

CHAPTER I

INTRODUCTION

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1.0 INTRODUCTION

The labelling of an individual or group, as different/deviant, attribute to stigma and discrimination. This often finds their roots in homophobia or fear of homosexuality, as well as a general fear of those whose gender identity do not adhere to traditional gender norms (**Betro & Figuero, 2009**). Most of the Transgender Women experience ongoing social stigma that supports the discriminatory attitudes. Stigma manifests as human rights violations and continued marginalization. At the social and structural levels, discrimination and social marginalization limits their access to information, services and economic opportunities. It also causes barriers to health care, indiscriminate arrests of transgender women and police brutality. The denial of care limits the provision and uptake of HIV preventive, therapeutic and care services (**Baral et al, 2013**).

Transgender youth constantly confront socially expected gender norms. Exhibition of gender-atypical behaviours makes them vulnerable to victimization, especially by parents and peers. They also face significant discrimination at home as well as in school, employment and health care and are frequently targets of abuse. Discrimination and victimization frequently set into motion a chain of events that can result in a host of challenges for transgender which includes homelessness, isolation, limited educational opportunities, unemployment, a need to engage in sex work and other illicit means for survival and substance abuse (**Grossman & Augelli, 2006**).

1.1 TRANSGENDER AND LAWS

1.1.1 Global Scenario

The International Lesbian, Gay, Bisexual, Trans and Intersex Association lists 75 countries with criminal laws against sexual activity by lesbian, gay, bisexual, transgender or intersex people (LGBTIs), but that is an understatement. The death penalty can be imposed for same-sex intimacy in eight of them and five of the countries (Mauritania, Sudan, Iran, Saudi Arabia and

Yemen) actually implement it. Sixth state (Iraq) although not in the civil code, clearly has judges and militias throughout the country that issue the death sentence for same-sex sexual behaviours. Further, some provinces in Nigeria and Somalia officially implement the death penalty. In the Daesh (Islamic State in Iraq and Levant /Islamic State in Iraq and Syria) - held areas where the death penalty is implemented (**Reisner et al, 2013**).

Regionally, most of the countries that criminalise sexual activity of lesbian, gay, bisexual, transgender or inter sex people are found in the African continent. The Middle Eastern region has the second highest number of countries that consider this as a crime, which is closely followed by the Asian region. European countries are enacting 'Russia-style' laws prohibiting the promotion of homosexuality and there is significant violence against transgender people across Europe. For example, in the five year period between 2008 and 2012, there were 71 reported murders of transgender people in European countries.

While the majority of countries that criminalise homosexuality do so via legislation, there are several where it is the application of Sharia Law that leads to such an outcome. The severity of penalties for this, range from fines to the death penalty. Imprisonment is a common form of penalty, while corporal punishment is also imposed in some countries. The Trans respect versus Transphobia Worldwide (TvT) has catalogued over 600 murders of transgender women between 2008 - 2010. Eighty percent of cases reported took place in Central and South America, with 227 transgender people killed in Brazil alone from 2008-2010. Eighty percent of the transgender who were murdered were sex workers (**Gerber, 2015**).

1.1.2 Asia

Four countries in Asia have laws that criminalize cross-dressing including Afghanistan, Malaysia, Tonga and Samoa. Enforcement of these laws limits the ability of transgender people to seek health care or even to walk around in their own communities (**Godwin, 2010**).

1.1.3 Indian Scenario

1.1.3.1 IPC

Section 377, Indian Penal Code was enacted by the British Colonial regime in the year 1860 to criminalise 'carnal intercourse against the order of nature'. Section 377, IPC reads as that, Unnatural offences.- whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life or with imprisonment of either description for a term which may extend to ten years and shall also be liable to fine.

Lacking precise definition, Section 377 became subject to varied judicial interpretation over the years. Initially covering only anal sex, it later included oral sex and still later, read to cover penile penetration of other artificial orifices like between the thighs or folded palms.

Section 377 is used as a tool by the police to harass, extort and blackmail the LGBT community and prevent them from seeking legal protection from violence, for fear that they themselves would be penalised for sodomy.

In 2009, the Delhi High Court had ruled that Section 377 of the IPC which criminalizes sex between adult of this community members as unconstitutional. While the government did not appeal the High Court decision, a challenge on the grounds of public morality was filled by groups of religious bodies. In 2014 the Supreme Court overturned the high court verdict that had set aside law framed in 1860 and decriminalised consensual sex among homosexual adults.

This can be seen as a betrayal of basic human rights, particularly freedom of sexual expression and protection from harassment and abuse on grounds of sexual difference. This decision of the court has not only stirred up a new set of concerns for same sex desiring and practising people in India, it also appears to upset an equivalence between legislative progress on sexual rights and the image of India as a modern, secular and progressive nation (**Monalisa, 2013**).

1.1.3.2 Articles in IPC

Constitution of India, Article 14, states that the State shall not deny to ‘any person’ equality before the law or the equal protection of the laws within the territory of India. Equality includes the full and equal enjoyment of all rights and freedom. It also ensures equal protection and hence a positive obligation on the State to ensure equal protection of laws by bringing in necessary social and economic changes, so that everyone may enjoy equal protection of laws and nobody is denied such protection. Note: Article 14 does not restrict the word ‘person’ and its application only to male or female.

Transgender women who are neither male/female fall within the expression ‘person’ and hence, entitled to legal protection of laws in all spheres of State activity, including employment, health care, education as well as equal civil and citizenship rights, as enjoyed by any other citizen of this country. Despite constitutional guarantee of equality, transgender persons have been facing stigma and discrimination in all spheres of the society. 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 home, in jail, in public places 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 education, employment, healthcare etc. They also face discrimination in accessing to public places like shops, restaurant, cinemas, malls etc. Discrimination which is the result of stigma on the grounds of sexual orientation or gender identity therefore, impairs equality before law and equal protection of law (Article 14 of the Constitution of India) (**Shah, 2009**).

1.1.3.3 Estimated Population of Transgender

According to the census (2011) taken in India, it was reported that there are 4.9 lakh transgender women in India. The highest proportion of the third gender

population and about 28% was identified in Uttar Pradesh followed by 9% in Andhra Pradesh, 8% each in Maharashtra and Bihar, over 6% in both Madhya Pradesh and West Bengal and well over 4% in Tamil Nadu, Karnataka and Odisha, Rajasthan accounted for over 3% of the total transgender women population and Punjab for 2 % (**Raju & Beena, 2015**).

1.1.3.4 Indian Scenario

Despite a pre-colonial heritage that recognized and celebrated gender diversity in temple sculptures, mythology and religious treatises of transgender women in India, today they face intolerance, stigma, discrimination and violence. Indian law, on the whole, only recognized the paradigm of binary genders of male and female, based on a person's sex assigned by birth, which permits gender system, including the law relating to marriage, adoption, inheritance, succession and taxation and welfare legislations. Thus IPC had a vital role in contribution to the stigma and discrimination (**Kalra et al, 2010**).

Though the 'transgender women' are 'tolerated' by the Indian society they are not 'accepted' and are discriminated against in various settings, first because of their transgender status - their cross-dressing or feminine appearance - which is often ridiculed and secondly, because of their presumed occupation, sex work (**Chakrapani, 2012**). The mainstream society's deep-rooted fear of sexual and gender non-conformity manifests itself in the refusal of basic citizenship rights to these communities including suitable housing facilities to them (**Chettiar, 2015**).

1.2 TRUE SCENARIO

1.2.1 Family, the Primary Support System

Most families do not accept if their male child starts behaving in ways that are considered feminine or inappropriate to the expected gender role. This brings an array of emotions along with it, some feel sad, fearful and disappointed while others feel shocked, anger and upset. Very few are willing to support their loved ones without trying to make them change (**Chakrapani & Narrain, 2012**). Consequently, family members may threaten or even assault their sons/siblings from

behaving or dressing-up like a girl or woman. Some parents may out rightly disown and evict their own child for crossing the prescribed gender norms of the society and for not fulfilling the roles expected from a male child. The reasons range from fear that a gender-nonconforming child will bring disgrace, shame to the family, apprehension that their child will not get married, perpetuate the family line and will not discharge family responsibilities (**Chakrapani & Dhali, 2011**).

They believe that the best way to help their children thrive as adults is to help them try to fit in with their gender. They seek to make their children conform their gender assigned at birth through abuse, bullying, threats and “medical treatment”. Factors like inability to face the stigma, abuse, violence, guilt of bringing disgrace to the family and desire to be lead their at their choice, drive the children out of their homes (**Halim et al, 2014**).

1.2.2 Educational Institutions

The traditional school setting in our society often presumes that all children will fit in cultural gender norms based on their anatomy. When a child falls outside of these norms, school could be an uncomfortable place for that child. The socio-emotional and cognitive growth can be negatively impacted (**Massey, 2011**). Adding to one’s own sense of alienation and confusion during self-identification, overwhelmingly negative messages about homosexuality in their homes and school environments make the sexual identity formation of transgender individuals, a process characterized by varying degrees of denial and acceptance (**Luecke, 2011**).

Stigmatization of transgender children and youth is amplified in the educational system, which mirrors the rest of society in reinforcing strictly binary and patriarchal gender norms. Classmates and teachers alike bully, taunt and harass the children. Extensive evidence suggests that these children are at higher risk of sexual abuse (**Chakrapani, 2011**). Absence of supportive family and a hostile or abusive peers and school environment are the reasons for many children to drop out of the educational system entirely, foreclosing opportunities for gainful employment during adulthood. The latest Indian census data (2011) also revealed the low literacy

level in the community, just 49%, compared to 74% literacy in the general population (**Nagarajan, 2014**).

1.2.3 Employment

When transgender women seek employment, they experience systematic exclusion from the workforce because of deeply ingrained stigma and discrimination and also because their gender presentation does not match their certificates. The employment discrimination severely limits their economic opportunities. A survey of over 6,450 transgender people in United States found that respondents experienced twice the national rate of unemployment (**Jaime, 2011**). It is true that lack of education, lack of other job opportunities and lack of economic/emotional support from their families compel many transgender women to enter into sex work for survival, or sometimes, to pay for sex change operations (**Reddy, 2015**).

1.2.4 Global Scenario - Sex Work

Social exclusion, economic vulnerability and lack of employment opportunities mean that sex work is often the most viable form of income available to transgender women (**AIDSTAR, 2012**). In addition, the high costs associated with transition health care can put extra pressure on them to make money. Knowledge and reported use of condoms is generally low among transgender sex workers. In Asia and the Pacific, only 50% of transgender sex workers were aware of HIV and HIV testing and only 50% reported using condoms consistently with clients and casual partner. This makes them vulnerable (**Winter, 2012**).

Transgender women are doubly stigmatised and looked down upon by society. Globally, high proportions of transgender women engage in sex work. The proportion of transgender women who sell sex is estimated to be up to 90% in India, 84% in Malaysia, 81% in Indonesia, 57% in EL Salvador and 36% in Cambodia (**AVERT, 2015**).

1.2.4.1 Sex Work and Vulnerability

There are high rates of unprotected anal sex among transgender women, which carries a high risk of HIV transmission (**WHO, 2011**). Several factors such as stigma, discrimination, leading to low self-esteem and disempowerment, can make it hard for them to insist on condom use (**Winter, 2012**). Condom use is often controlled by the insertive sexual partner, so many transgender women who have sex with men can feel inability to instigate condom use (**Chakrapani, 2010**). The other social factors that make them involve in high risk sex were to affirm their gender through sex or fear of rejection from sexual partners can be more likely to promote unprotected sex. The stress of social isolation may also lead to a much higher rate of drug and alcohol use among transgender women, which can affect their judgement of risk to agree to unprotected sex (**CDC, 2011**).

1.2.4.2 India-Sex Work

A study in India found that 46% of transgender women reported being subjected to forced sex. Many transgender women also consume alcohol excessively, to manage rough clients to forget worries. They also ran an official 'Transgender Day' promoting the culture, transition and health care of transgender women and therefore promote their self-esteem. Many transgender women who are sex workers cannot get access to justice because they are sex workers. Many times the police do not accept their complaints, ill treat them and may file complaints against those transgender who want to file complaints. The courts also discriminate due to these wide spread prejudices (**Chakrapani et al, 2013**).

The Indian public considers all transgender women as sex workers even though not all of them are. As a result of this misconception, transgender women have to face discrimination and physical and sexual violence. Since the arrival of HIV/AIDS in India, they have also been blamed for spreading the disease. Being known to be HIV - positive further increases the discrimination faced by transgender women. Thus HIV - positive transgender women have to face a triple stigma (**Chakrapani, 2010**).

1.3 HUMAN IMMUNO DEFICIENCY VIRUS

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 which are too small to make reasonable inferences. Transgender women remain severely underserved in the response to HIV, with only 39% of countries reporting in the National Commitment and Policy Instrument 2014 that their national AIDS strategies address transgender women (AVERT, 2015).

HIV prevalence among transgender sex workers is as high as 32% in Ecuador and Panama- compared to HIV prevalence's of just 0.4% and 0.6% respectively for their general population. Overall crude HIV prevalence was 27.3% in transgender women, 15% in transgender women not engaging in sex work (Operario et al, 2008).

1.3.1 HIV- Global Scenario

Transgender women demonstrate disproportionate risk for HIV, driven in part by sexual practices that relate to their gender identities. Other individual - level risk factors for HIV risk include mental health issues, physical abuse and higher incarceration rates. Risk factors that transcend individual level practices have also been associated with HIV risk among transgender women including economic marginalization, social isolation, unmet health care needs and low HIV - related knowledge (Baral et al, 2013).

Globally, it is estimated that around 19% of transgender women are living with HIV. They are also 49 times more likely to acquire HIV than all adults. HIV prevalence among transgender women (individuals who are both as males) is higher when compare to transgender man (individuals who are born as females) (UNAIDS, 2015).

In 2013, The World Health Organization (WHO) regional office for the Western Pacific launched a report that assesses and addresses the under-recognized epidemic of HIV and other sexually transmitted infections (STI) among transgender people in Asia and the Pacific. The assessment reports that HIV prevalence among transgender women in the region appears to be very high, ranging from 7.5% in Australia, 13.5% in Thailand and 31.6% in Indonesia to 41% in India. Reported STIs among transgender people included syphilis, gonorrhoea, chlamydia and herpes. Among transgender women in four cities of India, 13.6% had syphilis and 45.4% had herpes complex virus. Among island of Java in Indonesia, 26.8% had syphilis and 47% had rectal gonorrhoea or chlamydia or both **(WHO, 2015)**.

According to the latest estimates from UNAIDS, there were 36.9 million people living with HIV in 2014. South Africa has the largest epidemic of any country in Sub-Saharan Africa, while Swaziland has the highest HIV prevalence of any country worldwide. Sub-Saharan Africa, the hardest hit region, is home to 70% of people living with HIV but only about 13% of the world's population. Second in line are Latin America and the Caribbean. **(UNAIDS, 2015)**.

It is common for transgender people to obtain injectable hormones, the most common form of gender enhancement and carry out the injectable hormones themselves. Without counselling on safe injecting practices people going through this process may be very vulnerable to HIV transmission, because of a risk of sharing needles with others **(Herbst et al, 2008)**.

1.3.2 HIV/AIDS in India

The four states with the highest number of people living with HIV (Manipur, Mizoram, Nagaland, Andhra Pradesh & Telengana) account for high prevalence of HIV infections. Maharashtra, Chandigarh & Tamil Nadu has shown estimated adult HIV prevalence greater than national prevalence (0.26%). In India, past surveillance and monitoring of groups at a high risk of HIV transmission have not considered transgender people as a distinct group, often including them in MSM data. Now understanding the importance they have be monitored separately. **(NACO, 2015)**

HIV prevalence of 8.8% was found among the transgender women. However, since 2012, the National AIDS Control Programme has collected data and surveillance about transgender women separately, finding that 8.8% are living with HIV. India has about 23.9 lakh cases of HIV/AIDS in which transgender women form a marginalised sub population with inexplicably high HIV prevalence of the order of 55% (95% confidence interval : 40% to 70%) (NACO, 2012-13).

HIV stigma is present within transgender communities. Consequences of disclosure, including rejection by family, eviction from home, social isolation, loss of substantial income and maltreatment (although improving) within the health care system, presented powerful disincentives to accessing anti-retroviral treatment ART. There is a strong motivation to keep one's HIV - positive status secret. This is interconnected with sexual prejudice against transgender individual, HIV stigma the health care system and the larger society. This prevents the individual from accessing treatment (Chakrapani & Dhali, 2011).

Barriers to accessing anti-retroviral treatment (ART) among HIV- positive people are well documented. Discrimination from healthcare providers, lack of knowledge about transgender needs and the refusal of many National Health Systems or Health Insurance Providers to cover their care, contribute to situations where it is difficult for transgender people to receive adequate treatment. This can also encourage discrimination within health care services, making it hard to access sexual health services (WHO, 2011).

1.4 GENDER BASED VIOLENCE

The three categories of violence often discussed in the literature of transgender women are physical violence, sexual violence and verbal harassment. Transgender women are at risk of physical violence and discrimination which rates between 2 to 3 times to those people who are not transgender women (Chestnut et al, 2013). Violence against transgender women can damage the woman's sense of self and being, further intensifying the damage (Nuttbrock et al, 2010). Studies that examined effects of physical and verbal violence in aggregate indicate that violence

against transgender women is associated with increased depression and may be a predictor of depression (Nuttbrock et al, 2013).

1.4.1 Physical Violence

Violence towards transgender people is being increasingly reported worldwide (Human Rights Watch, 2010). Eighty percent of all killing of transgender people took place in Latin America. It is estimated that around 1,200 Transgender people have been murdered. From 1st January 2014 to 31st March 2014, the Trans Murder Monitoring project registered 75 murders in 13 countries. While often the actual circumstances of the killings remain obscure due to lack of investigation and reports, many of the cases documented involve an extreme extent of aggression, including torture and mutilation. Many cases are not investigated properly by the authorities. Apart from these 75 reported murders in 2014, the ever-growing TMM archive has registered numerous cases in 61 different countries since 2008, most of which hardly received any public attention at all.

The IDAHOT 2014 update reveals a total of 1,509 reported killings of Transgender people in 61 countries worldwide from January 1st 2008 to March 31st 2014. Cases have been reported from all major World Regions (Africa, Asia, Central and South America, Europe, North America, and Oceania), evoking an even more gruesome picture, especially given the very partial knowledge we are able to gain in many places. Throughout all six world regions, the highest absolute numbers have been found in countries with strong trans movements and trans and gender variant people's strong visibility, and/or trans or LGBT organizations that do a professional monitoring: Brazil (602), Mexico (160), Venezuela (81), Colombia (80), Honduras (65), Guatemala (36), and the Dominican Republic (31) in Central and South America, the USA (94) in North America, Turkey (35) and Italy (27) in Europe, and India (35) and the Philippines (29) in Asia (IDAHOT, 2014).

1.4.2 Violence and Sex Workers

Transgender women face violence. Most violence against sex workers is a manifestation of gender inequality and discrimination directed due to their feminine appearance or the way they express their sexuality. Modelling estimates in two

different epidemic contexts (Kenya and Ukraine) show that a reduction of approximately 25% in HIV infections among sex workers may be achieved when physical or sexual violence is reduced (**Pretorius & Decker 2014**).

Violence against transgender women is often manifestations of stigma and discrimination is due to the fact that they do not fit into traditional gender categories. The criminalization of sex work in Botswana, Namibia and South Africa leaves sex workers vulnerable to sexual, physical abuse, extortion from law enforcement officers, the lack of safe and supportive working conditions renders them particularly vulnerable to HIV infection. Further criminalization of same sex activity compounds the danger for transgender sex workers and this population face physical and sexual violence and extortion demands from police. Transgender women also face taunting, humiliation, violence from the general population and barriers to accessing non - judgemental health care appropriate to their particular needs (**Grant et al, 2009**).

1.5 STIGMA IN HEALTH CARE SETTINGS

Stigma in health care settings and need for comprehensive and holistic health care services for transgender women are very essential. Stigma in health care settings can result in fear and resistance in accessing these services. Combined with fragmented and or incomplete delivery of health care services, stigma erodes transgender women's health. Report from WHO talks about the five barriers such as transphobia, HIV stigma, criminalization of transmission, other repressive laws/policies/safety issues and insensitivity among service providers (**Kosenko et al, 2013**).

1.6 MENTAL HEALTH

Mental health needs of transgender communities are barely addressed. Some of the mental health issues reported in communities' forums include depression and suicidal tendencies, possible secondary to societal stigma, lack of social support, HIV status and violence - related stress. Most transgender women, especially during their youth, face great challenges in coming to term with their gender identity and or gender expressions which are opposite to that of the gender identity expression,

gender identity and gender role imposed on them on the basis of their biological sex. They face issues such as shame, fear and internalized transphobia. Disclosure and coming out, adjusting, adapting or not adapting to social pressure to conform fear of relationships or loss of relationships and self - imposed limitations had impact on their expression and aspirations (**Akanksha & Tilottama, 2013**).

Transgender women experience depression, suicidal intention, and suicide attempts at rates much higher than in the general population: estimates of the lifetime prevalence of depression in transgender women have been reported as high as 62% (**Nolle et al, 2008**), while the lifetime depression rate for the general United States population is 16.6%. Physical and verbal abuse may have different impacts on victims than sexual abuse. It was found that physical violence was associated with suicidal ideation and attempts, while sexual violence was associated with increased substance use (**Rylan et al, 2012**). Sexual violence was found to have an association between sexual partner violence and depression. This indicates the relationship between the Transgender woman and the perpetrator of the violence may be an important factor for depression. It was found that despite high rates of physical and sexual violence (half of the participants reported victimization), only verbal violence predicted depression in a multiple regression model (**Bazargan et al, 2012**).

This research focuses on the Aravanis who are living in Chennai. The researcher would be using the terms “Aravanis” and “Transgender women” simultaneously throughout the research.

1.7 STATEMENT OF THE PROBLEM

Aravanis face high level of multiple, co-occurring stigma. Social exclusion and marginalisation which expose them to physical, sexual and emotional and gender based violence. Low level of education lead to economic vulnerability. Their occupation as sex worker has it significant association with low education, under employment, homelessness, low self-esteem, and lack of perceived support system. Their occupation and violence increases the burden of HIV. Stigma affects various dimension of their life and on the whole it does influence their quality of life. Lack of family support, sexual abuse, and gender based violence contribute to depression

and suicidal thoughts. Thus it is common for transgender population to be identified with disturbance in mental health.

1.8 RATIONALE AND SCOPE OF THE STUDY

Aravanis have disproportionately higher HIV/STI burden. The 2011 HSS had 3 Transgender specific sites – two sites in Tamil Nadu and one in Maharashtra. According to the 2011 HSS, the national mean HIV prevalence among transgender people (8.8%) was about 20 times greater than that among the general population, and highest among other at-risk population (**NACO, 2012- 2013**). Lack of education and unemployment or underemployment pushed the transgender women sex work and making the quality of life low. Vulnerable to HIV/STI among transgender women is not only due to individual level risk behaviour but also interconnected to factors beyond individual level such as Institutional level (stigma and discrimination), transgender community level (peers norms on condom use and HIV testing, discrimination of HIV - positive people and social level (societal negative attitude and criminal laws against them) (**National Expert Committee on Issues of Transgender people, 2013**). This research study on stigma and quality of life of Aravanis would be useful for the government, Community Based Organisations, UNDP, NACO etc. This research could assist in developing programs to address the types of stigmas faced by them and also in implementation of welfare schemes that can enhance the quality of life of Aravanis.

1.9 NEED FOR THE STUDY

There is a vital need to develop strategies which would reduce the stigma faced by the Transgender women. This is possible only when researches are conducted to understand the experiences of stigma. Many Aravanis are facing violence which varies from verbal abuse to death. Thus it is very essential to address the stigma faced by the Aravanis that force them to leave homes at an early age, thus discontinuation of education is common. Lack of education either leads to unemployment if not under employment. Thus many are left to get alms on streets. Some of them enter sex work to take care of their living and also to take care of their sex reassignment surgery. Stigma, lack of education, unemployment, under

employment and violence has a great impact on their quality of life. The above said factors also make them more vulnerable to HIV infection. Supreme Court has acknowledged Aravanis as third gender and the state government is willing to implement welfare schemes to improve the quality of life of Aravanis. So in order to develop interventions that could minimise the level of stigma and to improve the quality of life, it is very essential to study the socio economic characteristics of Aravanis, to understand the different types of stigma faced by them and to explore their quality of life. Hence, the researcher found that there is a real need to focus in depth on the above mentioned areas and contribute to further literature.

1.10 DEFINITIONS/TERMINOLOGY

- Transgender** : Individuals who identify themselves with opposite sex from a young age (**UNDP, 2010**).
- Transgender Women** : Individuals who are male at the time of birth but who identifies themselves as females (**UNDP, 2010**).
- Hijras** : In India biological males who reject their ‘masculine’ Identity in due course of time to identify either as women, or “not- men” or in-between man and woman”, or “neither man nor woman”(UNDP, 2010).
- Aravani** : Transgender women are called as ‘Aravani’ in Tamil Nadu (**UNDP, 2010**).
- Thirunangai** : Hijras in Tamil Nadu identify as “Aravani”. Tamil Nadu Aravanigal Welfare Board, a state government’s initiative under the Department of Social Welfare defines Aravanis as biological males who self- identify themselves as a woman trapped in a male’s body. Some Aravani activists want the public and media to use the term ‘Thirunangai’ to refer to Aravanis (**UNDP, 2010**).
- Kothi** : They are generally described as men who display effeminate characteristics (**UNDP, 2010**).

- Panthi** : It is a term generally used by Kothis to refer to men who have sex with men who practice exclusively insertive or penetrative sex and rarely display any female characteristics (UNDP, 2010).
- Ackwa-Kothi** : Transgender women who have not had sexual reassignment surgery are termed as Ackwa or Ackwa-Kothi (UNDP, 2010).
- Nirvan-Kothi** : They are individuals who have undergone removal of all of their male genitalia and are thus incapable of insertive penile-anal/vaginal intercourse (UNDP, 2014).
- SRS** : It is a surgical procedure that changes genital organs from one gender to another (UNDP, 2010).
- Condom** : It is a thin rubber sheath worn on a man's penis during sexual intercourse as a contraceptive or as protection against sexually transmitted infections (UNDP, 2014).
- Sex Work** : The exchange of money or goods for sexual services, either regularly or occasionally, involving female, male and TG adults, young people and children where the sex workers may or may not consciously define such activity as income generation (UNAIDS, 2005).
- Stigma** : It is an undesirable or discrediting attribute that an individual possesses, thus reducing that individual's status in the eyes of the society (Goffman, 1963).
- Discrimination** : It is act or behaviour – a differential treatment based on the negative attitude (Morrison, 2006).
- Quality of Life** : It can be defined as individual's perception of their life. It is in the concept affected in a complex way by the person's physical health, psychological state, level of independency, social relationships, personal beliefs and their relationship to salient features of their environment (WHO).

Mental Health : Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively / fruitfully and is able to make a contribution to her or his community (**WHO**).

Gender Based Violence : It's stated as any harmful act that is perpetrated against a person's will and that is based on socially –ascribed (gender) differences between males and females (**IASC, 2005**).