-image (Gupta, 2011). The findings of a study by Gupta (2011) on the relation between body image satisfaction and self-esteem with academic behaviour in adolescents and pre-adolescent revealed that a person's self- esteem is highly dependent on his/her self-image. Body image dissatisfaction leads to low self-image. This is likely to be the situation with transgender persons. Most transgender persons seem to experience low self-esteem as a result of their poor body image. Therefore there is a correlation between body image and self-esteem.

The fact that a transgender individual sees himself or herself as trapped in another body, (APA, 2006) confirms the dissatisfaction with their self-image. Hence, transgender persons opt for a transition from their birth-assigned gender to another gender of their choice. The obsession of an individual self-image is predicated on how one is viewed by others. Accordingly, transgender persons are of the opinion that the transition from one gender to another and the reaction from the society in which the transgender person lives could boost or diminish his or her self-image. Collins et al. (2015) pointed out that it is rare for society to tolerate transgender persons and even most rare to accept them. Hence, the probability for a transgender person to have a negative self-image is high. Such negative self-image by transgender persons could lead to negative health outcome when internalized (Sadoughi, & Ebrahimi, 2015). Consequently, self-actualization becomes difficult when others, particularly the significant others in a person's life reject them.

Hormone treatment therapy and sex reassignment surgeries by transgender persons are perceived ways of improving their body image and by implication, their self-image. In this view, Trevin (2016) questions the rationale of transgender persons undergoing such risky and cumbersome surgical procedures to bring their body to match their mind and wonder why their minds could not be brought to reflect their biological sex. In addition, Trevin (2016) asserts that sex-assignment surgeries do not seem to be the solution to gender dysphoria. To support his argument, he referred to the fact that transsexual persons in Sweden where the environment is conducive still have suicide ideation. From the foregoing, one can decipher that identity has strong impact on the self-image of people. Therefore, the current study interrogates the identity and self-image of transgender persons in Kenya.

Commenting on the impacts of identity of transgender persons on their self-image, De Vries (2012) noted that apart from undergoing the cumbersome and risky process of transitioning there is also the challenge of socializing the transgender persons into the roles of the preferred gender. Those born with the gender in which the transgender person transitioned to are often not very receptive and as such treat the transgender individual as an inferior. Hence, the transgender person experiences the dilemma of being neither male nor female even after transition.

2.4 Transgender Identity and Self-esteem

Frey and Carlock (2015) are of the opinion that self-esteem is an appraisal of the emotional, intellectual and behavioural aspects of self-concept. This appraisal determines how a person feels about himself or herself. Transgender identity, according to APA (2015) is contrary to societal norms or expectations. Therefore, transgender persons are easily identified in a larger group. As a result of the behaviour they exhibit, they are ridiculed, mocked, stigmatized, treated with disdain and sometimes rejected by close associates and the society in general (National Center for Transgender Equality, 2015). Self-esteem is developed from the messages a person receives from others about the self. Rogers (1957) theorized that a person can develop healthy relationships and personality when they are accepted or given unconditional positive regard. In the light of the discussion above, the present study is relevant as an attempt to provide information that will help transgender persons develop positive self-esteem.

The research study conducted by Brennan, Lalonde, and Bain (2010) on "Body Image Perceptions: Do Gender difference Exist?" reviewed earlier also explored the self-esteem of the participants based on their body image. The results showed a correlation between self-image and self-esteem. Participants with high degree of body satisfaction reflected a corresponding degree of high self-esteem. The study also investigated how male and female participants perceived

their physical features. Although the study by Brennan, Lalonde and Bain (2010) was not specifically on transgender persons, results can be compared with another work by Allison (2012) wherein the transmales were more affected by the body image than the transfemales. In the case of transmales, the transition from female to male gender using androgen is more effective in changing the physiology of female to male (Dearham & Kimani, 2013). The relationship between the study by Brennan, Lalonde, and Bain (2010) and the present study is that it highlights the relationship between transgender identity and self-esteem.

Another study carried out in Canada by Boyce, et al. (2008) discovered that 36 % –50 % of the adolescents from Grade 6 -10 were not satisfied with their body size. Parker et al. (2009) argued that bodily appearance is part of the self-definition of an adolescent girl because they are socialized to believe that appearance helps to define a person (as cited in Gupta, 2011). For instance, an ideal look for girls was said to be a tall and slim appearance (Gupta, 2011). Such mentality creates obsession in the person concerned. The point is that a person whose body features reflect the social expectations is likely to have a positive self-image and invariably, self-esteem. The above study confirms the objective of the present study which claims that identity affects the self-esteem of transgender persons.

It is imperative to note here that transgender persons experience crises in different forms. There are instances of transgender travellers who have trouble with immigration because their gender identities do not correspond with their physical looks. In this regard, U.S. Department of State – Bureau of Consular affairs, noted that such self-presentation constitutes security threats. Noticeably, security checks for air travels is usually stressful for every passenger but more so for transgender persons. A survey by National Center for Transgender Equality in 2015 to evaluate the airport experiences of transgender persons revealed that forty-three percent of them had at

least one challenge related to their gender identity or expression. Navigating the transition after sex reassignment surgeries do not seem to address the challenges that transgender person's experience, and as such may cause suicidal ideation and suicide attempts to persist (DSM-5). Therefore, the present study proposes ways of overcoming or at least coping with the existential challenges they face. The present study is also an attempt to provide the necessary support that will enable transgender persons to live meaningfully through making information available to the Kenya society, Africa and indeed the world.

A study conducted by Ryan, Russell, Huebner, Diaz, and Sanchez (2009) on "Family Acceptance in Adolescence and the Health of LGBT Young Adults among Latino and non-Latino Americans" had as participants, 245 LGBT Latino and 249 non-Latino white young adults aged 21 − 25 years old. The methodology used for the research was quantitative design, although the authors had carried out a similar research study using qualitative design. The findings from the survey confirmed the results from the previous qualitative research. The study revealed that LGBT individuals whose families accepted their sexual orientation had higher self-esteem than those whose families rejected them. According to the researchers mentioned above, those who did not experience family support recorded significant scores in the area of depression, substance abuse, suicidal ideation, and suicide attempts when compared with the LGBT persons whose families accepted their gender orientation. The percentage of suicidal ideation between those with accepting parents and those with non-accepting parents was 18.5% and 38.3% respectively. Similarly, those with accepting and non-accepting parents recorded 30.9% and 56.8% respectively for suicide attempts. From the foregoing, transgender identity is a likely source for frustration and distress in children irrespective of parents' dispositions towards their children's transgender identity. Therefore, there is need for them to be assisted to develop

resilience through psycho-spiritual therapy intervention. One can decipher from the foregoing study that identity which is mostly influenced by societal expectations can impact on a person's self-esteem and by implication, mental health (Herek, 2010). The findings and conclusion of the study inform one of the objectives of the present research: the impact of transgender identity on self-esteem.

According to Odhiambo and Ocholla (2014) self-image has internal and external dimensions. Internally, it is influenced by a person's response to his or her body image while the external dimension consists of how the individual is seen by others. Consequently, self-esteem is built on culturally accepted standards. Hence, people who conform to societal standards are held in high regards. Transgender persons, from our definition of the construct earlier on, do not fall in line with societal standards. As a result, they are disregarded by the society. A study carried out by Phillips (as cited in Odhiambo & Ocholla, 2014) reveal that the aversion towards LGBT persons in Africa is strong based on the fact that LGBT principles and ideology go contrary to core African values of procreation, culture, ethics and religion. Although, the study shows the influence of societal expectations on the self-esteem of LGBT population, the present study hopes to establish whether identity of transgender persons in Kenya impacts on self-esteem, in order to fill the existing knowledge gaps.

In spite of the fact that South Africa was the first country in Africa to legally recognise LGBT identity, a situational analysis of LGBT issues in South Africa revealed that the racial discrimination in the country also affects LGBT rights (Jewkes, Sikweyiya, Morrell & Dunkie, 2011). According to the authors, hostility against LGBT individuals is common, although such cases are rarely reported to the police. Among the blacks in South Africa, lesbians are frequently raped by their opposite gender as a cure for their perverse sexual orientations. Usually the rape

takes place in connivance with the parents of LGBT persons. From the aforesaid, one can deduce that the self-esteem of transgender persons in South Africa and indeed the African continent is likely to be low. In this regard, the present study hopes to find out if the situation is the same in Kenya in order to propose alternative ways for transgender persons to cope in a society that is not accepting of transgender identity.

2.5 Coping Strategy of Transgender Persons

Challenges and difficulties are part of the experiences of living. They can make or mar an individual. That notwithstanding, one can weather the storms of life through resilience. APA (2017) confirms this by stating that resilience is the ability to cope with or adapt to a stressful or life-challenging situations. On this note, Higgins, Sharek and Glacken (2016) assert that most children, who experienced financial and social deprivation, grow up to be very integrated adolescents and adults because they were able to develop resilience. More so, the authors emphasized that resilience can be taught and learnt through life challenges. Research studies carried out to explore how young people in South Wales and the North West of England think about distress, self-harm, and suicide, showed some understanding of same-sex relationships as being natural and acknowledged that it was an uphill task in constructing a positive LGB or Transgender identity against the almost overwhelming pressure from the heterosexual majority.

Bockting, Miner, Burne, Hamilton, and Coleman (2014) conducted a research on "Stigma, Mental Health, and Resilience" among United States transgender persons. The study examined the prevalence of minority stress, mental health and potential coping strategies for geographically diverse sample of transgender population in the United States of America. The methodology used was a quantitative research design whereby data were collected through online survey. The sample population comprised of a total of 1093 Male-to-Female and Female-

to-Male participants. The results showed a significant degree of clinical issues which were traced to social stigma. 44.1% of the participants were experiencing depression, 33.2% anxiety, and 27.5% bodily ailments. The results also revealed that peer support, preferably by other transgender persons, self-efficacy, and family support helped the transgender to remain resilient in face of hostility. The present research explored ways in which transgender persons in Kenya have been coping with their existential challenges, thereby, creating more insights.

A critical review of literature on the "Resilience in Black Lesbians, Gay, Bisexual, and Transgender persons" by Follins, Walker and Lewis (2014) in the United States of America revealed that black LGBT experienced a high degree of discrimination, stigmatization, depression, and high mortality rates from diseases. This is because they are exposed to discrimination on the basis of their racial identity as well as their gender identity. However, the authors noted that the resilience of black transgender individuals was higher than other racial groups. Yet, little or no attention has been given to this fact in literature. Based on the reviewed literature, African Americans drew resilient characteristics from their individual personality traits, family ties, and community support (Reich, Zautra, & Hall, as cited in by Follins, Walker & Lewis, 2014). During the aforementioned review, the authors could only identify two research studies on coping strategies of African Americans in the face of the anti-transgender identity environment. One of the studies was carried out by Koken et al. (2009) on the "Experiences of familial acceptance–rejection among transwomen of color" and the other was carried out Singh, Hays, and Watson (2011) to explore the resilience strategy in transgender persons. Both researches presented family support as a buffer and a resource for personal strength against gender discrimination. The support gained from family increased their self-image and led to resilience. The findings of the studies indicate that there are possibilities for transgender persons

to cope and live meaningfully. The present study also aimed at finding out what coping strategies transgender persons in Kenya have in order to contribute information to existing literature.

In the same vein, a research study by Higgins, Sharek and Glacken (2016) explored the resilience processes among older LGBT population in Ireland. Qualitative and exploratory designs were used for the study. A total of 36 LGBT persons from 55 years and above, participated in a face-to-face interview. The aforementioned research aimed at presenting another dimension to the experience of older LGBT persons. According to the authors, previous literature concentrated on the vulnerability and health perspective of the LGBT especially in Ireland, where the Catholic Church's homophobic influence was high. The authors confirmed the fact that such deeply religious climate prevented LGBT from expressing their preferred identities. Furthermore, the authors acknowledged that while such an environment had the capacity of affecting a person's self-esteem and mental health, it also led to development of coping skills and techniques (Hash & Roger as cited in Higgins, Sharek and Glacken, 2016).

From the findings, nine processes that boosted participants' resilience were found. They are: self-acceptance and seeing LGBT identity as just an aspect of the whole person, having the power of positive thinking, learning to forgive, moving out of oppressive social environments, being affirmed by family and significant others, engaging in formal support groups, maintaining contact with others members of LGBT, practising gratitude, and having a busy lifestyle. The authors said the processes listed above lead to the cultivation of positive attitudes to life, and healthy sense of self. Similarly, Frost et al. (2011) also noted that self-awareness, improved self-concept, greater self-acceptance and self-empathy, and a high degree of advocacy skills can promote resilience. The current study is still relevant because the above study was done in Ireland, not Kenya, and will also add to emerging body of research on transgender identity.

2.6 Psycho-spiritual Intervention

There are different interventions employed in assisting transgender persons to cope with distress. This section explored the possible role of psycho-spiritual intervention in dealing with transgender issues. Psycho-spiritual intervention is a spiritually oriented approach to psycho-therapy that aims at the integration of the body, mind, emotion and spirit of a person through a combination of the techniques and skills of traditional theories of counselling and spiritual techniques (DiVilo, 2017). In this context, Harrison (2017) indicates that an integration of psychological and spiritual concepts of therapy is necessary for holistic health since both disciplines are geared towards influencing thoughts, feelings, and behaviour of a person in a way that leads to a self-actualising and fulfilling lifestyle. Hence, both disciplines bring about harmony with self, others, God and the environment. Conversely, Freud's view that spirituality and religion were the cause of all neurosis led to the neglect of the spiritual dimension in providing therapy. However, in recent years, psycho-therapists and other healthcare providers have come to the realization that neglecting the spiritual dimension in the treatment process of a client adversely affects the healing process. On this note, psycho-spiritual intervention has an edge over other psychological interventions in that, it considers the spiritual dimension of an individual which consists of relationship with God or a Higher Power, values, and beliefs.

A review of literatures to explore the role of religion and spirituality in the lives of transgender and intersex individuals by Rodrigues and Follins (2012) identified two perspectives in this regard. For some transgender and intersex individuals, religion and spirituality served as a buffer against gender related distress. For instance, Kerry (as cited by Rodrigues and Follins, 2012) noted that the unique spiritual and religious experiences of some transgender and intersex individuals made them live happily. More so, some transgender and intersex persons said they

chose aspects of religion that helped them to cope with their identity and dropped those that were dogmatic and judgmental of their gender identities (Kidd & Witten, 2008). In addition, some transgender persons expressed that they had to change their religious denomination or religion to a more understanding religion (Oswald as cited in Rodrigues and Follins, 2012). This view is also supported by Kidd and Witten (2008) who remarked that some religions such as Christianity, Islam, and Jewish religion are more normative than others and as such castigate transgender identity. Furthermore, Kidd and Witten (2008) pointed out the research findings of many authors in support of the positive impacts of religion on the well-being of older transgender persons in a way that boost the morale and buffer stress as well as facilitate coping. As a result, promote internal psychological resources like self-esteem and feelings of worthiness.

On the other hand, the research study by Rodrigues and Follins (2012) also revealed that religion and spirituality are obstacles to the acceptance and support needed by transgender and intersex individuals to live meaningfully. For instance, some transgender persons were said to be possessed by demons, and as such, exorcisms were performed on them (Tashman, 2015). Needless to say that, these methods only aggravated their emotional and mental distress. Weil (as cited by Rodrigues and Follins, 2012) also brought out the negative role played by spirituality and religion by explaining the difficulties encountered by some parents with Catholic background in deciding whether or not to have doctors perform genital surgeries on their intersex children. In this context, it is worthwhile to present the Catholic Church's stand on transgender identity as reflected in encyclicals and other authoritative documents of the Church. Inasmuch as the Catholic Church approaches people in difficult situations (transgender persons inclusive) with compassion, sensitivity and respect, Pope Francis asserts that the young need to be helped to accept their bodies as it was created (Ibanez, 2015). In addition, Pope Francis cautioned that

"biological sex and the socio-cultural role of sex (gender) can be distinguished but not separated" (Ibanez, 2015, p.1). Hence, change of body features through hormone treatment or sex reassignment surgeries invariably violates the church's teaching. This position held by the church is also reflected in *Gaudium et Spes* (1965) and Pope John Paul II's encyclical *Evangelium Vitae* (1995) both documents reiterated the dignity and sacredness of human life and asserted that human beings are called to care for and preserve life in its entirety. This is also in line with the central teaching of the Christian faith as documented by the International Theological Commission (2002) which states that the body and soul are intrinsic part of the same individual. Therefore, Transgender identity can be viewed as a distortion of the aforementioned reality.

From the psychological perspective, the literature reviewed in the present study, showed that transgender persons have over the years experienced emotional and mental distress as a result of their identity. Bizarre approaches have been used in attempts to resolve transgender identity issues such as seclusion, isolation, rejection, and deprivation of basic needs (Dearham & Kimani, 2013). Furthermore, transgender-related diagnosis remained in DSM-5 despite the fact that transgender advocacy groups had called for its removal from it. The rationale for leaving transgender issues in DSM-5 is in recognition of the health challenges that are associated with transgender identity. Having acknowledged the significant literature on health challenges of transgender persons, APA set up a task force in 2005 to prepare clinical guidelines for addressing transgender issues (APA (2009a). The task force observed that in addition to issues that bring persons to seek professional help, transgender persons may need professional help in comprehending and appropriately expressing their identity in order to address the social and relational issues pertaining to their gender identity. Furthermore, the task force published a report

that amongst other resolutions, spelt out standards of good practice for counselling transgender persons. Professional counselling was to include treatment and intervention; treatment would require providing therapy for underlying distress and psychopathology. According to the report of the task force, intervention involved using behavioural theories to effect the change of attitudes of transgender persons and others. APA (2009a) listed some psychotherapy models that were presented in literature concerning the treatment of Gender Identity Disorders (GID). They were Behavioural Therapy, Cognitive Behaviour Therapy, and Person Centred Therapy. The psychotherapy models listed by Zucker (as cited in APA, 2009a) have the capacity of leading clients to understand their issues better so as to set goals and develop means of achieving the goals. In recent times, limitation of psychotherapy has featured in discussions on counselling interventions. Its limitation is more in the scope of coverage as far as therapeutic healing is concerned.   `

The research study by Rodrigues and Follins (2012) revealed the insufficient integration of psychology, human sexuality and religion and as such proposed an intersection between the three disciplines mentioned earlier. Psycho-spiritual therapy fits well into the present model of counselling and is capable of offering the proposed intersection. This is because psycho-spiritual therapy being an integrated approach adopts techniques and skill of classical psychotherapy with an additional aspect of considering the spiritual dimension (that which is beyond the physical) of clients (Rosselli & Vanni, 2014). The present study found out the possible role of psycho-spiritual intervention in the building of a healthy self-concept of transgender persons, with a focus on logotherapy by Viktor Frankl. Logotherapy proposes that no matter how gruesome the challenges encountered in life, there is an innate capacity in human beings to remain resilient. Similar to Logotherapy is Bandura's theory of self-efficacy. Self-efficacy refers to belief in the

innate ability to be in control of effects of life challenges. Bandura further explained that having self-efficacy goes beyond accepting feeling of discouragement as normal when one encounters hostility, to adopting a stance that helps one to rebound. It leaves one with the option of choosing to overcome the social environment and thereby avoid harmful behaviour.

Despite the diversity of theories, psychologists affirm the fact that every human person has the potential of living a fully mental and emotionally healthy life irrespective of gender identity and gender expression (APA, 2009a). Therefore, transgender persons can be helped to develop resilience in the face of the challenging experiences they encounter in life.

2.7 Summary and Identification of knowledge Gap

From the reviewed literature, few studies have been done on transgender identity issues. Among the few done, emphasis has been on the prevalence of diseases such as HIV/AIDS with the aim of providing adequate healthcare for them. Not much has been done on issues in relation to self-concept of transgender identity and psycho-spiritual counselling intervention. Hence, the present study intends to contribute to the knowledge gap on transgender issues in order to empower transgender persons to overcome the hostility that hinders them from self-actualisation through psycho-spiritual intervention.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presented a description of the research designs, the research site, the participants and the target population, the sampling techniques, the research instruments, data collection procedure, data management process, description of data analysis procedure, trustworthiness of the research study as well as ethical consideration of the data collection.

3.2 Research Design and Method

A research design is the framework or detailed procedure used in collecting data for a research study (Kazi, 2013). In essence, it is the general plan of how to go about a research study. Similarly, Ranjit (2011) defined a research design as the presentation of the study design the researcher intends to use, the manner in which information will be collected from the research participants and how the participants will be chosen as well as how information will be analyzed and findings communicated. Therefore, the research method employed in this research study was a qualitative research method using phenomenological design. The choice of the design was to enable the researcher to have access to the research participants' thoughts and feelings which eventually led to a better comprehension of the meaning that the participants attributed to their experiences (Sutton & Zubin, 2015). On the same note, triangulation technique was employed in data collection using face-to-face interviews and focused group discussion in order to broaden a comprehension of the constructs. In line with this, Ranjit (2011) states that triangulation involves using multiple methods or data sources in order to create a broad understanding of the phenomenon of the study.

3.3 Research Site

The study was carried out in Westlands and Kangemi in Nairobi County Kenya. Westlands is an affluent neighbourhood and an administrative division of Nairobi city, the capital and largest city in Kenya (Encyclopedia.com). Its inhabitants are mostly expatriates who make the city multicultural, and as such a conducive place of meeting for transgender persons. The transgender support group has a rented facility there, where they held exclusive regular meetings of transgender persons. The first set of interviews was held there. Nevertheless, the transgender group had to relocate from Westlands to Kangemi because they did not find the facility convenient. Kangemi, on the other hand is one of the slums in Kenya located in the outskirts of Westlands. However, the transgender group has a rented facility in one of the estates inhabited by middle class income earners. Its multi-ethnic nature also made the location a safe place for transgender persons to hold their regular meetings and other activities such as counselling sessions, workshops and seminars.

3.4 Target Population

It is difficult to give statistics of people who identify themselves as transgender persons in Nairobi County since such disclosure have negative consequences on their well-being. The target population was drawn from thirty registered members of *Jinsiangu* Transgender Support Group. Members live in different parts of Nairobi County but come together for scheduled activities or as the need arose. Twelve of them were interviewed and six participated in the focus group discussion. Although the target population was small, the depth of the study provided rich data for the study.

3.5 Sampling Design

Kombo and Tromp (2014) defined sampling design as the process of selecting participants of a study in a way that represents the characteristics found in the entire group. As such, this study used purposive sampling techniques which involved choosing the participants based on the varied categories of the group and the objectives of the study (Kombo & Tromp, 2014). Reflecting the varied forms of being a transgender person in the selection of participants was appropriate in dealing with gender issues and other contexts where there are disparities in the study population. In this context, Kombo and Tromp (2014) posit that precision in the nature of information gathered can be achieved.

3.6 Research Instruments

The research instruments used in this study were face-to-face interviews and focus group discussions. An interview, according to Ranjit (2011) is any person-to-person interaction which could be face to face or through telephone conversation between two or more individuals with the aim of getting information on a specific area of study. In addition, the author said that an interview could be structured or flexible. The current research study employed a semi-structured interview guide which consisted of open-ended questions that were prepared beforehand (see appendix D for interview guide). This is because as stated by Harrell and Bradley (2009) semi-structured interviews allow for the collection of data in a somewhat conversational way, and as such, are non-threatening. This structure of interview left the choice of questions at the discretion of the interviewer. Apart from the already prepared questions, the interviewer used probes when necessary to address the focus of the study. The face-to-face interview provided the researcher with deeper insights into transgender identity and how it influenced or affected their self-image and self-esteem.

Furthermore, the focus group discussion elicited attitudes, opinions or perceptions of the research participants towards the research topic. This was done through the researcher who facilitated the discussion by introducing sub-topics based on the research objectives in order to stimulate discussions among the participants. The topics for the focus group discussions had the same focus as the interview questions and were also prepared ahead of time (Appendix D section C). The group discussions lasted for an hour. During the focus group discussion, significant points raised during the discussions provided data for the study. While the focus group session was going on, the researcher observed non-verbal cues that added to the meaning of the verbal discussions.

3.7 Data Collection Procedure

The procedure of data collection began with the researcher obtaining written permission from the Research and Ethics Committee of Psycho-Spiritual Institute, Marist International University College, Karen to collect data for the research study on Identity and Self-concept of transgender persons in Nairobi County, Kenya. After which, a letter of permission was granted to the researcher by the National Commission for Science, Technology and Innovation (NACOSTI). This was followed by obtaining permission from the Programme Manager of *Jinsiangu* Group which took place during a visit to inform her about the proposed area and the aim of the study. The visit afforded the researcher the opportunity to create rapport with some of the transgender persons and also work out the modalities for the data collection with them. On the day of interview, the researcher communicated the nature and purpose of the research study to the participants (see appendix B for explanation of the study). Before the commencement of the interviews, each participant filled the informed consent form (A copy of the consent form is in appendix C).

3.8 Data Management

In research, data management refers to maintaining information gathered during a research (Labaree, 2013). In the present research study, data was transferred from an audio-tape recorder to text and stored in an external drive and laptop whose passwords are known by the researcher only. In order to maintain confidentiality and protect the privacy of the research participants, pseudonyms were used for the presentation of data. Moreover, the data will be discarded soon after the researcher's graduation.

3.9 Description of Data Analysis Procedure

The data collected from the interviews and focus group discussions were transcribed verbatim and coded to maintain the ethics of confidentiality and also to protect the participants' privacy. Thereafter, the transcribed data were coded for themes. After which the researcher reported direct quotations from the participants without revealing their real names. The following was the thematic analysis procedure used for data analysis: classification of data by identifying and grouping statements that related to the topic into meaningful units. Varying views were also identified and included in the analysis to give an overall synthesis of the phenomenon under study from the perspective of the participants. This was followed by the researcher's attempt to ascribe meaning to the lived experiences of transgender persons (Sutton & Zubin, 2015). This was followed by the researcher's description and interpretation of the meaning of the experience of transgender identity and their impacts on their self-image and self-esteem.

3.10 Trustworthiness of the Research Study

To address the trustworthiness of this study, the researcher used the four criteria proposed by Lincoln and Guba (1989) which consist of credibility, dependability, confirmability, and transferability. Credibility was maintained by adopting a combination of two research instruments for the research study. This was further ensured in the good quality audio-tape used in recording the sessions and the field notes of non-verbal cues taken during the sessions. Furthermore, the same set of questions was used in interviewing each of the participants (Labaree, 2013).

Dependability was established by the research supervisors who reviewed and examined the research process and also ensured that the data analysis was consistent to ensure that similar results would be obtained should a similar research be carried out. Moreover, the content of the interview questions and sub-topics for focus group discussion were done under the guidance of the thesis supervisors.

Confirmability of the study was also sustained through auditing of the research process by the research supervisors to ensure that the researcher's bias did not skew the interpretation of what the research participants said. The transcribed contents were confirmed and in some cases corrected by the research participants.

Transferability was ascertained in the fact that the results of the research findings can be applied to other vulnerable groups that experience discrimination and stigmatization (Ranjit, 2011). Transferability between the participants and the researcher was also realised through in-depth analysis of data. In this context, Kvale as (cited in Alshenqeeti, 2014) opined that an interview is a powerful instrument in eliciting information that provides in-depth exposure of the construct of a research study. In a similar vein, Cohen et al. (2007) stated that an interview is a

valuable research instrument for exploring a phenomena and negotiation of meanings in a natural setting.

3.11 Ethical Consideration in Data Collection

According to Ranjit (2011) ethical consideration requires acting in accordance with the accepted code of conduct for psychological research. To ensure the integrity of the research and the protection of the participants from potential risks, permission was obtained from the Research and Ethics Committee of Psycho-Spiritual Institute, Marist International University College, Karen, the National Commission for Science, Technology and Innovation (NACOSTI) as well as from the Programme Director of *Jinsiangu* Transgender Support Group and the transgender persons who participated in the research.

Informed Consent

Informed consent is a process whereby the research participants voluntarily participate in the research study after an explanation of the rationale for the study and the role the participants were expected to play in the study. This is a very important ethical value in any research. Hence, informed consent was sought to ensure that participants were not coerced into participating in the data collection process.

Confidentiality

Confidentiality is a research condition whereby only the researcher can identify the details given by each participant (Labaree, 2013). Therefore, Kombo & Tromp (2014) explained that it entails not divulging information given by the participants and protecting the identity of participants when the data is included in the thesis. In this study confidentiality was observed

through the coding of the transcribed interview proceedings in order to protect the identity of the participants.

Privacy

Respecting the privacy of the participants requires respect for their autonomy and general welfare (Ranjit, 2011). Hence, to ensure the privacy of the participants, the researcher carried out the interviews and focus group discussion in the facility of *Jinsiangu* to ensure their privacy and safety.

Potential Risks

There is a potential risk involved in terms of the fact that the participants' precious time were taken up by the interview sessions & focus group discussion. Hence, the researcher respected that by making every effort not to take undue advantage of the participants' time. Also, the participants did not derive any financial benefit apart from the fact that information they divulged was used to create knowledge and greater awareness regarding transgender persons and self-concept.

Potential Harm

The researcher, as much as possible also ensured that the process of data collection did not generate potential harm such as emotional distress and discomfort in the course of the participant recalling the experiences of their gender identity (Ranjit, 2011). As suggested Kombo & Tromp (2014) the researcher was also aware of the duty to cause no harm, therefore, the researcher being a student of psycho-spiritual therapy, saw to it that each participant was psychologically and physically supported by providing the necessary interventions, when the need arose. On this note, the researcher gave instant counselling to a few of the participants and afterwards referred the participants for on-going counselling. There was also debriefing for each

participant after each interview session. The researcher also sought debriefing from the research supervisors when it was necessary.

Data Storage:

The audio-tape recorder and transcribed data from interviews and the focus group discussion were stored in a place that was accessible only to the researcher. Before the data was presented to the public, anonymity of the participants was ensured.

3.12 Summary of the Chapter

Research designs and methodology are the hinges on which any research study hangs. This chapter provided the means and manner in which the present research study was done. As such, the qualitative research design using phenomenological approach created a clearer understanding of the constructs and as a result led to achieving the objectives of this research study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.1 Introduction

This chapter presented the findings, interpretation and discussion of the study on Identity and Self-concept of Transgender Persons in Nairobi: A Psycho-spiritual Intervention. The data were collected through face-to-face interviews and a focus group discussion (FGD) and thereafter transcribed and coded for themes based on the research objectives.

4.2 Demographic Details of the Participants

Eighteen transgender persons participated in the study. Twelve of them took part in the one-on-one interviews and six participated in the focus group discussions (FGD). Based on the responses given to the question "How would you describe yourself in terms of your gender?" the participants were categorised into three groups of transgender identity namely: gender fluid, gender non-conforming and transsexual. The ages of the participants of the study ranged from nineteen to forty-seven years. Except for three of the participants who were students and another who was self-employed, others worked for different Non-Governmental Organisations (NGOs) concerned with gender identity and/or sexual orientation issues. The participant's age, birth-assigned sex, gender and occupation are reflected on Table I on the next page.

Table 1: Demographic Information of Participants

Participant	Age	Birth-Assigned Sex	Gender	Preferred Pronoun	Employment
TA	27	Male	Transwoman	She	NGO
TB	34	Male	Transfeminine	She	NGO
TC	23	Female	Gender non-conforming	Zie	NGO
TD	47	Female	Transmale	He	Self-employed
TE	30	Female	Gender fluid/ Intersex/ Transmale	He	NGO
TF	28	Female	Gender fluid/Transmale	He	NGO
TG	30	Female	Gender fluid	Tey	NGO
TH	27	Female	Transmale	He	Student
TI	22	Female	Gender fluid	Tey	Student
TJ	19	Female	Gender fluid	Tey/he/she	Student
TK	21	Female	Gender non-conforming	Zie	NGO
TL	30	Female	Others	He	NGO
GA	36	Male	Transwoman	She	NGO
GE	24	Female	Gender non-conforming	Tey/he/she	NGO
GI	29	Female	Transmale	He	NGO
GO	43	Female	Transmale	He	NGO
GU	35	Male	Transuniverse	He	NGO
GG	26	Male	Gender non-conforming	Zie	NGO

4.3 Presentation of the Findings

This section presents the findings and discussion based on the five research objectives. Furthermore, the literature reviewed and the theoretical frameworks were used to discuss and interpret the findings.

4.4 Analysis of the Research Objective One

The first objective examined the identity of transgender persons in Nairobi County, Kenya. The participants in the interviews and focus group discussion reported multidimensional ways through which they perceived who they are and/or how others see them. The themes that emerged in the analysis illustrate a multifaceted identity. In this context, many of them used the expression gender fluidity, gender non-conforming and transsexual to represent the different lens through which they could be understood. Therefore, three themes were employed to address the first objective as follows: gender fluidity, gender non-conforming and transsexual.

4.4.1 Gender fluidity

A few of the participants expressed that they see themselves as having gender fluid identity. In this case, these participants maintained that there is no one gender that they identify with. In other words, they feel more feminine some days and feel more masculine other days. In this context, they rather see themselves as fluctuating around male or female gender identity. For example Participant TF stated: "Right now I don't have a gender. Mmh, I'm gender fluid. I don't feel like I'm a boy or I'm girl. I don't feel comfortable with either of the binary genders. I fluctuate between both at different times" (*9th February, 2018*). In this sense, this participant maintained that he [felt and presented as male on the day of the interview] does not see himself as fitting into a particular gender. Similarly, Participant TI who has similar characteristics of

fluidity said: "There are days when dressing feminine just doesn't feel right" (*25th January, 2018*). Based on this narrative, dressing is one way in which some of the participants present their identity. Therefore, this participant felt bothered sometimes about the form of dressing that would express his gender appropriately. He presented as male on the day of the interview, hence "he" is an appropriate pronoun to use in reporting his experiences. Another participant who identifies as gender fluid expressed:

> If you call me a she or a he because of my dress code, we might end up colliding. So that's why I just prefer being referred to with the pronoun "tey" because I fit in both sides. Yeah, I'm neither he nor she, I am both (*9th February, 9th 2018*).

The narrative above reveals another dimension of gender fluidity. This participant does not identity as either of the conventional genders but as both conventional genders. As such, the participant preferred to be referred to with the pronoun "tey". Thus, for some of the participants who present themselves as having gender fluid identity, the language used in describing their identity is important. In this regard, participant TG said "tey" are not simply comfortable with traditional gender words or identifiers. Thus, a singular pronoun marker is inadequate to describe "ter" identity. From the discourse, a gender fluid person feels masculine on some days and there are days they feel feminine. In addition, on some days they feel neither feminine nor masculine (agender) and also feel masculine and feminine at the same time on some days. The findings showed that the appraisal of a person's identity goes deeper than mere physical appearance. Thus, Erickson-Schroth (2016) noted that the identity of a transgender person is complex and can be expressed in varied ways even by the same individual. This is in consonance with Dearham and Kimani (2013) who in their work emphasized the complexity of transgender identity. The complexity of the construct is also reported in a study conducted to explore the factors that lead to transgender identity by McGuire, Kuvalanka, Catalpa and Toomey (2016).

4.4.2 Gender-nonconforming

The second category of identity is gender non-conforming which can be identified through three perspectives. The first perspective focuses on what is referred to as intersex condition, the second is linked closely with chromosomal malformation and the third is related to behaviour and sexual expressions which were often at variance with societal norms and expectations. Some of the participants expressed that being gender non-conforming is linked closely to intersex disorder. For instance, Participant TE argued:

> Intersex is a person, who psychologically or physically does not match all being; I'm not a male or female. I was born with ambiguous genitalia. So, I was assigned female by my parents as an infant. Although, I grew up female, I did not have any physical features of a female at puberty and beyond (*9th February, 2017*).

Based on the above narrative, the participant was born with both male and female genitalia and at birth the male genitalia which did not look prominent, was surgically removed. Then at puberty, the secondary male sexual characteristics became visible. For instance, the participant explained that he has beard, but had never menstruated, neither has his breast developed, yet he has a feminine voice. Although considered female by his community, his behaviour and activities (partly influenced by testosterone, the male secondary sexual characteristics) were those expected of males. This participant identifies as gender non-conforming as well as transmale since physically he looks masculine. Therefore, it implies that the biological make up of this participant established him as a transgender person. On this note, Participant TK who identifies as gender non-conforming stated: "There was a day I went for a job interview. I told them my name and they said 'your name is Cheptoo (pseudonym) but you don't look like a girl.' So, I didn't get the job" (*9th February, 2017*). For this gender non-conforming person, "zie" physical appearance was contrary to "zir" birth assigned sex. Therefore, the society perceives

this category of transgender persons from the point of view of the birth assigned sex not so much the biological processes like chromosomal formation and hormonal changes going on within the transgender person.

Yet other participants who also identified as gender non-conforming expressed that they had issues with their chromosomal formation and went to the extent of undergoing medical procedures to ascertain their identity. Accordingly, Participant TC remarked: "I have a front hole, a vagina, I appear female. Most people will call me female but what they don't see is that my testosterone is higher than my estrogen. Which basically, if I didn't have a front hole and breasts, I would be male" (*25th January, 2017*). The extract above indicates that despite having a female sexual organ, Participant TC said "zie" had hormonal imbalance. As a person with female genitals and breasts, the natural thing would be for "zir" estrogen, the hormone responsible for the female secondary characteristics to be dominant. In this case, testosterone, the male secondary hormone is dominant. What this means is that instead a female exhibiting female characteristics, the person exhibits male characteristics. The same participant further explained:

> I identify as gender nonconforming. Though, I have intersex disorders, for example my chromosomes are XO, which is a variant of intersex; one of the 27 intersex disorders. Why I actually identify as gender non-conforming is on the basis of an intersex identity. Though I don't have ambiguous genitalia which is a mark of intersex condition, what is ambiguous about me is my chemicals, that is, the composition of my hormones inside me (*25th January, 2017*).

This participant's narrative gave some further clue into what it entails to be a gender non-conforming person. In this context, the abnormality in the combination of chromosomes seems to bring about a condition where the participant does not fit into either male or female gender.

What stands out from the narratives above is that the gender expressions of gender non-conforming persons are different from conventional masculinity and femininity. The difference

is based on the fact that some transgender persons have intersex conditions and as such experience ambiguity in their gender dispositions. The narratives of the participants also revealed that intersex persons exhibit gender variance. While some develop significant features of opposite gender of their birth-assigned sex except for the feminine voice as in the case of participant TE, others experience ambiguity as expressed by Participants TK and TC. On this note, the last two participants TK and TC identify as neither male nor female. The notion that such ambiguity is as a result of abnormal formation of the genitalia or internal reproductive organs or sex hormones, is affirmed by APA, 2017; Moleiro & Pinto, 2015; Platt & Bowland, 2017. Furthermore, Power (2011) and Wu (2016) concurred with the aforementioned authors by stating that transgender identity could also occur as a result of duplications, translocation, deletions, or insertions of a chromosomal segment.

4.4.3 Transsexual

When the participants' self-image were analyzed, majority of the participants said they fell under the category of transsexual because they were either seeking to undergo or had undergone a transition from female to male or male to female gender. Therefore, the narratives of the participants showed that they were undergoing different forms of transitioning, namely social, legal and/or medical transitioning.

Social Transitioning. Some of the participants indicated that they had undergone or were undergoing social transitioning which involves presenting their gender to the society through dressing, or wearing of binders by transmale (a person whose birth assigned sex is female but identifies as male) in order to flatten their breasts. In this context, Participant TJ stated: "Presently, I identify as gender fluid but I'm in the process of becoming transmale. I've begun social transitioning through presenting myself to the society as my identified gender" (*9th*

February, 2018). The movement of this participant from a gender fluid identity to becoming transmale is an indication that gender identity is not fixed. By transitioning from a sex-assigned gender to a preferred gender, it implies that this participant whose gender identity fluctuates between male and female was able to identify as male which is a particular conventional gender. Thus, revealing that transgender identity can change with time. Based the narratives, transgender identity continues to unfold over a period. In other words, a transgender person continues to clarify their identity which could lead to making a decision of what form of transitioning to undergo.

Participant TD who had done social transitioning said: "I was assigned female at birth so when I began transitioning, I bought nice trousers, nice shirts, and binders for my chest to hide my breasts. I also started adapting to male characteristics and mannerisms" (*25th January, 2018*). The extracts above illustrate the process in which some of the participants construct their gender identity. Thus, the process narrated above focuses on physical appearance or acting as much as possible in consonance with the preferred gender. From the findings, participants acknowledged that social transitioning, though the most easily accessible of the three forms of transitioning, is usually met with stiff opposition from family and friends as well as the immediate community. This, they added explained why some of the participants were yet to fully engage in their social transitioning. Participant TF confirmed the difficulties involved in social transitioning thus:

> When I was about six years old, I used to dress like a boy but my family insisted that I dress like a girl. I managed to comply but it was a struggle. At some point, I began to insist on boy's clothing. So, my family, the entire family was like no, if you can't dress up like a female you will not be part of this family. So because I couldn't follow their mind, they decided to chase me away from home. I was 13 years old then (*25th January, 2018*).

According to the participant, several attempts to get his parents to change their minds were futile. So, when the participant realised that his family was bent on killing him, he fled to the capital city and became a child of the streets. He had to depend on alms for survival until he was hired as a farmer by one of those he had begged from. As such, this participant was exposed to a debased lifestyle.

The difficulty involved in social transitioning was also acknowledged by Participant TD who, shared a contrary experience, "Although, I had a lot of arguments and disagreements with my mother, it was easier doing it in an urban setting than it would have been in a rural setting where people know and relate with neighbours" (*25th January, 2018*). The sentiments raised by Participant TD suggest the challenges experienced by transgender persons are based on relationships and environmental factors. Accordingly, the participant had to contend with his mother yet was able to proceed with the transitioning. This is because the urban area where his family resided made it easier since the level of interaction among people was low. By way of comparison, the narrative by the participant seems to posit that transitioning would be more challenging in the rural areas because as closely knit societies, people know and relate with neighbours. As such, could make those in the immediate environment raise questions, show disapproval, or make comments that could affect the transgender person. Participant TD further remarked: "Where I live, people are always wondering why I am not married because they say I'm a good person and that I don't fight with my neighbours; how come I'm not married? None of them knows I'm transmale" (*25th January, 2018*). In this extract, the participant argued that having been born and bred in the city shielded him from much discrimination even till date. Hence, there seem to be acceptance and admiration of him because his identity is unknown to his neighbours.

What this implies is that transgender persons are unlikely to be secluded from normal activities of their heterogeneous counterpart as long as their gender identity remained unknown. Therefore, it can be inferred from the foregoing that life for a transgender person can be difficult. Choosing to restrict oneself from carrying out activities that are expected of people of his age and status, is likely to impact on a person's self-image/esteem. This is in consonance with Russell and Fish's (2016) assertion that the environment impacts on the life of a transgender person.

Legal Transitioning. The findings from the study also showed that some of the participants had begun the process of legal transitioning through the change of names in their official documents in order to reflect their current gender. Participant TE who identified as gender fluid/intersex expressed the necessity for legal transitioning had this to say: "It's difficult to do official transactions because people don't believe the information in my national documents. Here, I am Anna Mwangi [pseudonyms] but physically they see somebody else" (*25th January, 2018*). From the narrative, the change of name is necessary in order to align the participant's name with his physical appearance. A similar position is shared by Participant TH, who expressed:

> It has always been a problem when I go to m-pesa [mobile money] agents either to deposit or withdraw money. When I start the process and the names appear on their phones, they are surprised. Then they ask for my ID, and say the photograph and name are feminine but you are a man. It's either I'm arrested or denied access to my account" (*9th February, 2018*).

The statement above indicated that the participant underwent humiliating circumstances because the change in his physical appearance did not tally with his name. It is obvious from the findings that bearing a name that does not reflect a participant's gender identity can create an unhealthy situation for him or her. Thus, the findings are in accord with the report of a survey by National Center for Transgender Equality in 2015 which evaluated the airport experiences of transgender persons. The report revealed that there are a lot of challenges associated with their gender

identities, especially with regard to international travels. To this effect, Esom (2016) recounted the success of advocacy groups in the continent in assisting LGBT persons gain redress concerning their identity. Instances were given of a few isolated cases of LGBT individuals in Uganda, Nigeria and Kenya who got court rulings in their favour concerning the change of name on their academic certificates to reflect their gender identity (Esom, 2016).

Medical Transitioning. Participants varied in their desire for medical transitioning which consists of using hormonal and surgical interventions to alter their birth assigned sex. In line with this, a good number of the participants were desirous of undergoing medical transitioning as it is believed, would to a large extent, align the body with the gender identity. To expound on the issue, Participant TH expressed the desire for transitioning thus: "I don't know if I'm only imagining but I'm planning to go for a sex-reassignment surgery though I don't know when it's *gonna* happen but it's something I have in mind" (*9th February, 2018*). From the narratives of Participant TH and others, the desire to complete medical transitioning seems far-fetched because sex-reassignment surgeries are not easily accessible due to the cost and unavailability of some of the services in Kenya. Confirming the high cost of medical transitioning procedures, Participant TD remarked:

> The medical one is expensive, just a small dose of testosterone is 1,300 Kenyan Shillings per month. It's a lot! You have to be employed and have a steady income to afford that. Surgeries like chest construction [removal of breast for transmale and creating of breasts for transfemale] in Kenya would go for about two hundred thousand Kenyan Shillings. So, it's not cheap (*25th January, 2018*).

In this narrative, the participant stated why some of the participants do not undergo medical transitioning mainly because of the high cost of the treatments. Participant TD further stated: "After surgery, I was supposed to be on hormones, but two years after, my business got burnt down so I could not afford the hormones. So, I developed osteoporosis; a disease of the absence

of hormones from my body which interfered with my joints and made my bones brittle. It is a long term disease" (*25th January, 2018*). This participant illustrated how he was prevented for continuing his cross-sex hormone treatment due to financial constraint and as a result developed a disease. Accordingly, this participant presented more challenges that are associated with transgender identity. In order for transgender persons to bring their bodies to reflect their desired identity, financial resources are required and as such, the person needs to be financially stable. However, the demographics of the participants showed that most of them work as volunteers for NGOs, and therefore were unlikely to have enough resources to pay the bills for transitioning.

The findings also revealed that medical transitioning could be fully done by undergoing hormone treatment therapy followed by sex-reassignment surgeries. On this note, Participant GE from the focus group discussion who identifies gender non-conforming expressed:

> I'm attached to both the feminine and the masculine side and that is why I'd rather be on small bits of hormones; estrogen and testosterone hormones "*kidogo kidogo*" [Swahili expression for small bits) and not to fully pick a hormone because I don't want to lose either of them (*19th December, 2018*).

The above quotation shows the unwillingness of some of the participants to transition fully from a sex assigned gender to another especially for participants who identify as gender fluid and gender non-conforming. This is because they feel either of gender on separate days. In addition, Participant GE remarked:

> Biologically, I know [pause] there is nothing much I can do. I was supposed to be on hormonal replacement therapy but then they told me I have to choose either being on testosterone or estrogen. I am comfortable not to conform to either of the binary, I love [pause] being bi sex (25th January, 2018).

This participant did not choose medical transitioning in order not to drop one gender identity for another. From this narrative, it is obvious that opting to transition from one gender to another

depends on the category of gender identity. For participants whose gender identity fluctuates, transition is not considered as it will alter the person's basic disposition. Although, majority of the participants expressed the desire for sex-reassignment surgeries a few of the participants indicated that they were contented with social transitioning. On this note, Participant TF proudly acknowledged: "I can say I'm a man or a he; the reason can be seen in my looks, my physical appearance. I look like a man, isn't it?" (*9th February, 2017*). This participant felt that without taking hormones he already looked like his desired gender identity. Hence, he sought the confirmation of the researcher.

Based on the narratives of the participants, there were a few of them whose need for a change of identity could be taken care of by undergoing only social transitioning. To this effect, Participant GI from the focus group discussion attested:

> I don't take hormones, I've never taken hormones; the way I have grown up is the way I am. About two weeks ago I was arrested and I slept in a male cell for two days but I accepted because if I had gone to the women's cell they would have yelled at me... because of my beard, voice, and features (*19th December, 2017*).

From the participant's point of view, he did not need hormone treatment because according to him, he transitioned naturally over the years. In this context, the participant declared that although assigned female at birth, he looks masculine. For instance, the example he gave of being taken to a male cell instead of a female cell was an indication that biological processes in some transgender persons was such that their physiology reflect their desired gender. Similarly, Participant GG from the focus group discussion stated: "I have not taken any hormones. I'm gender nonconforming so people can't tell whether I am female or male. I could pass for either; it depends on how I wake up. I have never had the desire to do a full transition" (*19th December, 2017*). For this participant too, the biological processes effected the change in

"zir" physiology. In this context, "zie" argued that "zie" would not need medical transitioning since "zie" could be taken for either male or female depending on how "zie" chose to present "zieself."

Based on the participants' understanding that transitioning could be a solution to gender identity challenges as discussed earlier in this chapter, Participant GA in the focus group discussion who identified as transwoman had this to say:

> Before I transitioned, there were issues of depression; there were issues of loneliness. Now, after transitioning, I thought everything will get better because I can be identified as someone. At least that's what I hoped for but sometimes it's not necessarily the case. The challenges remained and of course, there are new challenges; issues with official documents, issues with accessing public bathrooms. So, I asked myself even when I have transitioned, what was the point if the problems still remain? (*19th December, 2017*).

Participant GA who had undergone sex-reassignment surgery, lamented about life before and after transitioning. From her narrative, transitioning did not resolve her gender related challenges. Rather, it brought new challenges. A similar view was reported by Participant TA thus:

> I was born male. When I began transitioning, I began to be in the company of ladies. I found out that I could not participate in their conversation. They could talk a lot and the topic of their discussion was fascinating initially but after a while, I got bored (*Participant TE, 25th January, 2018*).

The participant recalled the difficulty she encountered even at the level of interacting with members of her preferred gender. The fact that she was in the company of ladies implied that she was accepted and her physical appearance may have been close to the preferred gender. However, transitioning did not resolve her issues. The narrative above showed that transitioning presents new pressures to behave like those whose gender was the same as her preferred gender.

The findings in this study showed the complexity of transgender identity such that within the same category, there are different expressions of identity usually based on the lived experience of each person. From the narratives of the participants, besides being male or female, there were other gender identity models. For instance, an individual could be either male or female, or neither male nor female or both male and female. This is supported by the basic assumptions of the first theoretical framework; transgender theory wherein Roen (as cited in of Lykke, 2010; Nagoshi & Brzuzy, 2010) proposed that gender identity exists in a continuum. The authors also stated that a misunderstanding of transgender identity by the society and transgender themselves could lead to a poor self-image/esteem.

Another insight gained from the narratives of most of the participants is the belief that transitioning is a way of eliminating the challenges associated with their gender identity. However, this is not always the case as transitioning is said to have its new challenges. This view goes contrary to the view of Erickson-Scroth (2014) stating that transitioning from a sex-assigned gender to a preferred gender is one of the ways transgender persons seek to resolve their crisis (Erickson-Scroth, 2014). In the light of the above discussion, DSM-5 confirmed the fact that transgender persons experience distress or what it refers to as "gender dysphoria." The gender dysphoria according to DSM-5 is experienced prior to and after transitioning.

4.5 Analysis of Research Objective Two

The second objective explored the self-image of the transgender persons in Nairobi County, Kenya. Most of the participants recounted the distress they experienced as a result of their physical appearance/body image. Hence, the participants admitted that their self-image was closely related to their body image, which in most cases were contrary to their preferred gender,

and as such led to feelings of frustration, confusion, and humiliation. Therefore, the findings in this section were presented using the following themes: frustration, confusion and humiliation.

4.5.1 Frustration

Participants experienced frustration when their attempts to resolve their distress were futile. Many of the participants reported that they experienced interpersonal as well as intrapersonal frustrations in their attempt to make sense of their identity. In this context, they mean that being transgender could bring them to instances of switching from one gender expression to another as frequently as possible. To say in another way, they mean that they can float around any gender identity that pleases them. To this effect, Participant TC showing signs of irritation remarked:

> Sometimes, when people ask, so are you a boy or a girl? And I tell them, none or both depending on the day and they'll be like 'no, what is between your legs?' Just because I have a front hole, does say anything about my identity. I just wish so many things were not that gendered (*9th February, 2018*).

The participant's frustration was based on the fact that her questioners were not satisfied with her response and felt that gender was necessarily connected with a sex organ. From the extract and observation during the interview, the enquiry about the participant's gender identity must have put a lot of pressure on her as was reflected in her tone of voice and facial expression. Other participants also recounted experiences that bordered on interpersonal frustrations. For example, Participant TI expressed:

> I feel the pain and you think we are the same. When you get to menstruate for three days with no cramps, painlessly, you are by default privileged. You are a perfect woman. You fit into a woman but we are not the same (*25th January, 2018*).

In this narrative, the participant seemed to be addressing the larger society. The participant's frustration can be perceived from her expressions as reflected in the choice of the words like "same" and "you." Furthermore, the extract reflects the participant's frustration which seemed to be as a result of not being understood or a lack of empathy from the heterosexual majority. Participant TH also expressed his frustration thus: "There are situations which make me hate being like this because I used to be very beautiful. I used to have many friends but now many of my friends have rejected me" (*9th January, 2018*). This participant expressed regrets about his self-image when he compared his current physical appearance with his previous looks. From the narrative, this participant is obviously not happy with his new self-image as a transgender person and went to the extent of saying he hated what he looked like at the moment.

In addition, most participants confirmed that they underwent and still undergo a lot of distress with their body image and attributed most of the hostility they encountered to their physical appearance even after transition. The distresses, they however acknowledged were more pronounced and difficult to handle during the early stages of expressing their gender identity. Although, an insignificant number of the participants said they were at the moment of the interviews at home with their body image, they confirmed that it was not the case when they began expressing their preferred identity to others. In line with the above assertion, Participant TB remarked:

> I was struggling with my self-image in my twenties. Well, I won't say I hate my body. I do know that transgender persons sometimes feel like changing the body but I always feel good about my body. I think my body is very good. It's God's gift [laughs] but I guess what affects a transperson is when others cease to see me as I sees myself (*25th January, 2018*).

In this extract, the participant admitted that the impact of the challenges of her gender identity was more when she was younger than it was later in life. Furthermore, Participant TB narrative attributed her self-image to the messages received from others. In line with this, another participant from the focus group discussion noted that sometimes, the frustration that transgender persons feel could be so deep that some of them return to their birth assigned gender after transitioning. On this note, Participant GU from the focus group discussion had this to say:

> There's a person from England who was on estrogen for five years and then he felt no! I want to go back to testosterone [took a deep breath] then after some time again to estrogen. Oh, it was crazy! You know, later on, I heard he committed suicide (*19th December, 2017*).

This participant's narrative is an illustration of what transgender persons could experience as a result of their self-image. The person spoken about in the extract above may have felt uncomfortable with his self-image after changing his physical looks from male to female and back to male again. Probably, when he did get the desired satisfaction, he committed suicide. The foregoing resonates with reviewed literature which stated that after undergoing hormonal treatment and/or sex reassignment surgeries transgender persons sometimes experienced dissatisfaction with their body image such that they become disenchanted with life (APA, 2008; Peters, Becker & Davis, 2011; Trevin, 2016). This is because as noted by APA (2008) sometimes when people transition, some character traits and physiology of the birth assigned gender remained visible; such that, they are unable to fully integrate into their preferred gender. It is such situations that may have led to the participant's frustration. From the foregoing, it can be argued that frustration in some cases could lead to disillusionment or isolation.

4.5.2 Confusion

According to the findings, majority of the participants maintained that they often found themselves in a state of uncertainty. The participants reported that the situation of uncertainty was quite challenging. In other words, they were sometimes not sure of their identity and as such had difficulty making choices in relation to their gender presentation. On this note, Participant TB stated:

> Yeah, there's confusion concerning my identity because it's like I don't know what or who I am, or what it is! As I grew older, post-teenage especially post-high school, it bothered me. I just couldn't explain what was happening to me. I think that is one of the reasons why I never finished college (*25th January, 2018*).

The confusion that this participant experienced is expressed in his inability to find appropriate words to describe his identity. Hence, the use of expressions like "what I am" or "who I am" More so, Participant TB was unsure of what she was experiencing concerning her self-image. As she grew older, the sense of uncertainty took a toll on her so that she quitted college. Participant TI also had a similar experience: "Trying to listen to myself and knowing what exactly I want, what gender to present, and actually finding the strength to be myself on a particular day can be burdensome and very draining" (*25th January, 2018*). This extract is a portrayal of the confusion of this participant with regard to knowing for certain what gender he is to present and also having the courage to present what gender she felt like on a particular day. In the same vein, a participant from the focus group discussion confirmed the fact that confusion could be as a result of trying to meet societal expectations such as using the appropriate bathroom for a particular gender. In the light of such discourse, Participant GG from the focus group discussion explained: "Sometimes, I don't know what public washrooms to use because I'm not sure of

what gender I'll pass for in a particular day" (*19th December, 2017*). Based on the narrative above, the participant sometimes found zirself in a state of dilemma. The fact that Participant GG is unsure of what decision to take concerning zir gender could lead to lack of self-confidence and as such impact zir self-image. The findings of this research also indicated that transgender persons are constantly faced with situations where their identity is questioned by others. In confirmation of the statement, Participant TF said:

> Once, the Police arrested me in a club and asked me who I was. I told the Police Officer you know what? I also don't know who I am. Then, I turned to him and asked, 'do you know who I am?' (*9th February, 2018*).

In this extract, the confusion of the participant was expressed in his expecting the Police Officer to respond to a question about his identity which he could not respond to himself. In this context, Participant TF expressed uncertainty. This illustrates that the participant's self-knowledge was not very clear. Therefore, a lack of self-knowledge inevitably impacts a healthy self-image.

According to the narratives of the participants of this study, majority of the participants agreed that confusion is a common phenomenon among them. Such that, after opting to align their bodies with their identity, some of the participants expressed displeasure concerning their bodies or looks. In this perspective Collins et al. (2015) stated that the reactions of others could impact on a person's self-image. The relevance of transgender theory to this study lies in the fact that the theory by Roen (as cited in Nagoshi and Brzuzy, 2010) posits that a better understanding of the construct of transgender identity can assist transgender persons boost their self-image and thereby overcome their distresses.

4.5.3 Humiliation

Most of the participants reported that they were sometimes embarrassed, ridiculed, disrespected and made fun of in public fora such that they had to reduce their social interactions to a bare minimum. On this note, Participant TE recounted:

> Another challenge, a very big challenge, happened in school. My name is Ngugi Prisca [pseudonyms] and whenever my name was called and I stepped forward, everybody will be murmuring and saying "no, this is not Prisca, this is not Prisca! Their reaction made me to skip going to school and later I dropped out of school (*25th January, 2018*).

This participant found the reactions of the people so embarrassing and humiliating that he became a truant and at some point stopped going to school altogether. From the findings of this study, humiliation assumed different forms. Some participants reported that they faced humiliating circumstances like being stripped in order to confirm their identity. The participants said sometimes people raised concern about their gender identity that they would virtually take off their pants to see what sex organs they had. In line with the above, Participant TF declared:

> Once I resisted being stripped to prove my identity. A group of youth started beating me up. They undressed me and wanted to confirm what sex I was. I was so badly beaten up that I was unconscious and left lying naked by the side of the road. When I became conscious I was too ashamed to get up until a passerby asked me what happened. After telling him my story, he went to Mulembe FM, the Luhya radio station to share my story with one of the directors who was a bisexual and he introduced me to LGBT group (*25th January, 2018*).

The narrative above revealed the embarrassment felt by the participant and the extent to which the youth went in unravelling his identity which they must have associated with his sex. The humiliation was so much that when the participant regained consciousness, he could not leave until he was supported by a stranger. Hence, the participant was treated in an undignified manner based on his gender identity. Participant TG also expressed:

I've been raped but I don't want to speak about it. I don't want to be triggered, but I will give other scenarios. I went to a female bathroom in a restaurant and before I knew, two security agents followed me and asked "what are you doing here?" Before I could respond, they held me and opened my pant. Luckily for me, though I'm gender non-conforming, I have a female sex organ. I was very sad at the embarrassment and went home and wept (*9th February, 2018*).

The discourse of this narrative showed the humiliation experienced by this participant, some of which "tey" was unwilling to narrate in order not to be triggered. Having a gender fluid identity left the participant free to choose which gender identity to present. Although, "tey" may have felt feminine on the day "tey" was accosted, "tey" may not have looked feminine. Hence, the security agents accosted her. This indicates that the fact that a gender non-conforming person chooses to present a particular gender does not mean the person would be perceived as such by others. Some of the participants said it was very difficult facing humiliating circumstances that they tried as much as possible to avoid social gatherings. Recalling a particular humiliating situation with tears in "zir" eyes, Participant TC stated:

A group of women followed me to the toilet and said "We want to see, are you a man or a woman?" What are you doing here? Let us see. They actually got very, very intrusive. They were holding me and holding my pant and wanted to see my private part. It was humiliating (*25th January, 2018*).

This participant experienced disrespect; "zir" private space was invaded. Thus "zie" felt humiliated. Similarly, Participant GE from the focus group discussion spoke about her experience of humiliation:

When they follow me to the toilet to check why I am in the female bathroom yet I look like a boy or why I am in the boys' toilet yet I look like a girl. What do they want from me? Public humiliations, things like these, I can't really take as a joke (*9th February, 2018*).

From the narratives of the participants, their sense of safety and space in social contexts are constantly being disrupted and/or disrespected. Hence, they sometimes if not often feel treated as less human than others. Basically, such experiences make it difficult for them to freely interact with others. They also felt that they were often treated as objects of curiosity. They further acknowledged that negative treatments from the heterosexual majority put a lot of pressure on them as such they lose their self-image, which goes a long way to impact their level of self-confidence including focusing on meaningful pursuits.

On the contrary, Participant TE who identified as an intersex remarked: "With enlightenment now through panel discussions on television, at least the community, the society is welcoming us and are ready to understand, ready to learn from us and they even ask what we want them to do for us?" (*25th January, 2015*). This participant said creating awareness on television about intersex conditions had made his community more tolerant. This view is supported by transgender theory by Reon (as cited in Nagoshi and Brzuzy, 2010) which proposes that an understanding of the identity of transgender persons could lead to an acceptance or at least reduce the hostility against them. In addition, the finding resonates with the result of the research study by Allison (2012) which reported that a person's self-image is highly influenced by standards of body image set by the society.

4.6 Analysis of the Third Research Objective

The third objective was to investigate the self-esteem of the transgender persons in Nairobi County, Kenya. Therefore, this section focused on issues of self-esteem in relation to the identity of transgender persons in Nairobi County. The responses of the participants demonstrated that their self-esteem was affected by the lack of understanding from others with regard to their identity. Based on the findings, virtually all the participants experienced a lot of

tensions that made them lose confidence in themselves. As a result, a good number of them experienced some mental health issues such as, anxiety and hopelessness. Hence, the findings in this section were presented using the following themes: anxiety and hopelessness.

4.6.1 Anxiety

Anxiety as experienced by majority of the participants manifests itself in tension and worries. A good number of the participants remarked that they found themselves overly worried because of the hostile social environment they found themselves. Accordingly, Participant TC expressed:

> I become anxious to the point that when I think of going out, I first of all lock myself. I locked myself [pause] once for three months. Not just in the house, in my bedroom. I would only leave to go to the toilet and to get water. I was not even feeding. I couldn't get outside for people to see me (*25th January, 2018*).

The participant in the narrative above explained how she got anxious to the point of withdrawing from the society. In addition, "zie" experienced loss of appetite. The experience of anxiety must have been triggered by the fear of people's comments. Hence, "zie" said "zie" did not want to be seen by anyone. Furthermore, Participant TC added that the very thought of going out to meet people was a great challenge. The tension was sometimes so great that the only alternative "zie" had was to keep to "zirself." The participant further expressed:

> I can't just go for impromptu visits. You can't just call me and tell me to come. I'll have to prepare psychologically for the visit [*pause*]. It may seem very silly or stupid but it might boil down to me picking what I'm going to wear, who I'm going to see, and what I should say to them? You know, sometimes I just want to be free to relate but sadly I can't do that anymore [*pause*] because I might end up breaking down or crying or going blank (*25 January, 2018*).

This extract illustrates the depth of anxiety that this participant experienced. Being aware of what "zie" might encounter as a result of "zir" gender identity, "zie" said "zie" needed time to be

mentally prepared to face the challenges "zie" would encounter. The freedom to associate with others was reduced as a result of anxiety. In the same vein, Participant TJ expressed:

> I get anxious whenever I want to go out because people will query my identity. Just yesterday some people asked me a couple of times 'are you a girl or a guy?' Before I used to get mad but now I just stared at their faces [laugh] I didn't tell them what I am (*9th February, 2018*).

Although, this participant reported that "zie" tried to dismiss the inquiry about "zir" gender identity by just staring at "zir" questioners, "zie" still felt anxious. Staring could also be interpreted to mean that the participant could not assert "Zirself" or "zir" identity. Expressing a similar view, Participant TG stated: "I do battle with social anxiety and it is made worse each time. So, there is an intersection of mental illness and gender identity. It can be so overwhelming sometimes that I engage in destructive behaviour" (*9th February, 2018*). This participant expressed that his struggles with his gender identity worsen over time such that he was compelled to engage in destructive behaviour as a way of dealing with the anxiety. Similarly, Participants TJ indicated:

> What people think about or say about you '*pia*' [Swahilli word for 'also'] tends to impact on how you think about yourself. As much as I can be confident and know who I am, there are days when I actually feel like I want to conform. Like, I want to be invisible and not attract so much attention to myself (*9th February, 2018*).

Based on the narrative above, the participant's anxiety was caused by the comments of others. According to the participant despite his decision to be in control of his challenges, he got anxious about people's comments. To the extent that he had to sometimes conform to the behaviour expected by the society in order not attract the attention of the society. This goes to show that the internal disposition of the participant was drowned by external influences like the comments of others. In the same vein, Participant TF declared:

>After, I presented my preferred gender identity. My family tried to make me change my mind but I insisted. So, they sent thugs to kill. I was more worried and scared because I didn't understand what was happening to me and why my family was trying to kill me. I ran away from home. It's almost 15 years now, I've not seen any member of my family (*25th January, 2018).*

This participant expressed shock at the decision of his family to kill him. He was so anxious that he had to leave his family fifteen years ago and had not set his eyes on any member of his family since then. In addition to demonstrating the anxiety experienced by the participant, this narrative is an indication of the abhorrence of the society, including family members for transgender identity. In line with this, Participant TD explained that even when transgender persons transitioned, their anxiety still persisted. Thus he disclosed:

>As a transgender person, really, really, really the issues never go away, because for a transgender woman even with all these surgeries, wombs have not been created. Even with transmen, the penis can perform but there are no sperms. Procreation is not possible for now. So, procreation becomes a major cause for anxiety (*25th January, 2018*).

This participant expressed that the challenges of transgender persons are never resolved. Despite the fact that sex-reassignment surgeries are performed on transgender persons, the absence of some of the reproductive organs such as uterus and sperms are causes for anxiety. Consistent with the findings from previous research data on the present study is an indication that Africa's aversion towards LGBT persons is based on the disparity between LGBT principles and ideology, and core African values such as procreation, culture, ethics and religion (Phillips as cited in Odhiambo & Ocholla, 2014). It therefore, implies that the identity of transgender persons is not acceptable. Consequently, the participants of the study experienced anxiety which invariably affected their self-esteem.

4.6.2 Hopelessness

Majority of the participants expressed how they got to a stage where they gave up striving to make sense of their identity especially as efforts made in this direction did not yield positive results. They admitted that their feelings of hopelessness were expressed in self-harm, suicidal ideations and suicide attempts. In this regard, Participant TC recounted:

> Before I got to this point, actually, it was very, very bad in 2016, and towards the beginning of 2017, I hit [pause] rock bottom. It was bad. I was drinking. I was also taking hard drugs. Yeah! It was bad. I was suicidal and attempted suicide so many times. I stayed in the hospital for like a week after one of my suicide attempts. I was really reckless and I would cross the road without looking, and [heaved sigh] My Goodness! I was without any hope (*25th January, 2018*).

Based on this extract, the participant indicated that "zie" felt hopeless and as such had several suicide attempts. It can be inferred from the narrative of this participant that hopelessness made "zir" lose the will to live. Participant TK concurred that when hope is lost, suicide seems to be the only option. Thus, "zie" stated: "Sometimes, I ask myself questions like, 'why me?' I was thinking I'm an outcast. There was a day I was thinking of committing suicide but then I stopped" (*9th February, 2018*). The suicidal thought of this participant was attributed to the fact that "zie" was unable to answer some basic questions about zir situation such that zie felt like a person who was rejected. Similarly, Participant TL who also experienced suicide ideation said: "There's discrimination everywhere. Sometimes, I don't know what to do. I think a lot. I over-think about my life. I drink, because if I don't drink, I can easily kill myself" (*9th February, 2018*). Furthermore, Participant TG remarked: "At the end of the day there is discrimination and a lot of discouragements on the way. If you are not strong, you might kill yourself" (*25th January, 2018*). This participant reported that he became hopeless because of the discrimination

and discouragement "zie" experienced. From "zir" description, it is obvious that those situations that made "zir" to be hopeless are on-going.

The analysis of the third research objective reveals that identity impacts on the self-esteem of transgender persons in Nairobi. The reviewed literature confirmed that transgender persons have the tendency to develop mental health issues because of the social stigma (Bockting, Miner, Burne, Hamilton, & Coleman, 2014; Herek & Garnets, 2010). For instance, a study carried out by Jewkes, Sikweyiya, Morrell and Dunkie (2011) showed that in a country like South Africa where legal rights of LGBT is protected, they still faced discrimination and stigmatization. Therefore, the authors concluded that due to the nature of African worldview, LGBT persons may continue to experience hostility. This is supported by DSM-5's claim that "gender dysphoria" could lead to depression, substance abuse and suicidal ideation. More so, the feeling of hopelessness by transgender persons leads to indulgence in self-harm (Almeida et al., 2009). Based on the narratives of the participants, they experienced mental health issues. Transgender theory by Roen (as cited in Nagoshi and Brzuzy, 2010) is proposed in this study as way of assisting transgender persons to find better ways of experiencing their identity instead of being confined to a particular sex-assigned identity with the hope that such move will boost their self-esteem.

4.7 Analysis of the Fourth Research Objective

The fourth objective of this study was to explore strategies used by transgender persons living in Nairobi County, Kenya towards coping with their identity and self-concept. Based on the findings of this research, all the participants deliberately employed different means to overcome the challenges of their gender identity. As such, participants adopted coping strategies according to their particular circumstances. The coping strategies were identified as self-

acceptance, relationship with family, relationship with significant others, support groups, spiritual practices, and others. Hence, the findings of the fourth objective will be discussed under the following themes: self-acceptance, relationship with family, significant others, support groups, spiritual practices and others coping strategies.

4.7.1 Self-acceptance

A good number of the participants reported that self-acceptance is condition that they struggled with yet admitted that it is an indispensable value system that they possess in themselves. In line with the above, a participant declared: "Now, I respond according to people's perception of me. For instance, if a person approaches me feeling I'm a boy I respond accordingly. If they think I'm a girl, I behave like a girl" (*9th February, 2018*). This participant's narrative illustrated a shift in "zir" mentality to adapt to whatever situation "zie" found "zirself." Similarly, another participant said: "What has helped me cope is that I try to accept and love myself." "Zie" further added: "When I walk and people look at me, I assume may be they like my hair or my clothes. I no longer entertain negative thoughts" (*25th January, 2018*). The narrative of this participant revealed that "zie" still encountered situations where people were curious about "zir" looks but tried to give "zirself" positive messages. For instance, "zie" perceived their looks as some sort of admiration. Participant TC also stated:

> Someone told me to be selfish enough to put myself first and I went ahead and did exactly that. I pick the people I associate with to avoid things that will trigger me, like mis-gendering me over and over again. I started picking people that I really need in my life (*9th February, 2018*).

The narrative indicated that this participant acted on the advice to give "zieself" attention such that "zie" made choices that led "zir" to a better acceptance of "zirself." The participant stopped associating with those who attribute the wrong gender to "zir." Participant TD also expressed:

> You know a man is not an island but then because of the way I am I cannot go out there to people. I am not able to have fun like other people and dance all night like other people so the best thing is to look for something like a business.... I close by 12:00 or 12.30am (*25th January, 2018*).

Based on this narrative, the participant's self-acceptance is manifested in acknowledging what he is incapable of doing due to his gender identity and rather adopted a busy lifestyle as an alternative.

Furthermore, Participant GA from the focus group discussion who argued that self-acceptance is very important made a passionate appeal: "Let us not discriminate against ourselves or have self-rejection; let us be strong. Yeah. We must be strong because at the end of the day life must go on." (*25th January, 2018*). The need for self-acceptance was re-echoed in a comment made by Participant GG during the focus group discussion. "Zie" expressed: "We experience rejection out there; it will be bad for us to also reject ourselves" (*19th December, 2017*). In this discourse, the participant is soliciting for self-acceptance and acceptance from fellow transgender persons.

The theme of self-acceptance is in line with transgender theory by Roen (as cited by Nagoshi and Brzuzy, 2010) which invites transgender persons to accept their identity as the consequences of the dysfunctional pre-natal biological processes as this will go a long way in boosting their self-image/esteem. Reports of research studies done by Bockting (2014); Aguayo-Romero et al. (2015); and Russell & Fish (2015) stating that resilience can be achieved through self-acceptance by transgender persons is in consonance with the findings in the research study.

4.7.2 Relationship with Family

This was a key concept that featured in the narratives of the participants. For most of the participants, as soon as they disclosed or exhibited signs of their preferred identity, the

relationships with their families were strained. Contrary to the experiences of rejection by majority of the participants from their families, a few of them asserted that the support they received from their families helped them to cope better with the challenges of their gender identity. In this context, Participant TB mentioned:

> Despite the ups and downs, family really helps because I know families who have even kicked out its members. For me it never happened. Actually it is once I had to run away from home, when I was nineteen. It was really bad but my family came looking for me at a friend's house and took me home (*9th February, 2018*).

The extract above showed that despite the challenges, the participant remained resilient because of the support of her family. In the same vein, Participant TG remarked:

> Although, I don't have a cordial relationship with my mum, I was able to confide in my aunty. I only shared with my aunty because she is not in the country. She has been acting as a guardian angel to me (*Participant TG aged 30, 9th February, 2018*).

From this narrative, the participant indicated that having the support of at least a member of the family was a source of solace.

The narratives of the participants revealed that familial support was a coping strategy. This is in line with the review of literature by Koken et al. (2009); Singh, Hays, & Watson (2011); Follins, Walker & Lewis (2014) which stated that family support is a resource for personal strength against gender discrimination. Furthermore, a research report by Ryan, Russell, Huebner, Diaz, and Sanchez (2009) comparing the percentage of distress in transgender persons with accepting parents and those with non-accepting parents indicated that those with accepting parents recorded a lower percentage of self-harm than those with non-accepting parents. In addition, there was an indication that though family relationships were important, other factors were also considered by the participants as means of developing resilience.

4.7.3 Significant Others

Most of the participants reported that they found solace in friends, co-workers, employers, and people who shared the same faith with them. Majority of the participants acknowledged the role played by the significant others in their lives. On this note, some of the participants expressed that a few friends that did not abandon them and/or were made after identifying themselves as transgender persons helped them to face the challenges associated with their identity. As a confirmation, Participant TI recounted:

> Friends have also been very helpful. There are those friends who don't stop even when you build walls and you are trying to push people away. There are those friends who are just there. I continue to forge ahead just because they didn't give up on me (*9th February, 2018*).

This extract illustrates the role of friends in the life of this participant. From the narrative, there is an indication "tey" tried to avoid "ter" friends but their commitment helped "ter" to remain resilient. A similar perspective is expressed by Participant TC thus:

> So, picking people around me and even the people I used to drink with from Monday to Monday and [with deep breath] do drugs and just be reckless. I changed my circle and made it more loving. It became a communion. It's not a must we drink every day. We meet and cook and watch something (*9th February, 2018*).

This extract showed that the participant made some new friends after "zie" disclosed "zir" gender identity. In addition, "zie" chose loving friends that formed bonds that were supportive. Participant TL also highlighted:

> I have a friend who is lesbian. Her name is Paula (pseudonym). She supported me a lot when I lived on the streets. She took me to her house and that's how I knew that somebody can have a heart to help another (*9th February, 2018).*

Furthermore, Participant TE extended the support to include relationship in general. He said: "I don't discriminate against anybody and it has kept me going because I have never been beaten or experienced violence anyway. So I make sure I have good relations with people. Yes, relationship is very, very important" (*25th February, 2018*). This narrative revealed that having cordial relationships with people in general was helpful to this participant such that he had not experienced hostility of any sort. In addition, Participant TI said with some sense of pride that "tey" have very understanding and supportive friends. "Tey" explained how "ter" friends often spared "ter" the trouble of disclosing "ter" identity. In view of this, "tey" remarked: "In school my friends always insist on people calling me Mujuni [pseudonym] which is my family name. When they inquire about my English name, my friends tell them there is no English name" (*Participant TI aged 22, 9th February, 2018*). Mentioning an English name would have exposed the gender of the participant which was given based on "ter" sex at birth. Participant TG who had a similar experience recalled, "During my trying period, I met a friend called Joan (pseudonym). She is just the same as I am. She told me not to feel ashamed because I used to stay only with my parents" (*25th February, 2018*). This participant asserted that "tey" was helped to navigate the challenges of social situations because "tey" had people who loved and encouraged "ter" regardless of "ter" gender presentation. Hence, "tey" was able to develop self-confidence.

On the contrary, the sense of loss of the significant others was brought out vividly by a Participant GA in the focus group discussion who lamented:

> Transgender identity brings a lot of discrimination. It brings a lot of loses; you lose your participation in church, you lose your friends, sometimes you lose your family, you lose education because they stopped paying fees or you feel too frustrated to continue, then you lose the opportunity to get a good [other participants joined in listing] job, you lose your health and ultimately, you lose your life (*19th December, 2017*).

This participant's narrative highlighted the significance of having the support of family, friends and church participation. According to her, being in good standing with the significant others could have been reassuring and as such helped them to be resilient. This is in concord with Argyle (2008) who posits that acceptance, admiration and having the company and support of others can enhance the development of a healthy self-image/esteem. In contrast, Herek and Garnets (2010) asserted that irrespective of the support received from family, transgender persons still experienced distress. That notwithstanding, having the support of significant others including family could go a long to provide the necessary mindset to cope with the challenges of transgender identity.

4.7.4 Support Groups

Belonging to a group of transgender persons made the participants to realise that they were not alone in their gender struggles. It also brought them relief from gender-based discriminations which they experienced in social settings. To this effect, all the participants confirmed that they got new lease of life when they joined the "*Jinsiangu*" group. They acknowledged that being in the company of those who have common concerns and interest have been of immense assistance to them. In view of this, Participant TK noted: "The realisation that I'm not fake and I'm not alone and that there are others like me has really encouraged me" (*9th February, 2018*). Based on the narrative, this participant gained confidence and a sense of authenticity. Still in the same perspective Participant TI narrated:

> Once I understood that there were other gender fluid persons who actually were assigned female at birth and they embraced that part of themselves, it became easier. I got to the point that I wanted to get rid of my boobs [laughs] because I felt like demonizing my femininity but now I see it as part of me (*9th February, 2018*).

The narrative above goes a long way to show that belonging to a support group changed the participant's attitude concerning "ter" breasts which "tey" initially despised. In addition, the participant said: "There are safe spaces for transwomen where we go and talk; I think these places have really been helpful; they are venting sessions."

In the extract above, the participant expressed that the sessions "tey' had with fellow transgender persons provided opportunity for releasing tensions. The same sentiments were echoed by Participant TF who maintained:

> I was so stressed, confused but after I found people who were more confused than I am, that's when I realized that being transgender is not a curse, it is not that I'm bewitched or something else as I was made to believe (*25th January, 2018*).

The discourse of this narrative revealed that at some point, the participant felt he was cursed or bewitched and found the experience of being transgender stressful but the encounter with other transgender persons brought him consolation. Likewise, from the focus group discussion, Participant GU reiterated:

> Now we can sit down and laugh about our experiences because we are in a safe space. So what use is it to be sad? At least we can be happy even if it is for the few minutes that we are here and then when we go back, we know we're going back to our problems because they never really go away (*19th December, 2017*).

Based on this narrative, the participant emphasized the fact that the support group created opportunities for happiness and as such they were able to overlook their sadness. More so, the participant said that being members of support groups created temporary relief from their problems.

The findings of this theme revealed that support groups as the name implies provided safe spaces for them to be themselves and to be supported by others in a nurturing environment.

Apart from *Jinsiangu*, some participants said they belonged to other support groups such as Gay and Lesbian Coalition Kenya (GALCK), Minority Women in Action (MWA), and Transgender Education and Advocacy (TEA). Bockting, Miner, Burne, Hamilton, and Coleman (2014) also confirmed that peer support helped LGBT persons to remain resilient in the face of hostility. Similarly, Follins, Walker and Lewis (2014) also noted in their work that community support was sought for by LGBT as a coping strategy.

4.7.5 Spiritual practices

The analysis of the narratives of an insignificant number of the participants showed that engaging in spiritual practices helped them to handle the challenges of their gender identity. In line with this, Participant TK stated: "Reading the Bible has really encouraged me not to feel that I'm an outcast. I believe God created me with a reason. So, that is the main thing that keeps me going" (*9th February, 2018*). Reading the Bible according to this participant was reassuring and gave "zir" courage to forge ahead. Other spiritual principles employed by the participants were volunteering and community services. Majority of the participants as noted in the section on the demographics, work as volunteers with different Non-Governmental Organisations (NGOs) that deals with identity and/or sexual orientation issues. On this note, Participant TC said: "I'm volunteering at *Jinsiangu*. I feel good that I'm able to support other transgender persons" (*25th January, 2018*). Similarly, Participant TE who is an intersex person expressed: "I do a lot of volunteer work for the community which makes the community to accept me and at times they recommend me when there are job opportunities. I support my community fully and I happy giving my services" (*25th January, 2018*). This extract portrays the feeling of acceptance by this participant. The acceptance by the community is expressed in their willingness to give him their

recommendations whenever the need arose. Furthermore, Participant TF who is still grappling with the cruel treatment he received from his parents expressed:

> I also try to forget the past. It's hard. After my family rejected me, I use to stress myself about them because I felt I cannot live without them. I began by hating them one by one. Now I'm able to forgive them because I know it's because of lack of information on transgender identity (*25th January, 2018*).

From the extract above, the participant realized that his ability to forgive his family removed the stress and pain he felt as a result of their rejection.

The findings of this research whereby some of the participants relied on spiritual practices to cope with their challenges confirmed the findings from a study by Hash and Roger (as cited in Higgins Sharek, Glacken, 2016) which reported that learning to forgive was one of the processes that boosted participants' resilience. In addition, the findings of this study is in line with Follins, Walker & Lewis' (2014) report identifying community support was one of the resilience characteristics.

4.7.6 Other Coping Strategies

A few of the participants indicated that reading has been helpful in coping with their situation which is devoid of social interactions and as such has helped them to break the boredom of being alone. In the light of the above, Participant TJ stated: "Sometimes, I read. I like reading and I'm also happy about it." (*25th January, 2018*). Furthermore, Participant TC enumerated other activities that have been helpful: "I make many things, like crafts, I love singing and I read a lot. I've been writing a lot too. For me, it's like talking to someone. That has been helpful" (*25th January, 2018*). This extract points to the fact that this participant found help in engaging in the activities listed in "zir" narrative above.

According to the findings, apart from a few of the participants who said they had not used drug or substance to cope, all other participants admitted that they had indulged in drugs and/or substances to cope with the challenges of being transgender at some point. This was well articulated by Participant TG who said:

> Sometimes, I get the urge to engage in destructive behaviour. Taking alcohol is common among us. People engage too much in drugs, just to escape and yeah that's always the first thing you want to do when things get so hard (*9th February, 2018*).

The narrative of this participant indicated that "tey" had tendency to engage in harmful behaviour as a way of coping with difficulties. In the same vein, Participant GG in the focus group discussion reiterated: "I do drugs and engage in risky behaviours" (*19th December, 2017*). More so, Participant TI confirmed that risky behaviours are part of the coping strategies for some of them. In this context, "tey" remarked: "There's also too much reckless sex going around because there is the urge to do, not think. I think I've done that. There was a time I allowed myself to get involved in reckless sex" (*Participant TI aged 22, 9th February, 2018*). This participant explained that sometimes when she experienced a lot of distress, she acted without thinking of the implications of her actions. Reckless sex is one of the reasons for the aversion for transgender persons by society and religious institutions (John Paul II, *Evangelium Vitae* 42)

The foregoing showed that there are varied ways used by participants in resolving their distress. The findings present strategies that were healthy which supported the overall well-being of the participants as well as harmful activities in an attempt to get rid of their emotional tumult. Frost et al. (2011) posits that developing healthy coping strategies can bring about positive attitudes towards life; thereby, lead to a healthy sense of self. Employing whatever form of

coping strategy was motivated by the desire to overcome the distressful circumstances that their gender identity creates.

4.8 The Fifth Research Objective

The fifth research objective aimed at finding out the possible role that psycho-spiritual therapy and counselling could play in the building of healthy self-concept among transgender persons in Nairobi County, Kenya. Psycho-spiritual therapy and counselling has as its focus the understanding and integration of the various processes of the human person which consist of the body, mind, soul, and spirit.

From the findings of the study, different aspects that constitute psycho-spiritual therapy and counselling were analysed from the narratives of the participants and the themes that emerged for discussions were as follows: physiological, emotional and spiritual.

4.8.1 Physiological Dimension

The narratives of the participants discussed on the first research objective on the identity and self-image of transgender persons showed that the incongruence between their physiology and their gender identity was responsible for challenges they faced. For instance, Participant TI remarked:

> Growing up, I was a very feminine person and in society, femininity is automatically assigned womanhood. But I didn't feel that way. So, I battled a lot to control my femininity and dressed in certain ways, not to appear so feminine but since I started counselling, I have accepted that as part of me (*9th February, 2018*).

The extract revealeded that the challenges that this participant experienced is as a result of the participant's abhorrence for "ter" body image or what "tey" referred to as "ter" femininity. Prior to undergoing counselling, "tey" hated "ter" body but counselling changed "ter" hatred to

acceptance. In the same vein, Participant TJ stated: "I'm able to manage myself and I'm gradually becoming at home with my body because I was introduced to counselling early. I attend counselling on a weekly basis" (*9th February, 2018*). Based on the narrative, this participant who had access to professional counselling acknowledged that the process provided the means to be at home with his gender identity. In the same vein, Participant TK reported, "I also go for counselling once a week. Talking with a counsellor made me to understand why I am like this and also that I am not alone and that there are other people like me" (*9th February, 2018*). This narrative revealed that counselling provided the opportunity for the participant to gain more understanding of "zir" gender identity. Similarly, Participant TJ stated, "I used to go for counselling sessions and I think that is what has made life easier for me. The therapist kept me intact and to accept myself. She helped me a lot." (*9th February, 2018).* This narrative confirms the benefit that this participant derived from accessing counselling. Furthermore, Participant TB remarked: "It's more than a year since I visited our therapist but I will start again. She is good because she understands us" (*9th February, 2018*). The extract above is in affirmation of the counselling process by Participant TB. The place of therapeutic intervention in the development of a healthy self-image/esteem by participants cannot be overemphasized. This has been clearly articulated by some of the participants of the study through being assisted to have a better understanding of the identity. This is in line with Zucker (as cited in APA, 2009a) who stated that counselling helps clients to comprehend and appropriately express their identity in order to cope with social and relational issues pertaining to their gender identity.

4.8.2 Emotional Dimension

All the participants reported that the experience of stigmatization, discrimination and rejection affected their feelings which in turn impacted on their self-image/esteem. In this regard,

majority of the participants expressed that often they felt frustrated, lonely, angry, hatred as a result of how others treated them. The impacts of these feelings were so deep that some of the participants became hopeless and depressed to the extent of experiencing suicidal ideation, suicide attempt and/or engagement to other harmful behaviour. Accordingly, Participant GE in the focus group discussion expressed "Zir" feeling thus:

> What upsets me is having to explain myself, my being, my existence almost every time to someone and also being constantly mis-gendered. I used to think its fine until at some point it took a toll on me and I (tone of voice changed) couldn't take it! I almost lost my calm. That's when I knew that it is something that affects me (*19th December, 2018*).

From the extract above, the participant gets upset when "zir" gender is mistaken and "zie" found "zirself" trying to assert "zir" identity. Such situations, "zie" acknowledged affected "zir." In the same vein Participant TH said: "The treatment I received in school because of my gender identity made me change schools. I have been in ten schools." (*9th February, 2018*). Based on the narrative, the participant expressed that the treatment of others affected his feelings such that he had to change his environment. The same view is shared by Participant TD who expressed his feeling thus: "I remember the first time I went to a club and I had to argue for almost two hours which toilet I was supposed to use. I was mad!" (*9th February, 2018*). This participant spoke about his anger as a result of the delay he experienced in responding to the call of nature. Similarly, Participant TA reiterated: "Stigma and discrimination affect us as transgender people in our hearts but you cannot look at a person and see him or her physically affected but it's like a disease which affect someone, you feel bad about it but you can't do otherwise" (*25th January, 2018*). This participant communicated the fact that the reactions they received affect their emotions yet they are unable take appropriate actions.

The narratives of the participants showed that they experienced emotional distress in

relation to their gender identity. Accessing counselling was a great support in handling and coping with their emotions. This is consistent with the second theoretical framework of this study on Viktor Frankl's logotherapy. The theory posits that despite the distress experienced in life one has the potential to overcome or cope with such situations.

4.8.3 Spiritual Dimension

The spiritual dimension as expressed by the participants consisted of mystical experiences. The participants pointed out the inadequacies of some of the spiritually based interpretations that they received with regard to their gender identity. Some of the participants reported that they were accused of being witches and as such were driven from their homes at a point where they were unable to fend for themselves. Hence, they had to live as children of the street. The following excerpt from Participant TF confirms the participants' claim: "I thought it was maybe a curse or someone bewitched me and also that's the same thing my family used to say" (*25th January, 2018*). The explanation that this participant gave reflects an interpretation of his gender identity from the perspective of a mystical experience. In this context, Participant TL recounted how "zie" was driven from "zir" church on the basis of "zir" gender identity. "Zie" expressed: "I loved God so I joined the youth service and they choose me as the leader of the youth but one of my neighbours came and exposed my gender identity to them. Then they said, 'No this is a demon! She can't lead us in this church' so they chased me away" (*Participant TL aged 30, 9th February, 2018*). From the narrative above, this participant was accept and given a position of leadership in his church organisation based on the qualities "zie" must have exhibited. However "zie" was rejected on the grounds of "zir" gender identity. Also, reflected in Participant TL's narrative is the reference to the participant's gender identity as a spiritual reality. Hence, "zie" was called a demon.

Furthermore, the findings revealed that spiritual practices were also a helpful source for some of the participants. In this context, Participant TC exclaimed:

> I was without any hope, yeah. So, in 2017 I found some healing, I found spirituality, I found someone whom I call my teacher. I have been learning to meditate and I spend time meditating. I call them healing sessions. That's what helped me actually. It has helped me erase my suicidal thoughts (*25th January, 2018*).

This narrative revealed that meditation was a source of help for this participant. Hence, "zie" referred to it as healing sessions which resulted in changing "zir" negative thoughts. On the perspective of deriving benefits from spiritual practices, Participant TB remarked:

> I think I liked and joined the Catholic Church because of the whole mystical thing; the candles, the form and even the aesthetics itself. There is a calming effect. I would go to the Consolata even in the middle of the day when I am confused and stressed about my identity. I just sit in front of the Blessed Sacrament and sometimes I go to Our Lady's Chapel. I feel quite better after that (*25th January, 2018*).

From the narrative of this participant, it is obvious that she engaged in spiritual practices in order to cope with her identity issues.

Based on the findings, a few of the participants who adopted spiritual practices such as meditation, and visits to sacred sites were able to cope better with the challenges of their gender identity. Furthermore, the findings revealed the disposition of some of the participants towards spiritual practices and their therapeutic impacts. Therefore, in investigating the possibility of the role of psycho-spiritual therapy and counselling intervention in building the self-image/esteem of transgender persons, it can be inferred from the experiences shared by some of the participants that their challenges could be traced to physiological, emotional and spiritual dimensions. Hence, proposing a psycho-spiritual therapy and counselling intervention could be effective in the holistic treatment of the transgender person who seeks therapy. This is in consonance with a

report of the taskforce that was set up by APA to prepare clinical guidelines for addressing transgender issues. The report proposed that professional counselling was to include treatment and intervention; intervention refers to using behavioural techniques to create a change of attitudes (APA, 2009a).

4.9 Summary of the Chapter

From the findings in this study, it is obvious that identity of transgender persons is incongruent with societal norms and expectations. Faced with such hostility, the participants were uncomfortable with their self-image and as result experienced self-esteem related issues. Therefore, it is evident from this study that the identity of transgender persons imparts on their self-image/esteem.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presented the summary of the research study and findings, conclusions, limitations of the study, recommendations, suggestions for further research and the position taken by the researcher with regards to reflexivity.

5.2 Summary of the Study

This research study examined the identity and self-concept of transgender persons in Nairobi County, Kenya and explored the role of psycho-spiritual counselling intervention in the building of a healthy self-concept among them. The first chapter presented the background of the study, the statement of the problem, and the research objectives which are as follows: to examine the identity of transgender persons in Nairobi County, Kenya; to explore the self-image of transgender persons in Nairobi County, Kenya; to investigate the self-esteem of transgender persons in Nairobi County, Kenya; to explore strategies used by transgender persons in Nairobi County, Kenya toward coping with their identity and self-concept; to find out the role of psycho-spiritual counselling intervention in the building of healthy self-concept among transgender persons in Nairobi County, Kenya.

Chapter two focused on the review of related literature based on the research objectives. The reviewed literature which covered studies carried out at international, regional and local levels revealed the impact of transgender identity on the self-image/esteem of transgender persons. Furthermore, the knowledge gaps about the phenomenon of transgender and particularly on their identity and self-image/esteem in Nairobi County, Kenya were identified.

Chapter three focused on the research design and methodology of the study which was a qualitative method that employed phenomenological design. The target population was eighteen transgender persons living in different parts of Nairobi County. Twelve of them participated in the one-on-one interviews and six in the focus group discussion. A purposive sampling technique was used whereby the participants were selected from *Jinsiangu,* an already existing group for transgender persons.

Chapter four presented the analysis of the qualitative data that were transcribed verbatim and coded for themes based on the five research objectives and thereafter reported in narrative form. Details of the findings were summarised as reflected in the next section.

5.3 Summary of Findings

The first research objective of the study examined the identity and self-concept of transgender persons in Nairobi County, Kenya. The findings on this objective indicated that the identity of the participants was basically put into three categories; gender fluid, gender non-conforming, and transsexual. In a bid to resolve issues associated with their gender identities, which as the study revealed are complex, most of the participants were engaged in social transitioning which they expressed by presenting their gender to the society mainly through dressing. By way of clarifying their identity for themselves and others, most of the participants desired to undergo medical transitioning, which involve cross-sex hormone treatment and sex reassignment surgeries. Another area that the participants hoped would redeem their gender identity was in the area of legal transitioning which required change of names on official documents.

The second research objective explored the self-image of the transgender persons in Nairobi County, Kenya. The narratives of most of the participants revealed that they struggled

with their self-image since generally transgender identity is contrary to the physiology of transgender persons. The fact that most of the participants felt trapped in the wrong body provided an explanation for the challenges they experienced with their body image which invariably affected their self-image. The findings further revealed that the participants experienced distress as a result of their body image leading to feelings of frustration, confusion, and humiliation. Therefore, the findings were discussed under the themes frustration, confusion, and humiliation. Frustrations came from a lack of proper understanding of their identity and also in trying to clarify for others. Some of the participants also reported that they were sometimes confused as expressed even in deciding what gender should be presented by them on a particular day or context. The participants expressed that they underwent humiliating treatments.

The third research objective investigated the self-esteem of the transgender persons in Nairobi County, Kenya. From the findings, there was a co-relationship between self-image and self-esteem; a high self-image invariably led to a high self-esteem and a low self-image also led to a low self-esteem. The few participants who had high self-image developed high self-esteem. Based on the findings, the majority of the participants received negative messages and treatments which led to mental health issues such as anxiety, and hopelessness. Negative messages and sometimes fear of negative messages gave rise to anxiety in a way that some of them developed social phobias. There was also anxiety about the inability to procreate in the case of those who had done or would undergo medical transitioning in a society that places premium on procreation. There were indications of hopelessness expressed through self-harm, suicidal ideation and suicide attempts, when attempts at making sense of their identity were sometimes futile.

The fourth research objective explored strategies used by transgender persons in Nairobi

County, Kenya toward coping with their identity and self-concept. From the findings, it was discovered that all the participants faced identity related challenges at some point in their lives. As a result, they adopted the following coping strategies that eventually formed the themes for the discussions of the findings: self-acceptance, family ties, significant others, support groups, spirituality and other coping strategies. None of the coping strategies listed above was adequate in creating resilience; rather a combination of some or all of them was necessary.

Self-acceptance was recognised as indispensable in creating a healthy self-image/esteem. Relationships with family and the significant others in the life of a transgender person also impacted on their self-image/esteem. The findings also showed that support groups like '*Jinsiangu*' and TEA were safe spaces for sharing of experiences that led to a better understanding of their identity. In the same vein, spirituality in the form of meditation, forgiveness, and visits to sacred places also helped the few participants who engaged in spiritual practices to stay focused. Other coping strategies employed by a few of the participants were reading, writing, creative arts, singing, and having busy schedules. Engaging in harmful behaviour through the use of drugs, substances, involvement in reckless sex, avoidance of social interactions and fighting were also some of the coping strategies that were expressed in the narratives of the participants.

The findings from the fifth research objective on the role of psycho-spiritual counselling intervention in the building of a healthy self-concept among transgender persons in Nairobi County, Kenya, showed that participants experienced challenges which could be seen from the physiological, emotional and spiritual dimensions of their lives. The study therefore, concluded that using psycho-spiritual therapeutic approach and counselling, which is composed of traditional psychological and counselling techniques as well as the techniques of spiritual

traditions, is a holistic approach that could assist transgender persons in re-gaining their self-concept.

5.4 Conclusion

Conclusions from this research were based on the research objectives. The first research objective which examined the identity of transgender persons concluded that each of the categories of transgender identity has its unique way of presentation and within each category there are variants. Hence, the complexity of transgender identity was brought to the fore.

From the finding from the second research objective, it was obvious that most of the participants experienced poor body image and by implication, self-image especially at the early stages of asserting their identity. Therefore, it confirmed the notion put forward by some authors stating that identity impacts of self-image/esteem of transgender persons.

The findings on the third research objective which investigated the self-esteem of transgender persons in Nairobi County, Kenya, showed that it was largely influenced by the messages received from others. Therefore, transgender persons who often received negative messages from the society had self-esteem issues as a result.

The analysis of the fourth research objective aimed at exploring strategies used by transgender persons towards coping with their identity and self-concept, showed that despite the distresses faced by transgender persons, they remained resilient through employing some approaches such as self-acceptance, relationship with family and significant others, belonging to support groups, and spirituality, all of which yielded positive outcomes. They also sometimes adopted strategies that were harmful to their developing healthy self-image/esteem and as well as their overall well-being.

The fifth objective which sought the role of psycho-spiritual counselling intervention in

the building of a healthy self-concept among transgender persons in Nairobi County, Kenya, revealed that transgender persons faced issues that can be seen from three dimensions; physiological, emotional and spiritual. Hence, the integrative nature of psycho-spiritual therapy and counselling made it an appropriate therapeutic and counselling approach for transgender persons.

5.5 Limitations of the Research

This research study had limitations that made the research quite challenging. The nature of the research study is sensitive and delicate. Although, the interest in the research evolved from meeting a transgender person at a seminar on sexual identities, the major challenge was how to meet other transgender persons who because of the hostile environment were not easily accessible. This challenge was overcome through getting a recommendation from one of the counsellors working with the group who arranged for the researcher to be taken to the venue for *Jinsiangu* meetings. Creating of rapport at the point of the conception of the research topic gave the members of *Jinsiangu* transgender support group the opportunity to express their willingness to participate in the study.

Furthermore, the target population was restricted to those who belonged to a social support group and as such may not represent those in the mainstream of the society who may be more isolated and without the same access to the resources enjoyed by members of *Jinsiangu.* The sample size was small but being a qualitative research, the size gave the participants the opportunity to share deeply from their perspectives.

Another limitation is that the research design was confined to qualitative method whereas a mixed method would have widened the scope of the study and as such increased objectivity. Furthermore, the results of the findings were such that they cannot be generalized or extended to

a wider population with certainty. This challenge was reduced through a rigorous process of data analysis and interpretation.

The timing for the data collections was also a great challenge. Based on the fact that transgender persons are not easily accessible, the researcher had to meet them during the times scheduled for their meetings. The second set of interviews was initially scheduled for the 14th of February, 2018 (which was far beyond the timeline for data collection) but was re-scheduled for a later date. Due to time constraint, the researcher was offered an alternative of meeting a group of transgender persons, who had a seminar on the 9th of February, 2018. This disrupted the original plan of having equal representation from each of the categories of transgender identity.

Language also constituted a barrier to getting in-depth information from some of the participants. For instance, some participants substituted some words in English Language for Swahili words; the national language of Kenya. Moreover, the fact that the researcher is of a different nationality from the research participants also posed some challenges, particularly in the accents used during communication. Clarifying the information given during the course of the interviews reduced these challenges. Moreover, two of the participants were not very fluent in English Language and a suggestion to ask another participant of their choice to interpret from Swahili to English was rejected. The researcher had to listen patiently to the participants in order to get the message communicated. More so, there were times when the researcher used expressions that would have hindered the research process. For instance, a participant was asked what his current gender was. With a frown on his face, he said he had always been the gender. This and other misrepresentations of some of the researchers' utterance by the researcher were abated by apologies and asking to be excused for ignorance.

The person of the researcher was also a limitation. Being a Catholic religious sister, the researcher's religious inclinations could have constituted a barrier to the data collection. This was observed during the focus group discussion when a participant asked if they would be condemned to hell by God as a result of their gender identity. The question was outside the scope of the discussion. Probably, this same awareness of the researcher's religious identity may have influenced some of the participants who had to apologise before using some expression which they felt were not civil. However, these challenges were militated against by observing Carl Roger's core conditions of empathy, congruence and unconditional positive regard. More so, the fact that the researcher is a Nigerian national where homophobic laws about LGBT issues were stringent might have prevented the participants from engaging fully in the interview process. This was confirmed when one of the participants who obviously held back a lot of information during the interview confessed at the end that the researcher's nationality was a barrier.

5.6 Recommendations

This research study aimed at exploring the identity and self-concept of transgender persons in Nairobi County, Kenya. The recommendations are directed to transgender persons, their families and significant others, healthcare providers, the Catholic Church, governments and other policy makers, and the larger society. Therefore, the recommendations are as follows:

1. Historical antecedence shows that transgender persons have been and are still discriminated against despite policies that have been put in place for the acceptance of sexual diversities. It behoves then on transgender persons to develop coping strategies such as belonging to support groups and engaging in activities that lead to self-acceptance. In addition, transgender persons need to observe moderation in their social

transitioning as there could be the tendency to exaggerate their preferred identity sometimes. Furthermore, transgender persons need to accommodate or excuse others when they mis-gender them or use wrong terminologies in referring to them. They could overcome such challenges by creating awareness and explaining their identity to others whenever feasible. In addition, NGOs working with transgender persons should organise workshops/seminars that would enhance the self-image/esteem and resilience of transgender persons.

2. Transgender support groups should organise workshops and seminars to enlighten and psycho-educate families and significant others of transgender persons about transgender identity, so that they can provide the necessary support for their holistic well-being.

3. Healthcare providers such as psychiatrists, therapists, counsellors, spiritual directors, doctors, nurses, need to acquire more knowledge about transgender identity and related issues, in order to avoid biases should they have clients/patients who have transgender identity or concerns.

4. The Catholic Church and her leaders like Bishops, priests, deacons, religious sisters and brothers have the moral obligation of preserving life in all its forms. Therefore, they have the responsibility of developing a pastoral plan to include transgender persons instead of engaging in hate speech and assuming a judgmental stance. Acceptance in this case does not mean approval but entrusting them to the grace of God.

5. Governments and other policy makers such as members of the parliament, the judiciary, the ministry of health, ministry of education need to be educated on transgender issues so that they can make informed decisions. This is because LGBT concerns have been bought before the parliament in Kenya in the past but were not given consideration.

Therefore, enlightenment will enable the members of the parliament to make room for each case to be treated on its own merit and as such, enforce laws that create conducive environments for all its citizens irrespective of their gender identities.

6. The hostility of the society in every sector of life towards transgender person is partly based on a lack of understanding of the phenomenon. Therefore, there is need for the government and transgender advocacy groups to create awareness about the identity of transgender persons through the mass and electronic media, and other social fora. Moreover, a consideration of the uniqueness and validity of every individual's experiences of self, can lead to the development of greater acceptance for all.

5.7 Suggestion for Further Research

This research study is by no means exhaustive. So, similar research could be carried out:

1. Using a mixed method; qualitative and quantitative design to check if the findings will be altered in any way.

2. Involving participants who do not belong to any support group.

3. To explore the identity and self-concept of each of the categories of transgender persons as each has its unique characteristics and therefore challenges.

4. In Swahili or in a language in which the participants are more proficient. Alternatively, the services of a research assistant could be used.

5. On the identity and self-concept of transgender persons who have undergone sex reassignment surgeries.

5.8 Reflexivity

Reflexivity is how the researcher and research process have influenced the data collected or the role of prior experiences and assumptions (Mays & Pope, 2000). Therefore, this section

exposes how the researcher's background, values, beliefs and attitudes may have played a role in the research study. The researcher being a cisgender (a person whose personal identity corresponds to their birth assigned sex) was an outsider to the experiences of the research participants. Hence, the researcher was sensitive and aware that the topic could cause emotional distress to the participants and researcher. In which case, the researcher recorded her feelings in a journal and discussed the feelings with the thesis supervisors and also during her personal therapy sessions. In this way, she was able to moderate and overcome her biases.

As a Catholic religious sister, there was the tendency to be judgmental based on "The General and Catholic Christian Principles of Ethical Practice" especially on the sanctity of life and principle of totality and integrity of the body. However, her training as a psycho-spiritual therapist and counsellor, which equipped her to appreciate and respect every person's opinion, helped her to distance herself from being judgmental.

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APPENDIX A: LETTER OF INTRODUCTION

Psycho-Spiritual Institute,

Marist International University College,

P.O. Box 24450-00502,

Karen- Nairobi.

Dear Participant,

Request for Participation

I am a student of Psycho-spiritual Institute at the Marist International University College, Karen. I am undertaking a research study on the "Identity and Self-concept of Transgender Persons in Westlands, Nairobi of Kenya" as a requirement for a Master's degree. I am therefore inviting you to participate in this research study which will involve a one-to-one interview with you. May I also request that the one-on-one interview be audio-taped?

Your participation in the study is voluntary, so you may choose to participate or not. I am now going to explain the study to you. Please feel free to ask any questions that you may have about the research; I will be happy to explain anything in greater detail.

Yours Faithfully,

Sign………………….

Patricia Omari Onah,

(PSI/29/PO/16)

APPENDIX B: EXPLANATION OF THE STUDY

Title of Research Study: Identity and Self-concept of Transgender Persons in Westlands, Nairobi of Kenya.

This research study has been approved by the Psycho-Spiritual Institute at Marist International University College, Karen (Contact: psimickenya@gmail.com). The one-on-one interview sessions will last for approximately 45 minutes. There will be no monetary or any kind remuneration of your participation in the study. Data collected from you will be used as illustrative examples. However, your identity will be protected. The sessions will be audio-taped but I wish to assure you that the recording will be erased as soon as the study is completed. In any articles I write or any presentations that I make, I will use a made-up name for you and I will not reveal details of any personal information about you.

The benefit of this research is that you will be assisting the society to have a better comprehension of the identity and self-concept of transgender persons. Nevertheless, the risk that you may incur in participating in this study is that recounting your experiences may evoke unpleasant feelings. However, the risk will be minimized by providing therapeutic support for you. If you wish to withdraw your participation, you have the right to do so without penalty from anyone.

Name of researcher: Patricia Omari Onah (PSI/29/PO/16)

Position of researcher: MA student (Psycho-Spiritual Counseling)

Contact of the College: P.O. Box 24450-00502 Langata Road, 00509 Nairobi, Kenya.
Tel: +254787942660

Signed by researcher: .... Date: ....

APPENDIX C: INFORMED CONSENT STATEMENT

I confirm that the researcher has fully explained to me the nature of the thesis and my participation in providing data for the research. I have also asked adequate questions concerning the project and all of my questions and concerns about this study have been adequately addressed. I certify that I am above 18 years old. I, therefore, choose, voluntarily, to participate in this research project.

_____   _____

Signature of Participant   Date

_____

 Name of Researcher

_____   _____

Signature of Researcher   Date

APPENDIX D: INTERVIEW GUIDE

Section A: Demographic Information of the Participants

1. May I know how old you are?
2. May I know your educational qualification?
3. May I know where you are working?
4. Could you tell me what sex you were assigned at birth?
5. May you say what your current gender is?
6. May I know what pronoun best suits your current gender?

Section B: Semi-structured Interview Questions

Research Questions	Interview Questions
1) What is the identity of transgender persons in Westlands, Nairobi County in Kenya?	1. How would you describe yourself in terms of your gender? 2. Could you share with me your experience of being transgender?
2) What is the self-image of transgender persons in Westlands, Nairobi County of Kenya?	1. Could you tell me how you feel about your physical appearance? 2. What steps have you taken to ensure that your physical appearance reflects your gender?
3) How is the self-esteem of transgender persons in Westlands, Nairobi County of Kenya?	1. Could you tell me how people relate to you as a transgender person? 2. How do their relationships with you make you feel?
4) What are the coping strategies of transgender persons in Westlands, Nairobi County of Kenya?	1. Given your experiences, what strategies have helped you to cope with your transgender identity?
5) What is the role of psycho-spiritual counselling intervention in the building of a healthy self-concept among transgender persons in Westlands, Nairobi County of Kenya?	1. What professional help are you receiving with regards to your gender identity?

Section C: Guiding Questions for Focus Group Discussion

1. Could you share with me about your experiences of being transgender persons?

2. In what ways has your being transgender impacted on your self-image and self-esteem?

3. What steps have you taken to cope with being transgender?

4. What else do you hope to do to live meaningfully and healthy?

5. What message do you have for the society concerning your gender identity?

APPENDIX E: LETTER OF AUTHORISATION

Psycho-Spiritual Institute

5/12/2017

TO WHOM IT MAY CONCERN

REF: <u>AUTHORITY TO COLLECT DATA</u>

The bearer of this letter by the name: **Onah Patricia Omari** Admission No: **PSI/29/PO/16**

Is an MA student in **Psycho-Spiritual Counselling** at Psycho-Spiritual Institute, Marist International University College.

Having completed the course work, she is ready to conduct a research through collection of data. We are therefore requesting you or your Institution to assist her to collect the necessary data to enable her complete her research.

Thank you in advance, for your support.

Yours,

FR GEORGE MAINA

PSI ACADEMIC OFFICE.

PSYCHO-SPIRITUAL INSTITUTE
Marist International Centre
P. O. Box 24450 Karen 00502 Nairobi
director@psi-online.org
www.psi-online.org

MARIST INTERNATIONAL UNIVERSITY COLLEGE
Off langata road, Marist lane P.O.BOX 24450 - 00502 Nairobi, Kenya
Adminstration:psimickenya@gmail.com / director@psi-online.org Tel: 0715 978 013
Academic office: psiacademicdesk@gmail.com

www.psi-online.org

APPENDIX F: APPROVAL LETTER FOR DATA COLLECTION

Jinsiangu
P.O. Box 36454 – 00200,
Contact No: +254 711300343
+254700423343
Email: jinsiangu@gmail.com
Website: www.jinsiangu.org

19/12/2017

To whom it may concern,

Dear Sir/Madam,

RE: APPROVAL TO CONDUCT RESEARCH.

Greetings from Jinsiangu.

I am writing to confirm that Sr. Patricia Omari Onah did request and duly received approval from our organization i.e. Jinsiangu to conduct her research titled 'Transgender Identity and Self-concept of LGBT Support Group in Nairobi, Kenya: A Psycho-Spiritual Intervention' with our members.

She walked the participants through the research methodology and requirements including answering any questions they might have had. After this she asked anyone who was willing to undergo interviews to read through and sign a consent form. Those who wished to partake of the research then went ahead to sign the forms and do the interview.

In case of any query or clarification, please do not hesitate to contact me at jinsiangu@gmail.com. Thank you.

Yours Sincerely,
Toni King'ori

Programme Manager - Strategic Management,
Jinsiangu

APPENDIX G: APPROVAL LETTER FROM NACOSTI