

CHAPTER V

DISCUSSION

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5.0 DISCUSSION

5.1 DEMOGRAPHIC PROFILE

5.1.1 Age

The mean age of the respondents was 27.4 yrs. Half (50%) of the respondents were found to be in the age group of 23 yrs - 33 yrs. This was followed by nearly one third (31%) of the respondents were found to be below 23yrs. Only 4% of the respondents were found above the age group of 44yrs. The mean age of the respondents in the qualitative study was 32.4 yrs. This was similar to the findings of the mean age in the study done by **Chakrapani, 2013**.

5.1.2 Educational Level

In the current study, nearly one third of the respondents had completed high school, more than one-tenth higher secondary and less than one tenth had completed their Degree. Difference was found in the percentage of respondents who had completed high school (24%), higher secondary (14%) and completion of degree was 14% in a study conducted by **Reddy, 2015**. Alphonse G, who studied the quality of life of Transgender Women in Karnataka, observed that the 23.3% of the respondents were illiterate (**George et al, 2015**). The percentage of illiterate respondents was low in the current study (less than one-tenth) which the researcher considered as a positive sign.

The finding of the study conducted by **Chakrapani et al, 2013** reported Illiterate (16%) and high school (5%). This finding was much closer to the educational status of respondents in the current qualitative study. Some of the reasons for the discontinuation of the school were bullying, mockery, punishment, assault for both teachers and students were evident in findings of the qualitative study.

Respondent 2: *“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...”*.

Respondent 3: *“I hated school, every time my teachers and head master complained to my parents I was beaten up by my parents”*.

Respondent 4: *“...My Tamil teacher would call all students by their name while taking attendance. But when my name comes she used to call ‘onbadhu’”*.

Respondent 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 7: *“It was horrible no one wants to talk to you... no one wants to sit with you, all they do is tease us”*.

Respondent 9: *“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”*.

Though the finding of the current research in association to educational status is not very encouraging, we cannot ignore the achievement of Grace Banu, the first transgender to get admission in engineering college, through Anna University (**The Hindu, 2014**). A year after the Common Aptitude Test (CAT) introduced the third gender category, 80 transgender competed for seats in India’s top B- Schools (**The Times of India, 2015**).

5.1.3 Place of Birth

Less than half of the respondents were from Chennai and more than one third of the respondents were from Tamil Nadu. Thus it could be observed that majority of the respondents were not from Chennai. This indicates that it is not uncommon for the respondents to migrate from their place of birth. Migration is one of the common characteristic of human being and it becomes more predominant when an

individual is not comfortable with their gender identity and when their family members did not accept them.

5.1.4 Marital Status

Majority of the respondents were unmarried and more than one fifth of the respondents were married to male. A study done in Bangladesh had findings that were in par (22% of respondents were married to male) with the findings of the current study (**Khan et al, 2009**). In the study done by George, it could be seen that nearly one third of the respondents were married (**George, 2015**). Percentage of respondents who were married was slightly low in the current study. Though our community was characterized by primitive culture, where the social institution, such as, marriage and family were given importance, majority of the respondents were found to be unmarried.

5.1.5 Living Arrangement

Nearly half the respondents lived with their friends/guru/chelas. One fourth of the respondents of the respondents were living alone. Difference can be seen in the study conducted in Karnataka where 90% of them living with their community members (**George, 2015**). Thus it can be seen that living arrangement with community members was less in Chennai. After leaving their biological families, the first and the most important need of the community members is the need for shelter, food and all the basic human requirements which is fulfilled by the community members especially the gurus. Gurus take care of the physiological needs and provide them the support till they start earning livelihood and engage into income generation activities. After this they decide either to live in community, live alone or with their male partners.

5.2.1 Occupation

5.2.1.1 Major Occupation

More than one third of the respondents had taken up begging (Kadai Vasool/Mangathi) as their major occupation. This was followed by sex work and a few of them were working in CBOs. Interestingly the researcher found that few of the

respondents were working as temple/church priests, had temples of their own and served god. A small group of respondents had taken up occupations like tailoring, beautifying and farming. One percent of the respondent was supported by their parents and thus do not have an occupation. The finding of study by Khan had dissimilarities. Thirty two percent of the respondents were working in NGOs. Only 21 % of them had taken up begging, a lower proportion of them were involved in sex work (20%), (**Khan et al, 2009**). Another study by Chakrapani, 2013, reports 30% as daily wage labourers and another 30% reported begging as their main occupation. Twenty percent were sex workers (**Chakrapani et al, 2013**). The percentage of respondents who had taken up sex work in the current study was slightly higher. In this current scenario it is interesting to know that Dr. Manabi Bandopadhyay, who is a transgender woman, is the principal of Krishnagar Women's college, West Bengal (**The Times of India, 2015**).

5.2.1.2 Major Income

It was observed that more than one third of the respondents earned below Rs.5000, while less than one third of the respondents earned between Rs.5,000-Rs.10,000. Four percent of the respondents did earn more than Rs.20,000. Two of the respondents who were staying with their parents were not earning. Khan in his study points out that 58.3% of the participants were earning more than Rs.10,000/- per month (**Khan, 2009**).

5.2.1.3 Secondary Occupation

One hundred and eight two respondents had taken up secondary occupation. It is glaring that many of the respondents are unable to meet their expenses with one income; this compels them to take up secondary occupation. No study reported on the secondary occupation of this community.

5.2.1.4 Religion

Majority of the respondents followed Hinduism. This was followed by Christianity and Islam. It was found that respondents were from all religions. In a study done in 2015 in India, it was observed that 76.7% of the participants belonged

to Hindu religion (George et al, 2015). Thus it can be observed that Hinduism was more commonly found to be practised among the respondents.

5.2.1.5 Living Arrangement and contribution of the family members

It was found that 130 respondents lived with their community friends (Guru/ Chelas/ Community). Majority of the respondents lived alone. Fifty five respondents lived with their permanent male partners and 43 of the permanent male partners did not contribute financially. It was observed that 35 respondents stayed with their family members and 18 of the parents do not contribute financially. The findings of Chakrapani, 2010 was not in par with the current study. A higher percent of respondents (45%) were reported to be living with their parents and more than one third (35%) were living alone. Majority of the respondents who lived with male partners did not get any financial assistance. Thus it could be inferred that Aravanis do not get much financial support or contribution either from the family members or from their male sex partners. Majority of the Aravanis do earn and support themselves and their family members/ permanent partners.

Respondent-FGD-2-4: *“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”.*

5.2.1.6 Type of Housing and Ownership

It was seen that more than half of the respondents lived in semi pucca houses and few of them owned it. More than one fourth of them lived in pucca house and few of the respondents owned it. Thus it is glaring that majority of the respondents did not own a house. In India, Tamil Nadu was the first state to introduce transgender (Aravanis) welfare scheme which includes free housing program for the Aravanis. The state government offered free land pattas and the central government housing scheme Indira Awaas Yojana (IAY) was to provide free housing. Thus it can be inferred that these schemes are yet to reach the respondents.

5.3 SELF- IDENTITY AND CHANGE OF SEXUAL IDENTITY

5.3.1 Self Identity

More than half of the respondents had undergone change in sexual identity and attain the state of nirvan, while forty two percent of the respondents had not under gone change in sexual identity and called themselves as ackwa. **George et al, 2015** reported a higher number of respondents who had under gone SRS. Eighty five percent of the participants had completed their sex reassignment surgery (SRS). Thus it can be inferred that sex reassignment surgery is one of the important procedure for the Aravanis. In April 2014, the Supreme Court of India has declared that surgery, hormones and other steps are not necessary for legal recognition of gender change and self-identification and (at most) psychological assessment will be sufficient. According to article 21, determination of gender to which a person belonged to, was left to the decision of the person concerned.

5.3.2 Method Adopted for Change in Sexual Identity

Of the 174 respondents who had undergone change in sexual identity, it was seen that majority of the respondents had adopted modern method (SRS) for their change in sexual identity, while one fourth of them had opted for traditional method. In other words, change in sexual identity was found to be integral to the dignity of an individual and at the core of personal autonomy and self-determination. Thus it could be observed that respondents are ready to explore different ways that could assist them in undergoing change in the sexual identity.

5.3.3 City

It was found that Chennai city was popular among the respondents and majority of the respondents had approached medical officers, while nearly less than one tenth of them had approached quacks and nearly one fifth of them had taken the assistance of senior transgender. Chennai was followed by Kadapa where quacks were very popular among the respondents. It is very interesting to note that since 2008, Tamil Nadu is one of the pioneers in conducting SRS free of cost in government hospitals like Kilpauk Medical College and Rajiv Gandhi Government General Hospital (**Reddy, 2010**).

5.3.4 Change in sexual identity and Type of Hospital

Nearly one fourth of them had approached quacks. It can be seen that that urge to undergo change in sexual identity is so strong that the respondents were willing to expose themselves to risk in the hands of quacks and senior transgender. Ms. Kalki in her blog-spot shares about the death of transgender Sathya who opted for penectomy and died of heart attack when anesthesia was administered (**Kalki, 2011**).

5.3.5 Reasons for seeking change in sexual identity from Daimaa

A common belief among the respondents was that change in sexual identity done by Daimaas enhanced womanly appearance. Obtaining womanly appearance was top priority for majority of the respondents. Thus it can be inferred that there were many reasons that contributed for the respondents approaching untrained individuals and Daimaa.

Respondent FGD-2-5- *“People who did nirvan from Daimaa are viewed superior. People who allow a male doctor to cut the penis are considered low. For her,...she did it in hospital ...we clapped hands around her bed”.*

5.3.6 Age at which the respondents felt that they were different

It can be inferred that even at a very early age the respondents have been sensitive to their differences.

5.4 FAMILY

5.4.1 Acceptance/Rejected by family members

More than one third of the respondents expressed that they were completely rejected by their family members and nearly one fourth of the respondents expressed that they were completely accepted by their family members. Study conducted in Pacific Northeast by **Erich et al, 2010** reported a much lower level of acceptance (15%) in the family than the findings of the current study and though

few of the respondents were accepted by the family members, they did not visit them often.

5.4.2 Age at which respondents left home

Majority of the respondents left their home. More than one third of the respondents had left their homes during their early adolescence i.e. before 14 yrs, while more than half of them left their homes during their late adolescence i.e., 14 yrs-19 yrs. Thus it could be inferred that respondents left their home during the adolescence, a crucial period which is commonly known as age of stress and storm by G.S. Halls (1940) when an individual needs support and care from the family members.

5.4.3 Reasons for leaving home

Of the 277 respondents who left home, more than one fourth of the respondents left their homes as they had faced abuse, while more than one fourth of them left, as they did not want to bring disgrace to their families. One fourth of the respondents wanted to be self. The findings in the current qualitative study give evidence to presence of physical abuse, psychological and the urge to be one self.

Respondent ID-1: *"My brother caught hold of me and my father poured liquid wax in my new pricked ears,... only two days ago I had pricked my ears and was wearing a jumka"*

Respondent ID-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.*

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 FGD-3-5: *"Families want us to change. They do all prayers and take us to doctors but we want to be ourselves".*

Thus it can be inferred that stigma experienced by the respondents did not stimulate them to leave home but the urge to be oneself and abuse from family members forced respondents to leave home. The study done by **Eric, 2011**

exhibited similar results. Nearly one-third (32%) of the respondents left home due to physical and emotional abuse.

5.4.4 Migration and frequency of migration

It was found that more than one fifth of the respondents migrated to other cities or states for sexual activities. The study findings by **Howe et al, 2008** were not in par with the current findings. The migration was reported on higher percentage (56%).

5.4.5 Cities/Countries for migration

Nearly half the respondents expressed that they visited Mumbai and this was followed by Bengaluru which was visited by more than one third of the respondents. Less than one tenth of the respondents visited countries like Singapore, Dubai and Malaysia. It can be inferred that respondents do have different preference of cities for migration and metropolitan cities are popular among them due to the larger number of floating population. Study done in 2013, in India among 17 states shows that in Tamil Nadu interstate migration happens in the state of Karnataka and Andhra Pradesh (**NIE, 2014**). The results of the study by **Howe et al, 2008** say that the migration is more common with in micro communities than between countries. This finding supports the findings of the current study.

5.5 TRANSGENDER IDENTITY STIGMA

5.5.1 Indicators of Transgender Identity Stigma

More than one third of the respondents expressed that many times they have been hit for being a Aravani. More than half of the respondents expressed that many times they had been made fun of or called names for being Aravani. It was found that the basic rights to shelter have been deprived few times for nearly one third of the respondents. More than one fourth of the respondents expressed that they had once/twice lost their job for being a Aravani. Experiences of stigma in family, employment, society and lawmakers were evident in the finding of the qualitative study.

Respondent-FGD-3-1: *“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”.*

Respondent-FGD-2-1: *“I am a nirvan Kothi, so I am female,... they do not see us as female they humiliate us and even if you tell them it is silicon, they do not believe. They hurt us”.*

Respondent –FGD-2-3: *“I was hit so badly by the police, when I went to complain against my Panthi”.*

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 worker one of my friend was killed in Bangalore by police,... it came in papers also”.*

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

Respondent-ID-7: *“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”.*

Respondent ID-6: *“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”.*

Respondent ID-7: *“...my eye brows were shaved, my sisters broke my mirror and make up kit”.*

A study by Grossman & Augelli, 2006 shows the physical abuse faced by the respondents. The situation projected is much worst scenario. Twenty-seven (87%) of the 31 youth had experienced verbal abuse including being called names, teased or threatened with physical harm. Eleven (35%) reported past physical abuse, including punched, kicked, beaten or hurt with a knife, gun, stick, bat or other. Five participants 16% had experienced past sexual abuse or rape. Verbal harassment was inflicted upon 24 (77%) youth by parent. 15 (48%) by brother or sisters and 20 (65%) by police officers (**Grossman & Augelli, 2006**). In the petition submitted to Supreme Court, Naarin expressed that he was beaten with a cricket bat and his mother and brother tried to break in to the room to beat him up further. Sachin

expressed that he used to help his mother in all housework like cooking, washing and cleaning. The neighbours started to tease him, mock and scold him. This led to shame and he felt suicidal (**Writ petition, 2012**).

In the current study, we cannot neglect that less than one fourth of the respondents had experienced physical abuse from the police sometimes and nearly one-fifth of them faced it many times. More than one tenth (15%) of the respondents were forced to have sex by the police men. This situation is much worst in the study conducted by George, 2015. Majority of the respondents (88%) stated that they have experienced problems caused by the police, (51%) from police station, (26%) from railway police and (9 %) traffic police. Findings of the focus group discussion reported rape and striped in public (**George, 2015**).

The report by Jamie, 2011 (done on 50 states, District Columbia, Puerto Rico, Guam, US and Virgin Islands) spoke about various forms of direct housing discrimination, 19% reported having been refused a home or apartment and 11% reported being evicted because of their gender identity/expression. Over one-quarter (26%) reported that they had lost a job due to being transgender or gender non-conforming and 50% were harassed The findings gives evidence of transgender identity stigma (**Jamie, 2011**) The finding of the current study is supported by an article reported in newspaper. Employment has been denied to the transgender because of their identity. They are denied of job, despite being educated and qualified, merely because they are different. There are exceptions and some are employed in mainstream jobs. However, discrimination and constant ostracism has led to their employment being short lived (**Krishnan & Maheen, 2013**).

5.5.2 Transgender Identity Stigma

Nearly half the respondents had experienced moderate transgender identity stigma, while more than one third of the respondents shared that they experienced severe transgender identity stigma. The finding of the current study was supported by the study done by **Chakrapani 2013**, in which severe stigma was found to be 33%. In spite of government's steps to sensitise the society, the scenario on Transgender Identity Stigma remains the same.

5.5.3 Sex Worker Stigma

More than half of the respondents had experienced severe sex work stigma and more than one third (36%) of them had experienced moderate stigma. This finding was in par with finding reported in the research article by **Khartini, 2010**. Sixty percent of the respondents had experienced severe sex work stigma. Stigma was felt from the family, society and permanent male partners.

Respondent-ID-1: *“I do not do Dhandha. But still the society look at as sex worker,” they think bad about us and see us only as dirty people”.*

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 dhanadha”.*

5.5.4 HIV Status

Nearly one fifth of the respondents had checked their HIV status before three months and one tenth 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. In the study by **Chakrapani, 2013** there was a similar result projected on the percentage of respondents who have not undergone HIV testing (13%) and 3 of them did not want to share their HIV status. Aravanis are not very comfortable to share their HIV status thus exhibiting evidence of HIV related stigma.

5.5.4.1 HIV related Stigma

It was found that all three respondents had experienced severe stigma related to HIV. The respondents had experienced severe HIV related Stigma (internalised) and only two indicators of in the enacted HIV stigma was found to be negative. The rest of the eight indicators portray high level of stigma. Study by **Garofalo et al, 2006** reports was in par with the finding of the current study and reports of severe HIV related stigma experienced by most of the respondents. The findings of quantitative data show that stigma is not only from the general population but also within the transgender community.

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 others that I am positive. And no one even will talk to me. Even now you see, when I walked in they would have told that I was infected”.*

Respondent FGD-2-3: *“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-2- 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-3-1:*“This is main reason for aversion. They think we are dirty people. Every one,... thinks badly of us. They think only,... if it is confirmed that is worst. In one village in Andhra they burnt an Aravani alive”.*

5.5.4.2 Condom usage with client/casual Partners

It was found that less than half of the respondents showed consistency in using condom with their clients/casual partners, while this was followed by nearly one third of them who used condoms often. Very few of the respondents never used condoms during their lifetime. The percentage of respondents who used condom consistently was slightly higher (53%) in the study conducted by **Eric , 2010**.

5.5.4.3 Reasons for not using Condoms

Majority 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 under the influence of alcohol. It is very vital to make note than nearly one fourth of the respondents were unable to use alcohol with policemen and ruffians. The same reasons were reported in the study conducted by **Lescano, et al, 2006** and additional ethical and racial difference were also as main reason for not using condoms.

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

5.5.4.4 Reasons for not using condoms with permanent partners

Less than half of the respondents used condoms consistently with their permanent male partners. The reasons for not using condoms were similar to the finding in the study conducted by **CDC, 2011**. Majority (95%) of the respondents were scared of getting disserted, while 65% of them felt that they loved and trusted their partners. Another study by Saravanmurthy, 2010 conducted in Chennai reported that 75% of consistent condom use with their male clients, but relatively lower proportion reported consistent condom with their permanent and regular partners, 59% and 43% expressed that intimacy, love and trust led them to have unprotected sex with their male regular partner (**Saravanmurthy, 2010**).

5.6 QUALITY OF LIFE

The scores of the individual domains of the study by **George, 2015** were not in par with the finding of the current study though the overall quality of life and overall satisfaction of health were in par.

5.6.1 Overall quality of Life

It was observed that less than half of the percent of the respondents experienced good/very good of overall quality of life. The study by **George, 2015**

reports that (58%) perceived that they have a good quality of life. Thus the percentage of respondents enjoying good quality of life was found to be low in the current study.

5.6.2 Satisfaction Of health

It was found that more than half of the respondents were satisfied/very satisfied with their health, while more than one-tenth of the respondents with their health. The finding of the current study was similar to the finding reported by **George, 2015**. It was reported that 71.7% of the participants said that they are satisfied with their health. The finding in the study of George reports a higher percentage of respondents who were satisfied with good health.

5.7 TRANSGENDER IDENTITY STIGMA AND QUALITY OF LIFE

There was evidence of association between Transgender Identity Stigma and Quality of life, domain 2 - Psychological health. Thus the decrease in the severity of transgender identity stigma increases psychological health. This finding was supported by the **UNDP, 2013** report which states that stigma and discrimination due to their transgender status affects mental health. The finding reported in the study by **Shpherd, 2011**, supports the current finding that there is association between the transgender identity stigma and quality of life. The level of significance was 0.001.

5.8 SOCIAL SUPPORT SYSTEM

The finding of this study reported that decrease in the perceived support, increases the quality of life of the respondents. **Hong, 2011**, who reported that respondents who enjoyed good quality of life had good social support system, supported the findings of the current study. The significance level was 0.002.

5.9 SELF RESILIENCE

In the current study, majority of the respondents were observed to be experienced mild self-resilience. **Bockting et al, 2008** explored the self-resilience and reported that though transgender people faced stigma their self-resilience was

high as 56%. This was slightly higher than the percent of respondents enjoying high self-resilience in the current study.

5.9.1 Self Resilience and Mental Health

The current study reports evidence of association between self-resilience and mental health. The study by **Grossman & Augelli, 2011** reports that decrease in self-resilience increases severe problems and psychological distress of the respondents; this is in par with the findings of the current study as the level of significance being 0.003.

5.10 INCOME AND QUALITY OF LIFE

There was association between income and quality of life of Aravanis. The findings of **George, 2015** support the finding of the current study. Increase in the income level was associated with increase in good overall quality of life. The level of significance was found to be 0.001.

5.10.1 Living arrangement and Quality of life

There was no statistical significance ($P=0.404$) between living arrangement and quality of life. The difference in the living arrangements of the respondents did not bring in any difference in the Overall quality of life of the respondents. This was not in par with the findings of **Hong, 2011**. The statistical significance being 0.002, his findings of the study report association between living arrangement and quality life of the respondents.

5.10.2 Self-Identity and Overall Quality of Life

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 was lower than the Nirvan and it was significant ($p=0.001$). Hence there is association between change in Sexual Identity and Overall Quality of Life. The findings in the current study were supported by the finding of **Wierckx, 2011** were the $P=0.001$.

5.10.3 Acceptance by family and Quality of Life

There is evidence for statistical significance ($P=0.000$), thus there is association between acceptance by family and quality of life. Evidence of findings supporting the current study was found in the report of **McNeil, 2012**. It was visible that the acceptance/non acceptance of the respondents by the family member did bring in difference in the Overall Quality of Life. The value of $P=0.002$.

5.11 MENTAL HEALTH

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 experience minimal distress.

Respondent-FGD-1-5: *“Do you know how many among us commit suicide?. We are stolen of all our money and panthis leave us.*

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

Ann, 2014 reported high prevalence of issues associated to mental health. 45% of the respondents had reported attempting suicide, while 60% of them reported of depression. Transgender activist Priya has attempted suicide three times. Author of four books, had a number of reasons such as lack of recognition in the community and love failures. Suicides in the transgender community often go under reported due to their gender. Police register those who have undergone sex change operations under third gender, but those who have not are generally classified as male suicides. A transgender subjected to harassment seeks refuge in alcohol and drugs, increasingly their vulnerability to suicide and the final straw can be a break up of a relationship (**The Hindu, 2012**).