The Transgender Community in Bangalore: Health Issues and Factors Negatively Affecting Outcomes

Zayahary Ortiz
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THE TRANSGENDER COMMUNITY IN BANGALORE: HEALTH ISSUES AND FACTORS NEGATIVELY AFFECTING OUTCOMES

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ABSTRACT

Despite their long history in India, transgenders continue being pushed aside depriving them of their basic needs, human rights, and their right to health. The present study aims to discuss the current health issues and factors affecting the health outcomes of the transgender community. This was accomplished through an investigation of social, economical, and political exclusions and behavioral patterns impacting and affecting health outcomes in the transgender (TG) community. The study was completed in Bangalore, Karnataka under the guidance of Swatantra, a rights-based organization seeking to empower the transgender working-class through the access to rights, education, employment, family acceptance, and leadership. In order to gain a further understanding on the transgenders conditions, interviews conducted sought to cover all stakeholders’ perspectives including transgenders, NGO representatives, and medical professionals. It was found that health outcomes in the community are strongly influenced by external internal factors. Patterns of social, economical, and political exclusion negative affected transgenders increasing their vulnerability and thus increasing health risks that consequently affected their health outcomes.
BACKGROUND

The India of today encompasses an intricate civilizational space that contains over 3500 years of history. In India, the process of change does not necessarily mean destruction but actually refers to the new being placed beside the old as a parallel option and therefore does not claim exclusivity; deconstructing as you are constructing. Despite India being a patriarchal society, there are traces of alternative sexualities that do not adhere to the straight dominant framework. Ancient Indian stories have left traces pointing to non-patriarchal sexualities, depicting the new tendencies of what is seen today in the modern world. The study of sexuality in general and alternative sexualities has been a recent phenomenon in India. It is observed that for a long tie the topic of sexual desires and expressions has been marked as a taboo and therefore is not talked about as much. One can see that the origins of this silent attitude towards the topics of sexual desires and expressions are influences of colonization in India. According to Garcia-Arroyo’s publication, the terms “homosexual” and “heterosexual” appear at the end of the 19th century in Western contexts and are used to describe sexual categories (Garcia-Arroyo 2010). A heterosexual person or the term “heterosexuality” is regarded as “good” and “natural” because sex is intended to be solely for precreation, non-commercial, and only occurs privately among monogamous individuals (Garcia-Arroyo 2010). On the other hand, “homosexuality” is viewed as “bad” and “unnatural.”

Homoerotic representations, same-sex love, and queer tales have a long history in Indian culture. Such manifestations can be observed in Indian art religion, philosophy, sculpture, and literature expresses an acquired mysteriousness, a queer sense of attraction and fascination (Garcia-Arroyo 2010). The stories and artistic representations are labeled
as “queer” because they go beyond the conventional framework of sex and gender.

Numerous manifestations of sexuality that can be read as “queer” can be traced back to the Vedic period (1500 B.C.) up to the establishment of British rule (AD18th-AD 19th). The myths, legends, devotional poems, or scholarly texts express different societies, tendencies, attitudes and lives (Garcia-Arroyo 2010).

Kamasutra

The Kamasutra is the oldest and most famous Hindu book of erotic love. This book is commonly known for the different positions of sexual intercourse however there is more to what the Kamasutra is about. The term "Kama" refers to a compound of desire, love, and pleasure of the senses (touch, sight, hearing, smell, and taste) (Garcia-Arroyo 2010). “Sutra” refers to the aphoristic narrations that have connections with both science and religion, a treatise (Garcia-Arroyo 2010). The Kamasutra discusses three basic aspects of Hinduism: dharma, artha and kama (Garcia-Arroyo 2010). According to Wendy Doeniger's translation of book I in the Kamasutra, deals with general observations regarding the sixty-four arts: singing, painting, reading, preparing beds, cooking, playing sports, woodworking, gardening, languages, children's games or putting on perfumes and jewelry, and how it should be learned by both men and women to be successful in love and in life (Garcia-Arroyo 2010). In the late 19th century, Western scholars are said to be created new terms and concepts such as “homosexual”, “inverted”, and “the third-sex”, however, the much the Kamasutra used this term. The “third nature” recognizes two types of men: those who try to appear feminine by dressing or acting like women and those who appear manly by growing moustaches and beards. Based on how the “third nature” is recognized, it can be observed that the first recognition describes the modern day male-to-female transgender.
The Kamasutra is a text that many people connect with ancient India, however, its popularity and recognition is not derived from its writer, Vatsyayana, but from commodification and translations of its subject. Various versions of the Kamasutra can be seen to exaggerate or belittle the queer traits in the original text on the one hand. On the other hand, omission and mistranslations place an emphasis on heterosexuality and thus render queerness invisible.

**Hindu Gods and Texts**

Brahma, Shiva and Vishnu are the main deities in Hinduism. Shiva is renowned as the half-woman god. Shiva is the personification of a sexless and genderless soul. Thus, masculinity and femininity are temporary, mundane constructions that delimit the principle of divinity in every being (Garcia-Arroyo 2010). Representations of Shiva combine symbolism of both the feminine and masculine. There are various depictions where Shiva is seen to transform into a woman. For example, in the story of Krishna and the dance Maharaas, Parvati and Shiva want to join the dance. Parvati was able to join dance and Shiva cannot take part because he is male and only Krishna is permitted to dance. Eventually, Shiva was able to join the dance as he transformed into a woman. Another depiction is seen when Adishakti curses Shiva to live as a half-woman for he rejected her. Some writers argue that sometimes gods use sex to destroy demonic powers as it is in the case of the Mahabharata where Vishnu masquerades as a woman, and thus takes the form of Mohini. In the Ramayana depicts the story of Lord Ram and his period of exile. During this time, he is in the forest about to cross the river. Many people want to accompany him but he insists and asks that all men and women return to their houses.
Because hijras are neither men or women stay in the outskirts. When Ram returns he meets the hijras who are still in the forest, blesses them and recognizes their right to exist.

**British Colonization**

India is host to cultural convergence and coexistence of different peoples and beliefs from the 8th century to the 18th century (Garcia-Arroyo 2010). Travellers, merchants, and invaders from the West start to move into the country carrying with them various traditions and as a result, languages, customs and religions, intermingle, giving rise to changes and new practices. Colonialism as viewed Nandy is the “name of political economy which ensures a one way flow of benefits, the subjects being perpetual losers and the rulers the beneficiaries” (Nandy 2009). Colonizing did not leave the internal culture of Britain untouched, but also began to bring parts of the culture which were “least tender and humane” such as justifying a limited cultural role for women and femininity by holding that “the softer side of human nature was irrelevant to the public sphere” (Nandy 2009).

The British imperialism did not only remain political for it was also religious and ethical. According to Richard Congreve, a Bishop of Oxford, he once said that God had entrusted India to them and had no right to give it op (Nandy 2009). The imperial supremacy of the British was not only founded in the idea that they themselves were performing a divine purpose in the name of God and the Queen but it was also in the idea of a religious duty to be ruled. The aim of colonization according to Lord John Russel was to “encourage religious instruction and let the subjects ‘partake the blessings of Christianity” and therefore, there was not only an imperial responsibility but there was also a religious duty to be fulfilled (Nandy 2009). Colonialism in India encouraged the colonizers to attribute to themselves feelings of omnipotence and permanence, establishing a sense of superiority. The Western
discourses on morality and nuclear family as the institutionalized system conceived sexuality as heterosexual and must aim at procreation. Therefore, other expressions of sexual desires are regarded as unnatural and devious and thus must be suppressed. Consequently it has given rise to the belief that manifestations of such sexualities threaten the stability of the individual and harm the morals of the nation (Garcia-Arroyo 2009). As a result new patterns of education and instruction were set to teach codes of behavior, adequate values and Western civilization, giving rise to the Indian Penal Code 377 criminalizing carnal intercourse that is against the order of nature. Colonization not only brought technological advancements and industrialization to India but its laws and culture also defined what is relevant to the public sphere and therefore suppressing not only women but was also shunning those who did not agree with the social construct.
INTRODUCTION

Despite their long history in India, transgenders continue being pushed aside depriving them of their basic needs and rights. The term Hijra is widely used in South Asia to identify individuals who identify themselves as transgender, intersex, or cross-dressers. The history of the third-gender dates back to ancient times of the ‘Kamasutra’. They were thought to bring good fortune and blessings, but over time, tables have turned and discrimination has now caused them to be marginalized and thus deprived of basic human and health rights. For the purpose of this study, the focus will be on the transgender community as a whole. A ‘transgender’ is a term that can be used to describe people whose identity and expression does not conform to the norms and expectations associated with the biological sex and physical appearance (male/female organs); including transsexual, transgenders, and gender non-conforming. Transgender people can self-identify as transgender, female, male, transwoman or transman, transsexual or by terms used specifically in cultures. Because of the existing rigid social constructs of sexuality in India, these are often seemed challenged by transgender individuals through their gender expression. Transgenders in India are not always accepted in society and are often objects of ridicule, mockery, and exploitation. The transgender community in India faces a variety of issues including exclusions from social and cultural life, the economy, politics and decision-making processes. Such discrimination combined with poverty, illiteracy and lack of opportunity have ostracized the community leading them into a high-risk behavior path, leaving them with limited prevention alternatives, thus infringing upon their human rights, and their right to health and health care. The purpose of this study is to examine how external factors such as social, economical, and political exclusion is affecting health.
outcomes in the community. This study seeks to investigate the present health issues in the community.

**Field Study Methods and Ethics**

The present study was conducted in Bangalore (Bengaluru), one of the cities of the state Karnataka in India over the course of four weeks in November 2016. The site was chosen for various reasons. Firstly, based on “The Times of India”, in 2014 it released statistical date where Karnataka accounted well over 4% of third gender population in India. This study was carried out in collaboration with Swatantra. The populations and issues confronted by Swatantra directly deal with the transgender working class in Bangalore. Swatantra is a rights-based organization seeking to empower the transgender working-class through the access to rights, education, employment, health, family acceptance, and leadership.

A total of thirteen interviews were conducted during the duration of this field study. This study attempts to examine the experiences of transgenders in Bangalore (Bengaluru). Of the respondents, four are self-identified transwoman, one is self-identified as Kothi, two are self-identified as transman, three are representatives from Swatantra, and the remaining three are representatives from the medial community. Swatantra arranged interviews with members of the transgender community, while the student interviewer arranged meeting location and times with interviewees. A recording device was utilized when permitted; informants had the liberty to communicate with the student interviewer when they wanted certain responses of record. All interviews were conducted in English. A structure set of question was prepared beforehand however its general function was to direct the flow of conversation. The interviews followed a semi-structured format allowing
room for modification based on the interview’s progress. The interview purpose was to obtain a comprehensive study of what are the existing health issues and what factors are negatively affecting the outcomes. Interviews ranged from twenty-five minutes to two hours.

During the time frame of this study, appropriate methods for obtaining informed consent, conservation of privacy and confidentiality were used. The purpose of the study was explained and participants were informed of their right to omit any question and/or end the interviews at any given time. The interviews were conducted with respect for the dignity of the respondents. No incentives were provided during interviews. Participants were specifically recruited through Swatantra whom is already working with sexual minorities, which diminished potential concerns related to personal identification and stigma. For protection and privacy purposes, the names of the respondents have been changed.
**TRANSGENDER UMBRELLA**

*Kothis:* heterogeneous group that includes same-sex-attracted males of all ages whose gender behavioral traits are primarily feminine; MSWs who may adopt feminine mannerisms to attract male clients; and TG or trans-sexual women

*Aqwa Kothis:* have not undergone sex change; cross-dressers

*Nirwan Kothis:* who have been operated upon, through the process of Nirwan usually performed by a senior.

*Panthis:* Term used by Kothi men to refer to their sexual partners, also known as gadiya or giriya. They are the active partner who ‘penetrates’ during the act of sex. They may or may not appear to be more tough and masculine (Medhi et. al 2016).

*Jogappas:* Are those persons who are dedicated to and serve as a servant of Goddess Renukha Devi, whose temples are present in Maharashtra and Karnataka.

*Shiv Shakthis:* Considered as males who are possessed by or particularly close to a goddess and who have feminine gender expression.

*Hijras:* Are biological males who reject their masculine identity in due course of time to identify as women, “not men”, in between a man and a woman, or neither man nor woman.

*Satla Kothis:* subcategory of hijras may self-identify as homosexuals who become effeminate or put on effeminate mannerisms so as to attract males for receptive or insertive sex (Medhi et. al 2016).

**Female-to-Male Transgender (transman):** Biologically a female but identify as male

**Male-to-Female (transwoman):** Biologically male but identify as female
**Gendered Framework**

The distinction between sex and gender is the topic of much discussion. In gender and development, definitions can be seen as follows:

**Sex:** Sex is the biological difference between a man and a woman. Sex includes physical attributes such as external genitalia (penis/vagina), sex chromosomes (XY/XX), gonads (testes/ovary), sex hormones (testosterone/estrogen), and internal reproductive structures. Sex differences are concerned with a man and woman’s anatomy and physiology.

**Gender:** Unlike sex, gender is not a fact of human biology. The experience of being a male or female differs from culture to culture. Gender can be said to be an interrelationship between biological sex, one’s internal sense of self, and gender role and gender expression. The concept of gender role is generally used to describe all the socially given attributes; roles, activities, responsibilities connected to being a male or female given in a society. Generally cultures recognize two basic roles: masculine (having qualities attribute to males) and feminine (having qualities attributed to females). Gender identity is a personal conception of oneself as male, female, both, or neither, it is how individuals perceive themselves and what they call themselves. Gender identity determines how one is perceived and how one is expected to think and act as women and men, because of the way society is organized. Gender expression refers to ways one seeks to externally communicate their gender identity through behavior, clothing, haircut, voice and other forms of presentation.

In India, the dominant framework stems from the idea in which gender often perceived as innate, fixed and absolute. If you do not ‘fit’ into one gender role, then you
must be the other, there is no in between. When there is such emphasis on a framework like this, people who are gender non-conforming box themselves into a labeled identity that they themselves may not truly relate to. Many public spaces in Indian society are dominated and controlled by male figures and authorities. Visible domains of society can be seen either or objectifying the female body, while the strict and socially regulated boundaries restrain female voice and activity. There are expectations and standards linked to the male and female gender, and its compliance to this framework increases the gap of gender inequality, hence leaving transgenders out of the picture. When there is not a gender inclusive framework in place, transgenders are excluded and deprived of basic rights. Thus, the current framework describes a world in which transgenders are not in it, causing a disequilibrium, as if they were to look at their reflection and saw nothing.

Recognizing the existence of this framework is crucial to the understanding and addressing the social, economical, political, and health needs of the Transgender community in India. Policies or programs that are ‘gender unaware’ are constantly affecting Transgenders, multiple interviewees mentioned that the lack in knowledge in educational settings drives many to leave “schools and colleges because they are teasing us” (Interview with Priyanka Ji). The need of gender inclusive framework is crucial in the empowerment of the transgender community, when integrating a gender-based approach in programs and policies can increase their autonomy, mobility and access to resources.
Transgenders and Society

Being a transgender in a society comprised of rigid social constructs transgenders face the problem of being rejected by their family and society facing challenges on a daily basis. In a society where gender conforming roles are expected, the longing for love and acceptance is constantly neglected. At the interpersonal and community levels, transgender populations often experience high levels of both perceived and internalized stigma, social isolation, social discrimination, and victimization. An Issue Brief released on December 2010 by the United Nations Development Programme uses the ‘Social Exclusion Framework’ to highlight the issues and problems that disadvantaged and disenfranchised groups face, “it provides a multidimensional and dynamic framework that focuses attention on both the causes and consequences of social disadvantage” (TG Issue Brief, UNDP, 2010).

According to the diagram the social exclusion from Hijras results in a direct exclusion from social and cultural participation and thus exclusion from family and society, lack of protection from violence, and restricted access to education, health services, and public spaces (TG Issue Brief, UNDP, 2010). Despite India’s warm climate of acceptance and tolerance there seems to be little knowledge or a lack thereof when it comes to the understanding of same sexual orientation and individuals whose gender identity does not coincide with their biological sex.

Transgenders constantly express that they knew they were in the wrong body at an early age.

“Before going to the school, I knew I was a girl” (Interview with Priyanka Ji).

“In childhood I realized I was a girl” (Interview with Sarita Ji).

“I knew when I was a child, you know your gender by the time you are 5” (Interview
“Around age of 7 I felt that I was trapped in the wrong body” (Interview with Ratna Ji).

“I knew I was feminine when I was around 4 to 5 years old” (Interview with Sati Ji).

According to some researchers, infants as young as three to four months distinguish between categories of female and male faces, around six months infants can distinguish faces and voices by sex, familiarize to faces of both sexes and make intermodal associations between faces and voices, and by ten months of age, infants are able to form stereotypic associations between faces of women and men and gender-typed objects, thus have the capacity in forming primitive stereotypes (Martin et al. 2013). Studies suggest that most children develop the ability to label gender groups and use gender labels in their speech between 18 months and 24 months (Martin et al. 2013). These findings suggest that children develop awareness of their own “self” around 18 months of age. Roughly at this age they also begin to actively engage in information seeking behaviors concerning the meaning of things and how they should behave.

The social estrangement and discrimination of transgenders starts to arise in childhood where children begin developing stereotypes around two-three years of age. Stigmatization arises when transgenders begin to exhibit effeminate behaviors, unable to live up to expected normative standards of masculine behavior transgenders are incapable of escaping alienation and prejudice.

“When I was so small, I was discriminated. I joined first standard they would call me ‘Hurgi’ or ‘henga’. I couldn’t go play with the boys and the girls; they were not allowing me to play. I got confusion, ‘Who am I?’, Why is my name different?” I was
difficult, no one was calling my name, they all me other name and it hurts me and
depresses and I avoids from going to school” (Interview with Priyanka Ji).
“At the age of 7 I felt that I was trapped in the wrong body. I faced a lot of
harassment by classmates and teachers” (Interview with Ratna Ji).

Based on what the interviewees disclosed they experienced name-calling at an early
age, often being teased by other classmates. Interviewees themselves disclosed that at an
early age they knew they born with a feminine character. Children first develop an
understanding of sex differences through associations with adult possessions like physical
appearance, roles, activities, and associations with gender such as softness as feminine and
roughness as masculine (Martin et al. 2013).

“From 1 to fourth I started school. Fifth to seventh I started another. There also
same thing, they also called me ‘hurgi’. I participated in singing and sports, because
if I participated my way of thinking is that my classmates shouldn’t call me names.
That way they would become my friends, if I participate in everything. But even if I
got places, they would still say ‘hurgi got first place.’ So in that condition it was very
difficult to out from that mental stress. Because of that, I dressed up like a boy. So
can’t dress up, what I am is not real” (Interview with Priyanka Ji).

“At school, boys would be teasing me. They would say, ‘what do you have inside? Are
you a boy or girl? Why are you behaving like this?’ They would pinch my nipples”
(Interview with Kavita Ji).

“Every day when I would want to speak to the girls, they would say ‘why is this boy
talking so feminine, why talking so girlish” (Interview with Ratna Ji).

From what the interviewee disclosed the constant harassment and name calling
forced her to move to different schools in hope that she would not be called names and build friendships. Despite efforts in transferring schools, the same patterns observed in other schools were present at the schools she transferred to. Similarly, Kavita Ji recalls boys in her school teasing a physically abusing her through the pinching of nipples. The interviewee also mentions that boys always kept questioning her behavior, kept asking “what was inside” and if she was a “boy or a girl.” Ethnographic observations have found that “boys who violated norms for masculinity were teased, shunned or referred to as ‘girls’”, while other studies indicated that children make “negative judgments, and consider unpopular, peers who engage in gender-atypical behavior, especially boys” (Martin et al. 2013). Priyanka Ji states that her reasons in playing sports and singing was for the purpose of becoming friends with other classmates, however, they kept calling her names. Her need to prove something to others, led her to join various extracurricular activities in the hope of gaining friendship and acceptance. Despite her efforts of fitting in, her classmates kept excluding her from activities and kept calling her names. As depicted above, when there is a pre-established dominant framework Priyanka Ji placed herself in the box where she felt the need to dress like a boy, something she did not relate to.

“When I went go tell my master [teacher] and what he responded, ‘you are behaving like that, because of that people are doing like this you should be like a boy. Why are you doing this and all? Luckily, I got one good class teacher she was very supportive because of her only I completed up to 10th otherwise I would have dropped out ” (Interview with Kavita Ji).

“There is only one climate for us. They would tease us easily and they would be happy but what about we? They’ll be happy, they will laugh. What about ourselves?
How can we come out from that mental stress? We can’t concentrate and study. There should be a place where we can go when harassed” (Interview with Priyanka Ji).

At an age where you cannot even express your opinions to your classmates or teachers afflicts the individual both physically and mentally, potentially causing their distress to slowly progress into depression, “this fear of coming out and being discriminated against for sexual orientation and gender identities, can lead to depression, posttraumatic stress disorder, thoughts of suicide and substance abuse” (NAMI). Without someone to talk and express their daily struggles and emotions, leaves them with no outlet and thus begin to bottle in their feelings causing them to become more incommunicative and leads them to drift to their own selves. Interviewees mentioned complaining to teachers multiple times but teachers would do nothing every time. Once they knew that complaining had no effect they stopped asking teachers and chose to cope with it internally. The lack of counseling centers in educational settings and the constant mental and physical distress experienced by transgenders leads to mental instability that leads to depression, anxiety and other related mental illnesses. Prejudice, discrimination, the inability to communicate, and the lack of support leads many transgender students to lose focus on their studies consequently leading them to drop-out, because there is a lack of an educational foundation options become limited and their chances of living a dignified life decrease. As Kavita Ji described, the one good teacher she had who was supportive, was one of the reason why she continued schooling. The need of supportive system in educational settings is essential for transgenders in order to diminish the chances of them dropping out.
Transgenders desire for love and acceptance in their families, seeking to be loved in the way they themselves view their soul as. From the first moment they themselves knew their soul did not match their physical appearance they feared disclosing their identity.

“If my parents don’t accept should I do? I wanted to be a girl there is no option for me either I would have to do sex work or begging. I was very afraid if my parents did not accept then what would be my situation?” (Interview with Kavita Ji).

“When you come out, you, cross your fingers and we feel what are we going to do and what will we do and how will we pursue further education?” (Interview with Ratna Ji)

As told by the interviewees there was fear instilled even before they spoke a word to their families. It can be observed that progressively their stress starts building up from the moment they themselves identify as the opposite gender, slowly instilling fear to the point when they want to confide their identity to their family they remain hesitant as they question what will be next. Such familial pressures leave the transgenders voiceless even within their own family, the environment thought to be the safest.

“I came openly in 2005, and at that time it was very difficult for my family to accept because they were not aware about this all. I was locked up at home for one and a half month. They though if I had never met people like us then I would be normal, it was their mindset. I was not suppose to meet my friends” (Interview with Kavita Ji).

“My family was very opposing because I was born male but after that my behavior became like a girl; walking style, speaking style, I am very interested in doing women’s works. That time, my father and brother teased, beat me. ‘Don’t do like
that, behave like a boy. Don’t do like girls. That kind of harassment I faced a lot from family, neighbors, and friends. Very difficult.” (Interview with Sarita Ji).

“I came out to my parents and there was a complete rejection, they said ‘no more we can’t accept you as a daughter.’ Which hurts us a lot. They shaved my hair and told me ‘if you want to live in the family, you have to live as a boy you can’t live as a girl. This is against our nature, our culture, and society’” (Interview with Ratna Ji).

“I was rejected. One reason was because I was not dating a guy, I was not waiting to be married. I was thrown out of home and after three years my parents got back and now I am back at home. It has been a little bit of a turbulence” (Interview with Manprasad Ji).

“My family debilitated me, they tortured me” (Interview with Sati Ji).

“Accepting the children for what they are is difficult for them because the patriarchal expectations based on their sex is something beyond the existence of your identity” (Interview with NGO representative).

Based on the interviewees responses there was an automatic rejection coming from their families. What they disclosed, when the interviewees disclosed their identities their family members not only rejected them but resorted to imprisonment in their own homes as seen in Kavita Ji’s case, they were beaten, heads were shaved, and were kicked out of their homes. There is a struggle when expressing their identity due to societal pressures, from these pressures exclusion start to arise such as no longer participating in family events, increasing isolation. In society where patriarchal expectations are beyond the gender identity some transgenders stay home suppressing their true identity or leave home. Once transgenders are out in society, leaving them with the only option of joining a Hijra
community that is filled with norms and regulations that many do not agree with. In the case of Male-to-Female transgenders or in the case of Female-to-male it takes a lot of searching.

Being out in society poses a great risk for transgenders due to the lack of support from family members, society, and governmental officials. Transgenders often face rape, verbal harassment, violence from police, *gundas*, and others members of society.

“Raping is very common, because there is no proper law here. For them it’s just the sexual act but what about how it changes emotionally to us. If I were to go today and say that a guy raped me, there is no issue. They say ‘how, where, what was your reaction?’ Don’t have a voice to speak” (Interview with Ratna Ji).

“When I was going through puberty I faced a lot of sexual abuse. While walking on the road, walking down the halls some one would just come and touch you inappropriately. Sometimes when I was beaten I would have to go to the doctor to see if anything was all right” (Interview with Manprasad Ji).

“There is violence. People beat me, I faced many problems in public spaces. I would go to market and do work with flowers. There were many of them, after I finish the works, would hold ‘Hey *chakka*, why are not speaking to us? You have to come with us today. They beat me if I did not agree, I had to go. I had to do free sex. I can’t complaint to police. Police would say ‘Why you are like that, you are a boy. You should not be like a girl. If you are like a girl, that is why they are doing.’ We can’t go to the police station. Police would also beat us and do the sex” (Interview with Priyanka Ji).
“When I was 16 or 17 years I was doing sex work, at that place we face a lot of violence, sexual violence from police, *gundas* and all. Did not go to doctor after because they would ask a lot of questions, because of that we would take some pain killer medicine and rest for 2-3 days” (Interview with Kavita Ji).

“I was harassed on a bus. I got down, this guy crashed me against the bus, but no one gave a damn because it’s two boys fighting. There are no laws and how does a transman access experience of sexual violence ” (Interview with Garjan Ji).

Transgenders constantly express their hardships in society and their inability to share these with their families, knowing that their siblings are married they fear telling them who they truly are because it would cause problems, consequently it leads them to further isolate themselves. The interviewees clearly express their inability to express how they felt; leaving them voiceless thus seeking help remained far from reach increasing the risks of aggravating current mental illnesses. It can be observed how both transwoman and transman experience different kinds of violence in the sense that one is more visible while the other remains invisible. The transgender community is at a higher risk for suicide because they lack support from family and society and constantly face harassment and prejudice, mental health conditions and substance abuse. The social exclusion they are constantly facing can affect their self-esteem, and self-worth which can later contribute to depression, anxiety, substance abuse and potentially self-harm. When there is isolation and exclusion not only can this be mentally harmful but it also sets a barrier, affecting the access to treatment to those who are HIV positive or have high chances of being HIV positive. The lack of a social safety net can generate fear of being tested especially when they know that there is no one to cope with them.
The right to health is part of the human rights. The WHO defines health to be “a state of complete physical, mental ad social well-being and not merely the absence of infirmity”, further stating that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” (WHO). Thus, every Indian citizen has a right to health however that is not the case of transgenders who constantly face discrimination in healthcare settings disabling them in being able to exercise this right.

When there is a lot of discrimination and non-acceptance from the family, society and government an individual can get psychologically disturbed. When there is no acceptance transgenders experience an emotional imbalance leaving them questioning what they will do.

**Economical Exclusion**

Transgender individuals face a lot of hardships when it comes to social security. Due to the lack of social support, most transgenders don’t finish their education and tend to run away from home. With the constant pressure coming from family, society, and themselves gives no other option but to walk away. When there is lack of a social net, transgenders become more vulnerable to economic instability when they don’t have strong social support. When one identifies as transgender multiple identities come along including class minority, caste minority, religious minority, and untouchable minority causing many doors to opportunity to close. Swatantra staff describe that the only sources of employment for the community across the nation are sex work and begging. Based on some to the interviewees’ experiences some have the opportunity to finish their studies while others dropped out of school at an early age. In the case of Priyanka Ji she was able to attain
graduate degree. I hopes of making her own decisions she left home and began practicing law fro a few years in Bangalore. However, hopes for a better future collapsed when she appeared before one of the judges at the magistrate court.

“He teased me, ‘you[r] appearance is like a girl, why are you doing like that? Your voice is not low. Why can’t you e like a boy?’ That day I decided I couldn’t go and practice law. It was collapsing me, that they I left my profession and I came and I started doing *kuli* work” (Interview with Priyanka). Based on what Priyanka Ji stated the inability to exercise her law degree led her to quit her job and do *kuli* works, referring to daily wages work like flower tagging, cooking, and similar works. It was hard for to mingle with others and find job opportunities because they would start harassing and discriminating, or as she describes, “how many times can we run away and change, change? So I left my profession because of that” (Interview with Priyanka Ji). At this point Priyanka Ji’s thought was “forget all this education” because of how she was being treated, she was educated yet there was no opportunity. She found herself trapped for she could not go back to the village then people would start thinking,

“education has never given life. If he can’t face all these things, how can there be life in society.’ They would start asking some stuff. If I can’t go back to the village and I can’t stay in city as normal because my character, so I started doing some daily-wages work. That time I struggle, per day I used to have one meals food” (Interview with Priyanka Ji)

Surrounded my a multitude of close doors, Priyanka saw no other options other than small works where most of the time the shortage of money allowed her to eat once a day. There was no food and lack of shelter all because of her feminine character. Like Priyanka Ji, many
others who have been able to pursue a degree or have the desire to be economically empowered and be financially independent face hardships when they mention their identity,

“When you say ‘I am a transgender woman and I want to do business’, they keep you as an apart. As an entrepreneur I have seen they way they speak to you, the way communicate with you, the way they dedicate to you, the way they do their payments every thing changes. People always take more advantage on the business of the gender” (Interview with Ratna Ji). In the case of Ratna, the process of carrying out a business was affected when she mentioned her identity. Based on what Ratna Ji stated not only the aspect of doing business changes but also the way one is treated, increasing the chances of one being taken advantaged of. Although a few transgenders have been able to pursue higher education, many in the transgender community end up dropping out of school at an early age due to constant harassment by peers. Many of the transgenders end up joining a Hijra community in hopes of feeling more accepted and supported, however many of them, if not all, end up doing sex work or begging, “when all doors are closed how can you go out” (Interview with Ratna Ji). When being placed in this sociocultural box this limits not only your employment options but places you in this box that is heavily framed by stigma and discrimination establishing a wall that is hard to overcome both physically, mentally, and emotionally. There are many educated and uneducated transgenders who are doing sex work and begging just to get food. Workplace-related research on lesbian, gay, bisexual, and transgender (LGBT) individuals shows that transgender workers are the most marginalized from gainful employment (Divan et. al 2016). Transgender people often experience discrimination at all phases of the
employment process, including recruitment, training opportunities, employee benefits, and access to job placement (Divan et. al 2016) Since there is such lack of employment opportunities for transgenders, this places them in a vulnerable state in where they do not have the position to earn and in turn decreases their earning capacity. Due to the lack of employment opportunities and diminished earning capacity many transgenders choose to be in sex work in hopes of increasing their earning capacity. The lack of employment poses extreme limitations pushing transgenders towards jobs with limited potential for growth and development and increase risks. Unemployment and low earning or high risk and unstable jobs place transgender people in a cycle of poverty and homelessness. Being in the sex work industry makes them vulnerable to HIV and other health-related risk. Often times because of the stigma and discrimination they face on a daily bases it makes them feel disempowered even when it comes to them insisting on condom use, increasing their chances of HIV transmission. Often many transgenders find refuge in alcohol and drugs as mechanism of coping. This behavior not only increases other health-related risks due to poor judgment that comes with alcohol use but it also increases their tendencies to commit suicide.

On the other hand, transman individuals had a different experience. Although workplace-related research on lesbian, gay, bisexual, and transgender (LGBT) individuals shows that transgender workers are the most marginalized from gainful employment, based on interviewee’s responses, obtaining employment was relatively less questioned in contrast to their male-to-female counter parts (Divan et. al 2016). Garjan Ji’s experience describes that female-to-male individuals are slight more economically at an advantaged due to the patriarchal society, “when they see us, they don’t go for second glance”
(Interview with Garjan Ji). Garjan Ji quotes states how as transman they benefit from patriarchy and therefore can find employment, however identity still affects their employment. In the case of Garjan Ji, after his transition, he has not been able to find a formal structured job, which led him to do free lance jobs such as transcriptions, translations, theatre, film, and writing.

**Political Exclusion**

While the provisions for a “third gender” status made in a 2014 Supreme Court ruling may have been perceived as securing transgender rights, a third gender status is not universally accepted across India. When it comes to people who change sex, as well as those who are gender-variant legal, issues can get a bit complicated. Legal issues for the matter include various subjects including legal recognition of same-sex marriage, child adoption, gender identity, inheritance, wills, and trusts, employment discrimination, immigration status, and access to public and private benefits (UNDP). When there is lack of gender recognition by the government, transgenders face difficulties in getting government ration shop care, passport, bank account, and accessing proper healthcare services, and access to and use of social welfare and health insurance schemes. Legal recognition also affects their right to exercise and right to vote in the elections. The Election Commission introduced the option of ‘other’ in the voter’s identity indicating that transgenders can vote and exercise under ‘other’ (UNDP India). Although transgender people now have the option to vote as women/man or ‘other’ the legal validity of the voter’s identity cared in relation to confirming one’s identity is not clear. The stigma that transgenders face in claiming their identity and the inability to claim their own gender identity before the government affects the access to transgender-specific schemes. With a society that is not
accepting then how can they disclose being transgender to a system that is trying to determine who gets what status. The current status of legal recognition in some states procedures for name/sex gender change in official identity documents require an official medical certificate of post-Sex Reassignment surgery issued by qualified SRS service providers (UNDP India). Thus, male to female or female to male sex change appears to only be promising for individuals who are classified as post-operative, leaving out any individual who is pre-operative (waiting for SRS), transgender individuals who are unable to obtain a SRS due to medical reasons that make them unfit for the procedure, and the self-identified Transgender individuals who do not want SRS. The problem with this is that those individuals who want to be legally recognized as a female need to undergo surgery, a surgery that not only has financial implications but complications can also arise during the procedure. If complications were to arise it would but the individuals life at risk. Also, as mentioned earlier, transgender individuals are more vulnerable to economic instability, when costly surgeries determine your legal recognition it might lead them to seek quack doctors for inexpensive surgeries that have high risks.

**Current Status of Legal Recognition**

Under “The Supreme Court Judgment on Transgender Rights: NALSA vs Union of India”, the Court has recognized that the fundamental rights are available to third gender in the same way they are available to males and Females (NALSA Summary). In addition, not recognizing third gender in both criminal and civil laws like marriage, adoption and divorce laws is a form of discrimination against the third gender (NALSA Summary). When it comes to recognizing gender change from male-to-female or female-to-male, the Court has stated that it prefers to follow a “psychological test” instead of a “biological test”, meaning that
they are placing an emphasis on the person’s own identification. Also, they say that insisting on Sex Reassignment Surgery, as a condition for changing one’s gender is illegal. Based on the National Legal Services Authority of India (NLSA) summary report that they did not know exactly what procedures the government for recognizing gender identity would follow.

Overall, there are three options available for legal recognition in India:

“Option 1: Legal recognition of gender identity of trans people as women or men

Option 2: Legal recognition of gender identity of trans people as a separate gender ('third gender’ or transgender’)

Option 3: Legal recognition of gender identity of trans people based on their choice—women/men or a separate gender ('third gender’/ ‘transgender’)” (UNDP India).

Although these are the options to be considered, these options have parameters/criteria to be considered; citizenship, age limit, diagnosis of gender dysphoria/ self-identification, requirement for SRS and/or hormonal therapy, and parental or legal guardian’s consent.

For Option 1 the parameter under “diagnosis of gender dysphoria/ self-identification” requires a medical certificate stating that the person deeply identifies with the gender of their choice and thus be legally recognized. For “requirement for SRS and/or hormonal therapy” under Option 1 states that if the person desires, hormonal therapy can provided unless medically advised not too and regarding SRS the individual either had undergone SRS or emasculation. In this option, there needs to be a valid medical by one or a team of SRS providers (UNDP India).

For Option 2 the parameter under “diagnosis of gender dysphoria/ self-identification” requires an affidavit that such a person is “third gender/ transgender” and
this has to be given by the trans community who know the persons as a third gender/transgender. For “requirement for SRS and/or hormonal therapy” under Option 2 there is not a pre-requisite listed (UNDP India).

For Option 1 the parameter under “diagnosis of gender dysphoria/ self-identification” requires an affidavit by the trans person, along with affidavits by friends or community members, that the applicant is a man/woman or third gender/transgender. When it comes to the recognition as man or woman, a medical certification process would be a requisite. For “requirement for SRS and/or hormonal therapy” under Option 3 there is not a pre-requisite listed for those who do not want to be recognized as man or woman (UNDP India).

When examining the criteria listed under “requirement for SRS and/or hormonal therapy” in all three options, it can be concluded that transgenders who are unfit for the surgical procedures due to medical reasons or even the fact that they cannot afford it, yet want to be legally recognized as female are neglected their right to chose how the want to be legally recognized because of what the government is establishing who can be a female. The same goes for transgender individuals who don’t want to go through the surgery yet want to be legally recognized as a female, it limits their power as a citizen to exert their right to self-identification.
Health

Health Behaviors and Access to Health

The situation outlined in previous sections highlight factors that have an impact on the health behaviors transgenders take when it comes to their health. The social, cultural, and physical environments in which they find themselves living and working influence health behaviors. These health behaviors are often shaped by individual choices and external limitations. Transgenders come from various social backgrounds, different caste and classes, and often face medical negligence. Interviews with the transgender community gave insight of what is their definition of health and what their approach to sickness or any health-related incident is.

“There is nothing more to health than feeling good” (Interview with Manprasad Ji).

“Health depends of lifestyle” (Interview with Ratna Ji).

“The kinds of surgeries people are able to access in the US, the white privilege who are able to pay for their surgeries. Having a normal recovery period of 20 days, of not lifting heavy load. Getting back to life. Emotionally feeling at peace, because you waited for it, you saved, you found the resources, you went all the way for it, you should be seeing the light at the end of the tunnel” (Interview with Garjan Ji).

“Physically, mentally, 100 percent ok that is a good health. You should be able to do work” (Interview with Sarita Ji).

“Being good physically, mentally. If I am healthy I’ll do all work and be happy and I and if I am not healthy I’ll be in sad moon, I will not concentrate on work” (Interview with Kavita Ji).

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease” (WHO). From what some of the
interviewees responded, health was associated with a feeling, the ability of doing work, or referring to sex reassignment surgery. Transgender people two different reasons of why they seek health care: one involves regular health care visits and one involves gender transition. Different conceptions of health and what they have experienced socially, culturally, and physically influences people on how they go about different health practices.

“I go to the chemist, explain my symptoms to him and take what ever drugs he gives me over the counter. I also Google search and self-diagnose. Home remedies like milk with turmeric if I have cough. I smoke a lot so I have a cough all the time, self medicate. Usually trans people ignore minor.” (Interview with Garjan Ji).

“Sometimes we go to private hospital, government hospital, clinics, organizations. Who knows us and understands our situation we contact that way. Some people take remedies and others neglect it” (Interview with Swatantra staff).

“Something like fever or cold I go to minor clinic” (Interview with Kavita Ji)

“I look it up. Then I go to medical shop. If it is something major then I got to hospital (Interview with Sarita Ji).

Base on the interviewees responses most of their health seeking approach is determined by the gravity of their issue. As described, when they consider the health issue to be something minor either they ignore it, make a home remedy, or reach the nearest chemist. Interviewees also mentioned that their reasons for seeking medical care was to get lab work done or for a check-up. Interviewees stated that they access both government and private hospital but often choose to go to medical practitioners they already know. Often time practitioners observed patients coming to the office either alone or accompanied by one of their community, signifying the lack thereof familial support. The doctor interviewed
at M.S. Ramaiah Medical College & Hospital mentioned that nearly 70% of transgender are away from their family and joined transgender community groups. Although transgenders may access health care, often times there are barriers that inhibit their access to care. Studies have shown that the lack of sensitivity on the part of health care providers who do not respect the expressed gender identity of transgender influence whether individuals will access and stay in treatment (Lombardi 2001). The second reason for why transgender persons seek medical care is for sex reassignment purposes. According to the doctor interviewed at M.S. Ramaiah Medical College & Hospital 95 -98% of his patients see him for sex reassignment surgery purpose while approximately 2-5% of his patients have to do with other health reasons. Invariably most patients solely come for the purpose of attaining a medical certificate for sex reassignment. Sex reassignment surgery is a type of surgery that involves the removal of genitalia: in the case of males-to-female it involves the removal of testis and penis, vaginal reconstruction, and breast implants; for female-to-male it involves the a hysterectomy, oophorectomy, mastectomy and phalloplasty. Based on the what the doctor at M.S. Ramaiah Medical College & Hospital said attaining a medical certificate varies from patient to patient the quickest a patient can get one is 3 months and the longest it can take is up to one year. The certification can happen rapidly when physicians are able to rule out any psychiatric disorders, have been able to orient them with what the surgery entails, have given patients therapeutic sessions and there is no requirement of medical help. However, based on what the doctor said, for patients who are not dressing like the other gender but wants to change it takes a long time, at least year. Due to the irreversibility of the surgery one of the approaches physicians use involves preparation regarding positive and negative outcomes, the possible challenges they will
face, and emphasize how irreversible it is. The current standard of care physicians are following involve the “World Professional Association for Transgender Health (WPATH) Standards for Care” or formerly known as “Harry Benjamin “International Gender Dysphoria Association.” The WPATH’s overall goal is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with gendered selves, in order to maximize their overall health, psychological well being, and self-fulfillment (WPATH). The WPATH assists with primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments (WPATH). Although the Standards of Care articulates standards, it is intended to be flexible in order to meet the diverse health care needs of transsexual, transgender, and gender nonconforming people.

**Health Issues and Needs**

Transgender people experienced discrimination and marginalization, resulting in barriers to accessing health care services. Social discrimination against gender variance has led to lack of awareness and thus has endangered the health of the transgendered community. Such health disparities result in an increased risk of HIV infection, mental health disparities, suicide and suicidal attempts, substance abuse and other health related issues. In this study both the transgender community, NGO representatives, and medical officials brought up various health issues.

The doctor interviewed at M.S. Ramaiah Medical College & Hospital mentioned that nearly 70% of transgender are away from their family and joined transgender community
groups. The reason for why the join community groups is replicated a familial environment where they find love, acceptance, acknowledgement of their emotions, solidarity, guidance, inclusion, and support they lack in their own biological families. One of the first things pointed out by the doctor interviewed at M.S. Ramaiah Medical College & Hospital is the most of the patients he receives; 95%-98% of his patients see him for sex reassignment surgery purpose while approximately 2-5% of his patients have to do with other health reasons (Interview M.S. Ramaiah Doctor). Invariably patients come for Sex Reassignment certification thus highlighting the lack of awareness when it comes to psychological issues. Based on the doctor's observations regarding psychiatric disorders, there is a high rate of transgenders having depression and a very high incidence of suicidal attempts, suicidal acts, self-injuries behavior or what would be called “DSF: Deliberate Self Harm” (Interview M.S. Ramaiah Doctor). The next psychiatric disorder in line is psychosis with a 10% prevalence in contrast to 40-50% prevalence when it comes to depression. According to the WPATH Standards of Care, “clients presenting with gender dysphoria may struggle with a range of mental health concerns whether related or unrelated to what is often a long history of gender dysphoria and/or chronic minority stress” (WPATH SOC). In addition to this the SOC states that there are possible concerns including anxiety, depression, self-harm, a history of abuse and neglect, compulsivity, a substance abuse, sexual concerns, eating disorders, psychotic disorders, and autistic spectrum disorders (WPATH SOC). Highlighted by one of the doctors “the incidence of depression is more because of the stress of the environment they are in. Depression is high and help is low for them” (Interview M.S. Ramaiah Doctor). The doctor reveals that he has received many patients who have had multiple suicide attempts in the past but have only came and fought for their SRS
certificated but did not come for any mental health related treatment. According to the National Alliance of Mental Health Illness transgenders and other members of the LGBTQ community are almost three time more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder (NAMI). The often termed “minority stress”, disparities in the transgender community stems from a variety of factors including social stigma, discrimination, prejudice, denial of civil and human rights, abuse, harassment, victimization, social exclusion, and family rejections (NAMI).

“They would tease us easily and they would be happy but what about us? How can we come out from that mental stress? This is why many are leaving the schools. Many left the schools and colleges because they are teasing us” (Interview with Priyanka Ji).

“Suicide thoughts are always present. The big question is “What will I do next?” (Interview with Swatantra representative).

“Many going to hospital but not getting proper treatment” (Interview with Sarita Ji).

Living in society where you are unable to express our opinions to family and society afflicts the person both physically and mentally, “this fear of coming out and being discriminated against for sexual orientation and gender identities, can lead to depression, posttraumatic stress disorder, thoughts of suicide and substance abuse” (NAMI). Transgenders are constantly facing mental stress as early as childhood when they identify their identity leading up to adulthood. There is constant “mental torture” that arises from sex work as Sarita Ji describes adds to their emotional instability. As a result of their emotional instability, the lack of love, the lack of support and help, transgender seek to cope through the use of alcohol or tobacco, which potentially leads to alcohol and drug abuse. This kind of behavior is seen in both transwoman
and transman, however there are higher incident of alcohol abuse in the transman community (Interview with Garjan Ji). The lack of familial support and societal support constantly suppresses them emotionally and mentally increasing their isolation; interviews constantly express the need for counseling centers.

The lack of access to medical care experienced by transgendered people imposes a great thread to their health. Based on some interviewees’ experiences there were times where they themselves and their friends were denied medical health because of their identity and their status (HIV). The lack of access to medical care drives transgender people to self-medicate, ask their local chemist, or just simply ignore the problem.

“Doctor refuses to feel you, refuses to speak to you, and refuses to treat in the manner that you are. They don’t touch you, ask to open your mouth and then give prescription” (Interview with Swatantra representative).

“I have resisted in going. No accountability difficult, to go to Gynecologist. [Also] Security knows who we are but don’t let us in” (Interview with Garjan Ji)

“Many friends have not been treated well by nurses” (Interview with Kavita Ji).

These are some of many experiences transgenders have faced when seeking healthcare. Throughout interviews many transgenders kept reiterating the need for health care practitioners to be sensitized. Many transgenders refuse to go to medical settings due to fear of being discriminated. Based on responses, transgender people experience the lack of transgender knowledge coming from health care practitioners. Because of this many transgenders fear getting tested for HIV or other sexually transmitted diseases, which may not only put them at risk if they are positive but also places other transgenders in the community. According to one of the doctors interviewed, 90% of his patients are HIV
positive and have Hepatitis B (Interview M.S. Ramaiah Doctor). Based on the doctor’s statement a health issue that is still prevalent in the community is HIV. Based on a the World Bank report in 2012, there is an approximate number of 420,000 individuals (World Bank). The HIV prevalence as per HSS 2010 is 18.8% for transgenders (World Bank). with HIV in Karnataka Interviewees stated that they visited certain hospitals and certain doctors because of the rapport and trust they had already built, in addition to knowledge the practitioners had and their willingness to work with them. One of the doctors stated that working with the transgender community comes from self-interested, and both doctors interviewed expressed that there was no formal training regarding transgender health (Interview M.S. Ramaiah Doctor). As previously discussed there is a high amount of stress that a transgender person faces throughout their daily life. The constant exposure to stress leads to other health problems such as high blood pressure, diabetes, and malnourishment. Swatantra representatives also made the case that the transgender people still struggle to seek medical attention for minor health issues like fever, joint pain, cold and cough. The lack of opportunity, employment, education support places transgender in vulnerable stated and therefore makes them more susceptible to health issues that can be prevented. Various transgender described that prioritizing health would only come when their conditions would become stabilized referring to employment.

Many times the topic of discussion when it came to health issues, interviewees kept addressing sex reassignment surgery and the process that comes with it as one of their main health issues. All three doctors interviewed emphasized that there is in fact no set guidelines and regulations when it comes to the sex reassignment surgery, and they are currently using the “WAPTH Standards of Care” however there is still a need to tailor these
guidelines for their patients. One of the issues with sex reassignment surgery is the economic implication it brings, procedures range from 10,000 rupees to 1 lakh (Interview with Doctors). Based on the doctors’ observations, many patients came from various social backgrounds however most of their patients were from middle and lower economic classes. The sex reassignment surgeries are not only economically threatening but the surgery can pose various risks as well. Health risks highlighted by the doctors included wound infections, urethral meatal stenosis, kidney and liver infections, vagina reconstruction can cause a bladder fistula formation, vagina, bladder, and rectum can get injured. There have been incidents where one of the doctors had to declare patients unfit for the surgery stating that once they had told the patients their situation there was no immediate follow-up after that. According to the doctors, when their patients are told that they are unfit, patients seek quack doctors who charged as low as 1000 rupees. Another health issue that arises from SRS is hormonal usage. Many transgender people self-inject themselves, affect their dosage intake. The lack of knowledge in hormonal treatments can lead a transgender person to think that the higher the dosage the faster the process, and therefore can create a hormonal imbalance and thus increases their chances of having Hepatitis B.
DISCUSSION

Throughout this study it has become apparent that various forms of exclusions have impacted the health outcomes in the transgender community. In this study, it was found that transgender individuals who express their identity at an early age begin to develop emotional instability. It was observed that familial pressures made them behave in the gender they did not identify with. In the case of transgender women (Male-to-Female), family members would constantly pressure them to behave like a male for that is what they biologically are. It was observed that Male-to-Female transgenders described being constantly teased by family members, and therefore had an effect on their emotional stability. It was interesting to find that in the case of Garjan Ji, he was not rejected on the contrary, family members were proud at the idea that he could do things a man could do. However in the case of Manprasad, he was casted out from his home. A possible theory for this is that male-to-female individuals identify as female, a gender that is seen as weak and irrelevant to the public sphere. In contrast, regarding Garjan Ji’s experience, a possible explanation can be derived from the idea that India is patriarchal society in which the dominant gender is said to be masculinity and what the masculinity definition brings to the table. In a sense, having the masculinized characteristic is idealized (Garjan Ji’s case). The interviewees in the study kept mentioning that they constantly felt lonely and voiceless. It was observed that both in the educational and family setting transgenders did not have someone they could confide in. The inability to express his or her struggles or emotions to someone left them with the only option of bottling in their experiences. Without any coping mechanisms, transgenders mental stability is observed to suffer at an early age. The lack of support from the family leads many transgenders to leave home. Based on several
responses the lack of support from family and school led many transgenders to discontinue their education. This accounts for the lack of formal education in the transgender community, which in turn affects the possibility of obtaining a white-collared job. Such discriminatory and exclusionary environments fuel social vulnerability over a lifetime, decreasing opportunities to pursue higher education, increasing odds of being unemployed, consequently facing high levels of homelessness, and poverty. It was noted that male-to-female transgenders resort was to join the Hijra community. It was interesting to see throughout the interviews that responses kept mentioning that joining the Hijra community was their only option, this comes to prove that the lack of opportunity drives genders to no only think that this is their one and only option but also proves that there is a lack of opportunities for transgender and thus cannot join the mainstream. It was also observed that one of their main reasons for joining a Hijra community was the support it would bring to the individual. Transgenders yearn for love, support, and acceptance, something they would find in the Hijra community, here they would find acceptance for who they are, stability, support, and love. On the other hand, female-to-male transgenders do not have this option for they “have to fend for themselves” as they described. Interviewees described having a transman community, however this community was not structurally formed the way the hijras are.

In this study it was found that there is lack of job opportunities for the transgender community. Trying to join the workforces was found to be difficult for male-to-female transgenders because they are constantly placed in the box of begging and sex work. Although so interviewees were educated, they were not able to fully exercise their careers due to stigma and discrimination in the workforce. From what was observed, transgenders
who had employment were employed by NGOs. The limitations in employment push them to have limited growth and development. On the other hand, female-to-male transgenders were observed to be at an advantaged when it came to employment. Based on their experiences, they have more of an advantaged than male-to-female transgenders because they had more access to employment, people would not question when they would look at them. It can be suggested that giving more job opportunities can help transgenders build self-confidence and thus empower them.

Although, the Court has ruled in favor of recognizing the third-gender, this is much-debated topic. Interviewees expressed confusion, regarding the ruling stating that there is still a lack in recognition since they have not seen any benefit from it. When there is lack of gender recognition by the government transgenders face difficulties in getting government ration shop care, passport, bank account, and accessing proper healthcare services, and access to and use of social welfare and health insurance schemes. A question that arises is what is the government labeling as the first-gender and the second-gender when they labeled transgenders as the third gender. From what was discussed, transgenders expressed difficulties in obtaining legal documents.

It was observed that HIV levels remain high in the transgender community according to one of the doctors that was interviewed. One explanation for this is that most transgender are involved in sex work, and thus contracting HIV is really high. Transgenders expressed that many transgenders in the community refuse to go to doctors because of their HIV status or had the fear of knowing that they were HIV positive. This poses a risk for the community because there would be no awareness in the community and no
treatment for those who need it, therefore it can increase HIV levels. A concerned was raised when one of the transman brought up that not many NGOs pick up their causes.

Based on this study it was found that there is a lack of psychological awareness and this was clearly evident in the responses. The present study confirms that many transgender people enter the medical system in pursuit of the sex reassignment surgery. Many responses highlighted the importance of Sex Reassignment Surgery as one of their main medical concerns. Sex Reassignment Surgeries can bring great risk to the individual however these can be minimized if there are proper guidelines and regulations. From what was observed SRS was perceived to be more of a want than a need, and thus would not be a life-threatening condition if the procedure was not done, however there is such demand for the surgery that some have threaten to commit suicide if not given the medical documentation to obtain the surgery. Question that arise with this, is why is there such a fixation on the surgery? If they psychologically know their identity then why get the surgery that can potentially put them at risk. It was observed that the lack for legal recognition for their desired gender drove many to get the surgery. Many made the claim the surgery had to be free of cost. The surgery can indeed become costly however the surgery should not be free of cost, especially when it is not even regulated. If the surgery was free of cost then there would be no control of who gets the surgery and could potentially be misused and thus value would be diminished. Based on doctor observations many of the transgenders who get these surgeries return to sex work. The best option for the surgery is to subsidize the surgery. In addition to providing SRS, health care providers should counsel and appropriately refer transgender patients who are in need of HIV, Hepatitis B, substance abuse, and mental health services. There is a particular need to
assess the potential for depression and suicide, and intervene appropriately. It was concluded that medical practitioners who worked with the transgender population was from self-interest. The low-availability of transgender sensitive-providers is a barrier to accessing services for the transgender community. The importance of building rapport and trust with patients in the transgender community is important because it allows them to comfortably disclose important health-related information which can help them. There are a lot of transgenders who self-medicate which increase the chances of overdosing, if practitioners were more available then this would be reduced.

Another observation that arose from the study was the lack of awareness that exist in society about transgenders. It is important to sensitize individuals about this matter. Nowadays, many individuals started considering the “alternative” in every aspect of life, for example alternative food, alternative medicine, alternative lifestyles. For an existing world that is more sensitive, more respectful, ethical, feminine, alternative thinking and alternative minds need to exist. An alternative world where the dominant patriarchal influences and dominant gendered frameworks are no longer perceived as fixed and absolute.
CONCLUSION

The transgender community in India faces a variety of issues including exclusions from social and cultural life, the economy, politics, and decision-making processes. Such discrimination combined with poverty, illiteracy and lack of opportunity have ostracized the community leading them into a high-risk behavior path, leaving them with limited prevention alternatives, thus infringing upon their human rights, and their right to health and health care. As discussed social exclusion directly affects their lives as whole; economically, socially and culturally, and politically. Because transgenders are affected in all these areas, their access to healthcare providers and healthcare services is restricted. The lack of knowledge and sensitivity in healthcare setting hinders transgenders in attaining proper health prevention services and treatment. In addition, there is lack of holistic care when it comes to the transgender population; doctors need to recognize the necessities of transgenders and how these are different. The lack of legal gender recognition poses barriers in accessing health/social services, exercising civil rights, and increases HIV risks. Legal recognition should not solely depend on the person having SRS or undergoing hormone therapy because there are many who cannot get these procedures done. Pushing the system to legally recognize transgenders based on SRS/hormone therapy criteria not only puts them at risk but it also violates their fundamental rights stated in Article 21.
RECOMMENDATIONS FOR FURTHER STUDY

1. Differences between the surgeries and how these can bring long-term consequences.

2. Possible guidelines and regulations to be implemented for SRS

3. Current health status for transgenders who are in jail.

4. Further studies on the Female-to-Male population

5. Sex Reassignment Surgery: Need or a Want? Why is there such an emphasis on obtaining the surgery?

6. Health status on older transgender populations and how these have changed over time.
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Interview Questions

Transgender

General Personal Background
1. What is your age? 
2. What do you do for a living? What are your monthly earnings? 
3. Where? 
4. Any previous jobs? 
   a. Where? 
   b. How long? 
   c. How much did you earn? 
   d. Why did you leave the job? 
5. What is your educational background? 
6. How would you personally describe your identity? How and when did you come to realize this identity? 
7. (If they use a specific label to describe their identities) When and how did you learn of this identity with which you associate yourself? 
8. How do you feel that your identity differs from that of other sexual identities? (If answer is based on sexual role, explore who is more vulnerable, who is more at risk, if one sexual role has more negotiating power or is more accepted) 
9. How did your family and community react? If they are not yet aware, what are your fears for if they come to know? 
10. Did you run away from home? 
11. How old were you when this happened? 
12. What was the event or when was the moment that caused you to make this decision? (Elaborate) 
13. Gauge level of self-acceptance: How comfortable are you with your identity? 
14. Inferiority complex?

Stigma and Discrimination
1. Do you feel that you face any daily struggles because of your identity? 
2. Have you ever faced discrimination in a medical setting? From doctors as well as non-medical staff such as receptionists, clerks, nurses, lab technicians, etc.
3. Do you know of friends who have resisted visiting a medical setting even when ill because of fear of discrimination? 
4. If you are sick, what is your immediate approach to getting better? (home remedies, doctors, ignore sickness, quack doctors) 
5. Do you feel like your identity is keeping you from maintaining or achieving good health? 
6. Do you ever experience violence (physical/sexual, mental, emotional) due to your identity? Did you require any medical assistance after this violence? If you did, where did you go for care or treatment? 
7. Have laws or legal structures ever served as an obstacle to being treated equally and fairly? How do you think these can be addressed or changed?
8. Education

General
1. What kinds of services have Swatantra (or any other organization) provided or connected you to that have helped you maintain a state of healthy mental, physical, emotional well-being?
2. What needs do you, or your community, have that still need to be addressed? How do your needs differ from those of other sexual minorities? How can the needs be addressed?
3. What more can be done for you as an individual or as a community that will help you feel accepted?
4. How does sexual identity differ from sexual behavior?
   a. Language
   b. Culture
   c. Nature

Sex Reassignment Surgery
1. What prompted you to get the surgery?
   a. When?
   b. Where?
      i. Private/other
   c. Who conducted the procedure?
      i. Doctor/Dai-ma
   d. Was there any pre-op and post-op?
      i. If so what was it?
      ii. Follow-up? (If they say no, why?)
2. Cost of surgery?
3. Side effects after surgery?
   a. Any pains etc.?
4. Did you need to have multiple surgeries?
   a. If so, how many?
   b. Why?
5. Any medical complications?
   a. Describe

Health
1. What do you define as healthy and good sexual health?
2. When was the last time you visited a clinic/Hospital?
   a. What was the reason for the visit?
   b. Did you go alone or accompanied?
3. If you have a common illness such as fever or cough and cold, how do you treat this?
   a. Medical professional (why/why not?)
   b. Home remedies
   c. Other (elaborate)
4. Have you ever had trouble accessing medical attention or treatment because of your identity?
5. What are the health issues that are not being addressed in your community?
   a. Elaborate
   b. Why do you think this is happening?
   c. What do you think is affecting the outcomes?
   d. HIV/Substance Abuse/ Mental Illnesses/ Suicide
      i. What are the different stages they undergo?

Political
1. What has your experience been in obtaining personal identity documents and government papers?
2. With the ongoing transgender bill, what are things that should be emphasized regarding needs in your community?
3. Now that there is legally a third-gender how has this helped you and your community?
   a. Health
   b. Social
   c. Economically
   d. Politically
      i. Do you feel you have a voice?
   e. If not, why? What is lacking?
      i. What is the confusion?
4. Do you think that defining identities gives people strength to fight oppression?
5. Should TGs be included in policies meant for women?
6. Do you think or why do you think that SRS should be included in health policy schemes?

Burial
1. What are your death rituals?
   a. What is it that you do? (describe process)
   b. When does it happen?
   c. How?
   d. Why?
2. How do they get declared death by the medical system?

Hijras
1. Are you part of community?
   a. Why did you become part of the community?
   b. What is/was the experience? (greater acceptance, comfort, inclusion, economic reasons such as option of basti and badai etc.)
   c. Who is the most influential person in your life?
      i. If mentioned guru? (ask more questions)
2. Initiation?

NGO Representative
1. What is “Swatantra”
   a. When was it established
   b. History
   c. Role in the community
2. Define transgender
   a. When you refer to the TG umbrella, what does this umbrella encompass? [Describe; terms would be good]
3. Demographics of the population they are working with
   a. Background, etc.
4. What do you see as being the main factors impacting health in the TG community? [Ask that they elaborate on their responses]
   a. What’s contributing to health?
   b. What is deteriorating health?
5. What education do you provide regarding health?
   a. How do you reach out to those who are illiterate?
   b. Hijra community?
6. Do you encourage Transgenders to seek medical care (HIV testing, treatment, counseling, check-ups, etc.)?
7. How do you ensure that TGs who are in need of treatment or require constant follow-up visits for medical reasons are receiving proper treatment and medical attention?
8. How do you reach out to the families of TGs so that they become more accepting?
9. There are different distinctions under the TG umbrella, how do you differentiate between the needs of each category?
   a. Are there any differences?
   b. Differences in the way each sub-group access/seeks healthcare?
   c. How do you cater to their individual needs?
10. With what identity does the majority of the staff/outreach identify with?
    a. If they say TG [ask if they can elaborate—referring other subgroups]
11. Describe the hijra culture in Bangalore
    a. Are you aware of their health practices? If so, what are they?
      i. Do you promote safer castration or SRS procedures?
    b. Are they resistant to interventions?
      i. If so, why?
    c. What are your methods of outreaching?
12. For those TGs involved in sex work, how do you address risks and the number of sexual encounters?
13. Do you reach out to individuals who are underage that identify themselves as TG?
    a. If so, how do you reach out to them?
      i. What topics do you discuss? Health?
    b. What about the parents?
14. Do provide counseling services?
    a. If so, what kind?
15. Do you offer any health services?
    a. If so, what kind?
16. What opportunities do you provide for vocational training?
    a. Does the community utilize/access these services?
17. What other programs do you offer?
18. What would say are the greatest challenges for your NGO in meeting the needs of the TG community?
a. Community
b. Government
c. Infrastructure

19. How do you reduce stigma and discrimination?
   a. In health care settings?
      i. Do you have or offer any programs/education for medical staff in medical facilities (hospitals/clinics both private and government) about issues concerning transgender individuals?
   b. Society in general

20. What needs in the community are still not being addressed?
   a. Elaborate especially on the needs
   b. What are the needs?

21. What are the ongoing health issues in the community?

22. What health issues still need to be addressed?
   a. Elaborate
   b. Why do you think this is happening?
      i. What are the risks/vulnerabilities?
   c. What do you think is affecting the outcomes?

23. Are there any health issues that you have seen rising in that past months/years?
   a. If so, what?

24. With the ongoing transgender bill, what are things that should be emphasized regarding needs of the community?

25. Now that there is legally a third-gender how has this helped the community?
   a. Health
   b. Social
   c. Economically
   d. Politically
      i. Do you feel that they have a voice?
   e. If not, why? What is lacking?
      i. What is the confusion?

26. Do you think that defining identities gives people strength to fight oppression?

27. Should TGs be included in policies meant for women?

28. Do you think or why do you think that SRS should be included in health policy schemes?
   a. Why?
   b. Would you consider SRS to be a life-threatening condition?
      i. If so, why?

29. Describe the procedure to be declared death by the medical system
   a. What are the struggles?

30. Are there any future health programs the NGO is working on for the future?

31. What is the next for the NGO?

Medical Professional

1. How many TG patients do you see per month?
   a. What is the general demographic of the patients?
2. What are the reason TG patients come to see you?
3. What health problems are most prevalent in the TG community?
4. Aside from HIV, what other health problems have you seen arising?
   a. Mental health
   b. CDs
   c. NCDS
   d. Health issues not addressed?

5. What is transgender?

6. From what you have seen, what are the needs of TGs?
   a. Elaborate

7. Do you think that stigma and discrimination against transgenders exist in the medical community and amongst medical professionals?
   a. What efforts have you/ your institution made to make sure everyone feels comfortable?
   b. Special efforts to make sure they are not left out?

8. How has the stigma and discrimination changed over time from what you have experienced?

9. What kind of training have you been provided on TG issues?
   a. If so, where?
   b. What all did it discuss?
   c. How long was the training?
   d. Was it enough or do you think the training should have been longer?
   e. What additional topics do you think it should discuss?

10. What treatments do you provide?
    a. HIV
    b. Counseling
    c. Etc.

11. What is the protocol when a patient refuses treatment or testing?

12. Do you do SRS procedures?
    a. If so, what is the procedure?
    b. Counseling?
    c. Pre-op?
    d. Post-op?
    e. Follow-up?
    f. What do you do when there are complications?
       i. What are the complications?
       ii. Multiple surgeries?
    g. Treatments
    h. Medical certificate [describe]

13. What are the differences in the way each sub-group of TG assess/seeks health care?
    a. What do you think are the differences in health needs within these sub-groups?

14. What is the procedure for those who are unfit for the surgery and want to be identified as woman?

15. Surgery risks