CHAPTER II

REVIEW OF LITERATURE

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2.0 REVIEW OF LITERATURE

2.1 UNDERSTANDING THE UNIQUENESS OF TRANSGENDER

Transgender people are individuals of any age or sex whose appearance, personal characteristics or behaviour differ from stereotypes about how men and women are "suppose" to be. Transgender people have existed in every culture, race and class since the story of human life has been recorded. Only the term "transgender" and terminology that is available to transgender people are new. In its broader sense, transgender encompasses anyone whose identity or behaviour falls outside the stereotypical gender norms**. (Report of the Expert Committee on the Issues relating to Transgender Persons, 2014)**. Transgender is generally described as a term for persons whose gender identity, gender expression or behaviour does not conform to their biological sex. It also takes in persons who do not identify with their sex assigned at birth **(AVERT, 2014).**

2.1.1 Causes for being Transgender

Some speculate that fluctuations or imbalances in hormones or the use of certain medications during pregnancy may cause intersex or transgender conditions. Other research study indicates that there are links between transgender identity and brain structure **(National Center for Transgender Equality, 2009)**.

2.1.2 DSM and Transgender

DSM-5 replaced the diagnostic name "gender identity disorder" with "gender dysphoria". The critical element of gender dysphoria is the presence of clinically significant distress association with the condition such as, for a person to be diagnosed with gender dysphoria, they must be marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. Gender dysphoria is manifested in a variety of ways including strong desire to be treated as the other gender or to be

rid of one's sex characteristic, or a strong conviction that one has feelings and reactions typical of other gender **(DSM-5, 2013).**

2.1.3 Types of Transgender

A person who transits from "male-to-female", meaning a person who was assigned male at birth, but identifies and lives as a female are called as Male to Female Transgender Women. They are also known as Transgender Women **(Jaime et al, 2011).** Transgender women are not men by virtue of anatomy appearance and psychologically, they are also not women, though they are like women with no female reproduction organ and no menstruation. Female to Male Transgender Men are those, who are assigned a female sex at birth and who identifies as male/man or on the transgender masculine spectrum, though they are like men with no male reproduction organ and do not produce sperm **(Reisner et al, 2013).**

2.2 HISTORICAL BACKGROUND OF TRANSGENDER IN HINDU MYTHOLOGY

2.2.1.1 Ramayana and Transgender

Transgender have a strong historical presence in our country in the Hindu mythology and other religious texts. Lord Rama, in the epic Ramayana, was leaving for the forest upon being banished from the kingdom for 14 years, turns around his followers and asks all the men and women to return to the city. Among the followers, the transgender alone do not feel bound by this direction and decide to stay with him. Impressed with their devotion, Rama sanctions them the power to confer blessings on people on auspicious occasions like child birth and marriage and also at inaugural functions which, it is believed set the stage for the custom of "Badhai" in which transgender sing, dance and confer blessing **(Agooramoorthy & Hsu, 2014)**.

2.2.1.2 Mahabharata and Transgender

Aravan, the son of Arjun and Nagakanya in Mahabharata, offers to be sacrificed to Goddess Kali to ensure the victory of the Pandavas in the Kurukshetra

war, the only condition that he made was to spend the last night of his life in matrimony. Since no woman was willing to marry one who was doomed to be killed, Krishna assumes the form of a beautiful woman called Mohini and marries him.

Arjun too, had to live as a transgender woman for a year because a nymph called Urvashi, who cursed him. When Arjuna along with his four brothers and wife, was hiding from his enemy Duryodhanan, he changes in to transgender women and was called as Brihannala. According to the epic, Arjuna did not cross-dress as a woman but was biologically changed to transgender woman **(Hub Pages, 2013)**.

Hindu religion also has a deity in transgender form. He/she is called Ardhanarishvar, literally half-male and half-female god Ardhanarishvar, the hermaphrodite deity in Hinduism, has left part as a female god and right part as a male. It is an androgynous form of Lord Shiva and his consort Parvathi **(Rao, 2012).**

2.2.1.3 Tamil Nadu and Transgender

The transgender women of Tamil Nadu consider Aravan as their progenitor and call themselves Aravanis. In the Koothandavar cult version, one can find Krishna's mourning as a widow after Aravan's sacrifice the next day, after which he returns to his original masculine form. The transgender women of Tamil Nadu identify themselves as Aravanis - wives of Aravan **(Saxena, 2011).**

2.2.1.4 Vedic/Puranic Literature and Transgender Women

The concept of 'Tritiya Prakrti' or 'Napunsaka' has also been an integral part of Vedic and Puranic literature. India has centuries-old histories of existence of gender variant males. Kama Sutra, an ancient text, vividly described the sexual life of people with 'third nature'. The word 'napunsaka' has been used to denote absence of procreative capability. Transgender women also played a prominent role in the royal courts of the Islamic world, especially in the Ottaman empires and the Mughal rule in the Medieval India **(Taylor, 2013).**

2.2.1.5 Tamil Literature and Transgender Women

"Tholkappiam" was found to be identified as the most traditional Tamil's first literature to mention about transgender women. This book documented about transgender women in the second part of the book 'Sol' (literally means 'word', section 4: "people who transformed their masculinity". Besides, in one of the chapters, the author mentioned that "people who surrendered their masculinity should not be mentioned as 'man'. Thus it could be understood that even in the period of Tholkapiar there were existence of transgender women and discussions/dialogues about their body language, gender identity and sexual identities were initiated by many Tamil poets and writers.

After the period of Tholkapiar the word 'Pedu' (literally means 'impotent') was in existence to refer transgender women. This can be traced in the poem of Avvaiyar. The poetess looked at the gender transformation as biological flaw. The Tamil grammar book titled 'Thivaakara Nika'ndu' mentioned about the transgender identity, body language, activities and life styles.

Specifications about the transgender women can be seen in selected epics like 'Silapathikaram', 'Manimekalai' and 'Seevaga Sinthamani'. In 'Silapathikaram', there was description about 12 different types of dances of Madhavi. One among those was 'Pedi koothu' (literally meaning 'impotence dance') **(Priya, 2012)**.

2.2.1.6 Religious Scripts and Transgender Women

The New Testament, in the Bible expresses more ambiguity about transgender women than the Old Testament, presenting eunuchs (Greek eunochos, similar to Hebrew saris) as acceptable candidates for evangelism and baptism, as demonstrated in the account of the conversion of an Ethiopian Eunuch. In Matthew 19:12, Jesus while answering questions about marriage and divorce, he expressed that some are incapable of marriage because they are born so; some, because they were made so by others. Thus some are eunuchs who have been so from birth and there are eunuchs who have been made eunuchs by men and there are eunuchs who have made themselves eunuch **(CARM).** Quran explicitly recognises that there are

some people who are neither male nor female. Verse 42:49-49:50 talks about varieties of sexual orientation and gender. Jains Texts also make a detail reference of transgender women which mentions the concept of 'psychological sex' **(Michleraj, 2015)**.

2.2.1.7 Festival at Koovagam

In Tamil Nadu, Aravanis have their god Aravan whose temple is located at Koovagam, a village which is located 30 kilometres outside Villupuram. Every year, during the first full moon of the Tamil month Chittirai (April - May). Transgender women converge at Koovagam to commemorate this ancient narrative of Aravan. Transgender women of Tamil Nadu identify themselves with the female form of Krishna assumed for the night with Aravan. At the temple grounds, thousands of visiting transgender women and young men from around the region for whom Aravan is a family deity gather to celebrate the festival. Later, the transgender women celebrate their 'wedding night' through countless acts of sex with panthis, something more than just clients this night. Later the idol of Aravan is pulled through the streets before being ceremonially beheaded and set to flames **(Priya, 2012)**.

2.3 TERMS ASSOCIATED WITH TRANSGENDER

In some cultures specific indigenous terms, such as Hijra (India), Kathoey (Thailand), Muxe (Mexico), Travesti (Argentina, Brazil) and Waria (Indonesia) are used, more typically to describe transgender women or those who identify as a third sex **(WHO, 2015).**

2.4 STIGMA

Erving Goffman introduced stigma as the central term to describe negative experience of prejudice, discrimination and stereotyping. According to him stigma is assigned to an individual or group possesses an attribute or condition that is devalued or derogated by many individual in a culture. There is no common definition or theoretical perspective on stigma**.** However, researchers have generally agreed that stigmatizing process operate on multiple levels (e.g. individual, social,

institutional) and involve labelling, stereotyping, loss of status and social isolation**.** While some researchers include discrimination in conceptualizations of stigma (e.g. 'enacted stigma') others differentiate discrimination (a behaviour) from stigma (an attitude**) (ISDS, 2010).**

2.4.1 Reflection of Stigma

Stigmatization can be overt. It can be manifested as aversion to interaction, avoidance, social rejection, discounting, discrediting, dehumanization, and depersonalization of others into stereotypic caricatures**.** It can also be subtle. It can arise as non-verbal expressions of discomfort (e.g. a lack of eye contact) that result in tense social interactions between stigmatized and non-stigmatized individuals**.** From a social psychological perspective, stigmatization may have a number of functions **(Liamputtong, 2013).** One is the function of exploitation and domination (keeping people down). People with more power may stigmatize people with less power in order to maintain inequalities between groups. Another function is social norm enforcement (keeping people in). The threat of stigmatization is thought to encourage deviants to conform to in group norms **(IUB News Room, 2015).**

2.4.1.1 Different Level of Occurrence

Stigmatization occurs on societal, interpersonal, and individual levels. Pryor and Reeder (2011) articulated a conceptual model that seeks to bring greater clarity to the current but diverse literature on stigma. Building on previous theories this model depicts four dynamically interrelated manifestations of stigma (**Gregory et al, 2009**).

2.4.1.2 Types of Stigma

Public stigma is at the core of Pryor and Reeder's model and represents people's social and psychological reactions to someone they perceive to have a stigmatized condition. Public stigma comprises the cognitive, affective, and behavioural reactions of those who stigmatize (perceivers). It impacts the self in three ways: 1) through enacted stigma, which is the negative treatment of a person possessing a stigmatized condition, 2) through felt stigma, which is the experience

or anticipation of stigmatization on the part of the person with a stigmatized condition; and 3) through internalized stigma, which is the reduction of self-worth and accompanying psychological distress experienced by people with a stigmatized condition.

The second type of stigma in Pryor and Reeder's model is self-stigma. Self-stigma reflects the social and psychological impact of possessing a stigma. It includes both the apprehension of being exposed to stigmatization and the potential internalization of the negative beliefs and feelings associated with the stigmatized condition. Self-stigma can result from an awareness of public stigma, as people with stigmatized conditions are keenly aware of the social devaluation connected with their condition. Like public stigma, self-stigma has cognitive, affective, and behavioural components and operates at both the explicit and at the implicit level **(Mak & Cheung, 2008).**

The third type of stigma is stigma by association. Stigma by association is analogous to Goffman's (1963) courtesy stigma and entails social and psychological reactions to people associated with a stigmatized person (e.g., family and friends) as well as people's reactions to being associated with a stigmatized person. Stigma by association comprises cognitive, affective, and behavioural aspects**.** Also like public stigma and self-stigma, stigma by association entails dual processes. Explicit attitudes moderate the spread of stigma across companions with a meaningful relationship (e.g. a family member), whereas implicit attitudes moderate the spread of stigma when the connection is purely arbitrary as well as when the connection is more meaningful**.** Perceptions of stigma by association have been found to be related to lower self-esteem and psychological distress in those connected with stigmatized individuals, which, in most empirical research, is family.

The fourth type is the structural stigma. It is defined as the legitimatization and perpetuation of a stigmatized status by society's institutions and ideological systems**.** The four manifestations of stigma are interrelated. However, public stigma is considered to be at the core of the other three manifestations. Structural stigma refers to the ways in which societal ideologies and institutions perpetuate or exacerbate a stigmatized status **(**Stigma reproduces existing social inequalities and is

perpetuated by hegemony and the exercise of social, economic, and political power **(Mak & Cheung, 2008).**

2.4.1.2 Stigma and Family

Family is the most important social group. It is considered the base for the social virtues because it takes the pattern of socialization on the being of one's life but continues to teach the intricacies of socialization within the entire life span. It provides every kind of support to a human namely social, emotional, psychological and financial. The attitude of the family changes towards the transgender when they come to know about the gender identity of the transgender. The tension in the family sometimes goes to the extent that it becomes cruelty and results into many forms of harassments. The transgender youth leave their families after discovering their sexual orientation **(Boss et al, 2013)**.

The Parental Acceptance-Rejection (PAR) theory indicates that a child's experience of rejection may have a significant impact on their adult lives. A qualitative analysis of adult transgender women's experiences with caregivers, guided by PAR theory shows the reaction of family members to transgender children. Twenty transgender women completed semi-structured interviews exploring the reaction of their parents and primary caregivers to their gender. While many participants reported that at least one parent or close family member responded with warmth and acceptance, the majority confronted hostility and aggression; reports of neglect and undifferentiated rejection were also common. Many transgender women were forced out of their homes as adolescents or chose to leave, increasing their risk of homelessness, poverty, and associated negative sequelae **(Juline et al, 2009).**

2.4.1.3 Social Support and Mental Health:

Social support which the transgender women received from their community acts as a buffer. In a study, facilitative and avoidant coping as mediator between distress and transition status was examined. A total of 226 transgender women participated in the study. The rate of depressive symptoms was 51.4% and anxiety was 40.4%. Structural Equation Modelling was used to analyse the data-2 separate

models with hypothesize, based on reports of anxiety or depression. The SEM results suggest that the process was similar for depression and anxiety. Social support was directly related to distress variables, as well as indirectly related through avoidant coping. Thus it is essential to plan interventions that reduce avoidant coping strategies, while simultaneously increasing social support, in order to improve mental health for transgender individuals. Individuals who are in the beginning stages of their transition will use different coping strategies than those who are in later stages **(Budge et al, 2013).**

2.4.1.4 Lack of Social support and HIV Risk

Transgender women's exacerbated vulnerability to HIV has been attributed to social and systemic factors such as contexts of wide spread violence, discrimination and inadequate to education, employment, housing and health care. In a systematic review conducted regarding the global burden of HIV infection among the transgender women, the study found the pooled global HIV prevalence for transgender was 19.1%. The author subsequently deconstructed this data to show 17.7% in low middle income countries and 21.6% in high income countries **(Reisner et al, 2013)**.

2.5 MAJOR TYPES OF STIGMA

Transgender women face three major stigmas. Stigma due to the identity (Transgender Identity Stigma), Stigma due to sex work (Sex Worker Stigma) and Stigma due to HIV infection (HIV related Stigma).

2.5.1 Stigma due to Transgender Identity

This refer to devaluing of transgender-identified or gender non-confirming people and negative attitude towards and lower levels of status accorded to non-cis-gender identified people and communities **(Social Justice, 2011).** Lyons in his study quotes that definition of stigma given by Goffman. The term stigma dates back to the Greeks who cut or burned marks into the skin of criminals, slaves, and traitors in order to identify them as tainted or immoral people that should be avoided**.** Stigma is not merely a physical mark but rather an attribute that results in widespread social

disapproval, discrediting social difference that yields a ‘spoiled social identity’. Sexual/transgender identity stigma refers to the devaluing of sexual minorities and the negative attitudes and lower levels of status and power afforded to non-heterosexual behaviours, identities, relationships and communities**.** Sexual stigma processes are embedded within power relations and may result in multiple levels of social and institutional discrimination towards sexual minorities **(Lyons et al, 2015).**

2.5.1.1 Impacts of Stigma (Educational institutions /Job opportunities/ Housing/ Law makers)

In 2011 survey of more than 6,400 transgender people by Keisling’s organisation and the National Gay and Lesbian Task Force shared that they are nearly four times more likely than the general population to live in poverty, with household income of less than $ 10,000. About a quarter said they had lost the job because of the worker bias. Ninety Percent have been harassed; mistreated or faced discrimination on the job and 41% reported attempting suicide **(eNCA, 2015)**.

A study done among K-12 grades students, who expressed transgender identity or gender non-conformity, reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%). Harassed and abused by teachers showed dramatically worse health and peer harassment and abuse also had highly damaging effects. It showed that 90% of those surveyed reported experiencing harassment, mistreatment or discrimination on the job or took actions like hiding how they have to avoid it. Respondents reported various forms of direct housing discrimination, 19% reported having been refused a home or apartment and 11% reported being evicted because of their gender identity/expression. Almost half of the respondents (46%) reported being uncomfortable seeking police assistance. Physical and sexual assault in jail/prison is a serious problem: 16% of respondents who had been to jail or prison reported being physically assaulted and 15% reported being sexually assaulted. Nineteen percent of our sample reported being refused medical care due to their transgender or gender non-conforming status. Survey participants reported that when they were sick or injured, many postponed medical care due to discrimination (28%) or inability to afford it (48%). Forty-three percent

maintained most of their family bonds, while 57% experienced significant family rejection **(Orr, 2015)**.

2.5.2 Stigma due to Sex Work

Stigma that arises due to an individual taking up sex work as their occupation is sex work stigma. Criminalization threatens the safety of sex workers in numerous ways. They can't report abuse or violence, can't screen clients effectively, and, of course, can be arrested (and even abused) by police. But criminalization really isn't the root of the problem that sex workers face **(Berlatsky, 2015).**

2.5.2.1 Sex Work Stigma against Transgender Women in Beijing and Shanghai

Based on the interviews with transgender women sex workers across Beijing and Shanghai, minority suffers from intense social ostracism as well as legal and economical marginalization, leaving them vulnerable to both HIV infection and abused at the hands of law enforcement officer. The research paper, titled 'My Life is Too Dark to see the Light: A Survey of the Living conditions of Transgender Female Sex Workers in Beijing and Shanghai," describes transgender women as an extremely hidden and isolates population, often forced to hide their identity and lead a double life given their limited options from employment, education and social activity." Tingting Shen, Director of advocacy, research and policy at Asia Catalyst said that for transgender women who worked on the street, it is very common that people gave them weird looks and ridiculed them. Due of the social bias, they try not to go out in daytime, but only go out at night and avoid being seen by neighbours. Some studies estimate HIV prevalence between 0.1 % to 1.1 % of the total population. A report by the United Nations Development Program estimates 0.3 percent of the population in Asia Pacific is transgender **(UNDP, 2015).**

2.5.2.2 Sex Work Stigma against Transgender Women in Thailand

A report by the United Nations Development Program (UNDP) and the U.S. Agency for International Development (USAID) found that while the tourism authority actively promotes Thailand as a gay-friendly tourist destination,

acceptance by society at large of transgender women members is still perceived to be low. The Thai transgender women community encounters great social stigma and limited job opportunities.

According to GayAsiaNews.com, the 'Being Transgender women in Asia', Thailand Country Report highlighted a contradiction between Thailand's public face of tolerance toward transgender women communities and the reality of discrimination toward them. Thailand is one of the few countries in the Asia-Pacific region where the transgender women community has high visibility. But visibility does not always translate to equality, said UN Resident Coordinator and UNDP Resident Representative for Thailand, Luc Stevens.

The landmark report is considered the first comprehensive review and analysis of Thailand's legal and social environment encompassing in-depth research on local transgender women issues. The report states that there is limited education about transgender women issues in schools and the popular notion that one's sexuality or gender must not go against accepted norms or bring shame to oneself or one's family. Hence, many Thai transgender women people remain in the closet, fearful of social stigma and discrimination, the report added. The report also highlighted how Thai transgender individuals cannot change their gender on identity papers and are often conscripted into military service. Transgender women people face workplace discrimination, including being denied promotions or fired from their jobs after disclosing their sexual orientation or gender identity. Bullying in schools against transgender women people is also very common and while the Thai law prohibits discrimination against citizens on any grounds, there are no laws that recognize transgender women relationships or parenthood and laws on marriage apply only to heterosexual couples, it added **(LGBT Weekly, 2014)**.

2.5.2.3 Sex Work Stigma against Transgender Women in China

The social stigma has forced many transgender people to live hidden lives far away from their families. Many of them run away as most parents cannot understand why their sons behave and dress like women. They choose to live in a more open minded city that is far-away from their families and they can live the way they want.

As a result, transgender people are thought to barely get support from their families, relatives and friends. Ninety seven percent of the people interviewed for the report came from outside the china's megacities of Beijing and Shanghai. But according to Asia Catalyst, they do not receive much support from the authorities either. As sex work is illegal in China, the police are one of the greatest challenges experienced. Many interviewees were quoted in the report as saying they had experienced entrapment extortion, verbal abuse and physical violence. One of the victims of such abuse said she was forced to take off her pants and was called as pervert and arrested at least twice a year **(Dominguez & Ju, 2015)**.

2.5.2.4 Sex Work Stigma against Transgender Women in South America

A qualitative study examined sex work among internally displaced male and transgender female sex workers in Bogotá, Colombia. Internal displacement has occurred in Colombia as a result of decades of conflict among armed groups and has created large-scale migration from rural to urban areas. Informed by the polymorphous model of sex work, which posits that contextual conditions shape the experience of sex work, three main research questions were examined. The first dealt with how internal displacement was related to the initiation of sex work and second to examined how sex work was related to HIV and other risks.

Life history interviews were conducted with 12 displaced individuals who were transgender women doing sex work. Findings revealed that many participants began doing sex work in the period immediately after displacement, because of a lack of money, housing, and social support. HIV risk was greater during this time due to limited knowledge of HIV and inexperience negotiating safer sex with clients. Other findings indicated that sex workers who exerted more control and choice in the circumstances of their work reported greater satisfaction. In addition, it was found that although many sex workers insisted on condom use with clients, several noted that they would sometimes have unprotected sex for additional money **(Bianchi et al, 2014).**

2.5.2.5 Sex Work Stigma and Mental Health

A study was done to determine racial/ethnic difference in social support and exposure to violence, transphobia and explored correlates of depression among male to female transgender women with a history of sex work. Five hundred and seventy three transgender women who worked or resided in San Francisco / Oakland, California were recruited. About three quarter of respondents reported ever having suicidal ideation, 64% reported suicide attempts. Half of the participants reported being physically assaulted and 38% reported being raped or sexually assaulted before age of 18yrs. Lack of support from the biological family, is commonly reported among transgender persons and is associated with discomfort, lack of security and safety in public settings. Social supports, transphobia, suicidal ideation, levels of income, education were significantly and independently correlated with depression **(Mikalson et al, 2011).**

2.5.3 HIV related Stigma

Stigma is often attached to things people are afraid of. Ever since the first cases of AIDS in the early 1980s, people with HIV have been stigmatised. HIV is an infection which many people have fears, prejudices or negative attitudes about. Stigma can result in people with HIV being insulted, rejected, gossiped about and excluded from social activities. Fear of this happening can lead to people with HIV being nervous about telling others that they have HIV or avoiding contact with other people. They may end up suffering in silence instead of getting the help they need. Stigma can also result in people with HIV believing the things that other people say about HIV. For example, they may think it's true that HIV is a death sentence or that most people with HIV are immoral or irresponsible. The society sees transgender women as sex workers who are highly vulnerable to HIV **(Peboby, 2012).**

2.5.3.1 Stigma exhibited by Health Care Providers

Stigmatisation of transgender sex workers has been recognised as contributing to illness and poorer health outcomes for this community. It could be argued that nurses are one of the essential units of health care providers and they often exhibit stigma. With their frequent face to face interaction with their patients,

nurses come from a unique place of power or influence the health outcomes. There is very limited literature that explores stigmatisation of this community on the part of the nurses, the needs of this community is scarcely being addressed. This study states that the stigmatisation by the nurses affects the access to health care resources of sex workers **(Roche & Keith, 2014).**

Accessing health care services, even for common ailment, is traumatic for transgender people as they do not fit in the traditional gender roles. It was shared that personal questions about their genital or sexual lives and medical staff, particularly in small clinic and government hospitals are judgemental about their "deviant" behaviour. Staring and unwanted curiosity are common from other patients, derogatory remarks are mostly made by hospital staff. The treatment is usually delayed and they are made to wait or run around various departments pointlessly. The medical superintendent at Victoria Hospital Bangalore said that doctors shy away from being associated with transgender people for the fear of resulting stigma **(Swomya, 2014)**.

In USA, a total of 152 transgender adults were recruited to complete an online questionnaire about their health care. Participants were asked if and how they had been mistreated, and responses were analysed by qualitative content analysis. Participants' descriptions of mistreatment around 6 themes: gender insensitivity, displays of discomfort, denied services, substandard care, verbal abuse, and forced care. These findings provide insight into transgender patients' perceptions of and sensitivity to mistreatment in health care contexts. This information might be used to increase providers' cultural competency and inform their interactions with transgender patients **(Kosenko, 2013).**

2.5.3.2 Parents of Transgender Children and Stigma from Health Care Providers

The aim of the study was to explore the experiences of lesbian, gay and transgender families accessing health care for their children. It was a descriptive qualitative study. Data were collected through semi-structured interviews with 11 lesbian, gay and transgender parents in Australia. Three themes were generated from

the data: 'managing health care experiences', 'attitudes' and 'transforming bureaucracies'. Negative experiences included encountering homophobia or transphobia and being required to educate health professionals. Positive experiences occurred when both parents were acknowledged as having an equal say in their child's health care. It was concluded that many health professionals lack the skill or knowledge to meet the needs of lesbian, gay and transgender families. Health services are required to ensure that all policies and procedures are inclusive of all family constellations and that staff receive relevant and up-to-date sensitivity training and create an environment that is respectful of all family groups **(Champman et al, 2012).**

2.5.3.3 HIV and Sex Work

Across all the settings, decriminalization of sex work could have the greatest impact on the HIV epidemic among sex worker over just 10 year. This was expressed by Kate Shannon, an associate professor of medicine at university of British Columbia and the lead author of the study. Governments and policymakers can no longer ignore the evidence. The reports urged that any efforts to address the HIV epidemic put the challenges faced by sex workers at the forefront. The UNAIDS report states that transgender women almost 50 times as likely to have HIV as other adults **(Gerber, 2015)**.

2.5.3.4 Mental Health and Transgender Women

The mental health needs reported by the transgender women and transgender communities included depression and suicidal tendencies arising out of societal stigma, lack of social support, HIV status and violence directed at them (**Chakrapani, 2011).** They are physically, verbally, and sexually abused, which gets manifested as depression, panic attacks, suicidal ideation, psychological distress, body image disturbance and eating disorders **(Kevin & Makadon, 2012)**.

2.5.3.5 Stigma and its Impact on Mental Health

Fifty five transgender youth described their gender development and some of the stressful life experiences related to their gender identity and gender expression.

More than two third of youth reported verbal abuse by their parents or peers related to their gender identity and non-conformity and approximately one fifth to one third reported physical abuse. Self-esteem, a sense of personal mastery and perceived social support accounted for 40% - 55% of the variance in relation to depression, trauma symptoms, mental health symptoms, internalizing and externalising problem, whereas, the use of emotion-oriented coping as the primary style of coping was a significant predictor of negative mental health as determined by each of these mental health variables **(Grossman et al, 2011).**

2.5.3.6 Mental Health and Transgender Women in USA

Association between minority stress, mental health and potential ameliorating factors in a large, community based, geographically diverse sample of the US transgender population was assessed. An online survey was done with 1093 transgender. Evaluation was done on the associations between stigma and mental health and tested whether indicators of resilience (family support, peer support, identity pride) moderated these associations. It was found that there was a high prevalence of clinical depression (44%), anxiety (33%) and somatization (27%). Social stigma was positively associated with psychological distress. Peer support moderated this relationship. These finding support the minority stress model. Prevention needs to confront social structures, norms and attitudes that produce minority stress for gender-variant people; enhance peer support and improve to access to mental health and social service that affirm transgender identity and promote resilience **(Nuttbrock et al, 2010).**

Suicide attempts are alarmingly common among transgender individuals, 41% try to kill themselves at some point of their lives, compared with 4.6% of the general public. The number was outcome of a study by the American Foundation for Suicide Prevention and the Williams Institute, which analysed results from the National Transgender Discrimination Survey **(Ungar, 2015)**.

Among 220 Latina transgender women who were residing in Los Angeles, it was found that 35% of them reported significant depressive symptoms. One third of the participants indicate that in the two weeks prior to the interview they had thought

of hurting themselves or that they would be better off dead. The extension of perceived discrimination was extensive. Almost six out of ten admitted that they had been victims of sexual partner violence. Those who reported more frequent discrimination were more likely to be identified with severe depression. There was also a notable association between self-reported history of sexual partner violence and depression severity. Thus it is evident that transgender women are more vulnerable to sexual partner violence **(Bazargan & Galvan, 2012).**

2.5.3.7 Mental Health and Transgender Women in Canada

High prevalence of depression has been reported in Male to Female (MTF) transgender communities. The estimated prevalence of depression was 61%. Factors associated with higher odds of depressive symptomatology included living outside of Toronto (Canada), being employed and experiencing higher level of transphobia. Increasing social support was associated with reduced odds of depressive symptomatology **(Rotondi et al, 2011).**

2.5.3.8 Mental Health and Transgender Women in UK

The research conducted by Pace with partnership with Brunel University, University of Worcester and London South Bank University included 2,000 transgender in England. It was found that 48% of transgender individuals under 26 yrs. said that they had attempted suicide and 30% reported that they had done so in the past year, while 59% expressed that they had at least considered doing so. By comparison, about 60% of all 16 to 24 yrs old said that they have attempted suicide, according to the Adult Psychiatry Morbidity Survey **(PACE, 2014).**

2.5.3.9 Depression and Transgender Women in China

Prevalence of depression among Chinese transgender women and associated factors were explored in a cross sectional study done in Shenyang, by convenience sampling from January 2014-July 2014. Two hundred and nine Chinese transgender women were interviewed face-to-face questionnaire that covered topic including the Zung self-rating Depression Scale (SDS), demographic characteristics, transition status, sex partnership, perceived transgender-related discrimination, the

multidimensional scale of perceived social support (MSPSS) and General Self-efficacy scale (GSES). The prevalence of depression was found to be 45%. Transgender women with regular partner or casual partner exhibited higher SDS score than those without regular partners or casual partners. Regressions analyses showed that sex partnership explained most (16%) of the total variance in depression scores. Self- efficacy was negatively associated with depression **(Yang et al, 2015).**

2.5.3.10 Mental Health and Transgender Women in India

A study on general wellbeing of transgender women living in Chennai was conducted in 2010, throws light on the mental health and the socio economical condition of transgender women. According to the quantitative data, 75% of the samples fell under average wellbeing category, 24% of samples fell under better wellbeing category. From the In-depth interview it is inferred that the socio-economic status of transgender is very poor, they felt inferior to others and are constantly humiliated and ill-treated by the society at large. However, support within the community was strong **(Lakshmanan, 2011).**

2.6 GLOBAL VIEW ON GENDER BASED VIOLENCE AGAINST TRANSGENDER WOMEN

Gender-based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society (**Ard & Makado, 2011)**. Trans Murder Monitoring project has collected reported that between 2008 and 2013, there were 1,374 reported killing of transgender people in 60 countries. Over 78% of documented murders were in Central and South America. This number represents a significant, sustained level of brutal violence against transgender people. Over 90% of the reported murders by the Trans Murder Monitoring Project are of transgender women. Many were also brutally raped and tortured their bodies mutilated and discarded. The vast majority of those murdered whose occupation were reported were sex workers. Around the world, the highest absolute numbers of transgender murders recorded by the Trans Murder Monitoring project are in countries with

strong Transgender movements and organizations that monitor reported murders. This raises concern about the potentially large number of unreported cases in the areas where there is no such monitoring, such as Africa. A number of studies in Asia have documented forced sex or physical abuse of transgender women. In some cases it is law enforcement officers who commit the abuse **(USAIDS, 2014).**

2.6.1 Violence and Mental Health among Transgender in New York (USA)

Psychiatric impact of interpersonal abuse associated with an atypical presentation of gender was studied. This was done among 571 male to female (MTF) transgender persons from New York City Metropolitan area. Gender related abuse (psychological and physical), suicidality and Diagnostic and Statistical Manual of Mental Disorder major depression were retrospectively measured across five stages of the life course using the, Life Chart Interview. Among younger respondents (current age of 19-39), the impact of both types of abuse on major depression was extremely strong during adolescence and then markedly declined during later stages of life. Among older respondents (current age of 40-59), the impact of both types of abuse on major depression was strong during adolescence and then marginally declined during later stages of life. The effects of both types of abuse on suicidality were weaker but more consistently observes across the life course among both the younger and older respondents. Gender-related abuse is a major mental health problem among transgender women, particularly during adolescence. As these individuals mature, however the consequences of this abuse appear less severe, this may represent the development of moderately effective mechanisms for coping with this abuse.

2.6.2 Violence faced by Transgender Women in Latin America

Latin America perhaps present the most shocking example of violence against transgender women, especially sex workers, Continent wide conservative attitudes and religious beliefs fuel intolerance and stimulate discrimination, abuse and violence against transgender women. All three thrive because concepts of individual rights and equal opportunity are often undervalued or unenforced **(Pukar, 2011)**.

2.6.3 Violence faced by Transgender Women in Europe

In a survey conducted by EU LGBT survey 6771 transgender people participated. It is the largest study ever conducted in Europe on the experience of discrimination and violence of LGBT people in the European Union and Croatia. The FRA survey reveals that transgender persons are particular subject to high levels of repeated victimisation and violence and they are two times more likely to be discriminated when looking for a job than the lesbian, gay and bisexual population. Alecs Recher, member of the Executive Board of TGEU said that the FRA study confirms that the experience of violence and discrimination of transgender people is systematic and widespread **(EU LGBT Survey, 2013)**.

2.6.4 Violence faced by Transgender Women in Asia

In 2010 an ultra-nationalist group in Mongolia has beaten, abducted and raped transgender women and has issued death threats, all because they consider these persons Non-Mongolian.

A Vietnamese woman was gang raped, her case making news because her legal status (male) invalidated any rape charges against the perpetrators.

In Bali, transgender women have been pursued, assaulted and humiliated by young men who have shaved the hair from their victims' heads.

In turkey there has been a long series of incidents involving thugs beating transwomen on the streets and police arbitrarily arresting, beating and humiliating transgender activists. Turkish transwoman was found murdered, stabbed twelve times and with wounds from her throat to her stomach **(Slamah et al, 2010)**.

2.6.5 Violence faced by Transgender Women in Indian

The problems being faced by transgender community as articulated in the PIL-petition (WP(C) No.400 of 2012 & 604 of 2013) have been filed in the Supreme Court of India and one PIL No.01 of 2012) in the High Court of Mumbai. Non-recognition of the identity of the transgender persons denies them equal protection of law, there by leaving them extremely vulnerable to harassment, violence and

sexual assault in public spaces, at home and in jail and also by the police. Sexual assault, including molestation, rape, forced anal and oral sex, gang rape and stripping is being committed with impunity and there are reliable statistics and materials to support such activities. Non Recognition of identity of transgender persons results in them facing extreme discrimination and stigma, especially in the field of employment, education, healthcare etc. They also face discrimination in access to public spaces like restaurant, cinemas, shops, malls etc. Discrimination which is the result of stigma on the grounds of sexual orientation or gender identity, therefore, impairs equality before law **(Matharu, 2014)**.

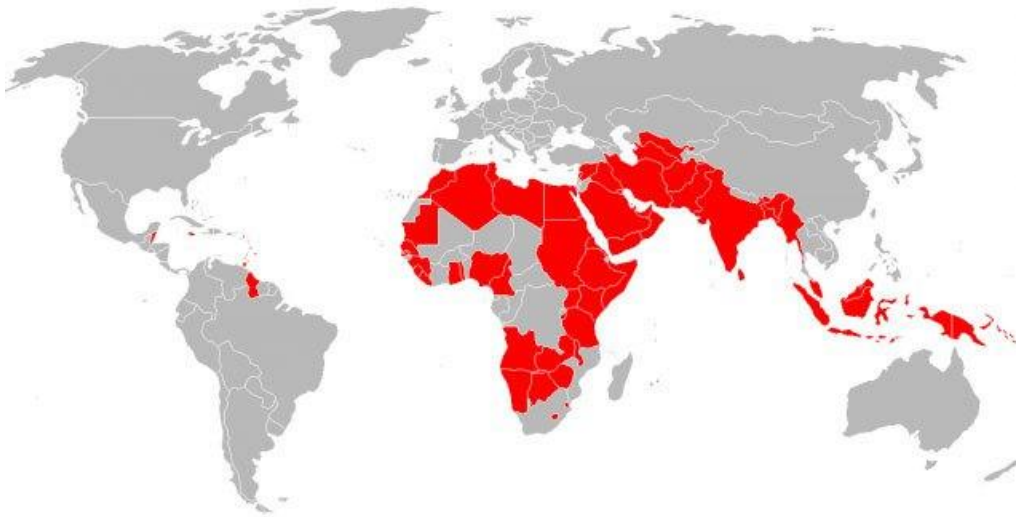
2.6.6 Gender abuse, Depression and associated HIV Risk

Gender abuse and depressive symptoms as risk factors for HIV and other sexually transmitted infections (HIV/STI) among transgender women was examined. A three year prospective study of factors associated with incident HIV, syphilis, hepatitis B, chlamydia and gonorrhoea among 230 transgender women from the New York Metropolitan Area. It was found that among younger transgender women (aged 19-30yrs), gender abuse predicted depressive symptoms (Centre for Epidemiologic studies Depression score ≥ 20), gender abuse combined with depressive symptoms predicted both high-risk sexual behaviour (unprotected receptive anal intercourse) and incident of HIV/STI. These associations were independent of socio economic status, ethnicity, sexual orientation, and hormone therapy and sex reassignment surgery. The study concludes that the gender abuse is a fundamental risk factor for HIV/STI among younger transgender women. Interventions for younger transgender women are needed to reduce the psychological impact of gender abuse and limit the effects of this abuse on high risk sexual behaviour. Age differences in the impact of gender abuse on HIV/STI suggest the efficacy of peer – based interventions in which older transgender women teach their younger counterparts as how to cope with this abuse **(Nuttbrock et al, 2013).**

2.7 COUNTRIES WITH CRIMINAL LAW AGAINST TRANSGENDER

2.7.1 Death Penalty

The International Lesbian, Gay, Bisexual, Trans and Intersex Association or ILGA, lists 76 countries with criminal laws against sexual activity by lesbian, gay, homosexual, transgender or intersex people. The death penalty can be imposed for same sex intimacy in five counties. In provinces of Nigeria and Somalia officially implement the death penalty for transgender person. Russia and Lithuania are not included in this. These two countries do not have laws against homosexual acts but instead have repressive laws against "propaganda of homosexuality" **(Carroll & Itaborahy, 2015).**



Map of the 79 countries with laws against sexual relations between people of the same sex (Source ILGA-2015)

2.7.2 Punitive Laws

In 2015, these 76 countries have laws that prohibit same sex sexual activities, which can also affect transgender people, hindering their ability to access information about HIV risk and prevention laws such as these can legitimate acts of stigma, decimation and violence against individuals this can put transgender people at a greater risk of sexual abuse and violence and IV infection. In some cases, police shut down organisations that provide HIV prevention services on the basis that these services aid illicit activity such as sex work. In addition, most countries do not have

laws that will criminalise acts of discrimination towards transgender people **(The Guardian, 2012)**.

2.7.3 Countries Which Says 'NO' to Transgender

The 34 countries: Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Czech Republic, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Italy, Latvia, Luxembourg, Malta, Moldova, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovakia, Spain, Sweden, Switzerland, Turkey, Ukraine, and the United Kingdom and in addition, there are 14 countries in Europe that do not have any laws at all to allow a change of name and gender **(Trans Murder Monitoring, 2015).**

2.7.4 Criminal Tribes Act - 1871, India

Transgender women had played a prominent role, with the one set of colonial rule from the 18th century onward, the situation had changed drastically. During the British rule, a legislation was enacted to supervise the deeds of the Transgender community, called the Criminal Tribes Act, 1871, which deemed the entire community as persons as innately 'criminal' and addicted to the systematic commission of non-bailable offences.

The Act provided for the registration, surveillance and control of certain criminal tribes and eunuchs and had penalised eunuchs, who were registered and appeared to be dressed or ornamented like woman, in a public street or place, as well as those who danced or play music in a public place such persons also could be arrested without warrant and sentenced to imprisonment up to two years or fine or both. Under the Act, the local government had to register the names and the residence of all transgender women residing in that area as well as of their properties, who were reasonably suspected of kidnapping or castrating children, of committing offences under Section 377 of IPC, or of abetting the commission of any of the said offences. Section 377 of the IPC found a place in the Indian Penal Code, 1860, prior to the enactment of the Criminal Tribes Act that criminalized all penile-non-vaginal sexual acts between persons, including anal sex and oral sex, at a time

when transgender persons were also typically associated with the prescribed sexual practice **(Reportable, 2014)**.

2.7.5 Sex Reassignment Surgery and Transgender Women

Sex reassignment surgery which is initialized as SRS is also known as gender reassignment surgery (GRS). It is genital reconstruction surgery, sex affirmation surgery, gender confirmation surgery, sex realignment surgery, or, colloquially, a sex change is the surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to resemble that of their identified gender. It is part of a treatment for gender dysphoria in transgender people. It may also be performed on intersex people, often in infancy and without their consent. In 2013, a statement by the United Nations condemns the nonconsensual treatment of normalization surgery to treat intersexuality **(Davis & Murphy, 2014).**

2.7.5.1 Process of SRS

Gender dysphoria syndrome is a feeling of incongruence between sex and gender. Such individuals need to adapt their phenotype with hormones and surgery to make it congruent with their gender identity. The main surgery for a male to female surgery involves removal of testicles and penis. The patient is put on feminizing hormones to help bring about changes in voice, removal of body hair and breast development. The surgery is mostly cosmetic and does not facilitate any normal functions of the body that the new organs perform in their natural state. Doctors and the patients alike agree that it is of paramount importance for a transsexual free oneself of the physical traits that signify gender **(Todi, 2015)**.

2.8 QUALITY OF LIFE OF TRANSGENDER WOMEN

Lack of education, occupation with less income, stigma and discrimination do have an impact on the quality of life of the transgender women. Quantitative methods adopting a descriptive research deign was done among male to female transgender individuals. The quality of life of the male to female transgender was studied using WHO QOL-BREF. The study showed that the overall perception of

their quality of life shows that majority of the participants (45%) perceived that they have a good quality of life. Thirty five percent of the participants perceived their quality of life as neither poor nor good, about 13.3% of the participants perceived a very good quality of life and about 3.3% of the participants perceived their quality of life as poor and very poor. Sixty two percent of the respondents had reported that they are satisfied with their health. Seventeen percent of them said that they are neither satisfied nor dissatisfied with their health; ten percent of them told that they are very satisfied with their health; eight said that they are dissatisfied and three percent were very dissatisfied with their health (**George, 2015).**

2.9 HIV

HIV stands for Human Immunodeficiency Virus. If left untreated, HIV can lead to AIDS (Acquired Immuno Deficiency Syndrome). Unlike some other viruses, the human body cannot get rid of HIV. That means that once an individual has HIV, he/she have it for life. No safe and effective cure for HIV currently exists, but scientists are working hard to find one, and they remain hopeful.

2.9.1 HIV Epidemiology

In general, health data, including HIV prevalence data, are less robust for transgender people than for the general population due to challenges in sampling, lack of population size estimates and issues of stigma and discrimination. Research and surveillance data that include transgender people frequently fail to disaggregate the data by gender identity and involve sample sizes too small to make reasonable inferences. Transgender people remain severely underserved in the response to HIV, with only 39% of countries reporting in the National Commitment and Policy Instrument of 2014 that their national AIDS strategies address.

The existing data specific to transgender people demonstrate a heavy burden of HIV among transgender women, specifically transgender women who have sex with men. A systematic review and meta-analysis (2) found a pooled HIV prevalence of 19% among transgender women in the 15 countries with available, laboratory-confirmed data. Transgender women had odds of HIV infection 49 times greater than the general population. A separate meta-analysis of HIV among

transgender women sex workers (3) found that these women had a pooled HIV prevalence of 27%, compared with 15% among transgender women who did not engage in sex work. Of note, no countries in Eastern Europe or the continent of Africa had published HIV prevalence data on transgender women at the time of these studies **(WHO, 2015)**. Country reports in UNAIDS Gap Report of 2014 suggest that HIV prevalence among transgender women sex workers is nine times higher than for non-transgender female sex workers and three times higher than for male sex workers **(UNAIDS, 2014).**

2.9.2 HIV Global Scenario

Data were only available for countries with male-predominant HIV epidemics, which included the USA, six Asia-Pacific countries, five in Latin America, and three in Europe. The pooled HIV prevalence was 19·1% (95% CI 17·4 - 20·7) in 11066 transgender women worldwide. In 7197 transgender women sampled in ten low-income and middle-income countries, HIV prevalence was 17·7% (95% CI 15·6–19·8). In 3869 transgender women sampled in five high-income countries, HIV prevalence was 21·6% (95% CI 18·8–24·3). The odds ratio for being infected with HIV in transgender women compared with all adults of reproductive age across the 15 countries was 48·8 (95% CI 21·2–76·3) and did not differ for those in low-income and middle-income countries compared with those in high-income countries. Findings suggest that transgender women are a very high burden population for HIV and are in urgent need of prevention, treatment, and care services. The meta-analysis showed remarkable consistency and severity of the HIV disease burden among transgender women **(Barla et al, 2013).**

2.9.3 HIV in Europe

Transgender people are not involved in strategic discussion around HIV in most nations of Eastern Europe and Central Asia (EECA). Lack of reliable epidemiology data, high stigma and policies restrict the access of transgender women to information on HIV. These factors preclude the key population from meaningfully participating in the country dialogue processes, contributing to HIV/AIDS program planning and otherwise cooperating with the global fund.

Monitors from Armenia, Belarus, Kazakhstan, Tajikistan and Ukraine provided valuable information about their respective Country Coordinating Mechanisms and national HIV/AIDS programs. In the five countries included in the report, only three individuals directly represent the transgender communities. As a result, despite the growing HIV epidemic among these groups, HIV prevention efforts among transgender are completely excluded from HIV/AIDS plans and strategies **(EKOM, 2015**).

2.9.4 HIV in US

Scenario in US in 2010, more than half the HIV testing events among transgender people occurred at non-healthcare facilities (55.1%). The Centers for Disease Control and Prevention (CDC) reported that the highest percentage of newly identified HIV-positive test results was among transgender people (2.1%) of United States. For comparison, the lowest percentages of newly identified HIV-positive test results were among females (0.4%), followed by males (1.2%). Among transgender people in 2010, the highest percentages of newly identified HIV-positive test results were among racial and ethnic minorities: Blacks/African Americans comprised 4.1% of newly identified HIV-positive test results, followed by Latinos (3.0%), American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders (both 2.0%), and whites (1.0%) **(CDC, 2015).**

2.9.5 HIV in New York

In New York City, from 2007-2011, there were 191 new diagnoses of HIV infection among transgender people, 99% of which were among transgender women. The racial/ethnic disparities were large: approximately 90% of transgender women newly diagnosed with HIV infection were Blacks/African Americans or Latinos. Over half (52%) of newly diagnosed transgender women were in their twenties. Also, among newly diagnosed people, 51% of transgender women had documentation in their medical records of substance use, commercial sex work, homelessness, incarceration, and/or sexual abuse as compared with 31% of other people who were not transgender.

Findings from a meta-analysis of 29 published studies showed that 27.7% of transgender women tested positive for HIV infection (4 studies), but when testing was not part of the study, only 11.8% of transgender women self-reported having HIV (18 studies). In one study, 73% of the transgender women who tested HIV-positive were unaware of their status. Higher percentages of newly identified HIV-positive test results were found among Black/African American transgender women (56.3%) than among white (16.7%) or Latino (16.1%) transgender women; and self-reported HIV infection in studies made up of predominantly of black/African American transgender women (30.8%) was higher than positivity reported in studies comprising mainly white transgender women (6.1%). Studies also indicate that black transgender women are more likely to become infected with HIV than non-black transgender women **(CDC, 2015).**

2.9.6 HIV in Nepal

The HIV-related sexual risk behaviors among the Male to Female transgender persons were: sex without using a condom (48.3%; 95% confidence interval (CI) 41.8–54.8), unprotected anal sex (68.1%; 95% CI 62.0–74.2), and unprotected sex with multiple partners (88.4%; 95% CI 84.3–92.5). Statistically significant differences were found for age, income, education, alcohol habit, and sex with more than two partners per day for these three different HIV-related sexual risk behaviors. Male to Female transgender persons with a secondary or higher level of education were three times more likely to have unprotected sex with multiple partners compared to those with a primary level or no education. Thus it can be concluded that age, education, income, frequency of daily sexual contact, and an alcohol habit remain significant with regard to HIV-related sexual risk behavior. There is an urgent need for programs and interventions to reduce risky sexual behaviors in this minority population **(Bhatta, 2014).**

This study was conducted to explore the social context of stigma among *Metis* (transgender women) in Nepal to better understand their risk for HIV. Fourteen in-depth interviews were conducted with *Metis* in Kathmandu, Nepal. It was found that stigma from families leading to rural-urban migration exposed *Metis* to discrimination from law enforcement, employers and sexual partners, which

influenced their risk for HIV. Specific HIV-related risks identified were rape by law enforcement officers, inconsistent condom use and high reported numbers of sexual partners. These data point to an immediate need to work with law enforcement to reduce violence targeting *Metis*. HIV prevention, housing and employment outreach to *Metis* in rural areas and those who migrate to urban areas is also needed. It also points out to the need for more research to determine the prevalence of HIV among *Metis*, to explore risk within sexual networks and to better understand of the relationship between *Metis* and their families in order to develop future programmes and interventions **(Wilson et al, 2011).**

2.9.7 HIV in Thailand

Most transgender women in the study had obtained a high school education or higher secondary and about half of the participants (53%) had lived in Pattaya less than one year. Sixty percent of transgender women in the survey were employed in evening entertainment venues, and the largest percentage of respondents (37%) had a monthly income between 10,000–20,000 Thai baht (US$333–666), followed by 20,001–30,000 baht (US$667–1000). Respondents had extensive transgender friend networks (mean number of transgender friends = 14), despite being recently resident in Pattaya. In terms of sexual behaviors, respondents had large sexual networks, with mean number of sex partners in the past year at 41. The majority of these partners appeared to be commercial in nature, as over 90% of respondents reported commercial partners in the past 3 months. A comparatively smaller percentage of respondents reported having casual (14%) or regular (18%) partners. Just under two-thirds of participants (61%) reported engaging in both receptive and penetrative sex, and 38% reported being the receptive partner during every sex act. Around half of respondents (52%) reported having sex while drunk or high on drugs in the past 3 months. Condom usage during last sex was widespread (93%). A trend was present in condom and water-based lubricant use by partner type in the past 3 months. Condoms were used with greater consistency than condoms with water-based lubricant and both methods of protected sex were more common with commercial partners, dropping off with casual and then regular partners **(Pawa et al, 2013).**

2.9.8 HIV in India

HIV prevalence among MSM population was 7.4% as against the overall adult HIV prevalence of 0.36%. Until recently, transgender women were included under the category of MSM in HIV sentinel sero surveillance. Transgender women have indicated a very high prevalence of HIV prevalence (17.5% to 41%) among them **(Chakrapani, 2013).**

2.9.9 HIV in Chennai

Transgender women have disproportionately higher HIV/STI burden. Meta-analysis indicate that HIV and STI prevalence among transgender women differed according to the setting of recruitment (i.e., clinical or community - based sample). A study conducted in Chennai documented high HIV and STI prevalence among transgender women. It was found that 17.5% diagnosed for HIV and 72% had at least one STI (48% tested sero positive for HSV- 1; 29% for HSV-2 and 7.8% for HBV). Published data on sexual risk behaviours of transgender women individual are limited but available data indicate high risk sexual behaviour **(Chakrapani et al, 2013).**

2.10 COPING STRATEGIES AND TRANSGENDER WOMEN

The two part study was conducted to investigate experiences of double stigma, internalized stigma, and coping strategies for dealing with transphobia. In study 1, quantitative finding with 55 transgender participants indicated that employed participants reported high levels of stigma (both internalized and external). Higher level of coping with stigma was associated with lower levels of stigma. Higher levels of coping were reported by participants utilizing psychiatric medication, with lower levels of coping with mental health stigma in particular found among those receiving outpatient mental health services. In study 2, a grounded theory analysis was conducted with 45 of these participants to identify coping strategies that transgender individuals use to deal with transphobia. Finding of study 2 also revealed the presence of disclosure strategies decisions to reveal or conceal one’s transgender identity and anticipatory stigma- expecting and preparing for prejudice and discrimination. Results suggested the need for interventions for

transgender individuals to enhance coping with stigma and reduce internalized stigma **(Mizock et al, 2014).**

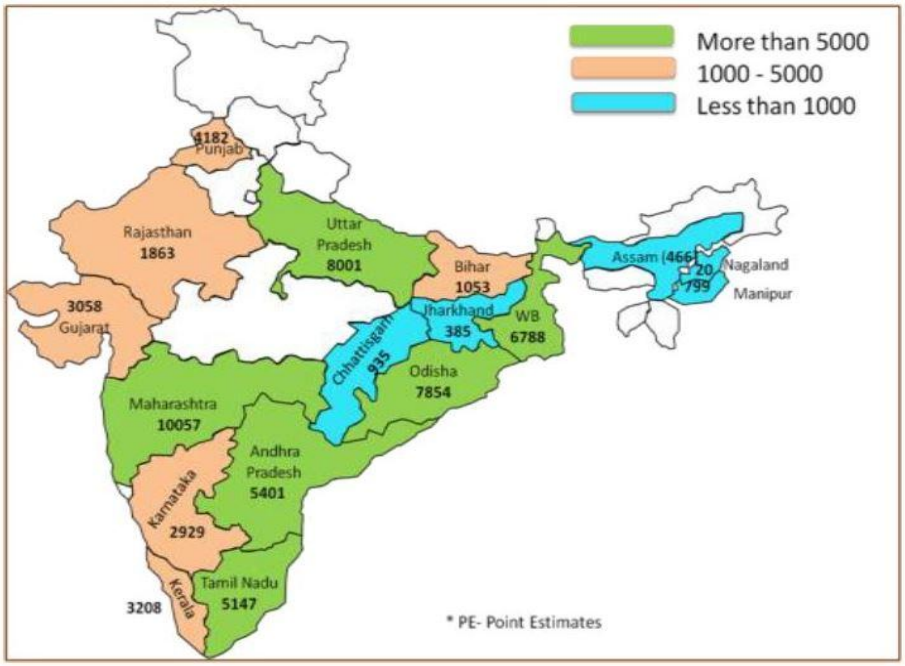
2.11 INDIA AND TRANSGENDER WOMEN

The word “hijra” is an Urdu-Hindustani word derived from the Semitic Arabic root “hijr” in its sense of “leaving one's tribe”, and has been borrowed into Hindi. The Indian usage has traditionally been translated into English as “eunuch” or "hermaphrodite," where "the irregularity of the male genitalia is central to the definition". The Urdu and Hindi word hijra may alternately be romanized as “hijira”, “hijda”, “hijada”, “hiiara” and “hijrah”. This term is generally considered derogatory in Urdu and the word “khwaja saraa” is used instead. Another such term is “khasuaa” or “khusaraa”. In Bengali hijra is called “hijra”, “hijla”, “hijre”, “hizra”, or “hizre”. A number of terms across the culturally and linguistically diverse Indian subcontinent represent similar sex or gender categories. While these are rough synonyms, they may be better understood as separate identities due to regional cultural differences. In Punjabi, both in Pakistan and India, the term “khusra” is used. Other terms include “jankha”. In Gujarati they are called “pavaiyaa”. In Urdu another common term is “khwaaja sira” In Odia language a hijra is referred to as “hinjida”, “hinjda” or “napunsaka”, in Telugu, as “napunsakudu”, “kojja” or “maada”. In Tamil Nadu the equivalent term is “aravani” “thiru nangai” (mister woman), “ali”, “aravanni, or aruvani. **(Chakrapani, 2010).**

2.11.1.1 Transgender Population State Wise

The total Transgender population (point estimate) across the 17 states was 62,137 with the lower level of the estimate at 53,280 and the upper level of estimate at 74,297. Around 21% of the overall transgender population was mapped in the rural areas and the rest (79%) in the urban areas. (**NIE, 2014**)

According to 2014 summary revision electoral data, only 2,996 Aravanis had registered themselves as voters in 39 Parliamentary constituencies of Tamil Nadu. A.J. Hariharan, secretary of ICWO said that Aravanis in the state should be “at least ten times more than 2996” **(The Economic Times, 2014)**.



STATES	TG/Hijras Identified		Size Estimate		
	Districts Covered	Sites Mapped	LL	UL	PE
17	466	5821	53280	74297	62137

**LL: Lower Limit UL: Upper Limit PE: Point Estimate*

Source: NIE, 2014

2.11.1.2 Literacy Rate of Transgender in India

The census data (2011) revealed the low literacy level in the community was 46%. Quality of life issues, especially literacy rates, were starkly different between transgender people living in rural areas compared to those in urban centres. Forty six percent of transgender people living in the Indian countryside are literate. The proportion of those working in the transgender community is also low (38%) **(Nagarajan, 2014)**.

2.11.1.3 Impact of Stigma during Child hood and Adolescence

In majority of the states of India, the discrimination and societal pressure either forces them to leave their biological family or they are evicted from the family forcefully which leaves them to feed for themselves during the initial years of their life. As far as acceptance with in the family is concerned, the level of involvement in the family, acceptance is low. Due to stigma associated with transgenderism, many transgender women (biological males who identify as female or transgender)

experience rejection or abuse at the hands of their parents and primary caregivers as children and adolescents **(Reportable, 2011).**

2.11.1.4 Transgender specific issues

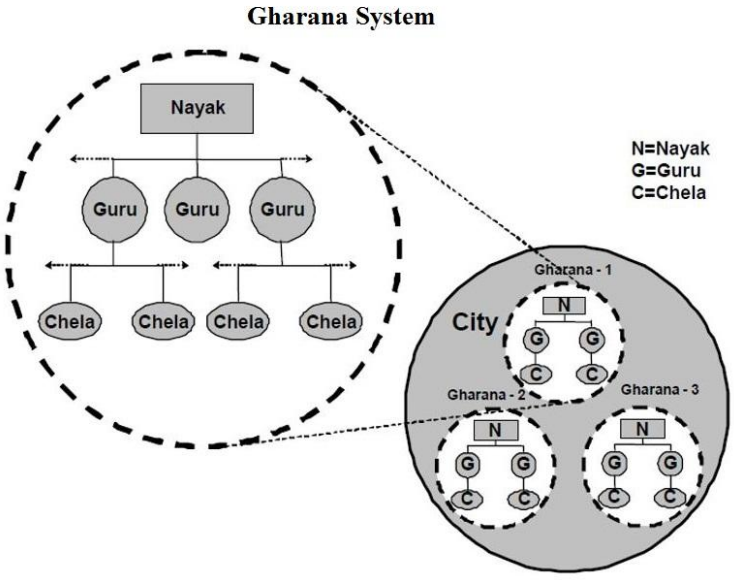
Transgender women in India face a variety of issues. So far the communities perceive that they have been excluded from effectively participating in social, cultural life, economy, politics and decision-making processes. A primary reason of the exclusion is perceived to lack of (or ambiguity in) recognition of the gender status. It is a key barrier that often prevents them in exercising their civil rights in their desired gender. Reports of harassment, violence, denial of service and unfair treatment against transgender women in the areas of employment, housing and public accommodation have been discussed in local media from time to time **(Report of the Expert Committee on the Issues relating to Transgender Persons, 2014)**.

2.11.1.5 Stigma in India

Stigma stems from intolerance of lives that transgress binary gender norms, expression and threaten the gender power relations of patriarchy **(Dassi, 2013)**. They are not comfortable inside the premises of the educational institutions. Hence, illiteracy is very common among the sexual minority. They are not considered for government jobs. Even if they have a job, they are suspended from the job once their gender identity/sexual orientation are revealed. They are not allowed inside hotels, hospitals, cinema halls, and government offices as indeed in most public spaces. Discrimination and non-friendly environment at work place force them to take up begging and prostitution for their livelihood. Sexual minorities find it difficult to get a house on rent, and frequently change their residence. Thus it is difficult for them to produce proof of residence. Subsequently, many of them do not get social or disability pension, voters ID, ration card, passport and many of them do not even get a caste certificate. There have been multiple instances in which they had to approach the court for getting medical certificates. They also get excluded in the population census. Hence, they are a non-existent or an invisible community, who do not get included in any social and health policy **(Math, 2013).**

2.11.1.6 Gharana System

The transgender community is unique and distinctive in its own senses which is characterised by the social bonding and attachment which exit with in the community. While living away from their biological family, transgender who live with them play a very important role for the others within the group. They play the role of family for each other and are nucleus to support and strength. The primary support system that exists for transgender women is the transgender community itself. The community provides every support and takes care of all their needs. In India, transgender community is organised into 'Gharanas' (means 'house' or 'clans'). In Mumbai, each of these Gharanas has a key person called Nayak, a senior transgender woman. Under each Nayak, there are many Gurus (master or teacher) as under each Guru there are many Chelas (disciples). A person can be Chela of a particular Guru as well as Guru for some other person. In Tamil Nadu, Ghana is called as Jammat system. The support provided by the community can be categorized as financial, emotional and psychological and physiological. The community also provides support to each of its members by helping them in police cases and legal matters, as the community finds itself facing the two problems on regular bases **(Chakrapani, 2014**).



Source: Chakrapani, 2014

2.11.1.7 Occupation

Half of the community members are engaged in commercial sex practices and it is the major source of income for the community members in the state**.** Sex work by sexual minorities invites exploitation by both, clients and the police. There has been a landmark judgement by Delhi High Court in Naz Foundation vs. Union of India case, on July 2, 2009 that has upheld their rights. High Court of Delhi recognized the anachronism associated with Section 377 IPC and interpreted it to exclude sexual acts between consenting adults, thus decriminalizing homosexuality. This judgement may be regarded as one of the stepping stones to uphold the rights of the sexual minorities **(Judgement, 2009**).

2.11.2 Quacks and Daimaas

Many transgender women would like to undergo hormonal therapy and Sex Reassignment Surgery (SRS). Unfortunately they are denied these services in majority of hospitals. Many of the surgeries are done without proper assessment, psychiatrist opinion, hormonal therapy and real life experience or even adequate aseptic precautions. Most of the individuals undergoing surgery and also the professionals performing are unaware of the Harry Benjamin Standard of care for SRS.

Very few have the opportunity to undergo SRS in a private hospital. This means that most male to female transgender people undergo illegal castration by unqualified medic in smaller towns such as Dindigul in Tamil Nadu and Palamaner or Kadapa in Andhra. Some time they initiate in to the community through “nirvana”, a symbolic rebirth ceremony what involves castration without anaesthesia. It is called as Dai Nirvan and is done by Daimaas. Some of the common serious side effects are urinary infection, other chronic urological problems and even death are result of these crude methods **(Aljazeera, 2014)**.

2.11.2.1 Barriers in seeking SRS through Health Care providers

A qualitative investigation explored access to and use of gender transition services by male to female transgender people in the public and private hospitals in

7 Indian cities. Finding reveals a near-absence of gender transition serviced in public hospitals. Lack of free SRS in public hospitals and the prohibitive cost of SRS in private seem to be the key reason behind individuals seeking help from unqualified medical practitioners or surgery or undergo Dai Nirvan. Similarly, unwillingness among qualified medical practitioners to prescribe hormone therapy compels many to self-administer hormones. The lack of national guidelines on gender transition services and ambiguous legal state of SRS mean that even qualified medical practitioners are hesitant to perform SRS. Finding highlights the need to equip health care providers to provide technically and culturally competent gender transition services **(Singh, et al, 2014)**.

2.11.3 Law Enforcers and Transgender Women in India

In many situations the police men are not very supportive of the Transgender women. The Civilian Welfare Foundation (CWF), an NGO based in Kolakata, studied the medical problems faced by transgender people in urban areas and the health care they receive. CWF's founder Shuvojit Moulik shared the case of Saikat, a transgender woman who died following a train accident while the doctors could not decide whether to admit her to a male or female ward. A transgender woman was sexually assaulted in a police station in Ajmer, allegedly by three police personnel, after she was taken into custody on fictitious charges. The policemen allegedly took turns to rape her and the one of them is said to have filmed the cruel incident. The victim was reported to shell out □40,000/- for absolving her of the charges. When FIR was filed, the three accused have been shifted to another station **(Aljazeera, 2014).**

2.12 LAWS TOWARDS INCLUSION

2.12.1.1 Nepal and Inclusion

Nepal has become the first ever Asian country and third country in the world after South Africa and Ecuador to have explicit laws benefiting the LGBT community. Article 12 states that citizen will be allowed to choose their preferred gender identity on their citizenship document. The choices available are male, female or other. Article 18 states that gender and sexual minorities will not be

discriminated against by the state and by the judiciary in the application of laws. It further adds that the government may make special provisions through laws to protect, empower and advance the rights of gender and sexual minorities and other marginalized and minority groups. Article 42 lists gender and sexual minorities among the groups that have a right to participate in state mechanism and public services to promote inclusion. As per the report, the first step towards granting equal rights to LGBT community was taken in December 2007. The Supreme Court of Nepal had ordered the government of Nepal to give equal rights to sexual and gender minorities and also ponder upon possibilities of legalising same-sex marriage. **(Pasquesoone, 2014).**

2.12.1.2 Pakistan and Inclusion

In 2009 the supreme court of Pakistan ordered the government to conduct a census of hijras living in the country. Earlier that year, local police has allegedly attacked, robbed and raped eight hijra wedding dancer near Islamabad. That traumatic event led Muhammed Aalam Khaki, a lawyer filed a private case in the country's Supreme Court, asking to recognize hijras as a third gender. At the end of 2009 the chief justice of Pakistan ordered the National Database and Registration Authority to issues national identity cards with a "third gender" category for non-binary citizens.

2.12.1.3 Bangladesh and Inclusion

According to national statistics Bangladesh has currently 10,000 hijras. They have had the right to vote since 2009, but it was not until the end of 2012 that their gender identity was given a legal status. In November 2013 the government announced the recognition of "hijras" as a third gender category in all national documents and passports. **(Pasquesoone, 2014).**

2.12.1.4 Germany and Inclusion

It became the first European country to officially recognize a "third gender" category, this time on birth certificates for intersex infants. If their children show both male and female characteristics, parents can now mark their birth certificates

with an “X,” for undetermined gender. The law gives the possibility for intersex children to decide their gender identity once they reach an adult age and not to be labelled as male or female at birth without their will. **(Pasquesoone, 2014).**

2.12.1.5 New Zealand and Inclusion

It gave its transgender citizens a new gender category on their passports in 2012, with the introduction of “X” for “undetermined or unspecified.” Transgender New Zealanders can now change their gender category to “X” on their passports with a simple declaration. A Family Court declaration is still required if citizens want to change their gender identity from male to female and vice versa on citizenships documents. **(Pasquesoone, 2014).**

2.12.1.6 Australia and Inclusion

It ruled that people are not unambiguously male or female, allowing a third gender under the law. The ruling was a landmark decision and a victory for main plaintiff Norrie, who had fought for the third gender designation for years. Since 2011 the option has been available on passport as category called “indeterminate” **(Pasquesoone, 2014).**

2.12.1.7 Gesture of White House

On August 2015, the White House announced that it had hired its first transgender staff member, the move was hailed as a miles stone in the fight for equality of the most marginalised groups In the US work force. Advocate said the hiring is only one step in an uphill battle against the discrimination, stigma and lack of legal protection that hamper the joining the workforce and gaining positions of influence. There are a lot of transgender people out there who are highly qualified, highly educated and highly motivate and who simply cannot find work because of their gender status and gender identity says Vanessa Sheridan, an author and transgender business consultant **(The Blaze, 2014)**.

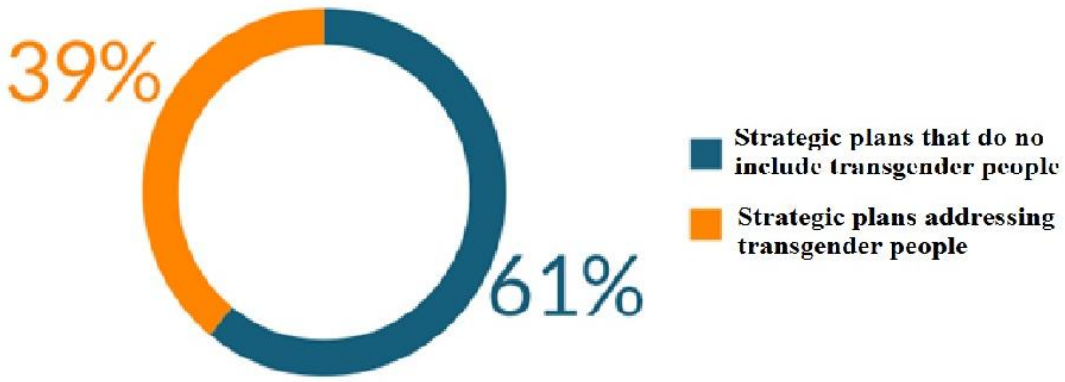
2.12.1.8 Gesture of Thailand

TBLz Sexperts is a project that uses social media for HIV prevention in Thailand. The website provides space where transgender people can talk about issues or topics that are relevant to them, such as fashion, sex of socialising. The project then uses this space to advice users on safer sex. The project was created in response to transgender people being a hard to reach group in Thailand. Also though there is a large population, they are often a closed community. It was therefore imperative that HIV prevention messages came from within the community. Many transgender people were already sharing video clips and using the internet to socialise, so it made sense to create an internet forum to discuss topic such as how the Thai constitution affects transgender people's human right in a way that was accessible to the audience **(Chaiyajit & Walsh, 2012**).

2.12.1.9 Specific Strategies by Countries

HIV Transgender people can have diverse HIV prevention need. Targeted prevention approaches that respondent to the specific needs of individuals are essential to reducing HIV infections. In addition, prevention initiatives that empower transgender people and enable them to take the lead in meeting the needs of their own community are the most effective. Only 39% of countries in 2014 had specific programmes that target transgender people **(Avert, 2015**).

Percentage of Countries addressing transgender people in their national HIV Strategies, 2014



Source: National Commitments and Policy Instrument (NCPI), global AIDS response and progres reporting, preliminary data s of 14 May 2014, Geneva: Joint United Nations Programm on HIV/AIDS, 2014

2.12.1.7 Yogyakarata Principles

Gender identity is one of the most fundamental aspects of life which refers to person's intrinsic sense of being male, female or transgender. Therefore gender identity refers to an individual's self-identification as a man, woman, transgender or other identified category. Sexual orientation refers to an individual's enduring physical, romantic and /or emotional attraction to another person.

A distinguished group of human rights experts has drafted, developed, discussed and reforms the principles in a meeting held at Gadjah Mada University in yogyakarata, Indonesia from 6 to 9 November, 2006, which is unanimously, adopted the Yogyakarata Principles on the application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. Yogyakarata address a broad range of human rights standards and their application to issues of sexual orientation gender identity. Few of them are – the rights to the universal enjoyment of human rights, the rights to equality and non-discrimination, the right to recognition before the law, the right to life, the right to privacy, the right to treatment with humanity while in detention, protection from medical abuses, the right to freedom of opinion and expression. UN bodies, Regional Human Rights Bodies, National Courts, Government Commissions and the commissions for Human Rights, council of Europe, etc. have endorsed the Yogyakarta Principles and have considered them as an important tool for identifying the obligations of States to respect, protest and fulfil the human rights of all persons, regardless of their gender identity.

Articles 15 & 16 prohibits discrimination against any citizen on certain enumerated founds, including the ground of 'sex'. Both the articles prohibit all forms of gender bias and gender discrimination. According to Article 15, the State shall not discriminate against any citizen, inter alia, on the ground of sex, with regard to access to shops, public restaurants, hotels and places of public entertainment or use of public resort maintained wholly or partly out of state funds or dedicated to the use of the general public. Article 16 states that here shall be equality of opportunities for all the citizens in matter relating to employment or appointment to any office under the state. Article 21 talks about the protection of life and personal liberty **(Liang, 2014)**.

2.12.1.8 India and Inclusion

India has long recognized a community of five to six millions Indian as “hijras,” citizens who don’t identify themselves as either male to female. For years all such Indians were grouped together under the term, “eunuch,” despite the fact that only 10% of them identifies as such. However, this changed in 2009, when the nation’s election authorities decided to formally allow an independent designation for intersex or transgender voters. The move meant that Indians could chose an “other” category indicating their gender in voter forms.

In a landmark judgment, the Supreme Court created the "third gender" status for hijras or transgenders. Earlier, they were forced to write male or female against their gender. The SC asked the Centre to treat transgender as socially and economically backward. The apex court said that transgender will be allowed admission in educational institutions and given employment on the basis that they belonged to the third gender category. The SC said absence of law recognizing hijras as third gender could not be continued as a ground to discriminate them in availing equal opportunities in education and employment. This is for the first time that the third gender has got a formal recognition.

The third gender people will be considered as OBCs, the SC said. The SC said they will be given educational and employment reservation as OBCs.

The apex court also said states and the Centre will devise social welfare schemes for third gender community and run a public awareness campaign to erase social stigma. The SC said the states must construct special public toilets and departments to look into their special medical issues. The SC also added that if a person surgically changes his/her sex, then he or she is entitled to her changed sex and cannot be discriminated.

The bench said they are part and parcel of the society and the government must take steps to bring them in the main stream of society. The apex court passed the order on a PIL filed by National Legal Services Authority (NALSA) urging the court to give separate identity to transgender by recognising them as third category of gender **(Mahapatra, 2014).**

2.12.1.9 Tamil Nadu and Inclusion

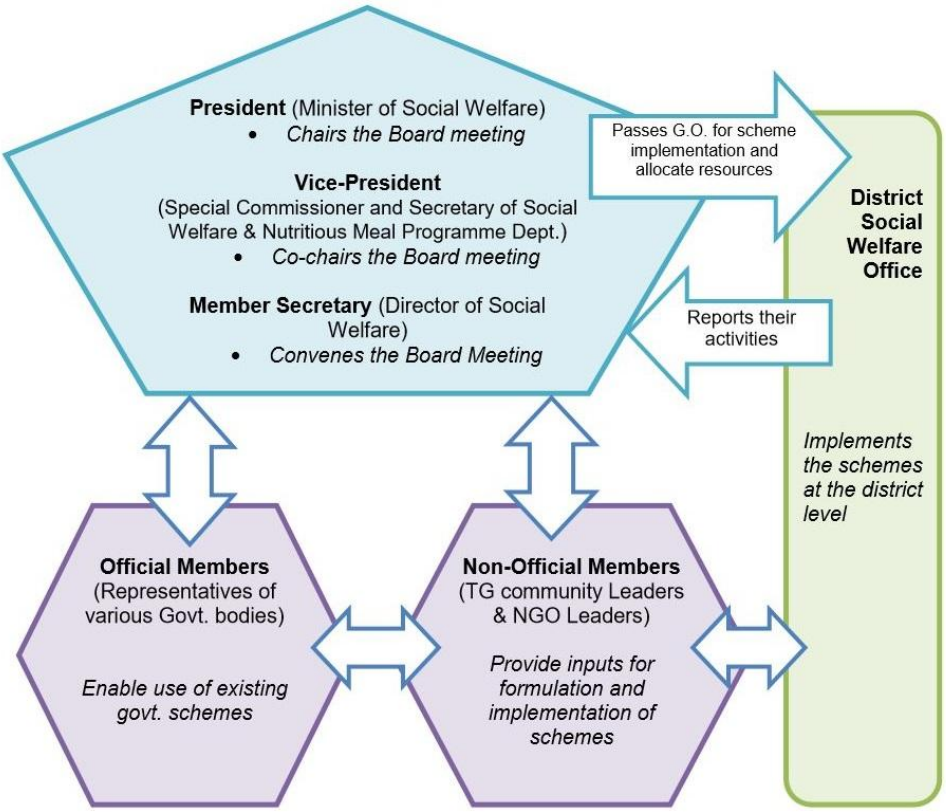
Tamil Nadu is one of the few states in the country where the community has high level of acceptance in the mainstream society and within the family. There have been initiatives by the community itself and from the external agencies which has create a level of awareness in the society which ensures the rights of the community not even in the mainstream society but also in the state government. The State government has expressed unprecedented initiatives to address the social protection needs of Aravanis **(Chakrapani, 2012).**

2.12.1.10 Tamil Nadu Aravanigal Welfare Board

In April 2008, Tamil Nadu Aravanigal Welfare Board was formed as the nodal body to address the social protection needs of Aravanis. TGWB has introduced TG-special schemes of it women and has facilitated access to existing social protection schemes of the State and central government.

Tamil Nadu TGWB functions under the leadership of Minister of Social Welfare; Special Commissioner and Secretary of Social Welfare and Nutritious Meal Programme Department; an Director of Social Welfare- who are President, Vice- President and Member Secretary, respectively. The board has official and non-official members. The official members are the representatives from the various government bodies that include: Department of Finance, Department of Law, State Women Development Corporation, Department of Higher Education, Department of Medical Education and Department of Employment and training. Out of the eight non-official members, 7 are transgender community leaders and one person is a NGO leader.

Structure of Tamil Nadu Transgender Welfare Board



Source: Chakrapani, 2012

List of Schemes and Benefits available for Transgender People in Tamil Nadu

Social Protection needs	TG- Specific schemes formulated and funded by TGWB	Facilities access to existing government schemes		Facilitating Access to Institutions and Services
		State Govt. Schemes	Central Govt. Schemes	
Income/Jobs	Self-employment grants (up to Rs.20,000) to small business entrepreneurs Vocational training (eg., jewellery-making tailoring) Material support for self-employment	Loans to TG Self-help Groups (SHGs) TG SHG formation and training (governance and management) Vocational trainings to TG people (beautician, drawing)		Initiatives to employ TG insurance (LIC) agents. Access to employment opportunities by registering in the government employment exchange

Social Protection needs	TG- Specific schemes formulated and funded by TGWB	Facilities access to existing government schemes		Facilitating Access to Institutions and Services
		State Govt. Schemes	Central Govt. Schemes	
Housing/Shelter	Short-stay home for TG people in crisis.	Free registered land	Grants for building houses (Indra Awaas Yojana- IAY) or free supply of materials to build house	
Education	Individual grants			Government colleges are open for transgender people
Health		Free Health Insurance		Free sex reassignment surgery in selected government hospitals
Food		Ration/Food Cards		

Source: Chakrapani, 2012

Details of Schemes available to Transgender People in Tamil Nadu

Social Protection Needs	Schemes	Benefits and Rationale	Eligibility Criteria
Income/Jobs	Self-employment grants (Rs.20,000) for small business entrepreneurs	Income generation	TGWB identity card Self –Help Group (SHG)
	Vocational training projects implemented by TG CBOs (eg., tailoring)	Income generation	No specific criteria
	Material support (e.g., sewing machine)	Income generation	TGWB identity card
	Individual grants to TG people for starting small businesses	Income generation	Individual TG people (up to Rs.20,000) A group of five TG people (up to Rs.1 lakh)

Social Protection Needs	Schemes	Benefits and Rationale	Eligibility Criteria
	Training by NGOs on formation and government of TG SHGs	Income generation	Five to eight TG members from the same locality TGWB identity card
	Vocational training to TG People (eg., beautician, artist)	Income generation	TGWB identity card
	Access to employment opportunities by registering in state government 'employment exchange.	To provide employment opportunity for literate TG people	identity card
Housing	Short-stay home/transit home	Shelter for TG people in crisis	Open for any self – identified transgender people
	IAY (Indira Awaas Yojana) – subsidies or Grants for constructing houses	Free Housing	TGWB identity card
	Free registered Land	Housing	TGWB identity card
Education	Education grants	To support higher education of TG youth	-TGWB identity card Certificate/ document that sate the total fees required t complete a course in govt. colleges
	Government schools and colleges are open for transgender students	To support education of TG youth	TGWB identity card
Health	Free health insurance	To address emergency health needs	TGWB identity card
	Free sex reassignment surgery (SRS) in selected government hospitals	To support gender transition needs of transgender people	TGWB identity card) not mandatory) Support letter from a community representative of TGWB (no mandatory) Any transgender person assessed by physicians in the government hospitals.
Food	Ration/ Food cards(public distribution system)	To provide food materials at free/ subsidised cost	TGWB identity card

Source (Chakrapani, 2012)