

CHAPTER IV

FINDINGS, ANALYSIS AND INTERPRETATION

CHAPTER - IV

4.0 FINDINGS, ANALYSIS AND INTERPRETATION

PART-I SOCIO DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Table No. 4.1.1 Respondents by their Age

Sl. No.	Religion	Number	Percentage
1	Below 23 yrs	92	31
2	23 yrs. – 33 yrs.	151	50
3	34 yrs. – 44 yrs.	44	15
4	Above 44 yrs.	12	4
Total		299	100

The mean age of the respondents was 27.4 yrs. with the range being 18 yrs. to 54 yrs. Half of the respondents were found between the age group of 23 yrs. and 33 yrs. Less than one third (31%) of respondents were found in the age group of below 23 yrs.

Table No. 4.1.2 Respondents by their Religion

Sl. No.	Religion	Number	Percentage
1	Hindu	254	85
2	Muslim	19	6
3	Christian	23	8
4	No Response	3	1
Total		299	100

Most of the respondents (85%) were found to be Hindus. This was followed by Christians (8%) and Muslims (6%).

Table No. 4.1.3 Respondents by their Mother Tongue

Sl. No.	Mother Tongue	Number	Percentage
1	Tamil	213	71
2	Telugu	45	16
3	Kannada	9	3
4	Hindi	13	4
5	Malayalam	12	4
6	Others	7	3
Total		299	100

Tamil was found to be mother tongue for most of the respondents (71%) followed by Telugu (16%). Hindi, Kannada, Urdu, Malayalam and English were some of the other languages found as mother tongue among the respondents.

Table No. 4.1.4 Respondents by their level of Educational Qualification

Sl. No.	Education	Number	Percentage
1	Illiterate	24	8
2	Illiterate – could read and write	10	3
3	Primary Education (up to 5 th Std)	46	15
4	Middle School Education (up to 8 th Std)	71	24
5	High School (up to 10 th Std)	88	30
6	Higher Secondary Education (11 th & 12 th Std)	36	12
7	Completed Degree/Diploma Course	24	8
Total		299	100

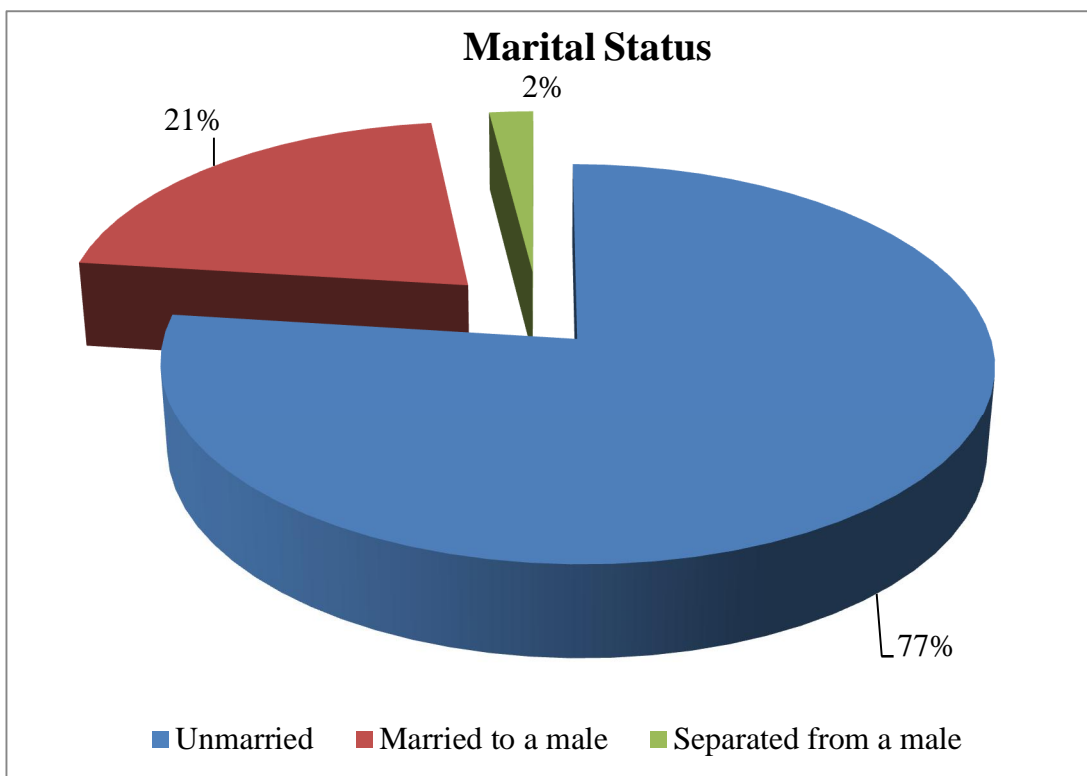
Most of the respondents (89%) had exposure to formal education, while eight percent of them were illiterates and three percent of the respondents, though did not get exposure to education in a formal setting, was able to read and write.

Table No. 4.1.5 Respondents by their Place of Birth

Sl. No.	Place of Birth	Number	Percentage
1	Chennai	125	42
2	Outside Chennai (within Tamil Nadu)	108	36
3	Outside Tamil Nadu	66	22
Total		299	100

Forty two percent of the respondents were born in Chennai, while more than one third (36%) of the respondents were born outside Chennai (within Tamil Nadu).

Figure No. 4.1.1 Respondents by their Marital Status



The above figure exhibits that seventy seven percent of the respondents were not married to males or females, while more than one fifth (21%) of them were married to males.

Table No. 4.1.6 Respondents by their Living Arrangement

Sl. No.	Living Arrangement	Number	Percentage
1	Living alone	76	25
2	Living with parents	35	12
3	Living with male sex partner	55	18
4	Living with community friends/guru/chela	130	44
5	Others	3	1
Total		299	100

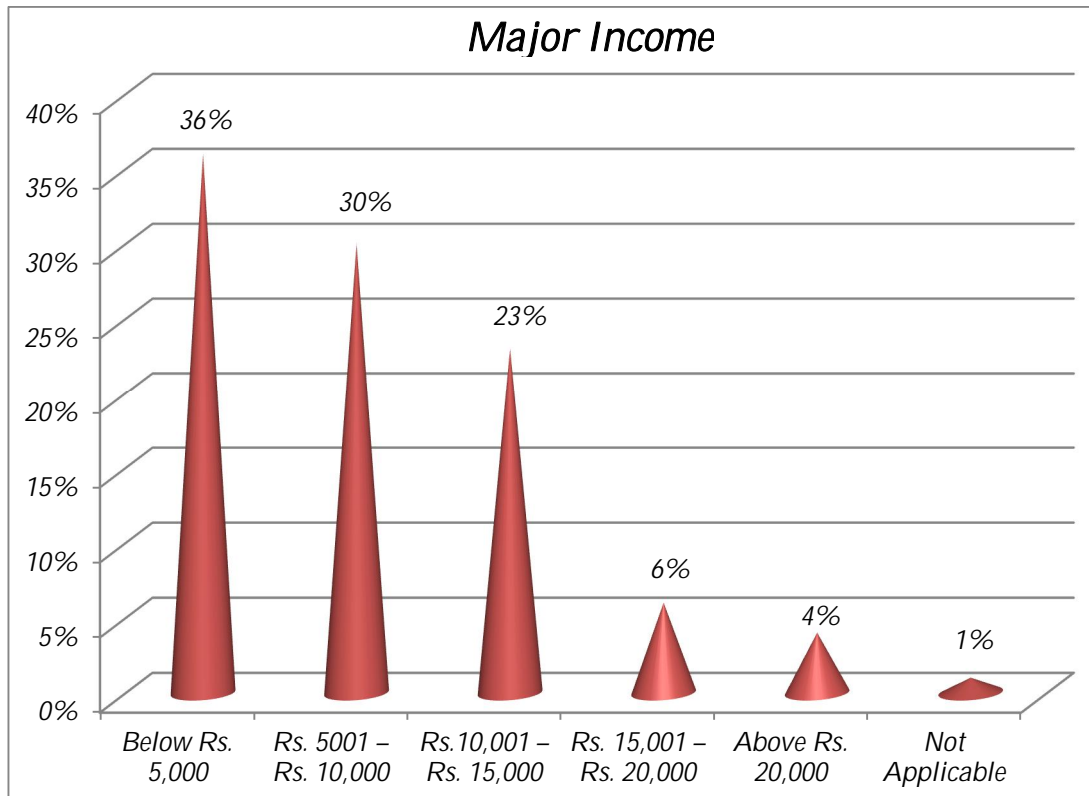
Forty four percent of the respondents were living with their community friends / guru or chelas, while one fourth (25%) of the respondents were living alone. More than one tenth (12%) of the respondents were living with their parents.

Table No. 4.1.7 Respondents by their Major Occupation

Sl. No.	Major occupation	Number	Percentage
1	Begging	114	38
2	Sex work	85	28
3	Modelling	22	7
4	Temple Poojari	21	7
5	Working in CBO	32	11
6	Others	23	8
7	Unemployed	2	1
Total		299	100

More than one third of the respondents (38%) had taken up begging as their major occupation, followed by sex work which was taken up by more than one fourth (28%) of the respondents. Less than one tenth (8%) of them had taken up farming, dancing, writing, sculpturing, tailoring and beautifying as their major occupation. A negligible number i.e., 2 (1%) of the respondents who were staying with their parents were not employed.

Figure No. 4.1.2 Respondents by their Major Income



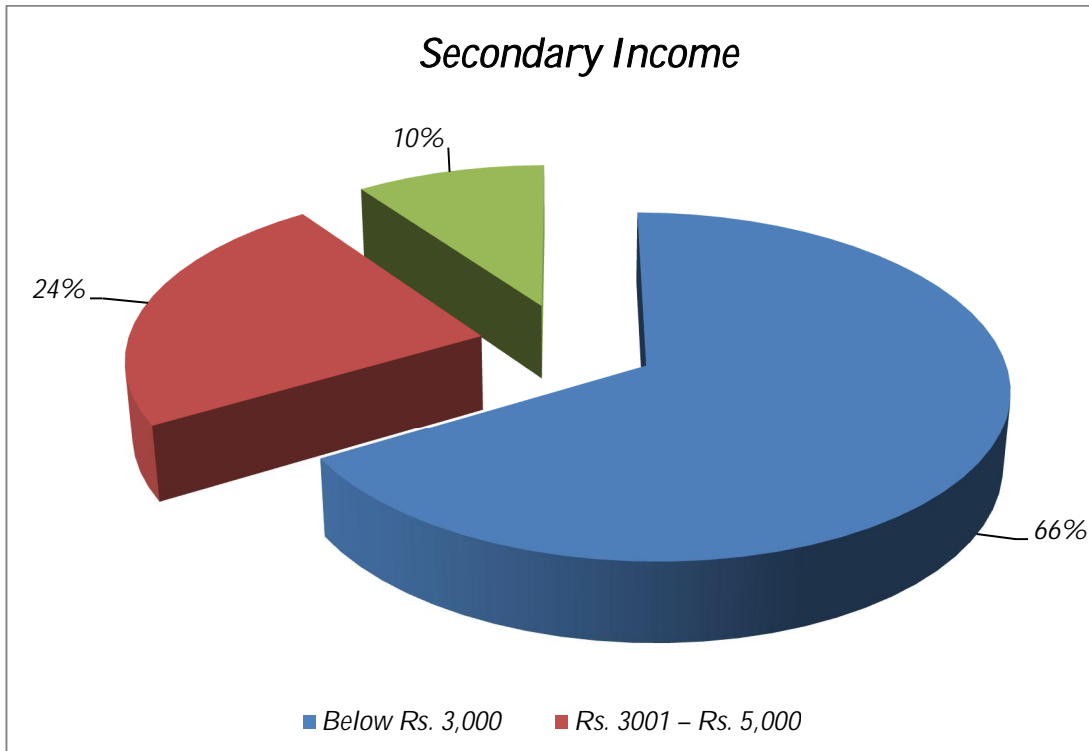
It could be observed from the above figure that thirty six percent of the respondents earned below Rs.5,000, while more than one fourth (30%) of the respondents earned between Rs.5,001 - Rs.10,000. Four percent of them earned above Rs.20, 000. Two percent of the respondents were not employed and thus do not earn.

Table No. 4.1.7.1 Respondents by their Secondary Occupation

Sl. No.	Secondary Occupation	Number	Percentage
1	Begging	40	13
2	Sex work	102	34
3	Modelling	11	4
4	CBO	15	5
5	Others	14	5
6	Not Applicable	117	39
Total		299	100

The above table shows that thirty nine percent of the respondents did not have secondary occupation. More than one third (34%) of the respondents had taken sex work to earn their living, which was followed by begging (13%). Five percent had taken occupations such as tailors, dancers and writers.

Figure No. 4.1.3 Respondents by their Secondary Income



The above figure portrays that sixty six percent of the respondents earned below Rs.3,000 and one tenth (10%) of them earned more than Rs.5, 000.

Table No. 4.1.7.2 Living status and financial contribution of family members / permanent male partners

Sl. No.	Living Status	Contribution of Family Members/Permanent Male Partners					
		Rs.10,000 n (%)	Rs.10,000 to Rs.20,000 n (%)	> Rs.20,000 n (%)	Do not contribute n (%)	NA n (%)	Total n (%)
1	Living alone	0	0	0	0	76 (100%)	76 (100%)
2	Living with parents	10 (29%)	4 (11%)	3 (9%)	18 (51%)	0	35 (100%)
3	Living with Male sex partners	12 (22%)	0	0	43 (78%)	0	55 (100%)
4	Living with community friends	0	0	0	0	130 (100%)	130 (100%)
5	Others	0	0	0	0	3 (100%)	3 (100%)
Total		22 (7%)	4 (1%)	3 (1%)	61 (20%)	209 (70%)	299 (100%)

The above table depicts the contribution of the family members / permanent male partners of the respondents. Of the 35 respondents who lived with their parents, more than half (51%) of the parents did not contribute to the family. Of the 55 respondents who were living with their male partners, 78% of them did not contribute or support the respondents in financial aspects.

Table No. 4.1.8 Respondents by Type of House Occupied and Ownership

Sl. No.	Type of housing	Ownership		
		Yes n (%)	No n (%)	Total n (%)
1	Kutcha house	0	49 (100%)	49 (100%)
2	Semi Pucca (tiled)	5 (3%)	162 (97%)	167 (100%)
3	Pucca	6 (7%)	77 (93%)	83 (100%)
Total		11 (4%)	288 (96%)	299 (100%)

One hundred and sixty seven respondents lived in semi pucca (tiled) house and in that five of them owned them. Eighty three respondents lived in pucca house and six of them owned them.

Table No. 4.1.9 Respondents by their identity and method adapted for change of sexual identity

Sl. No.	Self-Identity	Method Adopted			Total n (%)
		Traditional method n (%)	Modern Method (Sex Reassignment Surgery) n (%)	Not Applicable n (%)	
1	Ackwa	0	0	125 (100%)	125 (100%)
2	Nirvan	43 (25%)	131 (75%)	0	174 (100%)
Total		43 (14%)	131 (44%)	125 (42%)	299 (100%)

The above table shows that more than half (58%) of the respondents had changed their sexual identity. Among them three fourth (75%) of the respondents had adapted the modern method (Sex Reassignment Surgery), while one fourth (25%) of the respondents had adopted traditional method.

Table No. 4.1.9.1 City in which Change of Sexual Identity was Performed and Category of Person Who performed it

Sl. No.	City	Performed by (n=174)			Total Number n (%)
		Medical Officer n (%)	Quack n (%)	Senior Transgender n (%)	
1	Chennai	36 (78%)	2 (4%)	8 (18%)	46 (100%)
2	Kaddappa	12 (33%)	19 (53%)	5 (14%)	36 (100%)
3	Bengaluru	26 (65%)	12 (30%)	2 (5%)	40 (100%)
4	Villupuram	2 (8%)	1 (4%)	23 (88%)	26 (100%)
5	Dindugal	6 (60%)	2 (20%)	2 (20%)	10 (100%)
6	Mumbai	7 (54%)	4 (31%)	2 (15%)	13 (100%)
7	Others	2 (67%)	0	1 (33%)	3 (100%)
Total		91 (52%)	40 (23%)	43 (25%)	174 (100%)

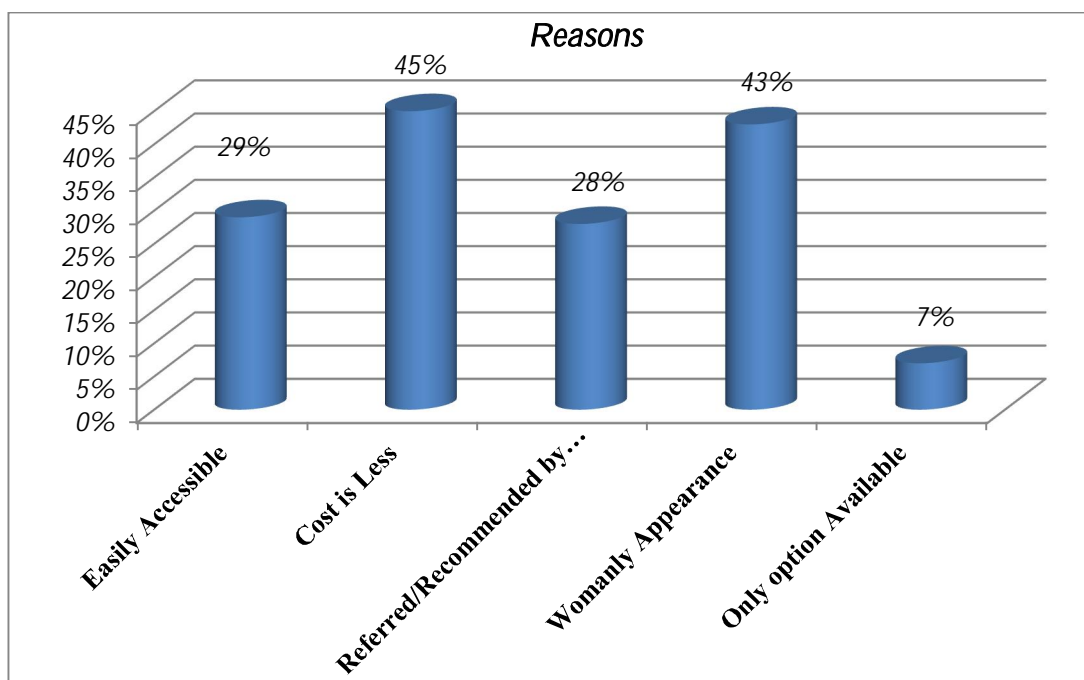
Of the 174 respondents, more than one fourth (26%) of the respondents had undergone change in sexual identity in Chennai. More than three fourth (78%) of the respondents had approached medical officer in Chennai, while nearly one fifth (17%) of them had approached senior transgender and four percent had approached quacks. More than one ten (15%) of them had under gone change of sexual identity in Bengaluru. This was followed by Villupuram, Mumbai, Dindugal, Pune and Thailand. Quacks of Kadapa and Senior Transgender of Villupuram seem to be opted by majority of the respondents.

Table No. 4.1.9.2 Individuals Who Performed Sexual Identity Change and Type of Hospital

Sl. No.	Individual who changed sexual identity	Type of Hospital (n=174)			
		Private n (%)	Government n (%)	Others n (%)	Total n (%)
1	Medical Officers	22 (24%)	69(76%)	0	91 (100%)
2	Quacks	40 (100%)	0	0	40 (100%)
3	Senior Transgender	0	0	43 (100%)	43 (100%)
Total		62 (36%)	69(39%)	43(25%)	174 (100%)

Of the 174 respondents who had undergone change in sexual identity, more than half (52%) respondents had opted for medical officers from both private (n=22) and government hospitals (n=69). More than one fifth (23%) of the respondents had approached quacks and one fourth (25%) of the respondents had approached senior transgender for their change in sexual identity.

Figure No. 4.1.4 Reasons for seeking change of sexual identity from senior transgender/quack



*** Multiple responses**

Reasons for seeking change in sexual identity from senior transgender and quacks were as follows: Nearly half (45%) of the respondents felt that it was cost effective, while 43% of the respondents expressed that it gave them womanly appearance.

Table No. 4.1.9.3 Age during which respondents felt that they were different

SL. No	Age	Number	Percentage
1	6 yrs. – 9 yrs.	133	45
2	10 yrs. – 13 yrs.	141	47
3	14 yrs. – 17 yrs.	25	8
Total		299	100

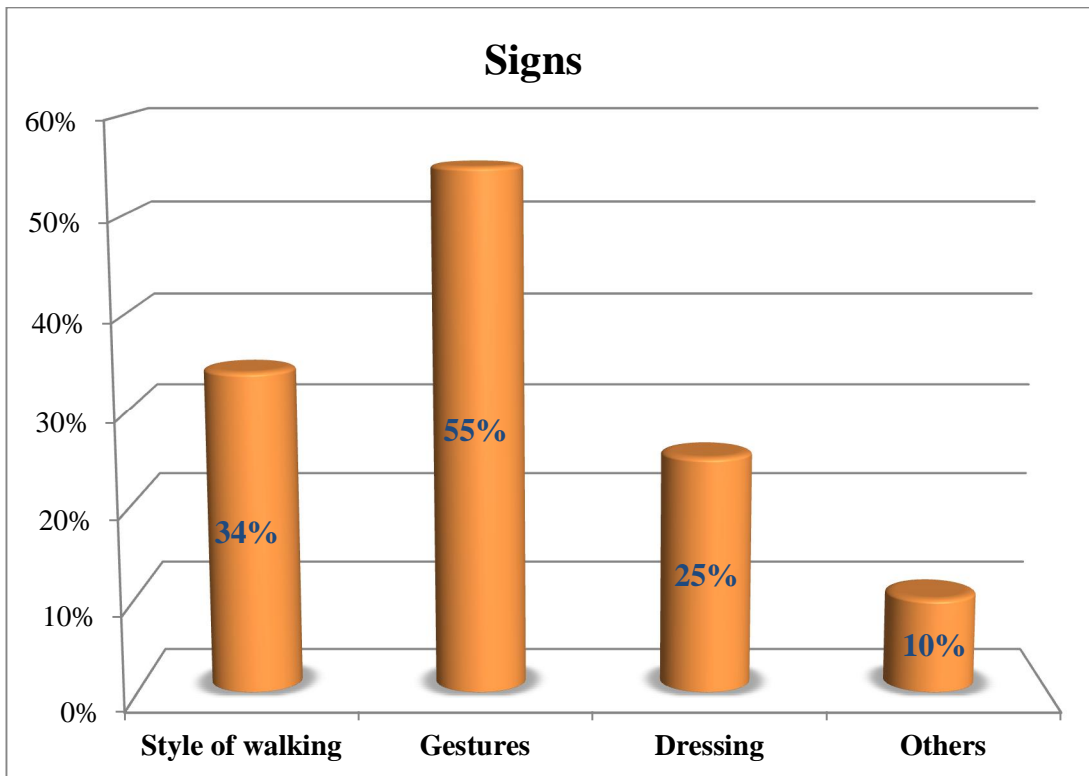
Mean age at which the respondents realised that they were different was 10 yrs, nearly half (47%) of the respondents expressed that they felt their difference during their 10yrs-13 yrs, while forty five percent of the respondents felt the change during their 6yrs- 9 yrs.

Table No. 4.1.9.4 Age of the Respondents during which their Parents felt the difference

Sl. No	Age	Number	Percentage
1	6 yrs. -9 yrs.	25	8
2	10 yrs. -13 yrs.	182	61
3	14 yrs-17 yrs.	74	25
4	18 yrs.- 21 yrs.	18	6
Total		299	100

Sixty one percent of the respondents expressed that their parents began to see the difference in them during their 10 yrs-13 yrs., while one fourth (25%) of them felt that their parents became aware during the respondents' 14 yrs. - 17 yrs.

Figure No. 4.1.5 Signs associated with feministic character by the respondents



***Multiple Responses**

More than half (55%) of the respondents expressed that they associated their gestures with feministic character and this was followed by more than one third (34%) of them who expressed that their style of walking indicated feministic character. One tenth (10%) of the respondents shared that it was other signs, such as respondents getting attracted to males and vice versa.

Table No. 4.1.9.5 Acceptance / Rejection by Family Members

Sl. No.	Acceptance/Rejection	Number	Percentage
1	Completely Accepted	73	24
2	Accepted	51	17
3	No Difference	10	4
4	Rejected	57	19
5	Completely Rejected	108	36
Total		299	100

More than one third (36%) of the respondents expressed that they were completely rejected by their family members and nearly one fourth (24%) of the respondents expressed that they were completely accepted by their family members.

Respondent IDI-2: *"Yes,... I stay with my family,... no one accepts me. Even now my mother does not want me to come out of my room, when my relatives come home. They want my money but not me. I am there so that my sister will get married. But they are so ashamed of me that they say that I do not have to come out".*

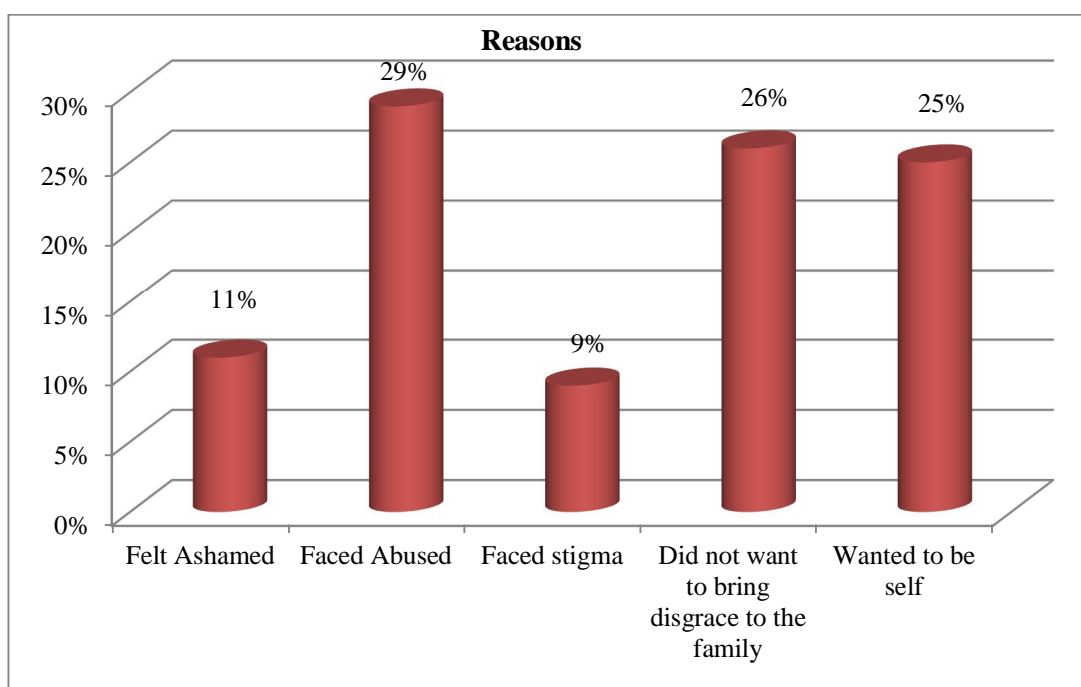
Respondent FGD-1-6: *"My parents did their best to change me but I was very strong. So ultimately they left me to my choice. I live with them".*

Table No. 4.1.9.6. Leaving Home and the Age at which Respondents Left

Sl. No.	Left Home	Age				Total No %
		Below 14 yrs. n (%)	14 yrs-19yrs n (%)	20 yrs- 23 yrs. n (%)	NA n (%)	
1	Yes	93 (34%)	159 (57%)	25 (9%)	0	277 (100%)
2	No	0	0	0	22 (100%)	22 (100%)
Total		93 (31%)	159 (51%)	25 (8%)	22 (7%)	299 (100%)

More than one third (34%) of the respondents had left their homes during their early adolescence i.e. before 14 yrs., while more than half (57%) of them left their homes during their late adolescence i.e., 14 yrs-19 yrs.

Figure No. 4.1.6 Reasons for Leaving Home by the Respondents



More than one fourth (29%) of the respondents left their homes as they had faced abuse, while 26% of them left as they did not want to bring disgrace to their

families. Twenty five percent of the respondents wanted to lead their life in accordance to their wish.

<p>Respondent IDI-1: <i>"My brother caught hold of me and my father poured liquid wax in my new pricked ears, ... only two days ago I had pierced my ears and was wearing a jumka".</i></p> <p>Respondent IDI-3: <i>"My parents were upset. They stopped talking to me... I was the only son and All the time my mother was crying and blaming herself, ... so I left home. They felt I was a disgrace."</i></p> <p>Respondent IDI- 6: <i>"My father pushed me out of my house and beat me with slippers. Whenever I upset him, he used to beat my mother. That was also a torture for me".</i></p> <p>Respondent IDI-7: <i>"....My eye brows were shaved off, my sisters broke my mirror and make up set ...".</i></p> <p>Respondent IDI-3: <i>"I hated school. Every time my teachers and head master complained to my parents, I was beaten up by my parents".</i></p>
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Table No. 4.1.10 Respondents by Migration for Sex Activities and Frequency in which Migration Occurs

Sl. No.	Migration	Frequency in which migration is done					Total n (%)
		Every Month n (%)	Once in 3 months n (%)	Once in 6 months n (%)	Once in a year n (%)	Not Applicable n (%)	
1	Yes	1 (2%)	21 (34%)	30 (48%)	10 (16%)	0	62 (100%)
2	No	0	0	0	0	237 (100%)	237 (100%)
Total		1 (1%)	21 (7%)	30 (10%)	10 (3%)	237 (79%)	299 (100%)

The above table shows that more than one fifth (21%) of the respondents migrated to other cities or states for sexual activities. Nearly one half (48%) of the respondents migrated once in six months, while one third (34%) of the respondents migrated once in three months.

Table No. 4.1.10.1 Cities Chosen by the Respondents for Migration

Sl. No.	City	Number (n=62)	Percentage
1	Mumbai	26	42
2	Bengaluru	24	39
3	Pune	8	13
4	Others	4	6
Total		62	100

Forty two percent of the respondents expressed that they visited Mumbai and this was followed by Bengaluru which was visited by more than one third (39%) of the respondents. Less than one tenth of the respondents migrated to Dubai, Singapore and Malaysia.

Table No. 4.1.10.2 Duration of Stay by the Respondents in the Migrated City

Sl. No.	Duration	Number (n=62)	Percentage
1	Less than 15 days	18	29
2	One month	27	44
3	Three months	17	27
Total		62	100

Forty four percent of the respondents stayed in the migrated place for one month, while more than one fourth (29%) of them stayed for less than 15 days.

PART - II TRANSGENDER IDENTITY STIGMA

Table No: 4.1.11 Indicators of Transgender Identity Stigma

[Never: N; O: Once or twice; F: Few times; M.T: Many Times;]					
Sl. No	Indicators of Transgender Identity Stigma ((n=299)	N n (%) (1)	O/T n (%) (2)	F.T n (%) (3)	M.T n (%) (4)
1	...Heard that transgender (Aravani) people are not normal.	12 (4%)	54 (18%)	120 (40%)	113 (38%)
2	...felt that your transgender (Aravani) identity hurt and embarrassed your family members.	4 (1%)	36 (12%)	112 (38%)	147 (49%)
3	...pretended that you are not transgender (Aravani).	22 (7%)	47 (16%)	137 (46%)	93 (31%)
4	...been bit or beaten up for being transgender (Aravani).	34 (11%)	52 (17%)	106 (36%)	107 (36%)
5	...your family not accepted you because you are a transgender (Aravani).	34 (11%)	52 (17%)	106 (36%)	107 (36%)
6	...lost your straight friends because of your transgender identity (Aravani).	51 (17%)	86 (29%)	83 (28%)	79 (26%)
7	...been verbally harassed by the police for being a transgender (Aravani).	63 (21%)	88 (29%)	76 (25%)	72 (24%)
8	...Being physically harassed by the police for being transgender (Aravani).	116 (38%)	63 (21%)	68 (22%)	52 (17%)
9	...Police had forced sex with you for being a transgender (Aravani).	163 (55%)	54 (18%)	45 (15%)	37 (12%)
10	...lost a place to live for being transgender(Aravani)	72 (24%)	49 (16%)	93 (31%)	85 (29%)
11	...lost a job for being transgender (Aravani)	48 (16%)	88 (30%)	84 (28%)	79 (26%)
12	...been made fun of or called names for being transgender (Aravani)	19 (6%)	30 (10%)	90 (30%)	160 (54%)
13	...been blackmailed for money for being transgender (Aravani)	116 (39%)	52 (17%)	60 (20%)	71 (24%)
14	...Heard that transgender (Aravani) grow old alone.	62 (21%)	79 (26%)	69 (23%)	89 (30%)

The above table shows the indicators that were used to measure the level of transgender identity stigma experienced by the respondents. The sum of the indicators for each individual was converted to scores that depict the transgender identity stigma experienced by the respondents and is presented in the Figure No: 4.1.7.

Respondent IDI-3: *“My parents were upset they stopped talking to me... I was the only son and All the time my mother was crying and blaming herself ... so I left home. They felt I was a disgrace.”*

Respondents IDI-3: *“..... I was locked in my room and was not given food. When I woke up, I found my hair cut short. I was participating in a beauty contest and so was growing my hair and had spent ₹4000 to straighten it. It was cut off”.*

Respondent IDI-4: *“...My husband asked me, ... how to say, ... if a lady gives a push she can deliver a baby Can you push anything else other than shit?... he said he loves me but he is ashamed to take me out. So he wants to get married to a naaran, don't I look like a naaran?”*

Respondents IDI-5: *“My parents were ashamed; they could not go to any social functions. Everyone was asking about me. So it was so bad that they stopped going out.”*

Respondent IDI-8: *“...More than my parents, my brothers were very bad... I was the last son... I had three brothers. And they use to beat me very much”.*

Respondent IDI-4: *“...My Tamil teacher will call all students by their name while taking attendance. But when my name comes, she use to call ‘Onbadhu’”*

Respondent IDI-6: *“I used to carry all unisex things. Like bag, slippers, watch,... so they used to tease me. I used to play with girls. So they used to ask me to play ‘pallankuzhi’”.*

Respondent IDI-6: *“No they look at us so differently, not a day passes by without any one making fun of us”.*

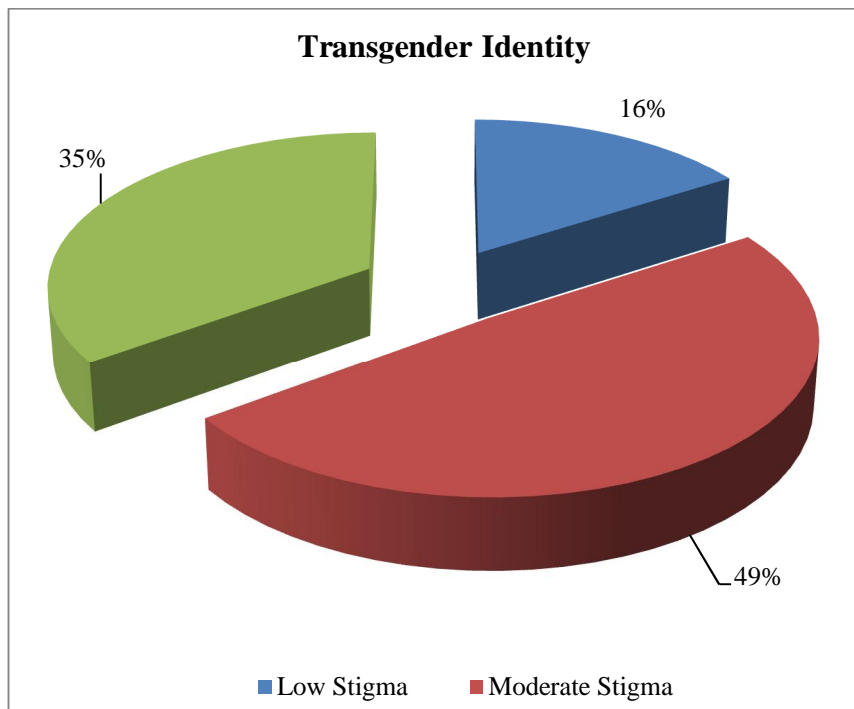
Respondent IDI-7: *“I was working in an IT sector. But when I changed my sex, I was sent out of office saying that the office policy did not allow me to work there”.*

Respondent IDI-2: *“I worked and gave all my tupper to my panthi and he got his sister married, built a house but when he was above to get married, chased me out of the house and gave complain that I was running a brothel and police beat me badly”.*

Respondent FGD-1-4 - *“My mother has my phone number but she did not even call for my birthday. She has her other children. I am forgotten. This is only due to the way I look. Family forgot us”.*

Respondent FGD-1-6- *“...our families does not want to be open about us. I live with my mother but not as her offspring. Everyone thinks that I am her sister’s daughter. My mother is ashamed to tell that I am her son who underwent surgery”.*

Figure No. 4.1.7 Interpretation of scores of Transgender Identity Stigma



Domain Scores: Low; 14-28; Moderate: 29-42; Severe: 43-56.

The above figure shows the severity of stigma experienced by the respondents due to their transgender identity. It was found that more than one third (35%) of the respondents had experienced severe transgender identity stigma, while nearly half (49%) of them had experienced moderate stigma.

PART – III SEX WORKER STIGMA

Table No: 4.1.11.1 Indicators of Sex Worker Stigma by the Respondents

[S.D: Strongly Disagree; D: Disagree; A: Agree; S.A: Strongly Agree;]					
Sl. No	Indicators of Sex worker Stigma (n=201)	S.D n (%) (1)	D n (%) (2)	A n (%) (3)	S.A n (%) (4)
1	...some people would not talk to you anymore	7 (3%)	26 (13%)	108 (54%)	60 (30%)
2	...some people would not talk to your family	7 (3%)	14 (7%)	115 (57%)	65 (33%)
3	...some people would think that you are immoral	12 (6%)	21 (10%)	106 (53%)	62 (31%)
4	...some people would threaten with violence	47 (23%)	23 (11%)	73 (37%)	58 (29%)
5	...some people they would treat you differently	17 (8%)	23 (11%)	100 (50%)	61 (31%)
6	...husband/ partner/ family members would hit you	44 (22%)	27 (13%)	76 (38%)	54 (27%)
7	...husband /partner/ family members would not talk to you anymore	40 (20%)	23 (11%)	74 (37%)	64 (32%)
8	...your family would desert you	8 (4%)	19 (9%)	104 (52%)	70 (35%)
9	...your family would treat you differently	8 (4%)	18 (9%)	102 (51%)	73 (36%)
10	...some people would think that you have HIV infection	29 (14%)	27 (13%)	78 (39%)	67 (34%)

The above table depicts the indicators of sex worker stigma. It had three major groups that included family, husbands/permanent male partners and society. The sum of the indicators for each respondent was calculated and converted to scores that predicted the level of stigma faced by the respondents due to their sex work. Scores measuring the level of stigma is portrayed in the Figure No. 4.1.8

Respondent IDI-1: *“I do not do dhandha. But still the society looks at me as a sex worker. They think bad about me and see me only as dirty person”.*

Respondent IDI-2: *“If my parents know this... they would kill me and they will kill themselves too”.*

Respondent IDI-4: *“I wish to go home.... But scared if anyone from my town knows me as sex worker it will be disgrace for my family”.*

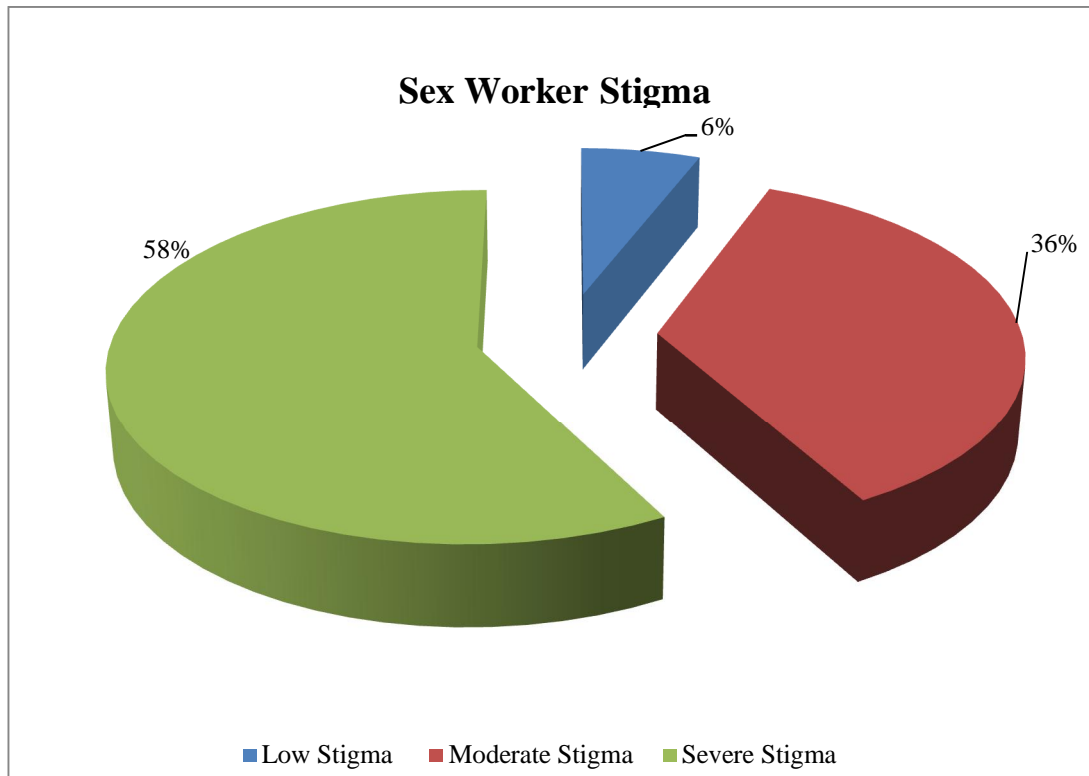
Respondent IDI-5: *“My parents may even be ok with my transgender status but they will not bear this at all”.*

Respondent IDI-6: *“I got beaten by my partner for go for dhandha. He does not like me to do dhandha... I drink and my husband does not like that and neither does he like me going to dhandha”.*

Respondent IDI-7: *“There is very bad name. My parents hate me thinking I do sex work. But I do not go for dhandha. I only work in the CBO”.*

Respondent FGD-1-4: *“I work in CBO and I am not a sex worker. Still they do not respect us. For them, all Aravanis are bad and all of us are sex workers. One of my friend was killed in Bangalore by police... it came in papers also”.*

Figure No. 4.1.8 Interpretation of score of Sex Worker Stigma



n= 201

Domain Scores: Low: 10-20; Moderate: 21-30; Severe: 31-40.

The above figure shows the severity of stigma faced by the respondents due to sex work. Of the 201 respondents who do sex work, more than one half (58%) of the respondents were found to have experienced severe sex worker stigma, which was followed by moderate stigma (36%).

PART – IV CONDOM USAGE

Table No. 4.1.12 Condom Usage by the Respondents

SL. No	Frequency	Number	Percentage
1	Consistently	120	40
2	Often	89	30
3	Sometimes	25	8
4	Rarely	23	8
5	Never	3	1
6	No Response	2	1
7	Not Applicable	37	12
Total		299	100

Forty percent of the respondents had made usage of condom consistently, while more than half (56%) of them were inconsistent and one percent expressed that they never used it.

Table No. 4.1.12.1 Reasons for Using Condoms Consistently

Sl. No	Reasons	Number (n=120)	Percentage
1	Prevention of HIV	76	63
2	Safe guard from all diseases	44	37
Total		120	100

Of the one hundred and twenty respondents who used condoms consistently, sixty three percent of them expressed that they used it as HIV prevention strategy. This was followed by more than one third (37%) of the respondents who used it to safe guard themselves from all diseases.

Table No. 4.1.12.2 Reasons for Not Using Condom Consistently

Sl. No	Reasons	Number (n=140)	Percentage
1	Need for more money	97	69
2	Under influence of alcohol(respondent)	88	63
3	Unwilling to use by law enforcers & anti-socialists	33	24
4	With friends(male)/ need of sexual pleasure of respondents	104	74
5	With whom you like the most (smart/good looking clients)	76	54

***Multiple responses**

The above table bring out the different reasons which prevented the respondents from using condoms. Seventy four percent of the respondents expressed that they did not use condom with their friends (male) or when the respondents

needed sexual pleasure. This was followed by need of more money and alcohol usage.

Respondent FGD-1-3- *“Dhandha does not give us much money. They do not want to pay us. We need money for surgery and to take care of ourselves”.*

Respondent FGD-1-5: *“When they want more money, they do not use condoms... No condom, more money”*

Table No. 4.1.12.3 Permanent Male Partner and Duration of their Relationship

Sl. No	Permanent partner	Duration of relationship					Total
		Less than 2yrs	2 yrs-5 yrs.	6 yrs-9yrs	Above 10 yrs.	Not applicable	
1	Yes	61 (46%)	58 (43%)	12 (9%)	3 (2%)	0	134 (100%)
2	No	0	0	0	0	165 (100%)	165 (100%)
Total		61 (20%)	58 (19%)	12 (4%)	3 (1%)	165 (55%)	299 (100%)

The above tables shows that of the 134 respondents who had permanent partners, nearly half (46%) of the respondents were in the relationship with the current male partner for less than 2 yrs and two percent of them were in the relationship for more than 10 yrs.

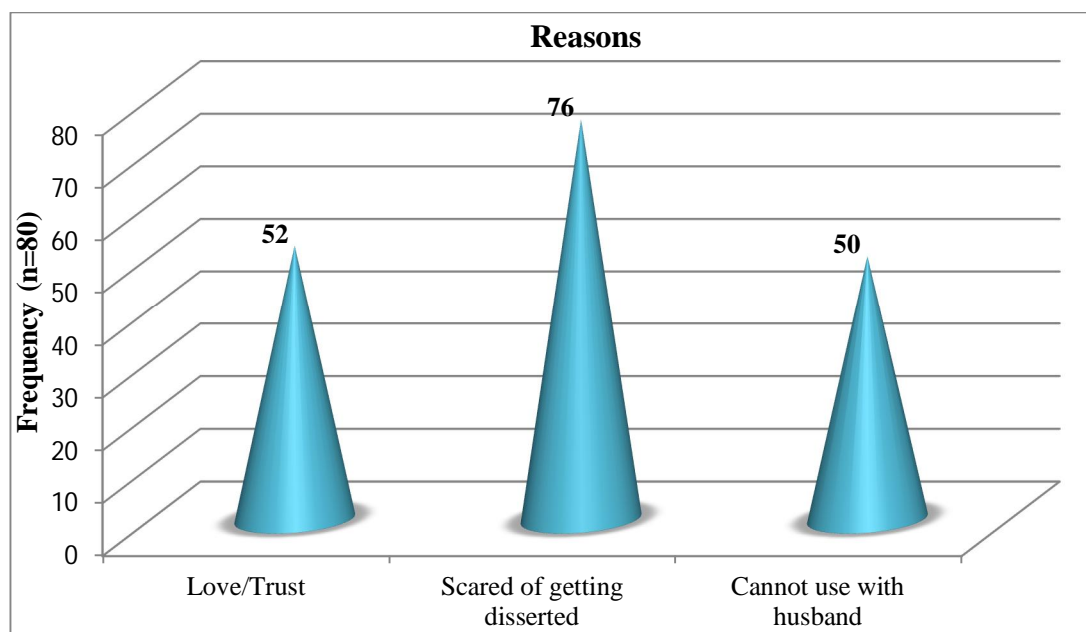
Table No. 4.1.12.4 Condom Usage by the Respondents with Permanent Male Partners

Sl. No	Frequency	Number (n=134)	Percentage
1	Consistently	54	40
2	Often	1	1
3	Sometimes	1	1
4	Rarely	7	5
5	Never	71	53
Total		134	100

Of the 134 respondents, more than half (53 %) of the respondents never used condom with their permanent partners while forty percent of them used condoms consistently.

PART – V HIV RELATED STIGMA

Figure No. 4.1.9 Reasons for not using condoms with the permanent male partners



***Multiple responses
n=134**

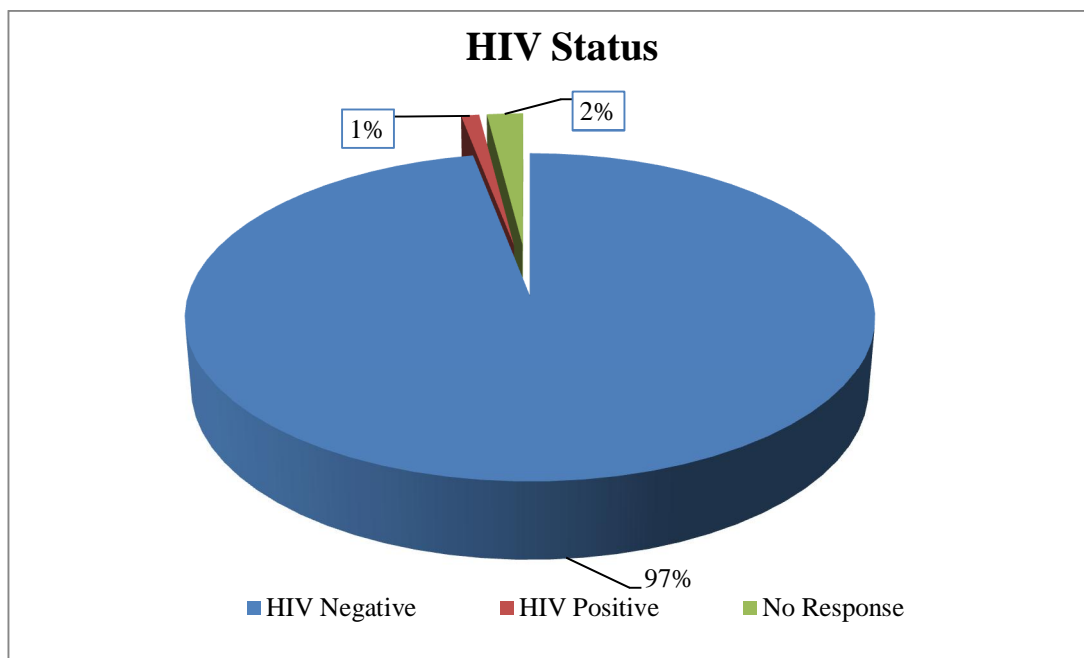
Most (95%) of the respondents expressed that there was fear of getting disserted by their partners, while 65% of the respondents were unable to use condoms due to love and trust they had for their partners.

Table No. 4.1.12.5 HIV Testing and Period at Which Testing was done

Sl. No	HIV tested	Last time of testing			Total n (%)
		3 < Months n (%)	3 > months n (%)	NA n (%)	
1	Yes	115 (45%)	143 (55%)	0	258 (100%)
2	No	0	0	29 (100%)	29 (100%)
3	No Response	0	0	12 (100%)	12 (100%)
Total		111(38%)	143(48%)	41(14%)	299 (100%)

This table shows HIV testing and the period at which the testing was done. Of the 258 respondents, more than half (55%) of the respondents had checked their HIV status before three months and one tenth (10%) of the respondents are yet to get their HIV status checked and four percent of the respondents were not comfortable in sharing their HIV testing.

Figure No. 4.1.10 HIV status of the respondents



Of the 258 respondents, three of the respondents were found to be positive of their HIV status, while five of them were not comfortable to answer to this question. The rest, 250 of the respondents expressed that their HIV status was negative.

Table No: 4.1.12.6 Indicators of Enacted Stigma (HIV)

Sl. No	Indicators of Enacted Stigma (HIV) n=3	[Y-Yes; N- No;]	
		N	Y
1	Has a hospital worker mistreated you because of your HIV?	0	3 (100%)
2	Have people looked at you differently because you have HIV?	0	3 (100%)
3	Has a healthcare worker not wanted to touch you because you have HIV?	0	3 (100%)
4	Have you been told not to share your food or utensils with family because of your HIV?	0	3 (100%)
5	Have you been asked not to touch or care for children because of your HIV?	0	3 (100%)
6	Have you been refused medical care or denied hospital services because of your HIV?	0	3 (100%)
7	Have friends/family members forced you to move out of your home because you have HIV?	3 (100%)	0
8	Has a hospital worker made your HIV infection publicly known by marking HIV on your medical record?	0	3 (100%)
9	Has someone threatened to hurt you physically because you have HIV?	3 (100%)	0
10	Have you been refused housing because people suspect or know you have HIV?	0	3 (100%)

Domain Scores: Low: 1-3; Moderate: 4-6; Severe: 7-10.

The above scale was administered with three respondents who disclosed their HIV status as positive. Ten indicators were used to identify the enacted stigma (HIV). It was found that only two indicators (Sl. Nos. 7 and 9- friends/family members forced you to move out of your home because of HIV and threatened to hurt physically) were found to be negative, while the rest of the eight indicators were found to be positive. This indicates that all three respondents experienced enacted stigma with eight of the indicators due to their HIV status.

Table No: 4.1.12.7 Indicators of Internalized Stigma (HIV)

[N.A: Not At All; O/T: Ones or Twice; A.T:A few Times; A.D:A great Deal;]					
Sl.No	Indicators of Internalised stigma (HIV) n=3	N.A n (%) (0)	O/T n (%) (1)	A.T n (%) (2)	A.D n (%) (3)
1	...that you should avoid holding a new infant because of your HIV?	0	0	0	3 (100%)
2	...that you should avoid giving food to children because of your HIV?	0	0	0	3 100%
3	...that you have brought shame to your family because you have HIV?	0	0	0	0
4	...that you should avoid sharing dishes/glasses just in-case someone might catch HIV from you?	0	0	0	3 (100%)
5	...that you should avoid visiting people because of your HIV?	0	0	0	3 (100%)
6	...that you have HIV because you have done wrong behaviours?	0	0	0	3 (100%)
7	...that you should avoid cooking for people because you have HIV?	0	0	0	3 (100%)
8	...guilty about having HIV?	0	0	0	3 (100%)
9	...disgusting because of your HIV?	0	0	0	3 (100%)
10	...that you are paying for karma or sins because you have HIV?	0	0	0	3 (100%)
11	...that you deserved to get HIV because you have sex with men?	0	0	0	3 (100%)

Domain Score: Low:1-11; Moderate: 12-22; Severe: 23-33.

The above table had eleven indicators that were used to understand the internalised stigma (HIV). The sum of the indicator scores were calculated for each respondent and converted to identify the stigma experienced by the respondents due to their HIV status.

Using the indicators from table no: 4.1.12.6 and 4.1.12.7, HIV stigma experienced by the respondents was calculated. It is clearly seen that all the three respondents whose HIV status was positive had experienced severe internalised stigma.

It was found that all three respondents who were positive of their HIV status had sex work as their major occupation and the condom usage for all the three respondents was not consistent.

Respondent FGD-1-3: *“They do not know if we are HIV or not. But they see all of us as infectious people. They do not want to talk to us or to give us job”.*

Respondent FGD-1-4: *“These doctors.... They see us as if we are like having all the diseases and especially HIV... They do not even want to touch ... when we go, they do not even want to ask us to sit”.*

Respondent FGD-1-4: *“They are isolating themselves... we do not talk about them but they think we do”*

Respondent FGD-1-5- *“We do our best to support any one who is infected. We do not reject them...”.*

Respondent FGD-1-6- *“She may say this but no one cares about people who are positive. When one is infected they will tell all. And no one even wants to talk to me. Even now you see, when I walked in, they would have told that I was infected”.*

Respondent FGD-2-4: *“This is main reason for aversion. They think we are dirty people. Every one... thinks bad about us. They think it is only we who spreads HIV... if it is confirmed, then it is worst. In a village in Andhra they burnt an Aravani alive”.*

Respondent 4: *“I am yet to get my surgery done, so I am lean. People think that I am infected with HIV”.*

PART – VI QUALITY OF LIFE

Table No: 4.2.1. Physical Health, Quality of Life Domain -1

[N.A: Not At All; A.L: A Little; A.M.A: Moderate Amount; M: Mostly; A.E.A: An Extreme Amount;]						
Sl.No	Indicators of Physical Health n=299	N.A.A n (%) (1)	A.L n (%) (2)	A.M.A n (%) (3)	M n (%) (4)	A.E n (%) (5)
1	To what extent do you feel that physical pain prevents from doing what you need to do? (R)	144 (49%)	52 (18%)	63 (21%)	25 (8%)	15 (5%)
2	How much do you need medical treatment to function in your daily life? (R)	140 (47%)	54 (18%)	70 (23%)	26 (9%)	9 (3%)
[N.A.A: Not At All; A.L: A Little; M.Y: Moderately; M: Mostly; C: Completely;]						
		N.A.A	A.L	M.Y	M	C
3	Do you have enough energy for everyday life?	38 (13%)	39 (13%)	77 (24%)	98 (33%)	47 (16%)
[V.P: Very Poor; P: Poor; N.P: Neither Poor/Good; G:Good; V.G: Very Good;]						
		V.P	P	N.P	G	V.G
4	How well are you able to get around?	17 6%)	17 (6%)	73 (24%)	114 (38)	78 (26%)
[V.D: Very Dissatisfied; D: Dissatisfied; N.S/N.D: Neither Satisfied/Dissatisfied; S: Satisfied; V.S: Very Satisfied;]						
		V.D	D	N.S/N.D	S	V.S
5	How satisfied are with your sleep?	24 (8%)	56 (19%)	98 (33%)	88 (29%)	33 (11%)
6	How satisfied are you with your ability to perform your daily living activities?	18 (6%)	19 (7%)	85 (29%)	128 (43%)	49 (16%)
7	How satisfied are you with your capacity for work?	22 (7%)	23 (8%)	78 (26%)	127 (43%)	49 (16%)

The above table shows the indicators that were used to predict physical health of the respondents. Seven indicators were used to measure the physical health. The sum of the indicators for each respondent was calculated and converted to scores to identify the physical health of the respondents and are given in Table no. 4.2.1.4.

Table No: 4.2.1.1 Indicators of Psychological Health, Quality of Life-Domain 2

[N.A: Not at All; A.L: A little; M.A: Moderate Amount ; V.M: Very Much; A.A: A Extreme Amount;]						
Sl. No	Indicators of Psychological Health (n=299)	N.A n (%) (1)	A.L n (%) (2)	M.A n (%) (3)	V.M n (%) (4)	A.A n (%) (5)
1	To what extend do you enjoy life	8 (3%)	50 (17%)	119 (40%)	71 (23%)	51 (17%)
2	To what extent do you feel your life to be meaningful	7 (2%)	54 (18%)	115 (39%)	79 (26%)	44 (15%)
3	How well are you able to concentrate?	9 (3%)	41 (14%)	101 (34%)	94 (31%)	54 (18%)
[N.A: Not at All; A.L: A Little; M.Y: Moderately; M: Mostly; C: Completely;]						
		N.A	A.L	M.Y	M	C
4	Are you able to accept your bodily Appearance?	26 (8%)	47 (16%)	72 (24%)	89 (30%)	65 (22%)
[V: Very Dissatisfied; D: Dissatisfied; N.S/N.D: Neither Satisfied/Dissatisfied; S: Satisfied; V.S: Very Satisfied;]						
		V.D	D	N.S/N.D	S	V.S
5	How satisfied are you with yourself?	4 (1%)	45 (15%)	93 (31%)	102 (34%)	55 (19%)
[N: Never; S:Seldom; Q.O: Quite often; V.O-Very Often; A-Always;]						
		N	S	Q.O	V.O	A
6	How often do you have negative feelings such as blue mood, despair, anxiety, depression?(R)	8 (3%)	78 (26%)	76 (25%)	111 (37%)	26 (9%)

The above table shows the indicators that were used to measure the psychological health of the respondents. Six indicators were used to calculate the psychological health and the sum of the indicators for each respondent was calculated and converted to scores to calculate the psychological health of the respondents and it are given in Table no. 4.2.1.4.

Respondent FGD-1-5: *“Do you know how many among us commit suicide? We are stolen of all our money and panthis leave us. We cannot take it. Even 2 days ago, an Aravani committed suicide”.*

Respondent FGD-1-7: *“Not only suicide... you will not find even one transgender without cut in hands... you see mine..... I did this a week ago”*

Table No: 4.2.1.2 Indicators of Social Relations, Quality of Life-Domain 3

Sl. No	Indicators of Social Relations n=299	[V.D: Very Dissatisfied; D: Dissatisfied; N.S/N.D: Neither Satisfied/Dissatisfied; S: Satisfied; V.S: Very Satisfied;]				
		V.D n (%) (1)	D n (%) (2)	N.S/N.D n (%) (3)	S n (%) (4)	V.S n (%) (5)
1	How satisfied are you with your personal relationships?	10 (3%)	113 (38%)	81 (27%)	67 (23%)	28 (9%)
2	How satisfied are you with your sex life?	6 (2%)	75 (25%)	116 (39%)	67 (22%)	35 (12%)
3	How satisfied are you with the support you get from your friends?	6 (2%)	80 (27%)	99 (33%)	76 (25%)	38 (13%)

The above table shows the social relations, (Quality of Life) of the respondents. Three indicators were used to calculate this and the scores of the indicators were calculated and converted to identify the social relations of the respondents and are portrayed in Table no. 4.2.1.4.

Table No: 4.2.1.3 Indicators of Environment, Quality of life, domain-4

Sl. No	Indicators of Environment (n=299)	[N.A: Not At All; A.L: A Little; MO: Moderately; M:Mostly; C: Completely]				
		N.A n (%) (1)	A.L n (%) (2)	M.O n(%) (3)	M n (%) (4)	C n (%) (5)
1	How safe do you feel in your daily life?	11 (4%)	74 (25%)	123 (41%)	60 (20%)	31 (10%)
2	How healthy is your physical environment?	8 (3%)	67 (22%)	128 (43%)	67 (22%)	29 (10%)
3	Have you enough money to meet your needs?	23 (8%)	74 (25%)	122 (41%)	52 (17%)	28 (9%)
4	How available to you is the information that you need in your day-to-day life?	9 (3%)	53 (18%)	127 (43%)	70 (23%)	40 (13%)
5	To what extent do you have the opportunity for leisure activities?	20 (7%)	58 (19%)	120 (40%)	62 (21%)	39 (13%)
6	How satisfied are you with the conditions of your living place?	10 (3%)	72 (24%)	94 (32%)	83 (28%)	40 (13%)
7	How satisfied are you with your access to health services	23 (8%)	63 (21%)	90 (30%)	82 (27%)	41 (14%)
8	How satisfied are you with your transport?	7 (2%)	45 (16%)	97 (33 %)	102 (34%)	48 (16%)

The above table shows the indicators that were used to assess Environment, (Quality of life) of the respondents. Eight indicators were used to calculate domain 4. The sum of the indicators for each respondent was calculated and converted to scores to identify environment, quality of life domain -4 of the respondents and the scores are given in Table no. 4.2.1.4

Table No: 4.2.1.4 Interpretation of score of the four domains (Physical, Psychological, Social Relations and Environment) of Quality of life

Sl. No	Quality of Life (n=299)	Domain 1		Domain 2		Domain 3		Domain 4	
		Physical Health		Psychological Health		Social relations		Environment	
		n	%	n	%	n	%	n	%
1	Very Poor	9	3	108	36	64	21	15	5
2	Poor	73	24	111	37	114	38	159	53
3	Good	132	44	38	13	86	29	78	26
4	Very Good	85	29	42	14	35	12	47	16
	Total	299	100	299	100	299	100	299	100

Domain scores: Very Poor: 1-25; Poor: 26-50; Good: 51-75; Very Good: 76-100.

The above table shows the scores of 4 domains of quality of life

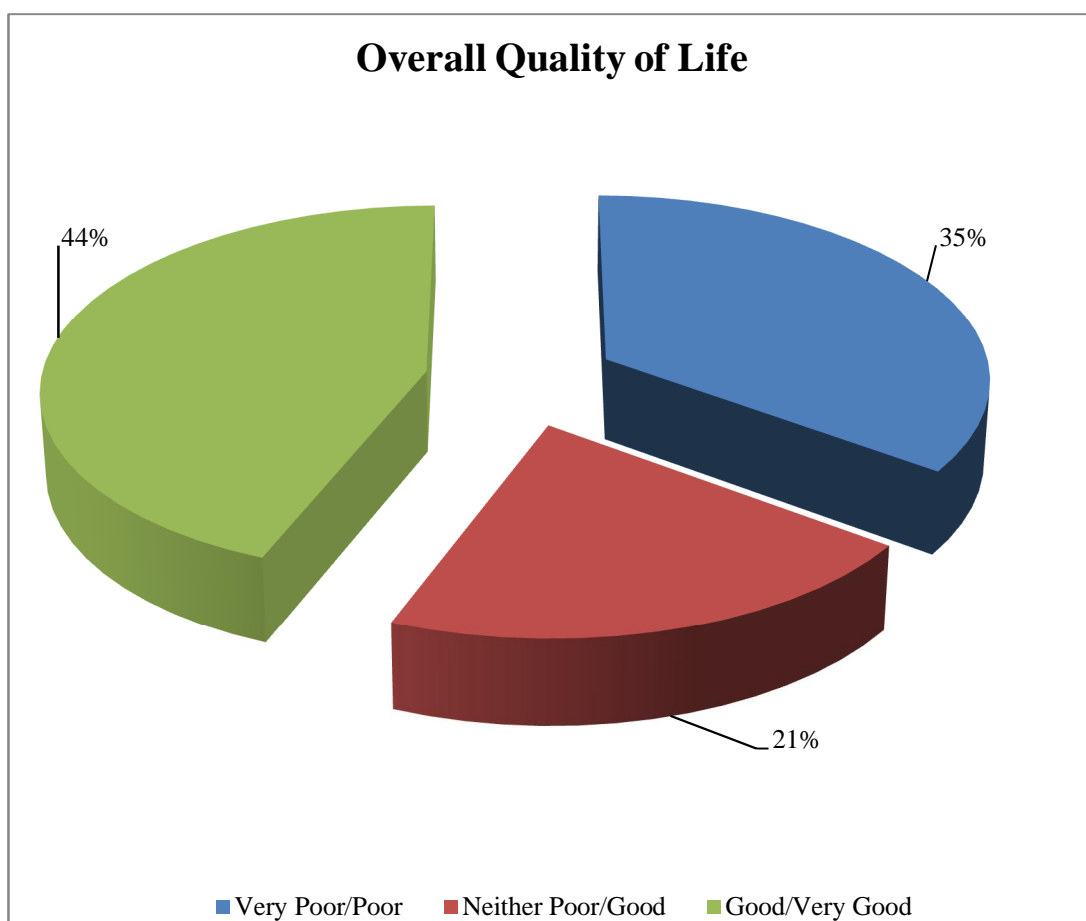
Domain 1-Physical Health - Forty four percent of the respondents enjoyed good physical health, while nearly one fourth (24%) of the respondents experienced poor physical health.

Domain 2-Psychological Health - It was observed that more than one third (37%) of the respondents experienced poor psychological health, while more than one tenth (14%) enjoyed very good psychological health.

Domain 3-Social Relations - Thirty eight percent of the respondents experienced poor social relations (Quality of Life), while more than one fourth (29%) of the respondents enjoyed good social quality of life.

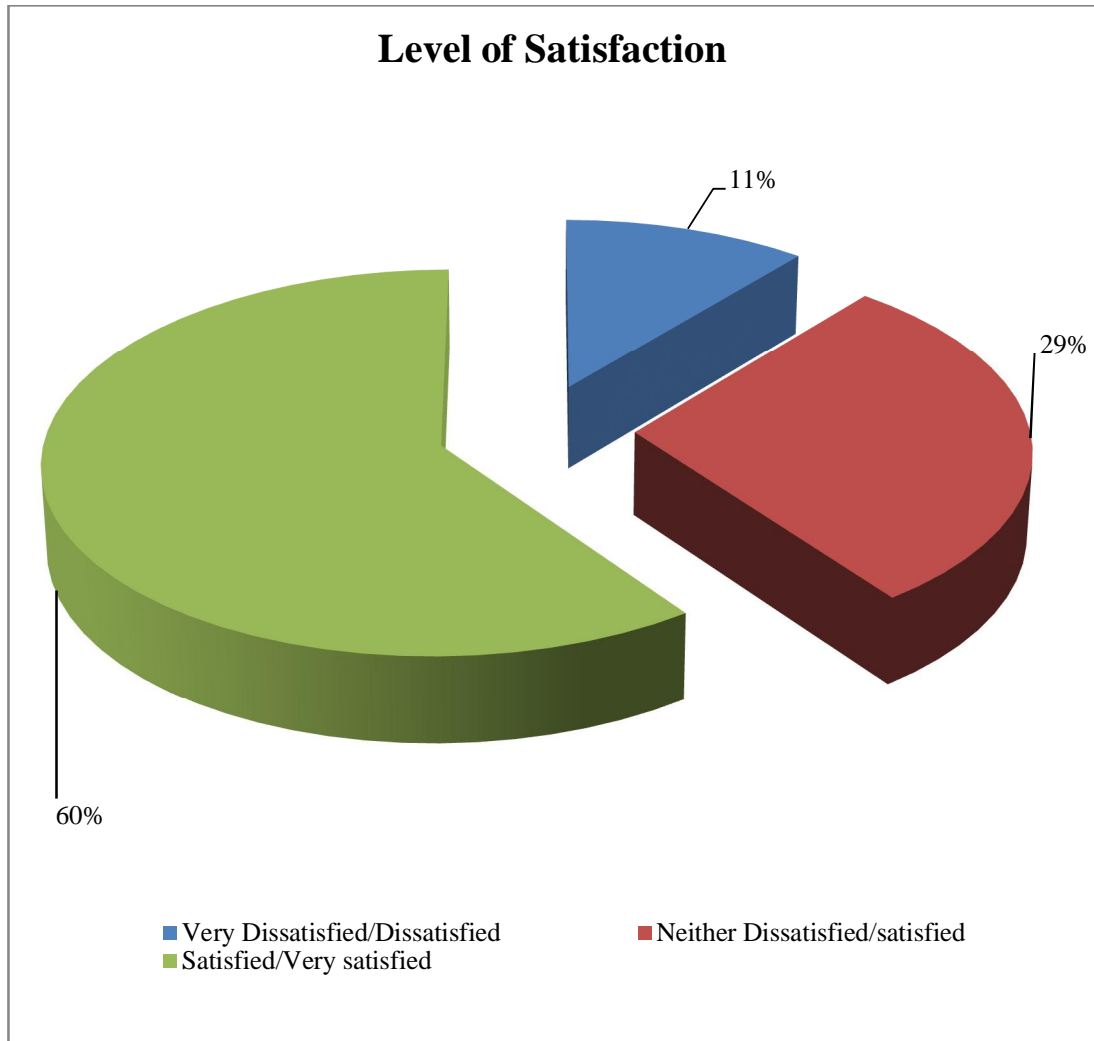
Domain 4-Environment - More than half (53%) of the respondents expressed that they experienced poor environment (Quality of Life), this was followed by respondents who enjoyed good quality of life in domain 4-environment (26%).

Figure No. 4.1.11 Overall quality of life of the respondents



The above figure describes the overall quality of life of the respondents. It was observed that forty four percent of the respondents experienced good/very good of overall quality of life, whereas nearly more than one third (35%) of the respondents expressed that it was very poor/poor.

Figure No. 4.1.12 Satisfaction of health



The above figure shows the satisfaction of health by the respondents. It was found that more than half (60%) of the respondents were satisfied/very satisfied with their health, while 11% of the respondents expressed that they were very dissatisfied/dissatisfied with their health.

Table No: 4.2.1.5 Association between Transgender Identity Stigma and Physical Health (Quality of Life, Domain 1)

Sl.No	Transgender Identify Stigma	Physical Health			P-Value
		Good n (%)	Poor n (%)	Total n (%)	
1	Severe	74(71%)	30(29%)	104 (100%)	0.686
2	Non Severe	143(73%)	52(27%)	195 (100%)	
Total		217(73%)	82(27%)	299 (100%)	

The association between transgender identity stigma and, physical health (Quality of Life) was tested. It was found that the proportion of respondents experiencing good physical health among those with severe transgender identity stigma (71%) was slightly lower than the portion of respondents who were experiencing non severe transgender identity stigma (73%) but it was statistically not significant (P=0.686). Thus there was no evidence of association between transgender identity stigma and physical health (Quality of Life).

Table No: 4.2.1.6 Association between Transgender Identity Stigma and Psychological Health (Quality of Life, Domain 2)

Sl.No	Transgender Identity Stigma	Psychological Health			P-Value
		Good n (%)	Poor n (%)	Total n(%)	
1	Severe	16 (15%)	88 (85%)	104 (100%)	0.001
2	Non Severe	64 (33%)	131 (67%)	195 (100%)	
Total		80(27%)	219(73%)	299(100%)	

The association between transgender identity stigma and psychological health (Quality of Life, Domain 2) was tested. It was found that the proportion of respondents enjoying good psychological health among those with severe stigma (15%) was lower than the portion of respondents who were experiencing non severe

transgender identity stigma (33%) and it was statistically significant (P=0.001). Thus there was evidence of association between transgender identity stigma and psychological health (Quality of Life). Thus the decrease in the severity of transgender identity stigma increases psychological health.

Table No: 4.2.1.7 Association between Transgender Identity Stigma and Social Relations (Quality of Life, Domain 3)

Sl. No	Transgender Identity Stigma	Social Relations			P-value
		Good n(%)	Poor n(%)	Total n(%)	
1	Severe	33 (32%)	71 (68%)	104 (100%)	0.026
2	Non Severe	88 (45%)	107 (55%)	195 (100%)	
Total		121(40%)	178 (60%)	299 (100%)	

The association between transgender identity stigma and social relations (Quality of Life, Domain 3) was tested. It was found that the proportion of respondents experiencing good social relations among those with severe transgender identity stigma (32%) was lower than the portion of respondents who were experiencing non severe transgender identity stigma (45%) and it was statistically significant (P=0.026). Thus there was evidence of association between transgender identity stigma and social relationships. The decrease in the severity of transgender identity stigma increases the social relations (Quality of Life).

Table No: 4.2.1.8 Association between Transgender Identity Stigma and Environment (Quality of Life domain 4).

Sl. No	Transgender Identity Stigma	Environment			P-Value
		Good n(%)	Poor n(%)	Total n(%)	
1	Severe stigma	41 (39%)	63 (61%)	104 (100%)	0.623
2	Non Severe stigma	84 (43%)	111 (57%)	195 (100%)	
Total		125(42%)	174 (58%)	299 (100%)	

Table No: 4.2.1.8 The association between transgender identity stigma and environment (Quality of Life) was tested. It was found that the proportion of respondents experiencing good environment with severe transgender identity stigma (39%) was lower than those experiencing non-severe transgender identity stigma (43%) but it was not statistically significant ($P=0.623$). Thus there was no evidence of association between transgender identity stigma and environment (Quality of Life).

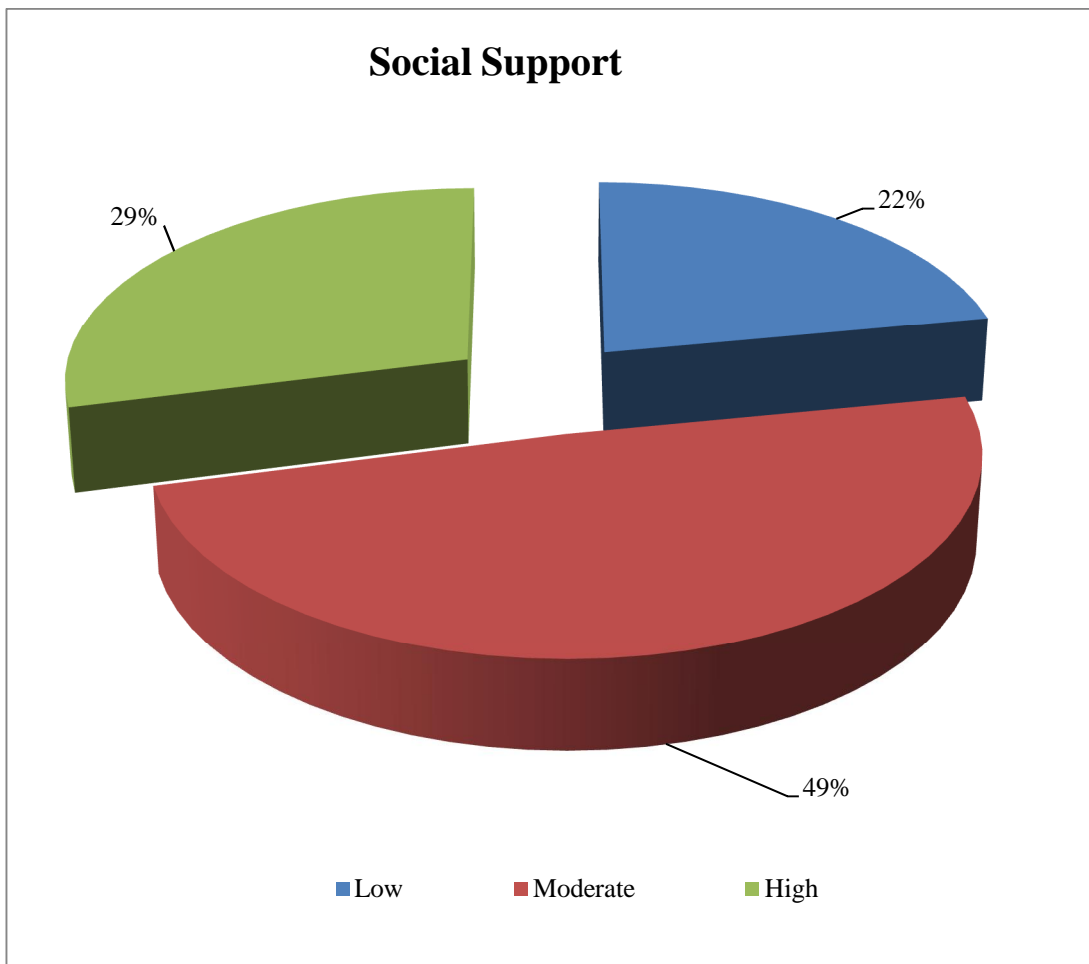
PART – VII SOCIAL SUPPORT SYSTEM

Table No: 4.3.1.1 Indicators of Social Support

[S.D: Strongly Disagree; D: Disagree; N: Neutral; A: Agree; S.A: Strongly Agree;]						
Indicators of Social Support n=299		S.D n (%) (1)	D n (%) (2)	N n (%) (3)	A n (%) (4)	S.A n (%) (5)
1	There is a special person who is around when you are in need.	20 (7%)	44 (15%)	84 (28%)	81 (27%)	70 (23%)
2	There is a special person with whom you could share your joys and sorrows.	21 (7%)	42 (14%)	78 (26%)	87 (29%)	71 (24%)
3	Your family really tries to help you.	95 (32%)	63 (21%)	54 (18%)	44 (15%)	43 (14%)
4	You get the emotional help and support you need from your family.	85 (29%)	64 (22%)	58 (19%)	46 (15%)	46 (15%)
5	You have special person who is a real sources of comfort to you.	22 (7%)	39 (13%)	83 (28%)	84 (28%)	71 (24%)
6	Your friends really try to help you.	16 (5%)	42 (14%)	91 (31%)	83 (28%)	67 (22%)
7	You could count on your friends when things go wrong.	16 (5%)	43 (14%)	83 (28%)	93 (31%)	64 (22%)
8	You could talk about your problem with your family.	96 (32%)	60 (20%)	49 (16%)	56 (19%)	38 (13%)
9	You have friends with whom you could share your joys and sorrows.	16 (5%)	33 (11%)	89 (30%)	95 (32%)	66 (22%)
10	There is a special person in your life who cares about your feeling.	29 (10%)	40 (13%)	76 (25%)	91 (31%)	63 (21%)
11	Your family is willing to help you in make decisions.	89 (30%)	59 (20%)	59 (20%)	52 (17%)	40 (13%)
12	You could talk about your problems with your friends.	17 (6%)	39 (13%)	79 (27%)	91 (30%)	73 (24%)

The above table shows 12 indicators that were used to measure the social support of the respondents. The indicators had three category of support, from family members, friends and special friends. The indicators were summed up and converted to scores to measure the support system and are given in the Figure No. 4.1.13

Figure No. 4.1.13 Interpretation of scores of Social Support



Domain scores: Low: 12-29; Moderate: 30-44; High: 45-60.

The above figure depicts the social support of the respondents. Nearly half (49%) of the respondents enjoyed moderate social support, while more than one fourth (29%) of the respondents enjoyed high social support.

Table No: 4.3.1.2 Association between Social Support and Social Relations (Quality of Life)

Sl. No	Social Support	Quality of Life			P-value
		Good n (%)	Poor n (%)	Total n (%)	
1	Low	14(21%)	52(79%)	66(100%)	0.000
2	High	107(46%)	126(54%)	233(100%)	
Total		121(40%)	178(60)	299(100%)	

The association between the social support and social relations (Quality of Life) was tested. It was found that the proportion of respondents enjoying good quality of life with low social support (21%) was lower than the portion of respondents who were receiving high social support (46%) and it was statistically significant (P=0.000). Thus there was evidence of association between the social support and social relations (Quality of Life). Increase in the social support increases the social relations (Quality of life) of the respondents.

Table No: 4.3.1.3 Social Support and Psychological Health Quality of Life (n=299)

Sl. No	Variables	Mean (SD)	Correlation	P- value
1	Social Support	38.4(11.4)	0.4	0.000
2	Psychological health	20.3(5.3)		

The relationship between the two variables was explored using correlation. Spearman rank correlation coefficient between social support score and psychological health score was found to be $R = 0.4$, shows a moderate positive relationship, which may be due to the higher sample size. It was statistically significant (P=0.000), implies the increase in the social support of the respondents may lead to increase in the psychological health.

PART – VIII SELF-RESILIENCE

Table No: 4.3.2.1 Indicators of Self-Resilience of the respondents

[S.D: Strongly Disagree; D:Disagree; N: Neutral; A:Agree; S.A: Strongly Agree;]						
Sl. No	Indicators of Self- Resilience (n=299)	S.D n (%) (1)	D n (%) (2)	N n (%) (3)	A n (%) (4)	S.A n (%) (5)
1	You tend to bounce back quickly after hard time.	62 (21%)	43 (14%)	93 (31%)	33 (11%)	68 (23%)
2	You have a hard time making it through stressful events. (R)	45 (15%)	67 (23%)	82 (27%)	40 (13%)	65 (22%)
3	It does not take you long to recover from a stressful event.	61 (21%)	55 (18%)	85 (29%)	43 (14%)	55 (18%)
4	It is hard for you to snap back when something bad happens. (R)	63 (21%)	63 (21%)	72 (24%)	34 (11%)	67 (23%)
5	Usually come through difficult times with little trouble.	64 (21%)	52 (17%)	89 (30%)	38 (13%)	56 (19%)
6	Tend to take a long time to get over setbacks in your life. (R)	52 (17%)	61 (20%)	86 (29%)	33 (10%)	67 (23%)

The above table depicts the indicators that were used to measure the self-resilience of the respondents. The sum of the indicators for each respondent was calculated and converted to scores to identify the self-resilience of the respondents and is given in table no: 4.3.2.2.

Table No: 4.3.2.2 Interpretation of scores of Self-Resilience

SL. No	Self- Resilience	Number	Percentage
1	Mild Self Resilience	125	42
2	Moderate Self Resilience	72	24
3	High Self Resilience	102	34
Total		299	100

Domain Scores: Mild: 6-14; Moderate: 15-22; High: 23-35.

Forty two percent of the respondents expressed that they had mild self-resilience indicating that their ability to bounce back was at low ebb. More than one third (34%) of the respondents enjoyed high level of self- resilience. Majority of the respondents were observed to be having experienced mild self-resilience.

Table No: 4.3.2.3 Associations between Self Resilience and Psychological Health (Quality of Life domain 2)

Sl. No	Self-Resilience	Psychological Health			P-Value
		Good n (%)	Poor n(%)	Total n (%)	
1	Low	10(8%)	115(92%)	125(100%)	0.000
2	High	70(40%)	104(60%)	174(100%)	
Total		80(27%)	219(73%)	299(100%)	

The association between self-resilience and psychological health (Quality of Life, domain 2) was tested. It was found that the proportion of respondents who experienced good psychological health with low self-resilience (8%) were low when compared with high self-resilience (40%) and it was statistically significant (P=0.000). Thus there was evidence of association between psychological health and self-resilience. Decrease in the level of self-resilience leads to decreases the psychological health.

PART – IX MENTAL HEALTH

Table No: 4.3.3.1 Indicators of Mental Health by the Respondents

[B.U: Better than Usual; S.U: Same as usual; L.U: Less than Usual; M.U: Much Less than Usual;]					
	Indicators of Mental Health n=299	B.U n (%) (0)	S.U n (%) (1)	L.U n (%) (2)	M.U n (%) (3)
1	been able to concentrate on what you're doing	45 (15%)	134 (45%)	55 (18%)	65 (22%)
[N.A -Not at All; N.U- Not more than Usual; R.U- Rather more than Usual; M.U - Much more than Usual;]					
		N.A	N.U	R.U	M.U
2	lost much sleep over worry	41 (14%)	115 (38%)	76 (25%)	67 (23%)
3	felt constantly under strain	42 (14%)	118 (39%)	63 (21%)	76 (26%)
4	felt you couldn't overcome your difficulties	39 (13%)	113 (38%)	68 (23%)	79 (26%)
5	been feeling unhappy or depressed	48 (16%)	109 (36%)	57 (19%)	85 (29%)
6	been losing confidence in yourself	41 (14%)	104 (35%)	70 (23%)	84 (28%)
7	been thinking of yourself as a worthless person	57 (19%)	93 (31%)	62 (21%)	87 (29%)

[M.U: More so than Usual; S.U: Same as Usual; L.U: Less so than Usual; M.L.U: Much Less than Usual;]					
		M.U	S.U.	L.U	M.L.U
8	felt that you are playing a useful part in things	40 (13%)	128 (43%)	56 (19%)	75 (25%)
9	felt capable of making decisions about things	36 (12%)	129 (43%)	62 (21%)	72 (24%)
10	been able to enjoy your normal day to day activities	36 (12%)	126 (42%)	63 (21%)	74 (25%)
11	been able to face up to your problems	40 (13%)	109 (36%)	70 (24%)	80 (27%)
12	been feeling reasonably happy, all things considered	38 (13%)	120 (40%)	61 (20%)	80 (27%)

The above table shows the indicators that were used to measure the mental health of the respondents. The sum of the indicators for each respondent was calculated and converted to scores to identify mental health of the respondents and are given in the table no: 4.3.3.2

Table No: 4.3.3.2 Interpretations of GH-12 Scores

Sl. No	Mental health	Number	Percentage
1	Evidence of mild distress	104	35
2	Evidence of moderate distress	77	26
3	Evidence of severe problems and psychological distress	118	39
Total		299	100

Domain scores: Evidence of mild distress: 0-12; Evidence of moderate distress: 13-20; Evidence of severe Problems and Psychological distress: 21-3.

More than one third (39 %) of the respondents had severe problems and psychological distress, while this was followed by thirty-five percent of the respondents who were found to have evidence of mild distress.

Table No: 4.3.3.3 Mental Health and Pattern of condom usage

Sl. No	Mental health	Pattern of Condom Usage (n=260)			P-value
		Inconsistent n (%)	Consistent n (%)	Total n (%)	
1	Severe	71(65%)	39(35%)	110(100%)	0.004
2	Non Severe	69(46%)	81(54%)	150(100%)	
Total		140(54%)	120(46%)	260(100%)	

The association between mental health of the respondents and condom usage was tested. It was found that the proportion of respondents who are inconsistent in condom usage among those who were experiencing severe problems and psychological distress (65%) was higher than respondent with low psychological distress (46%) and it was statistically significant (P=0.004). Thus there was evidence of association between mental health and condom usage. Increase in severe problems and psychological distress leads to decrease in consistence of condom usage.

Table No: 4.3.3.4 Associations between Transgender Identity Stigma and Mental health

Sl. No	Transgender Identity Stigma	Mental Health		Total n (%)	P value
		Severe n (%)	Non Severe n (%)		
1	Severe	59(57%)	45(43%)	104(100%)	0.000
2	Low	59(30%)	136(70%)	195(100%)	
Total		118(39%)	181(61%)	299(100%)	

The association between transgender identity stigma and mental health of the respondents was tested. It was found that the proportion of respondents experiencing severe problems and psychological distress among those experiencing severe transgender identity stigma (57%) was high when compared with respondents who

had non severe transgender identity stigma (30%) and it was statistically significant (P=0.000). Thus there was evidence of association between severe transgender identity stigma and mental health. Increase in the severity of transgender identity stigma leads to increase in severe problems and psychological distress.

Table No: 4.3.3.5 Association between Social Support and Mental Health

Sl. No	Social Support	Mental Health			P-value
		Severe n (%)	Non Severe n (%)	Total n (%)	
1	Low	41(62%)	25 (38%)	66(100%)	0.000
2	High	77 (33%)	156(67%)	233(100%)	
Total		118 (39%)	181 (61%)	299 (100%)	

The association between social support and mental health of the respondents was tested. It was found that the proportion of respondents experiencing severe problems and psychological distress among those with low support system (62%) was high than the portion of respondents who were receiving high social support (33%) and it was statistically significant (P=0.000). Thus there was evidence of association between the support system and mental health. Increase in multi-social support decreases the severity of severe psychological distress and problem of the respondents.

Table No: 4.3.3.6 Association between Self-Resilience and Mental Health

Sl. No	Self-Resilience	Mental Health			P-value
		Severe n (%)	Non Severe n (%)	Total n (%)	
1	Low	93(74%)	32(26%)	125(100%)	0.000
2	High	25(14%)	149(86%)	174(100%)	
Total		118 (39%)	181(61%)	299 (100%)	

The association between self-resilience and mental health of the respondents was tested. It was found that the proportion of respondents experiencing severe problems and psychological distress among those with low self-resilience (74%) was higher than the portion of those with high self-resilience (14%) and it was statistically significant (P=0.000). Thus there is evidence of association between self-resilience and mental health. Decrease in self-resilience increases the severity of severe problems and psychological distress of the respondents.

PART – X UTILITY OF MENTAL HEALTH CARE SERVICES

Table No. 4.4.1 Period of last visit to health care and its type

Sl. No	Time of Last visit	Type of Medical health care			
		Private n (%)	Government n (%)	CBO n (%)	Total n (%)
1	< 1 month	50(47%)	40(38%)	16(15%)	106(100%)
2	1 – 3 months	45(44%)	32(32%)	24(24%)	101(100%)
3	4 – 12 months	36(54%)	18(27%)	13(19%)	67(100%)
4	>1 yr	10(40%)	4(16%)	11(44%)	25(100%)
Total		141(47%)	94(31%)	64(22%)	299(100%)

In the last one month, nearly half (47%) of the respondents had visited private health sectors, while more than one third (38%) of them had visited government hospitals and more than one tenth (15%) visited CBO for their health needs.

Table No. 4.4.2 Medical ailments in genital/anal parts

Sl. No	Symptoms	Number	Percentage
1	Itching/ sores	12	4
2	Warts	5	2
3	Rashes	7	2
4	No Symptoms	264	88
5	No Response	11	4
Total		299	100

Majority of the respondents (88%) expressed that they did not experience any medical ailment associated to their genital/anal parts, while eight percent of the respondents had experienced itching sensation/sores rashes and warts.

Table No. 4.4.3 Treatment for genital/anal medical ailments

Sl. No	Treatment	Number (n=24)	Percentage
1	Self –medication/-Pharmacy / used old prescription	7	29
2	Homemade remedies	2	8
3	Visited a hospital	15	63
Total		24	100

Sixty three percent of the respondents had visited hospital for the treatment of medical ailments associated to genital and anal. More than one fourth (37%) of the respondents used options such as using old prescriptions, self-medication, approaching pharmacy and homemade remedies.

Table No. 4.5.1 Opinion on Mental Health

Sl. No	Mental Health	Number (n=176)	Percentage
1	Ability to be happy	77	44
2	Ability to relax	46	26
3	Ability to sleep well	41	23
4	Ability to enjoy	22	13
5	Ability to concentrate	35	20
6	Ability to trust others	8	5

***Multiple responses**

Nearly half (44%) of the respondents expressed that ability to be happy was considered as mental health, while more than one fourth (26%) of the respondents felt that ability to relax was mental health. This was followed by ability to sleep well, concentrate, enjoy and ability to trust.

Table No. 4.5.2 Professionals providing Mental Health Care

Sl. No	Mental health care providers	Number (n=176)	Percentage
1	Psychiatric doctor	124	70
2	Psychologist	18	10
3	Counsellor	59	34
4	Do not know	27	15

***Multiple Responses**

More than half (54%) of the respondent had expressed that psychiatric doctors could be mental health care provider and this was followed by one third (34%) of the respondents who felt that counsellors could provide mental health care.

Table No. 4.5.3 Availing of mental health care services by the respondents

SL. No	Availed	Number (n=155)	Percentage
1	Yes	98	63
2	No	57	37
Total		155	100

Of the 155 respondents who were aware of mental health, nearly two third (63%) of the respondents have availed the services offered by the mental health care providers.

Table No. 4.5.4 Type of mental health care providers approached

Sl. No	Type	Number (n=98)	Percentage
1	Private mental health care providers	46	47
2	Government mental health care providers	20	20
3	CBO	43	44

***Multiple responses**

Of the 98 respondents who availed the facilities offered by the mental health care providers, nearly half (47%) of the respondents had approached the private mental health care providers, while forty four percent of them had approached the counsellors in CBOs.

Table No. 4.5.5. Reasons for seeking assistance from mental health care providers

Sl. No	Reasons	Number (n=98)	Percentage
1	Confused with gender Identity	44	45
2	Before SRS	24	24
3	After SRS	10	10
4	Heated arguments with friends/family/faced domestic violence	33	34
5	Attempted self-harm	35	36
6	Due to HIV infection	2	2

***Multiple Responses**

Forty five percent of the respondents had taken assistance from mental health care providers, when they were confused with their gender identity and thirty six of them approached mental health care providers, when they had attempted self-harm.

PART – XI HYPOTHESIS TESTING

4.6 NULL HYPOTHESIS

H₀-4.6.1. There is no association between Socio-Demographic characteristics and Transgender Identity Stigma of the respondents.

H₀ - 4.6.1.1: There is no association between Age and Transgender Identity Stigma.

H₀ - 4.6.1.2: There is no association between Educational level and Transgender Identity Stigma.

H₀ - 4.6.1.3: There is no association between Income and Transgender Identity Stigma.

H₀ - 4.6.1.4: There is no association between Living Arrangement and Transgender Identity stigma.

H₀ - 4.6.1.5: There is no association between Marital Status and Transgender Identity Stigma.

H₀ - 4.6.1.6: There is no association Self-Identity and Transgender Identity Stigma.

H₀ - 4.6.1.7: There is no association between Acceptance by the family member and Transgender Identity stigma.

H₀ - 4.6.2. There is no association between Socio Demographic characteristics and Quality of Life of the respondents.

H₀ - 4.6.2.1: There is no association between Age and Overall quality of life.

H₀ - 4.6.2.2: There is no association between Education level and Overall quality of life.

H₀ - 4.6.2.3: There is no association between Income and Overall quality of life..

H₀ - 4.6.2.4: There is no association between Living arrangement and Overall Quality of life.

H₀ - 4.6.2.5: There is no association between Marital Status and Overall Quality of life.

H₀ - 4.6.2.6: There is no association between Self-Identity and Overall Quality of life.

H₀ - 4.6.2.7: There is no association between Acceptance by the family member and Overall Quality of life.

H ₀ 4.6.1.1 and H ₀ 4.6.2.1 was tested using t-test while the rest of the hypothesis were tested using Karl Pearson's Chi-Square.

Table no 4.6.1.1 Test for mean Age and Transgender Identity Stigma

Sl. No	Transgender Identity Stigma	Current Age (years) Mean (SD)	P-value
1	Severe (n=104)	27.9 (8.0)	0.530
2	Non Severe (n=195)	27.3 (7.2)	

H₀ 4.6.1.1: It was found that the mean age of those with severe transgender identity stigma was 27.9 years where as for non-severe respondents was 27.3 and was not statistically significant (p=0.530). Hence there was no significant difference in the mean age between the transgender identity stigma groups.

Table No: 4.6.1.2 Test for Association between level of Educational level and Transgender Identity Stigma

Sl. No	Educational level	Transgender Identity Stigma			P-value
		Severe n (%)	Non Severe n (%)	Total n (%)	
1	Illiterate	9 (31%)	20 (69%)	29 (100%)	0.217
2	Up to Middle school	48 (39%)	74 (61%)	122 (100%)	
3	Up to High School	33 (36%)	58 (64%)	91 (100%)	
4	Above High School	14 (25%)	43 (75%)	57 (100%)	
Total		104 (35%)	195 (65%)	299 (100%)	

H₀ 4.6.1.2: The association for the trend in decrease in the proportion of severe transgender identity stigma with educational level of the respondents was tested using Chi square. It was found that 31% in illiterate, 39% in Up to Middle School, 36% in Up to High school and 25% in Above High School were experiencing severe transgender identity stigma, but the trend was not statistically significant (P =0.217). Thus the null hypothesis was accepted. Increase in the educational level does not decrease the severity of transgender identity stigma experienced.

Table No: 4.6.1.3 Test for Association between Income and Transgender Identity Stigma

Sl. No	Income	Transgender Identity Stigma n=297			P-value
		Severe n (%)	Non Severe n (%)	Total n (%)	
1	Below Rs.10,000	52 (35%)	96 (65%)	148 (100%)	0.600
2	Rs.10,001-Rs.20,000	43 (35%)	81 (65%)	124 (100%)	
3	Above Rs.20,000	7 (28%)	18 (72%)	25 (100%)	
Total		102 (34%)	195 (66%)	297 (100%)	

H₀ 4.6.1.3: The association for the trend in decrease in the proportion of severe transgender identity stigma with income level of the respondents was tested. It was found that 35% in the income category of below Rs.10,000, 35% in Rs.10,000-Rs.20,000 and 28% in above Rs.20,000 were experiencing severe transgender identity stigma, but the trend was not statistically significant (P=0.600). Thus the null hypothesis was accepted. Increase in the income status does not decrease the severity of transgender identity stigma experienced.

Table No: 4.6.1.4 Test for Association between Living Arrangement and Transgender Identity Stigma

Sl. No	Living Arrangement	Transgender Identity stigma		Total n (%)	P-value
		Severe n (%)	Non Severe n (%)		
1	Alone	27 (36%)	49 (64%)	76 (100%)	0.976
2	Family	11 (33%)	22 (67%)	33 (100%)	
3	Male partners/ community friends	66 (35%)	124 (65%)	190 (100%)	
Total		104 (35%)	195 (65%)	299 (100%)	

H₀ 4.6.1.4: Association between the living arrangement and transgender identity stigma was tested. It was found that 36% of the respondents who experienced severe transgender identity stigma lived alone, while 33% of them lived

with family and 35% of them lived with male partners/community friends. There was no statistical significance ($P=0.976$). Thus it is seen that the difference in the living arrangements of the respondents did not bring in any difference in the severity of transgender identity stigma of the respondents

Table No: 4.6.1.5 Test for Association between Marital status and Transgender Identity Stigma

Sl. No	Marital status	Transgender Identity Stigma		Total	P-value
		Severe n (%)	Non Severe n (%)		
1	Unmarried	86 (37%)	145 (63%)	231 (100%)	0.113
2	Married	18 (26%)	50 (74%)	68 (100%)	
Total		104 (35%)	195 (65%)	299 (100%)	

H₀ 4.6.1.5: The association between the marital status and transgender identity stigma was tested. It was found that the proportion of respondents experiencing severe transgender identity stigma among the unmarried (37%) was higher than the portion of respondents who were married (26%) but it was not statistically significant ($P=0.113$). Hence the null hypothesis is accepted. Thus there was no association between the marital status of the respondents and transgender identity stigma.

Table No: 4.6.1.6 Test for Association between Self Identity and Transgender Identity Stigma

Sl. No	Self – Identity	Transgender Identity Stigma		Total	P -value
		Severe n (%)	Non Severe n (%)		
1	Ackwa	45 (36%)	80 (64%)	125 (100%)	0.714
2	Nirvan	59 (34%)	115 (66%)	174 (100%)	
Total		104 (35%)	195 (65%)	299 (100%)	

H₀ 4.6.1.6: The association between the self-identity and transgender identity stigma was tested. It was found that the proportion of severe transgender identity stigma among the Ackwa (36%) was slightly greater than the Nirvan (34%) but was not significant ($P = 0.714$). Hence we could not infer about the association between change in sexual identity and transgender identity stigma.

Table No: 4.6.1.7 Test for Association between Acceptance/Non Acceptance and Transgender Identity Stigma

Sl. No	Acceptance/Non Acceptance	Transgender Identity Stigma			P – value
		Severe n (%)	Non Severe n (%)	Total n (%)	
1	Accepted	18 (24%)	56 (76%)	74 (100%)	0.019
2	Not Accepted	86 (38%)	139 (62%)	225 (100%)	
Total		104 (35%)	195 (65%)	299 (100%)	

Ho4.6.1.7: It was found that proportion of respondents with severe transgender identity stigma among those who were not accepted by family (38%) was high than who were accepted by their family (24%). There is evidence for statistical significance ($P=0.019$). This leads to the rejection of the null hypothesis. It was visible that the acceptance/non acceptance of the respondents by the family member did bring in difference in the severity of transgender identity stigma.

Table no: 4.6.2.1 Test for mean Age and Overall Quality of Life

Sl. No	Overall Quality of Life	Current Age (years) Mean (SD)	P-value
1	Good (n=132)	27.0 (6.9)	0.241
2	Poor (n=167)	28.0 (7.8)	

H₀ 4.6.2.1: It was found that the mean age of those with good quality of life was 27.0 years were as for poor quality of life respondents it was 28.0 and was not statistically significant ($P=0.241$). Hence, there was no significant difference in the mean age between the overall quality of life groups.

Table No: 4.6.2.2 Test for Association between Education level and Overall Quality of Life

Sl. No	Educational Level	Quality of Life			
		Good n (%)	Poor n (%)	Total n (%)	P-value
1	Illiterate	11 (38%)	18 (62%)	29 (100%)	0.009
2	Up to Middle School	47 (39%)	75 (61%)	122 (100%)	
3	Up to High School	39 (43%)	52 (57%)	91 (100%)	
4	Above High School	35 (61%)	22 (39%)	57 (100%)	
Total		132 (44%)	167 (56%)	299 (100%)	

H₀ 4.6.2.2: The association for the trend in increase in the proportion of good quality of life with educational level of the respondents was tested. It was found that 38% in illiterate category, 39% in Up to Middle School, 43% in Up to High school and 61% in Above High School were experiencing good quality of life and the trend was statistically significant (P =0.030). Thus the null hypothesis was rejected. Increase in the educational level shows an increase in quality of life.

Table No: 4.6.2.3 Test for Association between Income and Overall Quality of Life

Sl. No	Income	Quality of life (n-297)			
		Good n (%)	Poor n (%)	Total n (%)	P-value
1	Below Rs.10,000	44 (30%)	104 (70%)	148 (100%)	0.000
2	Rs.10,001- Rs.20,000	72 (58%)	52 (42%)	124 (100%)	
3	Above Rs.20,001	15 (60%)	10 (40%)	25 (100%)	
Total		131 (44%)	166 (56%)	297 (100%)	

H₀ 4.6.2.3: The association for the trend in increase in the proportion of good quality of life with income level of the respondents was tested. It was found that 30% in below Rs.10,000, 58% in Rs.10,000- Rs.20,000 and 60% in above Rs.20,000

were experiencing good quality of life, also the trend was statistically significant ($P = 0.000$). Thus the null hypothesis was rejected. Increase in the income level was associated with increase in good overall quality of life.

Table No: 4.6.2.4 Test for Association between Living arrangement and Overall Quality of Life

Sl. No	Living Arrangement	Quality of Life			P-value
		Good n (%) High/ Higher	Poor n (%)	Total n (%)	
1	Alone	31 (41%)	45 (59%)	76 (100%)	0.404
2	Family	18 (55%)	15 (45%)	33 (100%)	
3	Male partners /friends	83 (44%)	107 (56%)	190 (100%)	
	Total	132 (44%)	167 (56%)	299 (100%)	

H₀ 4.6.2.4- Association between the living arrangement and overall quality of life was tested. It was found that 41% of the respondents who experienced good overall quality of life lived alone, while 55% of them lived with family and 44% of them lived with male partners/community friends. There was no statistical significance ($P=0.404$). Hence null hypothesis was accepted. Thus it is seen that the difference in the living arrangements of the respondents did not bring in any difference in the overall quality of life of the respondents.

Table No: 4.6.2.5 Test for Association between Marital Status and Overall Quality of life

Sl. No	Marital status	Quality of Life			P-value
		Good n (%)	Poor n(%)	Total n (%)	
1	Unmarried	89 (39%)	142 (61%)	231 (100%)	0.000
2	Married	43 (63%)	25 (37%)	68 (100%)	
	Total	132 (44%)	167 (56%)	299 (100%)	

H₀ 4.6.2.5- The association between the marital status and overall quality of life was tested. It was found that the proportion of respondents experiencing overall good quality of life among the unmarried (39%) was lower than the portion of respondents who were married (63%) and it was statistically significant (P=0.000). Hence the null hypothesis was rejected. Thus there is association between the marital status of the respondents and overall quality of life.

Table No: 4.6. 2.6 Test for Association between Self-Identity and Overall Quality of life

Sl. No	Self-Identification	Quality of Life			P-value
		Good n (%)	Poor n (%)	Total n (%)	
1	Ackwa	41 (33%)	84 (67%)	125 (100%)	0.001
2	Nirvan	91 (52%)	83 (48%)	174 (100%)	
Total		132 (44%)	167 (56%)	299 (100%)	

H₀ 4.6.2.6- The association between the self-identity and overall quality of life was tested. It was found that the proportion of good overall quality of life among the ackwa (33%) was lower than the nirvan (52%) and it was significant (p=0.001). Hence we could infer that there is association between change in sexual Identity and overall quality of life. The surgery for change in sexual identity does improve the good overall quality of life.

Table No: 4.6.2.7 Test for Association between Acceptance/Non Acceptance and Overall quality of life

Sl. No	Acceptance/ Non Acceptance	Overall quality of life			P-value
		Good n (%)	Poor n (%)	Total n (%)	
1	Accepted	46 (62%)	28 (38%)	74 (100%)	0.000
2	Not Accepted	86 (38%)	139 (62%)	225 (100%)	
Total		132 (44%)	167 (56%)	299 (100%)	

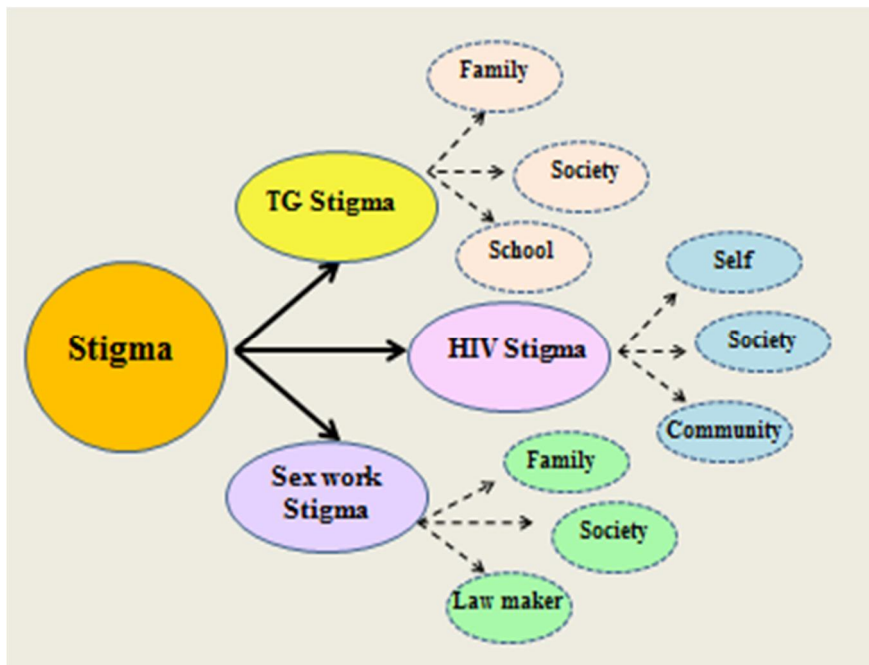
H₀ 4.6.2.7- It was found that proportion of respondents experiencing good overall quality of life among those who were accepted by family (62%) was higher

than who were not accepted by their family (38%). There is evidence for statistical significance ($P=0.000$). This leads to the rejection of the null hypothesis. It is visible that the acceptance/non acceptance of the respondents by the family member did bring in difference in the overall quality of life.

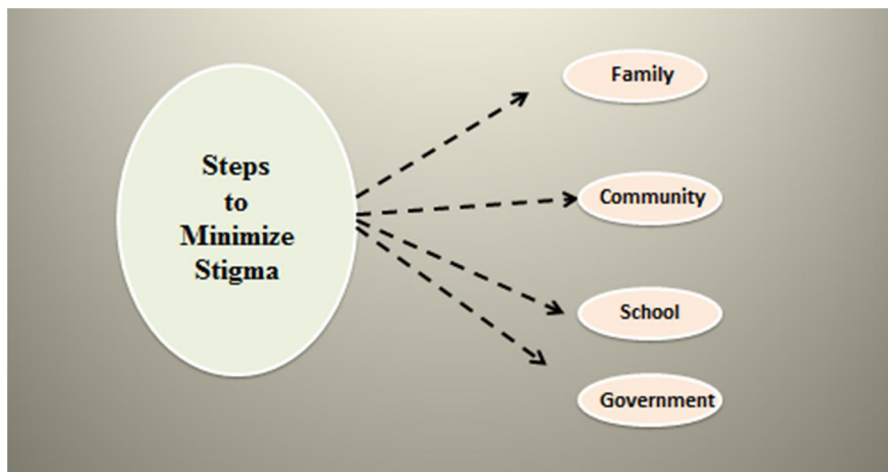
PART – XII QUALITATIVE DATA

The Qualitative data obtained through 9 IDIs and 3 FGDs were analysed thematically as shown in the diagram given below.

Theme – I



Theme II



Socio Demographic details of the respondents

1	Religion	Hindu	Christian	Muslim	
		24	2	1	
2	Mean Age	34.4yrs			
3	Educational Qualification	Up to Middle school	High	Higher	
		17	8	2	
4	Occupation	Begging	Sex work	CBO	Others
5	Primary	16	6	2	3
6	Secondary	7	9	3	0
7	Marital status	Married		Unmarried	
		19		8	
8	Living status	Male sex partners	Community friends	Parents	Alone
		10	5	2	10
9	Self - Identity	Acqwa		Nirvan	
		12		15	
10	Method adopted for change in sexual identity	Traditional		Surgical	
		4		11	
11	HIV Status	Negative		Positive	
		26		1	

Transgender Identity Stigma - All the 27 of the respondents expressed that they had experienced stigma due to their transgender identity.

Family - Family was the closest unit of interaction and respondents shared experiences of stigma that varied from physical abuse (beaten with slipper, brooms, pouring of kerosene, cutting of the hair, shaving of the eye brows) to psychological abuse (rejection and isolation). Only three of the respondents were accepted by their family members and in which one respondent was forced to live under the false

identity of her mother's niece. Respondents who stayed with parents felt that they were accepted as their parents were in need of their money.

School - Educational institutes were seen as place for humiliation, rejection, isolation and abuse by both teachers and students. Constant punishments and lack of interest was expressed by majority (n=25) respondents. Only two of the respondents shared that they received support from their teachers.

Employment - Concern about lack of job opportunities was expressed by all the respondents. Three of the respondents who were employed lost their jobs after their SRS as their company policy did not permit them to continue. Respondents who were educated expressed that education has nothing to do with employment (n=5). It was attitude of the employers but this was supported by majority (n=20) of the respondents who had not completed their higher secondary. All the respondents felt that lack of job was due to their transgender stigma and sex worker stigma (n=12).

Neighbours - Stigma from the neighbourhood was experienced by majority (n=24) of them. Only 3 of the respondents shared their positive experiences about their neighbours.

Law Makers - Few (n=7) of the respondents expressed that they were physical abused and one of the respondent shared that police men never paid for sexual act, while majority (n=23) of them said that their complaints never got filed.

Sex Workers Stigma - Most (n=23) of the respondents expressed that they experienced sex workers stigma irrespective of them of being a sex worker or not. This stigma is reflected from the neighbours as well as from the law maker. Few (n=5) expressed that they do not wish to go home as they were worried about their parents and their neighbours knowing about their occupation.

HIV related Stigma - Nearly half the respondents (n=13) expressed that though they are not infected the society and the health care providers view them as highly infectious people. One of the respondents who was HIV positive shared that the stigma with in the Aravani community was much high due to her positive status.

Measures to reduce stigma - Majority (n=20) felt that government should plan more welfare schemes and should sensitise the society on the issues faced by them, while most of them felt that better education and employment opportunities would reduce the stigma.

Themes	Illustrative Quotes
Meaning of Stigma	<p>Respondent 1: “unwanted”</p> <p>Respondent 3: “seeing us differently”</p> <p>Respondent 6: “seeing us as if we are aliens”</p>
Transgender stigma (family)	<p>Respondent 1: <i>"My brother caught hold of me and my father poured liquid wax in my new pierced ears... only two days ago I had pierced my ears and was wearing a jumka"</i></p> <p>Respondent 2: <i>"Yes... I stay with my family... even now my mother does not want me to come out of my room when my relatives come home. They want my money but not me. I am there so that my sister will get married. But they are so ashamed of me that they say that I do not want me to come out"</i></p> <p>Respondent 3: <i>"My parents were upset. They stopped talking to me... I was the only son and ... All the time my mother was crying and blaming herself, ... so I left home. They felt I was a disgrace."</i></p> <p>Respondent 3: <i>"... I was locked in my room and was not given food. When I woke out my hair was cut short. I was participating in a beauty contest and so was growing my hair and had spent Rs.4000 to straighten it. It was cut short".</i></p> <p>Respondent 4: <i>"...My husband asked me, ... how to say, ... if a lady gives a push she can deliver a baby Can you push anything else other than shit... he said he loves me but he is ashamed to take me out. So he wants to get married to a naaran, don't I look like a naaran?"</i></p>

	<p>Respondent 5: <i>“My parents were ashamed; they could not go to any social functions. Everyone was asking about me so it was so bad that they stopped going out.”</i></p> <p>Respondent 6: <i>“My father pushed me out of my house and beat me with slippers. Whenever I upset him, he used to beat my mother. That was also a torture for me”.</i></p> <p>Respondent 7: <i>“My eye brows were shaved, my sisters broke my mirror and make up kit”.</i></p> <p>Respondent 8: <i>“More than my parents, my brothers were very bad... I was the last son... I had three brothers. And they used to beat me very much”.</i></p> <p>Respondent 9: <i>“I was 20 yrs old...you know what happened, one day my father poured alcohol in my mouth made me drink... he wanted me to feel manly. He even sent his sister's daughter to my room, he wanted to make me feel that I am man. But I am a girl and how can I touch a girl...”</i></p>
<p>Schools</p>	<p>Respondent 2: <i>“I was so scared of the toilets. I was feeling shy to use toilet with the boys, so I used to wait till the break is over, let all the boys go inside the class,... then I used to go to toilet...”.</i></p> <p>Respondent 3: <i>“I hated school, every time my teachers and head master complained to my parents I was beaten up by my parents”.</i></p> <p>Respondent 4: <i>“...My Tamil teacher would call all students by their name while taking attendance. But when my name comes she used to call ‘onbadhu’”.</i></p> <p>Respondent 5: <i>“I used to dress up well...used to keep bindhi (female cosmetics) and also apply kajal (female cosmetics). So when I did not know answer for any question, he used to say “so you know only ‘THAT’.... you understand no what I am saying,..... yes,..... So he used to say this in front of whole class... So I started to bunk school and roam with my community people”.</i></p>

	<p>Respondent 6: <i>“I used to carry all unisex things. Like bag, slippers, watch,... so they used to tease me. I used to play with girls. So they used to ask me to play pallankuzhi”.</i></p> <p>Respondent 7: <i>“It was horrible no one wants to talk to you... no one wants to sit with you, all they do is tease us”.</i></p> <p>Respondent 9: <i>“Boys used to tease me... Made fun of me and stole my things,... when I told my teacher , she never used to listen to me... she supported only them, ... I was punished all the time. Most of the time I was out of the class or in head master’s room”.</i></p>
<p>Community</p>	<p>Respondent 4: <i>“My next door naaran is very good. She takes care of me and even people in my area are good they greet me. Everything depends on how we behave. As I am priest, all respect me”.</i></p> <p>Respondent 5: <i>“They have nothing else, just aversion towards us. If they are good 90% of our suffering would be avoided. They talk well with me ... I mean my neighbours but when I walk off they called me as ‘ADHU’, ‘EDHU’”.</i></p> <p>Respondent 6: <i>“No they look at us so differently, not a day passes by without any one making fun of us”.</i></p> <p>Respondent 7: <i>“If others are to rent a house for Rs.3000, I need to pay Rs.5000 for the same house and even the current bill we need to pay more than the actual amount”.</i></p>
<p>Employment</p>	<p>Respondent 3: <i>“Job is a big problem, as we do not know anyone who can give us jobs. I have my dance class. First no parent wanted to send their kids to me... Now I run three batches a day and I also work in the CBO as peer educator“.</i></p> <p>Respondent 4: <i>“I do not want to work, as no one understands or wants us. So I am a priest. I have my own church”.</i></p> <p>Respondent 5: <i>“I did work in shipping company. But all the time people used to complain about me and I was thrown out of job. No one is willing to work with us. They are ready to create problems and are waiting to throw us out”.</i></p>

	<p>Respondent 6: <i>“We take up the path shown by our guru. She goes for dhandha. Now I also do the same”.</i></p> <p>Respondent 7: <i>“I was working in an IT sector. But when I changed my sex, I was sent out of office saying the office policy did not allow me to work there”.</i></p> <p>Respondent 8: <i>“We do not have education. So we are not eligible, no one wants to give us job. They look at us with aversion So no jobs, even if I was educated, I would not have got a job. It is not about education. It is about the way people look at us”.</i></p>
Law Makers	<p>Respondent 2: <i>“I worked and gave all my tupper to my panthi and he got his sister married, built a house but when he was above to get married, chased me out of the house and gave complain that I was running a brothel and police beat me badly”.</i></p> <p>Respondent 3: <i>“They are very abusive. They will leave off all bad people who steal, kill, rape,... but they cannot tolerate us. They take away our money and cell. Once I had to walk from triplicane to Royappetta with no money and cell”.</i></p>
Sex Worker Stigma	<p>Respondent 1: <i>“I do not do dhandha. But still the society looks at us as sex worker they think bad about us and see us only as dirty people”.</i></p> <p>Respondent 2: <i>“If my parents know this... they would kill me and they will kill themselves too”.</i></p> <p>Respondent 4: <i>“I wish to go home.... But scared if anyone from my town knows me as sex worker it will be disgrace for my family”.</i></p> <p>Respondent 5: <i>“My parents may even be ok with my transgender status but they will not bear this at all”.</i></p> <p>Respondent 6: <i>“I got beaten by my partner for going to dhandha. He does not like me to do dhandha... I drink and my husband does not like that and neither does he like me going to dhandha”.</i></p>

	Respondent 7: <i>“There is very bad name. My parents hate me, thinking I do sex work. But I do not go for dhandha. I only work in the CBO”.</i>
Reduction of Stigma	<p>Respondent 4: <i>“No one is there to understand us or our problems. Until they understand there will be no change”.</i></p> <p>Respondent 5: <i>“People who insult us, who does not give us jobs and tease us should be punished. This would minimise the stigma against us. They should file complains. This would bring down the level of stigma”.</i></p> <p>Respondent 7: <i>“Popular personalities can sensitise the society. This will have a great impact”.</i></p>

Themes	QUOTES- FGD-1
Meaning of Stigma	<p>Respondent 3: <i>“aversion, unwanted”</i></p> <p>Respondent 5: <i>“dirt, different,”</i></p> <p>Respondent 6: <i>“they think we are bad”</i></p>
Family	<p>Respondent 1: <i>“They do not understand us, they think we are doing it intentionally, they do not understand what we undergo. My mother use to take me to all Poojari and use to beat me with neem leaves, she though that the spirit of the neighbourhood lady who hanged herself was in me”.</i></p> <p>Respondent 3: <i>“...For my way of dressing and walking my mother was beaten. My father used to beat my mother for my behaviour”.</i></p> <p>Respondent 4: <i>“My mother has my phone number but she did not even call for my birthday. She has her other children. I am forgotten. This is only due to the way I look. Family forgot us”.</i></p> <p>Respondent 6: <i>“...Our families do not want to be open about us. I live with my mother but not as her offspring. Everyone thinks that I am her sister’s daughter. My mother is ashamed to tell that I am her son who underwent surgery”.</i></p>

<p>Schools</p>	<p>Respondent 3: “...For us it is stage of confusion but there is no support, there is only teasing, punishment and complains. Most of my day was outside class spending on kneeling down”.</p> <p>Respondent 4: “All that the teachers did was to insult us and tell our parents, what else did they do?”</p> <p>Respondent 5: “Imagine in a class of 45-50, you are singled out all the time,...It is not nice,... boys try to touch you all the time. As I am very feminine they want to touch me. That was scaring”.</p> <p>Respondent 6: “It depends, ...I should say. My class teacher was very good. I had same teacher from 9 to 12 std. I was even the class leader”.</p>
<p>Employment</p>	<p>Respondent 1: “Unemployment is the evidence for discrimination. All we get to do is beg, ...and we are chased away”.</p> <p>Respondent 2: “We can do all household work but no women is comfortable to employ us. They get scared that we will have sex with their husband or sons. No one can keep a home neat as we do”.</p> <p>Respondent 3: “Dhandha does not give us much money. They do not want to pay us. We need money for surgery and to take care of ourselves”.</p> <p>Respondent 5: “When they want more money they do not use condoms... No condom, more money”</p>
<p>Neighbourhood</p>	<p>Respondent 3: “One day when I woke up, I was all alone and my guru had left me. I did not have money even for a cup of tea. The neighbours only helped me. My guru left me alone to live with her Panthi”.</p> <p>Respondent 4: “We do not want any financial support,... we will be very happy if they do not tease us”.</p>

	<p>Respondent 5: <i>“I was walking home late and suddenly few boys got down from car and was forcing me to make me get inside... this was in my neighbourhood. But no one even bothered to help me. They do not even think of us as humans”.</i></p>
Law Makers	<p>Respondent 2: <i>“Almost every week we have a crisis and we need to visit the police station. There are always problems from these police. If you get a chance read these cutting from newspapers of bad things that police does to us”.</i></p> <p>Respondent 4: <i>“I work in CBO and I am not a sex worker. Still they do not respect us. For all of them, Aravanis are bad and all of us are sex workers one of my friend was killed in Bangalore by police,... it came in papers also”.</i></p> <p>Respondent 5: <i>“Do you know how many among us commit suicide? We are stolen of all our money and panthis leave us. We cannot take it. Even 2 days ago an Aravani committed suicide. But no police action is taken”.</i></p> <p>Respondent 6: <i>“Even doing my school days kothis use to have panthis and one of my close friend committed suicide when her Panthi left... but they closed the case”</i></p> <p>Respondent 7: <i>“Not only suicide,... you will not find one transgender, without cut in hands,... you see mine,... I did this a week ago”.</i></p>
Sex Worker Stigma	<p>Respondent 4: <i>“ ...We do not have any other way to live. I live here. My parents think I work here in a hotel. I cannot tell them that I am a sex worker”.</i></p> <p>Respondent 5: <i>“You do sex work or not, everyone thinks we are sex workers. And more than sex workers, they look at as bad objects as we do oral sex”.</i></p> <p>Respondent 6: <i>“...Why talk about others, even among us, people who do not go for dhandha look down upon us”.</i></p>
HIV Related Stigma	<p>Respondent 5: <i>“We do our best to support any one who is infected. We do not reject them...”.</i></p>

	<p>Respondent 6: <i>“She may say this but no one cares about people who are positive. When one is infected they will tell all others. And no one even wants to talk to me. Even now you see, when I walked in, they would have told you that I am infected”.</i></p> <p>Respondent 4: <i>“They are isolating themselves... we do not talk about them but they think we do”.</i></p>
Minimise Stigma	<p>Respondent 4: <i>“Employment is one problem. Government should give us job and also make the young transgender to study. We should get government jobs”.</i></p> <p>Respondent 6: <i>“More hospital should do surgery free of cost and treat us for all diseases. We should be treated free of cost. Like how military people get things in canteen, we should be given things in reduced rates”.</i></p> <p>Respondent 5: <i>“Government can give us money to buy autos, set up parlours.... We can run our own business”.</i></p>

Themes	QUOTES- FGD-2
Stigma	<p>Respondent 3: <i>“Treating differently,</i></p> <p>Respondent 4: <i>“harassing”,</i></p> <p>Respondent 5: <i>“abuse” ,</i></p> <p>Respondent 6: <i>“denying our right”</i></p>
Family	<p>Respondent 3: <i>“My parents passed away when I was 6 yrs old and I grew in my uncle house with my two sisters. They felt I was a disgrace to the family, so I just walked out”.</i></p> <p>Respondent 4: <i>“We are the black mark for the family. My mother would have accepted me,... If it were not for my relatives and my neighbours,... They caused so much discomfort that my mother was scared that my sister would stay unmarried, so she asked me to be a boy, if not to leave home,... Mother who gave birth to me,... she does not want me. What can I say? who else can I blame ...”.</i></p>

	<p>Respondent 6: <i>“My parents did their best to change me but I was very strong. So ultimately they left me to my choice. I live with them”.</i></p>
Schools	<p>Respondent 1: <i>“I did not stop going to school. They did not want me to come and I was also was very happy to stay and do all household work. At school no one helps us, they only hurt”.</i></p> <p>Respondent 3: <i>“My teacher got a pile of beach sand and left it in hot sun then I was asked to kneel down in the hot sand. So my mother stopped me from going to school. My cousin was also an Aravani and was in Chennai. So she got me out of home”.</i></p> <p>Respondent 4: <i>“My parents were supportive. So I was able to complete till degree. My teacher was not good but they were able to put up with me”.</i></p>
Employment	<p>Respondent 2: <i>“Tell me madam, will you give us a job?... You will not,... no one will employ us. They are scared but I do not know what scares them”.</i></p> <p>Respondent 3: <i>“We are willing to work but if can get a job... we need not look for employment, we need to look for employers...”.</i></p>
Neighbourhood	<p>Respondent 1: <i>“She was with her other three friends, now she do not have a house to live. The people in the housing board in perambur objected and they were sent out...”.</i></p> <p>Respondent 2: <i>“There are few Aravanis in that block who dress up very badly and also they do sex work openly,... That is the cause for all these”.</i></p> <p>Respondent 4: <i>“They can be of no help to us. All they do is tease you, create problems. They can tolerate others but not us. They think we are disgrace”.</i></p> <p>Respondent 3: <i>“We three stay together and like we are here for 12 yrs. So they are more like a family to us. Even if they do not cook they will take food from us. Even If anyone teases us, they will object. We feel very safe”.</i></p>

	<p>Respondent 5: <i>“My area is not like that they do not support us. They are waiting for a chance to throw us out”.</i></p> <p>Respondent 6: <i>In my area I am respected well. If I go late one day they will search for me. The child sitting there is my adopted daughter.</i></p> <p>Respondent 4: <i>They do not understand our pain. We are a laughing stock”.</i></p>
Law Makers	<p>Respondent 1: <i>“I am a nirvan Kothi. So I am a female,... they do not see us as females. They humiliate us and even if you tell them it is silicon, they do not believe us. They hurt us”.</i></p> <p>Respondent 3: <i>“I was hit so badly by the police men, when I went to complain against my Panthi”.</i></p>
Sex Worker Stigma	<p>Respondent 4: <i>“When we go to doctors they see us only as sex workers. So they treat us so badly. They think we do not feel shy,... we need not be given respect”.</i></p> <p>Respondent 6: <i>“These people next door. They look at us differently as they know that we do sex work”</i></p>
HIV Related Stigma	<p>Respondent 3: <i>“They do not know if we are HIV or not. But they see all of us as infectious people. They do not want to talk to us or to give us job”.</i></p> <p>Respondent 4: <i>“These doctors.... They see us as if we have all the diseases and especially HIV... They do not even want to touch us ... when we go they do not even want to ask us to sit”.</i></p>
Minimise Stigma	<p>Respondent 2: <i>“People should know about us. They should give us job and see us like normal people”.</i></p> <p>Respondent 3: <i>“Everything depends on the government. They should bring in the change. Of course the situation has changed a lot. In my days it was very bad. Now there are so many welfare schemes”.</i></p> <p>Respondent 6: <i>“More awareness should be given to the parents. This would reduce run away. Free housing, jobs and loans should be given to us”.</i></p>

Themes	QUOTES- FGD-3
Family	<p>Respondent 3: <i>“I am married, he takes care of me,... but he never takes me out. Even when he takes me, he makes me walk well behind him... he is ashamed of me in public. Men want us to fulfil their lust but for family they want a woman, not us”.</i></p> <p>Respondent 4: <i>“My family,... like they are ok. They allow me to wear tight dresses, prick my ears and grow hair,... but they said no surgery,... of course they want my money, what else”.</i></p> <p>Respondent 2: <i>“We are different, so no one likes us. They think we are abnormal. Very few families accept us”.</i></p> <p>Respondent 5: <i>“Families want us to change. They do all the prayers and take us to doctors but we want to be ourselves”.</i></p>
Schools	<p>Respondent 2: <i>“I never wanted to study. I wanted to dance. With me there were few others in my school. We used to bully others. So most of the time we were punished”.</i></p> <p>Respondent 3: <i>“Schools want normal and studious students. But how can we study when all time we are teased?. Most of the time we are in school and from morning to evening we are the entertainers”.</i></p> <p>Respondent 4: <i>“Schools are no place for transgender. We need special schools. Only there, we would be understood”</i></p> <p>Respondent 6: <i>“We lose our interest to study. Due to the teachers. They do not want to teach us. They do not pay any attention to us. They just ignore us saying we are not fit to study”.</i></p>
Employment	<p>Respondent 1: <i>“I was working as a teacher for primary school but when I underwent surgery, I did not get any other job. They wanted me to be a male and I don’t want to be a male”.</i></p> <p>Respondent 3: <i>“When no one gives us jobs, we have no choice but to go in for dhandha, if not kadai vassol”.</i></p>

Law Makers	Respondent 5: <i>“I do not have any problem with them. I do not do any dhandha and I lead my life in a very decent way”.</i>
Neighbourhood	<p>Respondent 3: <i>“There is always a fear that the people would create problems and irrespective of who created problems, we will be thrown out. We do not have anything to call our own. Many days I have laid in bed thinking; tomorrow will I be able to sleep under a roof tomorrow?”</i></p> <p>Respondents 4: <i>“When they need money from us, they give us a bright smile, if not they turn their back to us”.</i></p>
Sex Worker Stigma	<p>Respondent 5: <i>“I do not stay with my family... but they also live in Chennai. So I am very cautious about my dhandha”.</i></p> <p>Respondent 1: <i>“They know that we are hardworking, so they do not see us badly. They have high respect for us”.</i></p> <p>Respondent 5: <i>“Women do not like us as they think we are bad women.”</i></p> <p>Respondent 6: <i>“If we do dhandha or not, we are seen that way only”</i></p>
HIV Related Stigma	Respondent 4: <i>“This is main reason for aversion. They think we are dirty people. Every one,... think bad of us,...If it is confirmed that is worst. In a village in Andhra, they burnt an Aravani alive”.</i>
Minimise Stigma	<p>Respondent 1:<i>“There is no need for new schemes also... just implement the schemes that are already there that will reduce stigma”.</i></p> <p>Respondent 2: <i>“Give us chance to study. All time they want documents. Either government should give us documents, if not they should give us assistance without documents”.</i></p> <p>Respondent 3: <i>“They can give us money for small business, if not give us autos,.... Some means that give us money. If we do not beg then stigma will reduce”.</i></p> <p>Respondent 4:<i>“More welfare schemes are needed and first we should know the welfare schemes”.</i></p> <p>Respondent 6: <i>“Media should be more involved. Movies which portrays us bad should not be realised, this only contribute to stigma”.</i></p>

Cowdi Language

During the course of interview, the respondents articulated certain words, which were used by the transgender community.

SI No	Words used by Aravanis	Equivalent English word	SI No	Words used by Aravanis	Equivalent English Word
1	<i>Chocolate</i>	<i>Condom</i>	12	<i>Mangadhi</i>	<i>Begging</i>
2	<i>Chela</i>	<i>Daughter</i>	13	<i>Poochi</i>	<i>HIV infected person</i>
3	<i>Dhanadha</i>	<i>Sex work</i>	14	<i>Pavpaduthi</i>	<i>Greetings</i>
4	<i>Daaman</i>	<i>Breast</i>	15	<i>Panthi</i>	<i>Male Partner</i>
5	<i>Daaman switch</i>	<i>Nipples</i>	16	<i>Peeli</i>	<i>Ruffians</i>
6	<i>Guru</i>	<i>Mother figure in the Jammatt</i>	17	<i>Pinji kothi</i>	<i>Young Transgender</i>
7	<i>Jammatt</i>	<i>Group of transgender community</i>	18	<i>Satla</i>	<i>Lifting of saree and exposing private parts</i>
8	<i>Kuchi</i>	<i>Male reproductive organ</i>	19	<i>Sapti</i>	<i>Thigh sex</i>
9	<i>Nani</i>	<i>Grandmother</i>	20	<i>Seesa</i>	<i>Beatiful</i>
10	<i>Nathi Chela</i>	<i>Granddaughter</i>	21	<i>Seesnot</i>	<i>Ugly</i>
11	<i>Naran</i>	<i>Lady</i>	22	<i>Tupper</i>	<i>Money</i>

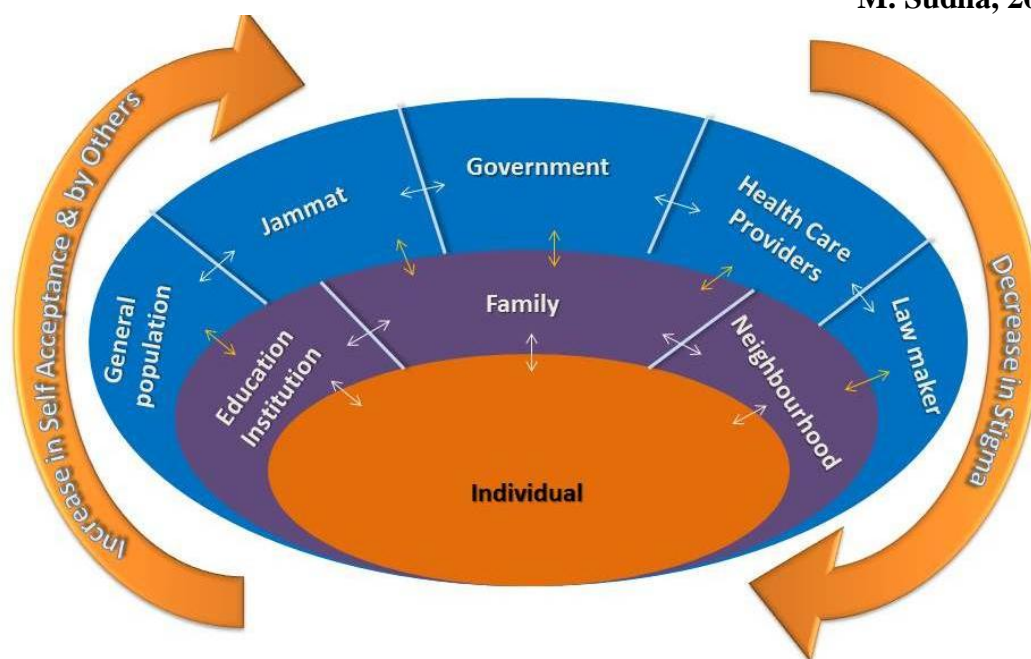
PART - XIII SOCIAL WORK INTERVENTION MODEL

The review of literature and the findings of the present study make it very evident that the stigma impairs the social functioning and the quality of life of the Aravanis. The 'Misfit' between the Aravanis and the environment is visible and social worker should aim at modifying this condition. The research has drawn inspiration from the Ecological Model of Social Work and the Minority Stress Model of Meyers. Arvanis will be addressed as 'Client System' in this chapter. The social worker not only addresses the challenges faced by the Client System but also addresses the different units of the Eco System that interacts with the Client System.

Thus, direct and indirect practice strategies for intervention can be combined into a congruent practice orientation when working with client system. The client system's eco system consists of family, neighbours, school and the entire community. There are interactions within the different eco-systems as the clients also interact with the different eco-systems. The interaction between the client system and eco-systems should be harmonious. When the harmony no longer exists there is emotional disturbance. This approach would bring balance between the client and the environment.

Though the model gives importance to the client system, it understand the power of the different units of the eco system and the vital roles of interaction between these systems in the life of the client. The aim of the model is to sensitise the different units of the eco system and bring in a harmonious and positive interaction among them and as well with the client system.

M. Sudha, 2015



Social Work Intervention Model

The Client System

The client system gets cues even at the early childhood about appropriate behaviour. The client system, who do not fit in to the expected gender norms of the

society start to get the idea that there is part of themselves that must remain hidden. They get in to conflict within themselves and thus cause anxiety, shame and guilt. Lack of trust on the family isolates the client system. Developing and integrating a positive identity is a development task for all adolescents. However, the client system has the challenge of integrating a complex gender identity with their personal characteristic, family and cultural background.

First Level Eco-System

Family

The closest unit of the eco-system for the client system is the family and friends. The interaction between the client system and the family eco-system is not harmonious. The family members are unable to understand the challenges faced by the client system due to their gender identity. This leads to tension in the family and all measure to force the client system to modify their behaviour is undertaken by the family members through medical treatment, physical and emotional abuse. This intervention model would first address the closest unit of the ecosystem, the family. The family should be assisted by social workers/School Counsellors.

The emotional wrestling with anxiety, embarrassment, worry, anger, denial, grief, shame, self-blame, disappointment and confusion would be dealt with. They should be sensitised about the disorder. They would also be educated on the situation of stigma, discrimination and abuse already faced by the client system in the family and the educational institution. Understanding of the family members about the client system would enhance the interaction between the client system and the family. Simultaneously the client system should be imparted with knowledge about their gender identity. The emotional aspects, enhancing of self-esteem, ability to face stigma, discrimination and self-protecting from bullying, abuse, improving of problem solving and the social worker would reconstruct decision-making skills.

Educational Institute

This is one unit of ecosystem with which the client system constantly interacts with. The educational institutions and its unique components such as

peers/mentors/management are in constant interaction with the clients. The presences of mockery, isolation, rejection, physical abuse both from the peers and the mentors, impairs the client. The management also do interact with the client system. Thus the educational institution becomes the second closer ecosystem which interacts with the client system. Thus the school environment should be more friendly to the client system. Sensitising the students, mentors and the management and converting this system to positive energy would empower the client system with tool of education. Peers can act as great support and improvise the self-esteem of the clients system. This system can provide a safe space for the client. Thus the intervention model has taken care of this unit in the ecosystem and thus would contribute to the smooth functioning of the client system.

The research found that the negative interaction between the two units of the eco system hampers the smooth functioning of the client system. When there are constant complains from the teacher and the management, the parents are under pressure, which leads to the uncomfortable interaction between the family and client system. Intervention with the educational institution would minimise the pressure on the parents and thus enables the client system to continue to stay in their families.

The next unit in the ecosystem which client system interacts every day is the neighbourhood. Insensitiveness of the issues associated to the client system exhibits stigma and discrimination. This unit interacts with the family and this causes damage to the client system. Minimising of the stigma is possible only if neighbours accept the client system with their differences. The Social Workers, CBOs, NGO, and college with department of social work can do this.

Next is the larger ecosystem which is the society. It has different units such as general population, Jammats, health care providers, government and lawmakers. These units play a vital role in the life of the client system. All these units interact with the client but also among themselves. Though government of many countries are keen on working on inclusion of the client system to the main stream, there are countries which still criminalise transgender population. Sensitisation of the government on the different needs of the transgender population can be done through the representation of the Jammats. The health care providers should be

made aware of the special medical needs of this population and minimising the stigma from the health care providers can reduce the resistance exhibited by transgender population. Client system is often unable to seek protection of the law for justice. Thus work in this space is very essential to protect the rights of the client system. Often there is interaction between the health care system, lawmakers and government.

The society at a large can play the vital role of modifying the ecosystem in which the client system lives. The acceptance by the society can create a positive, health. The transphobia which act as the great barrier would be addressed in the intervention. Facts about the client system, their needs and their issues faced by them can be reached to the society through CBOs, NGOs, student community and media. Society should understand, respect the client system. Reducing of stigma enhances education, employment and better quality of life. The major aim of this model is to trigger positive interaction between the different units of the ecosystems and the client system, also to enhance positive interaction between, the ecosystems. Healthy interactions are possible only when there is no stigma and discrimination. Thus accepting the client system with their difference is essential. This intervention would work with all essential units of the ecosystems to reduce stigma.

This model takes every caution to see to that there exist better understands about the client system to the different units of the eco system. This could assist the clients to live in the home environment, continue their education and acquire better employment opportunities. When there exist better understanding, there is less stigma, better quality of life and mental health.