INTRODUCTION

All societies assign specific adult roles based on sex which is emphasized in the process of socialization. For many people, the terms sex and gender are used interchangeably. However, although sex and gender are closely related, there is a subtle difference between the two. Sex refers to biological status as male or female. It includes physical attributes such as sex chromosomes, gonads, sex hormones, internal reproductive structures, and external genitalia. Gender is a term that is often used to refer to ways that people act, or feel about themselves, which is associated with boys/men and girls/women. While aspects of biological sex are the same across different cultures, aspects of gender may not be. Transgender is the state of one's "gender identity" not matching one's "assigned sex".

TRANSGENDER - Meaning
The most accepted definition currently for the term transgender seems to be “People who were assigned a gender, usually at birth and based on their genitals, but who feel that this is a false or incomplete description of themselves.” (USI LGBT Campaign Transgender Campaign, 2007). It is often used as an umbrella term to mean those who defy rigid, binary gender constructions, and who express or present a breaking and/or blurring of culturally prevalent/stereotypical gender roles. Transgendered persons usually live full or part time in the gender role opposite to the one in which they were born. In contemporary usage, "transgender" is used to describe a wide range of identities and experiences, including but not limited to: pre-operative, post-operative and non-operative transsexual people; male and female cross-dressers (sometimes referred to as
"transvestites", "drag queens", or "drag kings"); intersexed individuals; and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical. The term transgender does not imply any specific form of sexual orientation; transgender people may identify as heterosexual, homosexual or as bisexual.

The term trans man refers to female-to-male (FtM) transgender people, and trans woman refers to male-to-female (MtF) transgender people. Some transgender individuals experience their gender identity as incongruent with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones or undergo other cosmetic procedures. Others may pursue gender expression (masculine or feminine) through external self-presentation and behavior.

Causes of Transgenderism

There is growing evidence that the transgendered conditions is due to a person's nature rather than the nurture received early in life. Scientific evidence has shown that certain brain-structures in the hypothalamus (the BSTc region) determine each person's core gender feelings and innate gender identity. These structures are "hard-wired" prenatally in the lower brain centers and central nervous system (CNS) during the early stages of pregnancy. If something goes amiss in the early stages of pregnancy the sex hormones do not have the usual action on the integration of the fetus’s brain. In these cases, children are born having a brain-sex (neurological sex) and innate gender identity opposite to that indicated both by their genes and their genitalia. Since these infants look normal, they will be raised in the wrong gender for their brain-sex
(neurological sex). Being raised in the wrong gender causes them profound gender dysphoria and mental anguish as they grow up.

Early theories were based on the belief that gender is learned behavior. People believed that transgenderism was a lifestyle choice and this belief led to the social stigma attached to the term. Some of the psychological factors which have been linked with transgenderism are parental rejection, absence of father during childhood, having emotionally-distant father, peer pressure, perfectionism, media images, self-rejection and poor self-esteem which may be reinforced by hostile reception from society.

Some features of transgender/transexual development

Most two year olds know whether they are girls or boys. Children use the pronouns “her” or “him” when referring to females or males by the age of three (Grossman & D’Augelli, 2007). Some children show gender-nonconforming behavior causing parents and society to start shaping behavior to fit what they consider normal early in the child’s life. Cross-gender identification may be demonstrated by preferences for activities associated with the opposite sex, such as choosing gender-nonconforming roles in fantasy play or wearing the clothing of the opposite sex. Among transgender boys, feminine traits typically emerge early in development. In the case of females the fetish element is less important or almost absent. In both sex there is an obsessive striving to change appearance and behaviour to mimic that of the opposite sex. A recent study suggests that gender nonconforming girls have a range of gendered self-concepts, and develop identities to accommodate an authentic sense of self rather than transition within a limited binary gender system( Pardo, 2008).
Adolescence is a confusing time during which children learn the skills required to become healthy adults. They experience significant intellectual, emotional, and physical developments during this bridge to adulthood. This is equally true to the transgender adolescent, but they have the added disadvantage of coming of age in a society in which their identities are stigmatized.

Gender transition is the period during which transsexual persons begin changing their appearances and bodies to match their internal gender identity. While in transition, they are very vulnerable to discrimination and are in dire need of support from family and friends. However many parents react negatively when they reveal their gender identities. They are often rejected, neglected, or abused by their guardians and choose a life on the streets rather than remain in hostile environments.

Recent developmental explorations of transgender identities suggest that transpeople typically go through a process of dissonance, exploration, and disclosures that, when successful, leads to identity resolution. (Pardo, 2008). Following initial feelings of gender dissonance, transgender individuals typically experience a period of identity confusion and exploration. This may be a time of excitement and struggle as the person seeks to develop a sense of true self while balancing feelings of guilt and shame, pressures to conform, and the need for secrecy. Individuals may adopt social modifications such as using cross-gender pronouns or gender-neutral names; other strategies include immersion in transgender communities and disclosures about being transgender (Grossman & D'Augelli, 2006; Pardo, 2008).
Most transsexual men and women suffer from great psychological and emotional pain due to the conflict between their gender identity and their original gender role and anatomy. They find their only recourse is to change their gender role and undergo gender reassignment therapy. This may include taking hormones or having sex reassignment surgery (SRS) to modify their primary and secondary sexual characteristics. The requirements for hormone replacement therapy vary greatly. Often a minimum time period of psychological counseling is required, and a minimum time spent living in the desired gender role in order to ensure they can function psychologically in that role. Prevalence statistics estimate that approximately 1 in 30,000 biological males and 1 in 100,000 biological females seek sex reassignment (American Psychiatric Association, 2000).

Physicians who perform sex-reassignment surgery (SRS) require the patient to live as the opposite gender in all possible ways for at least a year (this is termed "cross-living") prior to the start of surgery. SRS consists of processes transsexual women and men take in order to match their anatomical sex to their gender identity. Not all transgenders undergo sexual reassignment surgery (either because of the high cost of such surgery, medical reasons, or other reasons), although they live constantly in their chosen gender role; these people are often called non-operative.

**Gender Identity Disorder**

Unlike sexual orientation, transgenderism - technically "gender identity disorder" (GID) - is still deemed a mental illness by the American Psychiatric Association. Medical professionals tend to believe that transgenderism is a medical and mental health condition that may
require treatment. The medical approach recognizes sex within a binary construct of male or female, and gender within a linear binary: men are masculine, women are feminine. With its primary focus on SRS, the medical model does not leave room for a broader range of healthy transgender identities. Gender Identity Disorder (GID) now identifies persons whose physical sex does not match their (internal) gender identity, and distinguishes between childhood gender nonconformity and gender conflict persisting into adulthood. According to the most recent DSM, GID is characterized by:

- Strong and persistent cross-gender identification
- Persistent discomfort with [one's biological] sex, or a sense of inappropriateness in the gender role of that sex, and

There is disagreement among transgender leaders about attempts to remove GID from the Diagnostic and Statistical Manual of Mental Disorders. Some want it removed because it pathologizes gender variance, while others want it to remain because a GID diagnosis can provide medical coverage and access to care. According to Winter (2007) “the psychiatric pathologisation of transgenderism may indeed be enhancing the access of transpeople in the developed world to subsidised medical care. But transpeople worldwide, with different needs, different priorities, are paying the price”

**Transgender identity models**

The Authentic Model (also known as the Transgender Model) posits that gender exists on non-binary continuums of male and female dimensions. In this model, successful identity development is open to
individualized trajectories. Identity consolidation (and thus healthy emergence from adolescence) does not require SRS as in the medical model. Rather, identity is achieved via authentic self-actualization; that is, a sense of self-coherence regardless of identity labels, physical appearance, or gender role. The authentic model also discusses gender nonconformity as a natural human variability and not a mental disorder (Denny, 2004).

Bilodeau (2003) introduced a model of transgender identity development that closely mirrors D’Augelli’s (1994) framework for homosexual individuals. There are six processes that transgenders work through on the way to a healthy identity:

1. Exiting a traditionally gendered identity - involves recognizing that one is gender variant.
2. Developing a personal transgender identity- focusing on knowing oneself in relation to the gender variance.
3. Developing a transgender social identity- creating a network of support for one’s identity.
4. Becoming a transgender offspring- coming out to family members and reevaluating these familial relationships.
5. Developing a transgender intimacy status- establishing intimate personal and emotional relationships.
6. Entering a transgender community- becoming involved politically and socially with transgender communities. This model removes some of the stigma that has come with transgender research and turned the focus back onto the transgender person as an individual. It validates what the person is feeling and the many areas they must endure change in order to establish a healthy gender identity.
Today, researchers and advocates support an ecodevelopmental approach for exploring transgender identity development. This framework is not limited by what is socially expected; instead, researchers may consider multiple interacting systems of biology and environment (at home, in school, in a society, etc.). By considering interacting systems, researchers are better able to explore the meanings and representations of changing identity labels over time (Grossman & D'Augelli, 2006; Pardo, 2008).

**Transgenders in different cultures**

Transgender persons have been documented in many cultures and societies from antiquity until the present day. However, the meaning of gender variance may vary from culture to culture. Every society contains individuals who do not fit into the culture’s dominant sex/gender categories - persons born intersexed (hermaphrodites), those who exhibit behavior or desires deemed appropriate for the "opposite" sex/gender, or those who, while conforming outwardly to culturally normative gender roles, experience themselves in conflict with these roles in some fundamental ways.

Historically, transgender communities have attempted to appropriate (with varying degrees of success) rituals, folklore and legends in order to obtain a sense of self-validation and carve out a niche for themselves in the traditional social structures. In various cultures, transgenders were seen as having special powers due to their assumed ‘third sex’ dimension, and were allowed to take part in semi-religious ceremonies. Often they were tolerated and allowed to live in the role of the other sex, to pursue their occupations (including that of sex work), cross-dress, and display other forms of transgender behaviour.
Nevertheless they were often segregated and excluded from many occupations and community practices, and even traded as slaves.

The *hijra*, an alternative gender role in India, is culturally conceptualized as neither man nor woman. Hijras are viewed with ambivalence in Indian society and are treated with a combination of mockery, fear, and respect. Although hijras have an auspicious presence, they also have an inauspicious potential. (Nanda, 2002) Their traditional occupation is to collect payment for their performances at weddings and the birth of a male child; today they also perform for the birth of girl children, collect alms from shopkeepers, act as tax collectors, and even run for political office. They also are widely known as prostitutes, both in the past and present. In terms of their gender identity and role, *kothis* like hijras are transgender persons who identify themselves with the feminine gender. However, whereas hijras often settle into a fixed gender role after castration, kothis display a dual gender identity alternating between the masculine role of the husband demanded in the marriage relationship and the feminine role in the same-sex relationship outside.

There are roughly one million Hijras in India, representing approximately one in every 400 post pubertal persons born male. This very large prevalence (~1:400) of the Hijra in India, most of whom have undergone ‘nirvan’ (a sex change by ancient surgical means), is strong evidence that the intense transgender condition is far more prevalent than traditional western psychiatrists and psychologists have ever been willing to admit. Community members generally live in groups of five to ten people who function as a family. The community is organised around the 'guru-chela' (teacher-student or leader-follower) relationship, one based on hierarchy and power. (Pisal & Bandewar, 2005).
In Thailand kathoey, defined as a third sex, a variant of male or female, having characteristics of both, live and work openly both in rural and urban areas. Like the waria in Indonesia and the bakla in the Philippines, kathoeys are particularly associated with feminine beauty and glamour and widely admired for their feminine grace and elegance. In Malaysia, the local term for male transsexuals is mak nyah, and pak nyah for females. According to Teh (2001) they are labelled as sexual deviants and are generally shunned by society. Muslim transsexuals in Malaysia, who form the majority in the transsexual community, share similar characteristics to transsexuals in other parts of the world. However, due to their religious beliefs many of them have accepted the fact that they are not allowed to have the sex change operation.

Among the native tribes in North America, transgenders had the choice to cross dress and live as women. In Mexico, Central America and South America males who are feminine are subjected to extremely intense ridicule and stigmatization. As a result, many of them in Latin America remain in a state of fear and repression, are terrified about showing their gender feelings, and mostly never attempt to resolve their gender conditions. In 1972, Sweden was the first country to pass special legislation regulating surgical and legal measures required for sex reassignment, thereby granting the sex-reassigned person the rights and obligations of the new sex (Wålinder & Thuwe, 1976). Japanese have a positive attitude towards transgenders.

**PSYCHOSOCIAL PROBLEMS OF TRANSGENDERS**

There is an interrelation between our thinking, feeling and behaviour or the psychological realm and what happens in the social
realm which includes family, society culture and norms. This interrelation is called psychosocial. If the society accepts one’s behavior, one can adjust in the society. If it is not accepted one cannot find a balance between one’s needs and society’s expectations. This imbalance can have an impact on individual’s thinking, emotions and behavior and can lead to psychosocial problems (anxiety, low self esteem, guilt etc) which can affect well being and quality of life. Psychological symptoms are the manifestations of psychosocial problems.

Society are very harsh on gender-variant people. Some transgender people have lost their families, their jobs, their homes and their support. Transgender children may be subjected to abuse at home, at school or in their communities. A lifetime of this can be very challenging and can sometimes cause anxiety disorders, depression and other psychological illnesses.

According to Israel and Tarver (1997), the most common mental health issues transgender persons experience are depression as well as adjustment, anxiety, personality, and post traumatic stress disorders. While the transgender state itself is not any longer considered to be unhealthy, the stress of dealing with the confusion and society’s negative response can lead to numerous other problems. They appear to be at risk for mental health problems like other persons who experience major life changes, relationship difficulties, chronic medical conditions, or significant discrimination on the basis of minority status.

Many transgender patients experience distress and anxiety about their gender identity, and may have less familial and peer support as compared to non-transgender individuals (Bockting, Huang, Ding,
Robinson, & Rosser, 2005). Ettner (1999) stresses the devastating effect of shame on the development of a positive identity. Schaefer and Wheeler (2004) identified guilt as underlying a host of psychological problems facing the gender-variant individual. In addition, the process of transitioning to the other sex brings up a myriad of specific challenges, some anticipated and others harder to predict.

Transgendered clients face many possible losses in their lives. (Miller, 1996). Choosing to be openly gender variant, in particular the transition process for a transsexual, can result in the loss of family and friends who disapprove or do not understand. The loss can be particularly traumatic if, as is often the case, the disclosure or discovery of the person’s transgender status is unplanned. “In many circumstances, being forced or even choosing to disclose without being fully prepared for what disclosure involves can have devastating consequences.” (Israel and Tarver, 1997). There is some evidence that transgendered persons may be less likely to seek treatment for depression, fearing that their gender issues will be assumed to be the cause of their symptoms, and that they will be judged negatively. The loss of a job and place in the community are also very real possibilities. Even for those people who successfully chose to keep their transgender status private, there is loss. “Denied the opportunity to speak our stories, transsexuals are denied the joy of our histories.” (Bornstein, 1995).

Sixty percent of trans youth experience violent assaults (Moran & Sharpe, 2004) and 32% attempt suicide (Fitzpatrick, Euton, Jones, & Schmidt, 2005). Parental rejection leads to low self-esteem and negative self-image (Bolin, 1988). Transgender youth are marginalized both in mainstream society and in lesbian, gay, bisexual (LGB) social groups,
compounding their risk. Fitzpatrick and colleagues (2005) found that trans college students reported 32% more hopelessness, suicidal ideations, and suicide attempts than their non-trans LGB peers. Reis and Saewyc (1999) reported that 80% of youth harassment originated in judgments about gender expression, regardless of sexual orientation. Gender-variant young people may have relationship difficulties with family and peers, depression, and a high risk of being victimized by violence and harassment (Di Ceglie, Freedman, McPherson, & Richardson, 2002).

Winter (2009) found that many transpeople in Asian countries who drop out of education early, especially those drifting into the city with little education or few family contacts, find it difficult to get a job. They experience some form of victimization as a direct result of their transgender identity or presentation. This victimization ranges from subtle forms of harassment and discrimination to blatant verbal, physical, and sexual assault, including beatings, rape and even homicide. The majority of assaults against transgender persons are never reported to the police.

Available evidence suggest the need to address alcohol and substance use among Hijras/TG communities. Hijras provide several reasons justifying their alcohol consumption that range from the need to 'forget worries' (because there is no family support or no one cares about them) to managing rough clients in their sex work life. However, alcohol use is associated with inability to use condoms or insist their clients to use condoms, and thus increase risk for HIV transmission and acquisition. (TGIssueBrief, UNDP, VC, Dec2010)
Quality of Life

Quality of life is the subjective judgment of the extent to which one is living the good life. This perception of the good life may be based on feelings of happiness, meaning in life, and inner peace. The definition of quality of life is different for everyone. The main thing that determines quality of life is our ability to enjoy all that life has to offer. For instance, the ability to walk, talk, see and feel all contributes to our overall quality of life. A quality life is a life full of meaning and purpose. A high-quality life is also a life of freedom from tyranny. If a person is happy, has inner peace, and perceives that his or her life is meaningful, then the person could be viewed as being successful and achieving a high quality of life.

Quality of life (QOL) defined as a person's perception of his or her physical and mental health (Wong, Cronin, Griffith, Irvine, & Guyatt, 2001), covers broad domains including physical, psychological, economical, spiritual and social well-being. QOL is described by the World Health Organization (WHO) as "people's perception of their situation in the culture and the value system they live in related with their goals, standards, expectations and ideas" (Alleyne, 2003). It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.

The term QOL is used to evaluate the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Standard indicators of the QOL include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging(Gregory, Derek,2009).It
cannot be simply equated with the terms of health status, lifestyle, life satisfaction, mental state, or well being; it is rather a multidimensional concept incorporating the individual’s perception of those and other aspects of life. Researchers at the University of Toronto’s Quality of Life Research Unit define QOL as “the degree to which a person enjoys the important possibilities of his or her life”. Their Quality of Life Model is based on the categories “being”, “belonging”, and “becoming”, respectively who one is, how one is connected to one's environment, and whether one achieves one's personal goals, hopes and aspirations.

In the clinical setting, individuals suffering from psychological disorders have low QOL. In studies it has been found that QOL is negatively correlated with levels of anxiety, major depression, and psychological distress in psychiatric inpatients, university counseling center outpatients and nonclinical undergraduate populations (Frisch, 1994). Because anxious personality is characterized by joylessness, negativity, and dissatisfaction with life (Millon, 1996) it can be expected that anxious personality should correlate negatively with overall level of self-reported QOL. Outside of basic health care needs, the goal of medical therapy for transgender people is to improve their quality of life by facilitating transition to a physical state that more closely represents their sense of themselves.

Self Esteem

Self-esteem reflects a person’s overall self-appraisal of one’s own worth. Self-esteem encompasses both beliefs and emotions. Psychologists usually regard self-esteem as an enduring personality characteristic (trait self-esteem), though normal short-term variations (state self-esteem) occur. Self-esteem can apply specifically to a
particular dimension or have global extent. Branden in (1969) defined self-esteem as "... the experience of being competent to cope with the basic challenges of life and being worthy of happiness". This two-factor approach, as some have also called it, provides a balanced definition that seems to be capable of dealing with limits of defining self-esteem primarily in terms of competence or worth alone.

Maslow (1954) states that no psychological health is possible unless the essential core of the person is fundamentally accepted loved and respected by others and by himself. Self-esteem allows people to face life with more confidence, benevolence and optimism, and thus easily reach their goals and self-actualized. There is accumulating evidence that positive self-esteem can be an antidote to depression. Self-esteem serves as a buffer from the onslaught of anxiety, guilt, depression, shame, criticism and other internal attacks.

Rivas Torres and Fernandez (1995) examined the relationship among self-esteem, health values, and health behaviors among adolescents. They found a significant relationship between self-esteem and general health behavior for both younger and older adolescents, and that self-esteem accounted for a significant percent of the variance in mental health behavior, social health behavior, and total health behavior. Bernard, Hutchison, Lavin, and Pennington (1996) found high correlations among self-esteem, self-efficacy, ego strength, hardiness, optimism, and maladjustment, and all of these constructs were significantly related to health.

According to McKay and Fanning (2000) low self esteem has its roots in early experiences of abuse or abandonment thus highlighting the
influence of home on self esteem. Harter (1993) said that people’s judgment about themselves is an important factor of self esteem. An important basis for self judgment is how well one ‘stacks up’ against a reference group. The concept of social comparison has implications in understanding differences in self esteem of members in groups that are discriminated such as the gender variant groups.

It is assumed that individuals who are clear about their gender identification draw referents from an organized system of beliefs as to the psychosexual meaning of being a male or female. As a developmental process, individuals incorporate the resultant composite of a set of beliefs about appropriate gender roles, sexual preference, psychological makeup, and physical appearance into their sense of self. Evaluative processes accompany this integration. A transgender perceives his or her gender identity to be incongruous with the apparent anatomical reality and this results in a boundary stress between core gender identity and physical characteristics.

Gender variant children are much more likely to run away from home and even attempt suicide than their heterosexual peers, probably as a form of escape from dysfunctional family system that resists the notion of a child with a nonconforming identity. They may learn to compartmentalize their lives, placing the secret parts of themselves deep inside. They develop a conformist exterior self that follows the rules of the family system and allows them to function in relative safety until they are able to arrange to move to an environment that is more healthy or accepting.
A negative body image in some transgenders has been linked to emotional distress. Transgenders have been described as fundamentally disliking their biological sexual characteristics. (Hoeing, 1985). According to Benjamin (1966) transgenders exhibit intensely negative attitude towards their genitalia.

For many individuals among the lesbian, gay, bisexual and transgender (LGBT) community, several factors could play key roles in causing their self-esteem to drop: rejection from family, friends or religious organizations, the media and looks, ethnicity, financial status, drugs and/or alcohol, HIV/AIDS as well as other health related issues, prejudice, discrimination, and stigmas (Riddle-Crilly, 2009). By becoming aware of one’s personal identity and accepting who they are, many of them have gained a higher self-esteem through their own self-efficacy.

Some argue that self-views are connected to an individual’s values and goals, and that they strongly influence their global self-worth (Pelham & Swann, 1989). When a FtM transgender, for instance, sees his transition as his wholeness and this helps his self-esteem increase, he becomes a happier, a more positive individual and can be much more productive.

Stonewall's report, *Towards a Healthier LGBT Scotland* (2003) found that "low self-esteem, anxiety and depression are common experiences for many LGBT people." The report finds that "problems associated with homophobia and transphobia in early life, such as bullying and low self-esteem, can continue into adulthood and have
serious, long-term negative health and social consequences for individuals affected”.

The sting of emotional abuse carries the same effect on self-esteem as physical or sexual abuse. Transgender has its own built in Catch 22. (Peters, 2005) since one needs very high self-esteem to successfully deal with being transgendered, but simply being transgendered is one of the great forces sapping self-esteem.

Social anxiety

Anxiety, like worry, is a form of fear. It is a “persisting distressful psychological state arising from an inner conflict”. The distress may be experienced as a feeling of vague uneasiness or foreboding, a feeling of being on edge, or as any of a variety of other feelings, such as fear, anger, restlessness, irritability, depression, or other diffuse and nameless feelings. In Social anxiety a person is afraid of social situations and has a fear of being judged unworthy by others. Peer victimization is a social risk factor for internal distress.

People with a diagnosis of social anxiety disorder find social situations nerve wracking, from mixing with friends to speaking in public. A number of explanations have been proposed for why they feel this way, including that they are pre-occupied with creating the right impression. Weisman and her colleagues (2011) claim that people with social anxiety are overly concerned with social hierarchy, and struggle with what's called the affiliative side of relationships. In simple terms this means they tend to perceive social situations as being competitive and judge themselves as having a lower rank compared to others and they also
have difficulty forming close relationships.

Some researchers have explored the relationship between anxiety and various forms of bullying. It appears as though some forms of bullying are more strongly linked to anxiety than other forms. Storch (2003) has shown that overt victimization (i.e., experiencing attempts or threats to harm one’s physical well being), and relational victimization (i.e., experiencing attempts or threats to harm one’s peer relationships), were both associated with heightened levels of social anxiety for males and females aged 13 to 16 years. Students who were bullied in multiple forms endorsed higher social anxiety levels than those who reported one form of victimization. Students who reported relational victimization seemed to have higher levels of social anxiety. Boys 14-18 years of age who were bullied by being called “gay” endorsed higher levels of anxiety than their peers who were bullied for other reasons. (Swearer, Turner, Givens & Pollack, 2008), Thus, being called “gay” seemed to be more strongly linked to anxiety than other forms of victimization.

Research has indicated the role of 'core' or 'unconditional' negative beliefs (e.g. I am inept) and 'conditional' beliefs (e.g. If I show myself, I will be rejected) in social anxiety. Some of the negative core beliefs among transgenders are as follows

- I'm fundamentally different, and don't fit in.
- I'm not worthwhile unless I'm accepted by those I admire.
- I can't be accepted by others unless I meet their expectations.
- If someone got to know the real me, they wouldn't accept me.
- If I draw attention to myself, others will see something they won't like.
• In order to be accepted by those I admire, I must compensate for my deficiencies by excelling in some way.
• I'm not good enough to be accepted by the people I admire.

These are among the common core beliefs that generate problems like social anxiety, depression, and self-esteem. Young people who sense they are in some way different easily learn some of these self-destructive core beliefs. For most children and adolescents, different is not good. Being accepted by peers is essential to young people. For most young people, being different or non-conformist feels good only if theirs is a group of similarly different and non-conforming friends who accept and value them.

Young people who sense they may be lesbian, gay, bisexual or transgender (LGBT) are especially vulnerable to this dynamic of social unacceptability resulting in negative core beliefs. They are often being told that they are sick, sinful, disgusting and should not exist. Many who cannot hide their differences become the target of violence. Transgenders face this dilemma of being labelled everywhere they go. They are continuously conscious of the way they appear towards the public, and hope that the public will perceive them for the gender they want to be, without repercussions.

Studies in animals and humans show that psychological abuse can have long-lasting consequences. People who are bullied on a constant basis are under a lot of stress, and if the situation is not taken care of in the proper time, the victims might suffer from social anxiety and depression. Litvin (2011) of Rockefeller University in New York showed that stress can have a huge impact on the brain, just as alcohol can affect
the liver, and smoking can affect the lungs. The researchers conducted their experiments on mice, which respond to the stress in a manner very similar to the one in which humans do.

Many times people with social anxiety prefer to be alone. Even when they are around familiar people, a person with social anxiety may feel overwhelmed and have the feeling that others are noticing their every movement and critiquing their every thought. Isolation can occur before a person comes out as transgender, or after gender-role transition—when a person tries to “pass” and limits association with other transgender people or when he or she experiences overt stigma. Shame associated with gender nonconformity can lead some people to feel unlovable or to feel insecure about their abilities to establish and maintain intimate relationships.

ATTITUDE TOWARDS TRANSGENDERS IN INDIA

An attitude is a hypothetical construct that represents an individual's degree of like or dislike for something. Attitudes are generally positive or negative views of a person, place, thing, or event. Attitudes are judgments which develop on the ABC model (affect, behavior, and cognition). The affective response is an emotional response that expresses an individual's degree of preference for an entity. The behavioral intention is a verbal indication or typical behavioral tendency of an individual. The cognitive response is a cognitive evaluation of the entity that constitutes an individual's beliefs about the object. Most attitudes are the result of either direct experience or observational learning from the environment.
Unchecked negative attitudes toward transgender persons may result in transphobia as well as discriminatory treatment of transgender individuals. In our country there is a bias against transgenders and a fair amount of ignorance. The common man in India is exposed more to eunuchs. There is a lot of prejudice against eunuchs in our society and they face a huge amount of job discrimination and are often forced to beg. There are people with a wide range of transgender-related identities, cultures, or experiences including Hijras, Aravanis, Kothis, Jogtas/Jogappas, and Shiv-Shakthis. In Tamil Nadu, some Aravani activists want the public and media to use the term 'Thirunangai' to refer to Aravani. These people have been part of the broader culture and treated with great respect, at least in the past, although an estimated 10 lakhs population in India has been more often socially ostracized.

The Constitution provides the fundamental right to equality, and tolerates no discrimination on the grounds of sex, caste, creed or religion. The Constitution also guarantees political rights and other benefits to every citizen. But the third community (transgenders) continues to be ostracized. (Sathasivam, 2011). They suffer a whole lot of mental, physical and sexual oppression in the society. The health and well-being of transgender people suffers great harm by attitudes of intolerance and hatred toward diverse gender expression. The Report by Peoples’ Union for Civil Liberties, Karnataka (September 2003) showed that mainstream society’s deep-rooted fear of sexual and gender non-conformity manifests itself in the refusal of basic citizenship rights to these communities.

Types of discrimination reported by Hijras/TG communities in the healthcare settings include: deliberate use of male pronouns in addressing
Hijras; registering them as 'males' and admitting them in male wards; humiliation faced in having to stand in the male queue; verbal harassment by the hospital staff and co-patients; and lack of healthcare providers who are sensitive to and trained on providing treatment/care to transgender people and even denial of medical services. Hijras/TG communities face several sexual health issues including HIV. Both personal- and contextual-level factors influence sexual health condition and access to and use of sexual health services. For example, most Hijras/TG are from lower socioeconomic status and have low literacy levels that pose barrier to seeking health care. Often, healthcare providers rarely have adequate knowledge about the health issues of sexual minorities.

When a transgender is treated like an unequal or is humiliated by the ordinary people, there are not many redressal mechanisms that are available to him. Thus to put an end to all the inhuman behavior towards the transgender community it is very important that reforms are made in the existing laws and the law officers are sensitized to adapt to a complete humanitarian approach while dealing with a person of transgender community.

**Trend towards Inclusion**

Transgenders have made significant social and legal gains in spite of the fact that they continue to face discrimination. There have been many positive developments in Tamil Nadu in the last five years and the community of transgenders has won major battles for inclusion, notable among which is a special ‘third gender’ category for transgenders on ration cards (identity documents). Tamil Nadu has also taken affirmative action to achieve equality by reserving seats for third-gender students in government-owned arts and science to third-gender people with the
appropriate gender category. The state government also gives subsidy to all those transgenders who wish to undergo surgical treatment for change of sex.

According to Anupama Sekhar (2008) transgender icons such as television host Rose and Noori of the South India Positive Network have found a new visibility in the media. These new public faces of the community are indicative of larger, fundamental changes in a group increasingly entering the mainstream in Tamil Nadu. These emerging voices have been speaking not merely to the outside world, but significantly, to each other as well. One such safe space for sharing, dialogue and transformation is the Friends Club or Natpukoodam attached to 22 Tamil Nadu AIDS Initiative (TAI) clinics across the state. At these drop-in centres, the community has access to low-cost beauty services, food and clothes, banks as well as much-needed information on safe sex practices.

Tamil Nadu AIDS Initiative’s Peer Jeevan Collective, spread across 13 districts of Tamil Nadu comprises 1,650 peer educators (aptly called Peer Jeevans because of their potential to give new life to their peers) reaching out to 30 transgenders in the locality with information on STDs, HIV/AIDS and legal aid. Additionally, the Jeevans distribute condoms, coordinate Self Help Groups and Friends Clubs and work to address violence within 24 hours through the Araychi Mani rapid response mechanism. Vocational training opportunities are increasingly becoming available.

In November 2009, transgenders won the right to be listed as ‘other’ rather than ‘male’ or ‘female’ on electoral rolls and voter identity
cards. Transgenders' addition in the census of 2011 in the 'others' category is hailed by the community members and activists as a recognition which, they hope, will inch the "faceless people" closer to other basic rights like voting and crimes against them being registered.

The Karnataka government has passed a resolution entitling them to 15% reservations under the 2A category of the Backward Class Commission. National Legal Services Authority (NALSA) has included the transgender in the definition of marginalised groups entitling them to avail of free legal aid.

However, there are many challenges from within the community. The prevailing guru-chela system prevalent in the community has often proved to be an obstacle for juniors seeking opportunities for a better life. Senior community members have been slow in taking the lead.

NEED FOR THE STUDY

Down the ages, our society has condemned and alienated people who do not conform to its norms. Transgender persons are one such group of people who have been marginalized in many societies. Leading a life as a transgender is far from easy because such people can be neither categorized as male nor as female and this deviation is "unacceptable" to society's vast majority. Trying to eke out a dignified living is even worse. Research shows that transgenders are even overlooked by the rest of the LGBT community. Transgenders still float beneath the surface, most of them invisible, like the unseen portion of the iceberg.

One of the important problems transgenders face in the society is lack of social acceptance. Although they have been part of every culture
and society in recorded human history, they have only recently become the focus of attention in psychological, medical and social research. Unchecked negative attitudes toward transgender persons may result in transphobia as well as discriminatory treatment of transgender individuals (Claman, 2008). As The (2002) puts it, ignorance is one of the reasons why people are prejudiced against transsexuals.

As the visibility of transgenders increases it is time to help them join the main stream of society. In order to achieve this objective it is necessary to understand the psychological issues and challenges they face as well as examine the prevailing attitudes in the society. A major challenge in the mobilisation process has been motivating the transgenders to actively demand rights and services. There has been some progressive steps taken to improve their quality of life but this has come after years of crushing social stigmatisation, abuse and general derision from the wider community. As one transgender put it “They make documentaries about us and say all these interesting things, but when we walk out on the street we still get the calling and the whistles.”

The study will also empirically examine the possibility of making a shift in the attitude by dealing with some of the unexpressed fears towards this gender variant group. Discrimination is the anti-thesis of equality, and it is the duty of all right minded citizens to drive away discriminatory practices from all walks of life (Shukla, 2011)