CHAPTER II

REVIEW OF LITERATURE

Introduction

This chapter provides review of relevant literature and explains how it is related to the present study. The literature review opens up the different opinions, studies and researches made and conducted in order to understand the topic in a more professional way. The condition of those persons who were born of one sex, yet have a definite opposite gender identity is observed over such a vastness and diversity in education, religion, income, profession and empowerment. Furthermore, the chapter provides relevant information and studies regarding the socio, economic and psychological profile of the transgenders and the Tamil Nadu Government initiatives empowering their lives.

2.1 Transgenders:

Transgender people experience their transgender identity in a variety of ways and may become aware of their transgender identity at any age. Some can trace their transgender identities and feelings back to their earliest memories. They may have vague feelings of “not fitting in” with people of their assigned sex or specific wishes to be something other than their assigned sex. Others become aware of their transgender identities or begin to explore and experience gender-nonconforming attitudes and behaviors during adolescence or much later in life. Some embrace their transgender feelings, while others struggle with feelings of shame or confusion. Those who had transition later in life may have struggled to fit in adequately as their assigned sex only to later face dissatisfaction with their lives. Some transgender people, transsexuals in particular, experience intense dissatisfaction with their sex assigned at birth, physical sex characteristics, or the gender role associated with that sex. These individuals often seek gender-affirming treatments.

Transgender persons usually live or prefer to live in the gender role different to the one in which they are assigned at birth. The preferred gender role may or may not be related to their sexual preferences. It is an umbrella term that includes
transsexuals, cross-dressers, intersexed persons, and gender-variant persons. Transgender people may or may not have undergone gender transition-related surgery or may or may not be on hormonal therapy related to their gender identity. Transgender people can be ‘male-to-female’ (MtF) or ‘female-to-male’ (FtM), and sometimes referred to as ‘transgender woman / trans woman’ and ‘transgender man / trans man’, respectively.

Terms referring to Transgenders

Hijras

Individuals who voluntarily seek initiation into the Hijra community, whose traditional profession is badhais (a kind of dance) but due to the prevailing socioeconomic and cultural conditions, a significant proportion of them are into begging and sex work for survival. These individuals live in accordance to the community norms, customs and rituals which may vary from region to region. The word Hijra seems to have come into India with the Muslims. An older name for Hijras is kinnar, which is used by some hijra groups as a more respectable and formal term. An abusive slang for hijra in Hindi is Chakka.

Aravanis and ‘Thirunangai’

Hijras in Tamil Nadu identify as “Aravani”. Tamil Nadu Aravanigal Welfare Board, a state Government initiative under the Department of Social Welfare defines aravanis as biological males who self-identify themselves as a woman trapped in a male’s body. Some Aravani activists want the public and media to use the term ‘Thirunangi’ to refer to Aravanis.

Kothis

The word kothi (or koti) is common across India, although knothis are often distinguished from hijras. Kothis are regarded as feminine males or men/boys who take a feminine role in sex with men, but do not live in the kind of intentional communities that hijras usually live in.
2.2 Problems faced by Transgenders

Identity Crisis

Being a transgender: The experience of transgender identity development by Heidi M. Levitt & Maria R. Ippolito, August (2014). is based upon a grounded theory analysis of interviews with transgender-identified people from different regions of the United States. In this study participants held a variety of gender identities under the transgender rubric (e.g., cross dresser, trans man, transwoman, butch lesbian). Interviews explored the participants’ experiences in arriving at their gender identity. This paper presents three clusters of findings related to the common processes of transgender identity development. This process was made possible by accessibility of transgender narratives that injected hope into what was a childhood replete with criticism and scrutiny. Ultimately, participants came to their identities through balancing a desire for authenticity with demands of necessity – meaning that they weighed their internal gender experience with considerations about their available resources, coping skills and the consequences of gender transitions. The implications of these findings are considered in terms of their contribution to gender theory, research, and clinical support for transgender clients.

The effects of awareness and engagement with other transgender people on affect by Rylan J. Testa, Crystal L. Jimenez & Susan Rankin (2014), Volume 18, Issue 1 describes the research examining risk and resilience among transgender individuals suggests that connection to a transgender community may be protective. Utilizing archival survey data of 3,087 adult transgender participants collected in 2005–06, this study further evaluated how awareness and engagement with other transgender people influences risk and resilience during early gender identity development. As hypothesized, among male-to-female and female-to-male respondents, both prior awareness and prior engagement with other transgender people were independently related to less fearfulness, less suicidality, and more comfort. These relationships were not significant among male-to-different-gender or female-to-different-gender participants. Implications of these findings are discussed.
Disclosure of transgender identity and status in the context of friendship by Paz Galupo, Tiane E. Krum, D. Brienne Hagen, Kirsten A. Gonzalez, L. A. Bauerband (2014), Volume 8, Issue 1 focuses on understanding disclosure of transgender identity within the context of friendship. Participants were 536 individuals who self-identified as transgender or gender variant. Participants completed an online questionnaire regarding friendship experiences. Thematic analysis focused on understanding experiences of identity disclosure to friends. Participants reported positive and negative experiences associated with the identity disclosure process, with responses falling into five distinct categories: positive or affirming responses, negative responses, a variation of responses, an impact on the friendship status, and emotional responses from friends. Within these five theme categories, distinct subcategories were apparent including responses that reflected support, physical violence, gaining or losing friends, and friends being unsurprised or not caring about the disclosure. These findings point to the ways in which the friendship experiences for transgender individuals are complex and unique. Clinical implications for understanding the needs of clients regarding disclosure of transgender identity and status to friends are discussed.

The role of Medical and psychological discourse in Legal and Policy Advocacy for Transgender persons in the United States by Shannon P. Minter and Mara Keisling (2010), Volume 14, Issue 2 explains that the authors work as legal advocates for transgender individuals and their families and supporters, use actual examples of people they have fought for and worked with in order to illustrate the importance of a better understanding, more consensus and greater clarification of the specific qualities and needs of transgender individuals by the medical community and to convey the importance of health professionals, especially mental health professionals, taking an active role in using their expertise and experience to explain sometimes very complex issues to the public, to courts, and to legislators. Special attention is drawn to the importance of helping interested parties understand that gender is determined by identity and not by postoperative apparent anatomy.
A 2000 document from the Catholic Congregation for the Doctrine of the Faith concludes that the sex-change procedures do not change a person’s gender in the eyes of the Church. ‘The key point’, said the reported document ‘is that the transsexual surgical operation is so superficial and external that it does not change the personality. If the person was a male, he remains male. If she was female, she remains female’.

I Am Vidya: A Transgender's Journey by Living Smile Vidya (2013) says that “Identities are not mere markers we are known by; they define as well as limit us. They can both confine or release a consciousness”. I Am Vidya is the story of one such journey—that of a declaration, of the claiming of an identity. It is an assertion of a consciousness that has suffered the agony of being trapped in a mould it does not belong to, a body it does not identify with.

She has lived through all the indignities forced upon a tirunangai, a transgender, by a society which divides and defines itself as men and women in terms of biology alone—from being spurned by her family, to begging on the streets as a social outcast; from donning a woman’s clothes, to undergoing excruciating surgery to lose her ‘manhood’; from suffering emotional and physical harassment, to arriving at her true identity. A compelling narrative about a woman trapped within a man’s body, this is a story of extraordinary courage and perseverance.

The review of the literature on gender identity status and crisis had helped the researcher to frame the questionnaire on gender change, age of gender change, problems faced by the individual and family support in accepting them.

2.3 Social Status of Transgenders

Transgender Studies Quarterly by Susan Stryker, Paisley Currah (2012), Volume I Journal talks about how a transgender lives in the society. It publishes interdisciplinary work that explores the diversity of gender, sex, sexuality, embodiment, and identity in ways that have not been addressed by feminist and queer scholarship. Major topics addressed are cultural production of trans communities, critical analysis of transgender population studies, transgender bio
politics, radial critiques of political economy and problems of translating gender concepts and practices across linguistic communities.

**Lesbian, Gay, Bisexual and Transgender Students:** Perceived Social Support in the High School Environment by Corrine Munoz, Sandra C. Quinn, Kathleen A. Rounds, Volume 85, Number 4, April-May (2002) describes that the LGBT youth continue to face extreme discrimination within the school environment. In this study, it shows that LGBT youth are at high risk for a number of health problems, including suicide ideation and harassment, substance abuse, homelessness, and declining school performance. This research is an exploratory study consists of face- to-face interviews with 30 participants, 18-21 years old, who identify as gay, lesbian, bisexual or transgender. The purpose of this study is to determine the types of social support available to these young adults in high school. The study also examines the connection between social support and sexual identity development. The participants found peer and non-family adults to be more supportive than family members. More specifically, participants perceived heterosexual and LGBT-identified friends and non-family adults as providing emotional and instrumental support. However, participants’ perceived limitations to the emotional support they received from heterosexual peers to whom they disclosed their orientation. Most of the participants did not disclose their identity to their parents as they do not receive any emotional support. The need for multiple resources emerged as a major theme from participant responses to questions about what types of services and support they would have valued from their high school.

**CNN-IBN a Television channel in India on May 30, 2007 reports that** ‘No fear for being queer’ - Sexuality was once considered an unimportant, secondary issue in Indian social sphere. But now, it's vibrant and political. It fights for the legal, and social rights of lesbians, gays, bisexuals, transgenders joined in by health care NGOs, human rights activists and feminist groups. Together, they form contemporary India's queer movement. "It's significantly different from women's rights politics, but there are many points where all these different movements meet,” says queer rights activist Ponni. Once a derogatory word, queer is accepted as an identity today, signifying a sexual orientation.
Moving Truth(s): Queer and Transgender Desi Writings on Family by Aparajeeta 'Sasha' Dutchtchoudhury (2015) states that “The overarching theme of the book is connecting cultural and ethnic identities with sexual and gender identities in a homophobic and transphobic world. But as one digs deeper, the book is really about ‘helping our families to help us’, she said. “A community willing to talk and listen is a community that steps away from the notion of ‘the closet’ [and] toward a reality where the personalness of who we are is not just accepted but respected.”

2.4 Health Status of Transgenders:

Transgender Health by Feldman J & Bockting W (2003) describes that the Transgender persons represent an underserved community in need of sensitive, comprehensive health care. This article presents a literature-based review on the health needs of the transgender patient. Physicians, whether or not they choose to provide hormone therapy, will likely encounter patients with gender identity issues at some point in their practice. A transgender health assessment should involve recognition of possible gender identity disorder, history-taking with respect to prior and current use of hormones or surgical interventions, as well as general physical, mental, and sexual health histories. Physical and screening tests need to be based on the organ systems present rather than the perceived gender of the patient. Physicians should be aware of common hormone regimens and their associated risks. Finally, patient’s best explore transgender issues in a setting of respect and trust in which confidentiality concerns are addressed, and clinic staffs are educated about transgender issues.

Transgender Health care access in Virginia: A Qualitative study by Jessica Xavier, Judith Bradford, Michael Hendricks, Lauretta Safford, Ryan McKee, Elaine Martin & Julie A. Honnold (2013), Volume 14, Issue 1 reveals that in this study, the researchers have explored health care access experience of 32 MtF and 15 FtM transgender people of different ethnicities in Virginia using data from focus groups conducted in 2004. Social stigmatization played a dominant role in their lives; another factor was discrimination, violence, and health care provider insensitivity, hostility, and ignorance of transgender health. Access to transgender-
related medical services that would allow participants to pass in their chosen genders was their highest medical priority. Faced with barriers to access, hormonal self-medication was common, and silicone injections were reported by both MtF and FtM participants. Due to economic vulnerability, sex work was reported as a source of income by both MtFs and FtMs. MtFs expressed concern over confidentiality of HIV testing and additional discrimination if testing positive. FtMs expressed difficulty accessing gynecological care due to their masculine gender identities and expressions. Cultural and technical competency training for providers and implementation of local programs in transgender hormonal therapy are recommended to improve transgender health care access.

**HIV Infection Risk Factors Among Male-to Female Transgender Persons** by Joseph P. DeSantis, September (2009), Volume 20, Issue 5 describes that Male to Female (MTF) transgender women faces a lot of psychosocial issues such as discrimination, stigmatization, and marginalization. These challenges often limit economic opportunities, affect mental health, and may place members of this population at an increased risk for HIV infection. This research or study is based on the risk factors for HIV infection specifically to the MTF population. Many factors such as substance abuse, high-risk sexual behaviors, commercial sex work, health care access, lack of knowledge regarding HIV transmission, violence etc are been affected by the Transgenders.

**Estimating HIV Prevalence and Risk Behaviors of Transgender persons in the United States: A systematic review** by Jeffrey H. Herbst, Elizabeth D. Jacobs, Teresa J. Finlayson, Mary Spink Neumann, January (2008), Volume 12, Issue 1 states that the Transgender populations in the United States have been impacted by the HIV/AIDS epidemic. This research comprises of HIV infection and risk behaviours of transgender persons and 29 studies focusing on male-to female transgender women; five of these studies also reported data on female-to-male transgender men. Using meta-analytic approaches, prevalence rate were estimated by synthesizing weighted means. Meta-analytic findings indicated that 27.7% of MTFs tested positive for HIV infection, while 11.8% of MTFs self-reported being HIV-sero positive. Higher HIV infection rates were found among African-American
MTFs. Most of the MTF’S engage in risky behaviours like multiple partners, sex work. The rate of HIV and risk behaviours was apparently low among FTMs. Contextual factors potentially related to increased HIV risk include mental health concerns, physical abuse, social isolation, economic marginalization, and unmet transgender-specific healthcare needs. Additional research is needed to explain the causes of HIV risk behaviour of transgender persons. These findings should be considered when developing and adapting prevention interventions for transgender populations.

**Health and health care among Male-to Female transgender persons who are HIV positive** by Rita M.Melendez, Theresa A.Exner, Anke A.Ehrhardt, Brian Dodge, Robert H.Remien, Mary jane Rotheram Borus, June (2006) says that male-to female transgender person who are HIV positive face greater difficulties accessing health services than do non-transgender persons who are HIV positive. A total of 3819 individuals who were HIV positive from 4 cities like San Franciscoc, California, Los Angeles, New York and Milwaukee participated. To normalize having a transgender identity and to make it easier for some participants to identify as transgender, all participants were asked to identify as male, female, or transgender, and then all participants were asked to state their gender at birth: 64 participants identified as transgender. The results were fewe male-to female transgender persons (59%) than control subjects (82%) reported currently taking highly active antiretroviral therapy. Among the participants 55% drink alcohol every day. This study resulted in discussion about antiretroviral therapy for the clients and how they should be included in the society. To bring the health needs and experiences of these individuals to the attention of the public health community requires both dedicated research projects and development of innovative and flexible approaches to recruitment, data collection, and data analysis.

**Nursing’s Silence on Lesbian, Gay, Bisexual, and Transgender Issues: The Need for Emancipatory Efforts** by Eliason, Michele J, Suzanne, Jeanne, September (2010), Volume 33, Issue 3, says that there is need to selectively review the nursing literature for publications related to lesbian, gay, bisexual, and transgender health, using (1) a key word search of CINAHL, the database of nursing
and allied health publications; (2) from the top-10 nursing journals by 5-year impact factor from 2005 to 2009, counting articles about lesbians, gay, bisexual, and transgender issues; and (3) content articles of the articles found in those journals. Only 0.16% of articles focused on lesbian, gay, bisexual, and transgender health (8 of nearly 5000 articles) and were biased towards outside of the United States. This research discusses the impact of this silence.

The World Health Organization (WHO) is currently developing the next version of the International Classification of Diseases (ICD-11). Of particular relevance to the WPATH and its members, significant changes in the classification of gender identity and conditions related to sexuality have been proposed for the ICD-11. Given the extent of the changes, WHO will conduct thorough field-testing of the proposals for ICD-11 in order to ensure their acceptability, clinical utility and global applicability. The World Professional Association for Transgender Health (WPATH), a professional organization devoted to the treatment of transgender people, publishes The Standards of Care for Gender Identity Disorders, which offers recommendations for the provision of gender affirmation procedures and services.

The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments. While this is primarily a document for health professionals, the SOC
may also be used by individuals, their families, and social institutions to understand how they can assist with promoting optimal health for members of this diverse population. This is the 7th version of the Standards of Care since the original 1979 document. The first six versions were published in 1979, 1980, 1981, 1990, 1998, and 2001. Version 7 of the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People will be available in several additional places for wide distribution and ease of access.

**HIV/AIDS**

According to 2010 United Nations Development Programme (UNDP) reports that the HIV epidemic among MSM and transgender persons represents a major source of new infections in many countries in Asia and the Pacific.

Transgenders are the focus of the new HIV/AIDS initiatives in India. At the recent AIDS 2012 conference in Washington, DC, India proudly documented a 56% reduction in the prevalence of the virus over the last decade. Going forward, non-Governmental organizations (NGOs) working in this sector are targeting sexual minorities who, along with migrants and truckers, are a core vulnerable group.

Tamil Nadu, along with Maharashtra and West Bengal, has the largest number of community-based organizations (CBOs) working in this sector, according to a 2008 Asia Pacific Coalition on Male Sexual Health (Apcom) report that mapped sexual minorities by geography. Some transgenders are “she-males”, who feel like women inside but do not have the means or money for a sex-change operation. They may wear feminine clothes but retain male sexual parts. They too earn money through prostitution.

**2.5 Mental Health of the Transgenders:**

*Suicide attempts among transgender and Gender Non-Conforming Adults* by Ann P.Haas, Philip L.Rodgers, Jody L.Herman, January (2014) explains that the suicidal behaviour among transgender and gender non-conforming people. The main findings in this research were 46% of suicidal attempts were trans-men
and 42% are trans-women. Cross-dressers assigned male at birth have the lowest reported prevalence of suicide attempts among gender identity. Other findings in this research were the highest number of suicidal attempts was among the younger people and have lower levels of educational attainment. The respondents who are HIV-positive and respondents with disabilities also have elevated prevalence of suicidal attempts. The research also says that the respondents who have experienced rejection by family and friends, discrimination, victimization or violence have attempted to suicide. 57% of family does not wish to speak to them or spend time with them. 50-54% faces discrimination at school. 50-59% faces discrimination at work. Overall, the most striking finding of the analysis was the exceptionally high prevalence of lifetime suicide attempts reported by the respondents across all demographic and experiences.

**Attempted Suicide among transgender persons- The influence of Gender based discrimination and victimization** by Kristen Clements, Rani Marx & Mitchell Katz, October (2008) says that the researcher’s interviewed 292 male-to female and 123 female to male Transgenders. Participants were recruited through targeted sampling, respondent-driven sampling, and agency referrals in San Francisco. The prevalence of attempted suicide was 32%. In a multivariate logistic regression analysis younger age i.e. less than 25 years, depression, a history of substance abuse treatment, a history of forced sex, gender- based discrimination and gender- based victimization were independently associated with attempted suicide. Suicide prevention interventions for transgender persons are urgently needed, particularly for young people. Medical, mental health and social workers should address this issue of depression, substance abuse, and forced sex in attempt to reduce the suicidal behaviors among transgender. In addition, increasing societal acceptance of the transgender community and decreasing gender-based prejudice may help prevent suicide in this highly stigmatized population.

**Working with Transgender survivors** by Andrea Neumann Mascis (2011), Volume 15, Issue 2 describes that the transgender community experiences a disproportionate level of lifelong abuse and trauma (Mizock & Lewis, 2008). Surviving trauma and managing the complexity of gender variance can be a
profound challenge; however, there is limited clinical literature that addresses how best to understand and treat this complex and diverse population. The intra psychic and interpersonal demands of identity, relationships, and body for transgender survivors are powerful and can be overwhelming. This article seeks to: (a) identify a self-psychology-based framework for understanding the impact of trauma, (b) identify clinical themes and symptoms associated with trauma in the context of gender variance, and (c) explore the treatment role, relationship, and possible course of treatment.

Thilakaravi (2011) wanted to understand the level of General wellbeing of Male-to-female (MTF) Transgender population living in Chennai shed light on the mental health concerns of the transgender population in Chennai. The study consisted of transgender (n=33), and that had been selected for the study by using Purposive sampling technique because it was a challenge to collect data from the population, given their obscurity. A standardized Tamil version of the Wellbeing Questionnaire-12 was used. As for the results of the quantitative data, 75.76 percent of the samples fell under Average Wellbeing Category, 24.24 percent of samples fell under Better Wellbeing Category and 0 percent fell under Poor Wellbeing Category. From the In-Depth Interviews it is inferred that the socio-economic status of Transgender is very poor, they feel inferior to others and are constantly humiliated and ill-treated by the society at large. However, support within the community is strong.

Simone, Jonathan and Appelbaum (2011) has documented the link between mental health disorders and discrimination. The coming-out process for an older LGBT person, who has lived most of his or her life in a hostile or intolerant environment, can induce significant stress and contribute to lower life satisfaction and self-esteem. Managing social stressors such as prejudice, stigmatization, violence, and internalized homophobia over long periods of time results in higher risks of depression, suicide, risky behaviour, and substance abuse. LGBT populations, therefore, may be at increased risk for these and other mental disorders. There may be a higher lifetime prevalence of affective disorders in LGBT persons, but no difference in current prevalence of such disorders. However, while little is
known about the actual prevalence of mental health disorders in LGBT adults, even less is known about the prevalence of mental health disorders in older LGBT adults.

The various studies referred under mental health, suicide among transgenders helped the researcher to formulate the specific objectives of the research.

2.6 Sex Reassignment Surgery

Filmmaker Tanaz Eshaghian discovered that the Iranian Government's 'solution' for homosexuality is to endorse and fully pay for sex reassignment surgery. The leader of Iran's Islamic Revolution, Ayatollah Ruhollah Khomeini, issued a fatwa declaring sex reassignment surgery permissible for ‘diagnosed transsexuals’.

Eshaghian's documentary Be Like Others chronicles a number of stories of Iranian gay men who feel transitioning is the only way to avoid further persecution, jail and/or execution.

The head of Iran's main transsexual organization Maryam Khatoon Molkara—who convinced Khomeini to issue the fatwa on trans sexuality—confirmed that some people who undergo operations are gay rather than transsexual. Thailand performs the most sex reassignment surgeries, followed by Iran.

On June 12 2003, European Court of Human Rights judged human rights violation for Van Kück, a German transsexual woman to be refused the pay for gender reassignment surgery as well as hormone replacement therapy relating the Article 6 of the European Convention on Human Rights as well as the Article 8. This affair is called ‘Van Kück vs Germany’

2.7 Discrimination of the Transgenders

The health, social care and housing needs of LGBT by Samie Addis, Myfanwy Davies, Giles Greene November (2009), Volume 17, Issue 6 describes the findings of the health, social care and housing needs of LGBT which is taken at
2006. The main themes that emerged from the review were isolation, health behaviours, mental health and sexual health behaviour. The studies show that the health, social care and housing needs of LGBT older people is influenced by a number of forms of discrimination which may impact upon the provision of, access to and take up of health, social care and housing needs of older LGBT people is limited and research in this area is scarce. Discrimination in various forms has a major impact on needs and experiences, leading to marginalisation of LGBT people both in the provision of health and social care services and neglect of these groups in public health research.

According to the survey conducted by National Transgender Discrimination Survey Report on health and health care by the National Center for Transgender Equality and the National Gay and Lesbian Task Force By Jaime M. Grant, Ph.D., Lisa A. Mottet, J.D., and Justin Tanis, D.Min. With Jody L. Herman, Ph.D., Jack Harrison, and Mara Keisling on October (2010) says it is important to note that the traumatic impact of discrimination also has health care implications. Transgender people face violence in daily life, compounded by the high rates of physical and sexual assault that transgender people face while accessing medical care, which leads to additional health care costs, both to treat the immediate trauma as well as ongoing physical and psychological issues that may be created. As we have seen across a number of categories in the survey, the ability to work significantly impacts transgender health. In particular, those who have been fired due to anti-transgender bias and those who have engaged in sex work, drug sales, or other underground economies for income are much more likely to experience health risks that are shown to lead to poorer health outcomes.

Discrimination in the health care system presents major barriers to care for transgender people and yet a majority of our survey participants were able to access some transition-related care, with 75% receiving counseling and 62% obtaining hormones. Genital surgery, on the other hand, remains out of reach for a large majority, despite being desired by most respondents. This is one significant reason why legal rights for transgender people must never be determined by surgical status.
Transitioning our shelters: Making homeless shelters safe for transgender people by Lisa Mottet and John Ohle (2006), Volume 10, Issue 2, explains that most homeless shelters in the United States are segregated by sex, with placement based on assumptions about a person's gender. As a result, transgender youth and adults, who identify as or express a gender different from their birth sex, can experience extreme difficulties in obtaining adequate and safe shelter. Many shelters are physically unsafe for transgender people, fail to provide adequate protections for their privacy, or do not respect their autonomy to define their own gender identity. This article provides information about transgender people, their experiences with poverty and homelessness, and how shelters can be made safe and welcoming for them.

Peer Contexts for Lesbian, Gay, Bisexual, and Transgender Students: Reducing Stigma, Prejudice, and Discrimination by Stacey S. Horn, Ph.D., and Katherine E. Romeo, M.Ed. The Prevention Researcher (2010)Volume 17, Number 4, Pages 7-10 explains that Peer relationships are a vital part of adolescents' lives. For lesbian, gay, bisexual, and transgender (LGBT) youth, whether these relationships are supportive and positive, or filled with stigma, prejudice, and discrimination rests, to some degree, on their heterosexual peers’ attitudes and beliefs about homosexuality. For while LGBT youth may experience the negative consequences from anti-gay harassment, bullying, and exclusion, it is their heterosexual peers who are most likely engaging in these harmful behaviors.

When those who work with youth understand how heterosexual students think about sexuality-related identities and expression, as well as the treatment of LGBT youth, they may more effectively influence these attitudes and behaviors thus creating a more positive peer group context. This article highlights strategies for creating more positive peer context for LGBT students within the school environment.

Times of India Newspaper on August 11, 2014 reports about the transgender rape in Ajmer - A Mumbai-based transgender was raped by a policemen while in their custody and was attacked after she recorded her statement.
before the investigating officer in the rape case. She did manage to escape but with minor injuries. The witness Zoya who came with the rape survivor was also injured in the attack. Zoya told that the attackers were the auto rickshaw drivers. Police registered a case as unidentified men and took the victims for medical examinations. Zoya told the media that five people attacked them and raped the victim. Zoya tried to save her friend but she also got attacked. Both were threatened to withdraw the case.

A Study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experience of Violence by Rhonda J & Esther D. Rothblum (2008), Volume 3, Issue 3 describes that a national sample of 295 transgender adults and their non transgender siblings were surveyed about demographics, perceptions of social support, and violence, harassment, and discrimination. Trans women were older than the other 4 groups. Trans women, transmen, and gender queers were more highly educated than non transgender sisters and non transgender brothers, but did not have a corresponding higher income. Other demographic differences between groups were found in religion, geographic mobility, relationship status, and sexual orientation. Transgender people were more likely to experience harassment and discrimination than non transgender sisters and non transgender brothers. All transgender people perceived less social support from family than non transgender sisters. This is the first study to compare Trans people to non trans siblings as a comparison group.

2.8 Transgender Law and Employment:
International Legal Framework for Transgenders

The first international conference on transgender law and employment policy is for attorneys and other legal professionals; for employment, personnel, and other human resources professionals and for members of the transgender community, all of whom have an interest in the current status of and in strategies for progressive changes in either the law and/or employment policy as they pertain to the transgender community sponsored by Gulf Coast Transgender Community an outreach organization, in affiliation with Bar Association for Human Rights
of Greater Houston and Association of Women In Law both student legal societies at University of Houston Winslow Street Endowment Fund of International Foundation for Gender Education on August 26, 1992

**Transgender laws and employment policy**

The law and employment policy at all levels — federal, state, and local — in the United States and in various other countries that are applied to transgendered persons.

They include, but are not limited to:

- Military law
- Housing law
- Insurance law
- Probate law
- Criminal law
- Health law
- Family law
- Anti-discrimination law
- Employment law and policy.

Transgendered persons include transsexuals, Transgenders, and other cross dressers of both sexes, transitioning in either direction (male to female or female to male), of any sexual orientation, and of all races, creeds, religions, ages, and degrees of physical impediment.

Social Security Administration No Longer Notifying Employers about Gender says **Obama that administration ends practice that led to job loss and outing of transgender workers.** The Social Security Administration (SSA) has confirmed that it has ended the practice of allowing gender to be matched in its Social Security Number Verification System (SSNVS). This will result in the immediate cessation
of SSA sending notifications that alert employers when the gender marker on an employee's W-2 does not match Social Security records.

The extent of the problem was made crystal clear when NCTE's Freedom of Information Act request was answered showing 711,488 gender no-match letters were sent in 2010 alone. Mara Keisling, executive director of the National Center for Transgender Equality says, "Ending this practice, which has endangered transgender people and our jobs, has been a priority for NCTE and we are pleased that the SSA has updated its policy."

**Legal Framework in India for Transgenders**

In a lecture delivered on *Refresher Course for Civil Judges (Junior Division)-I Batch at Tamil Nadu State Judicial Academy Batch at Tamil Nadu State Judicial Academy on 12.02.2011 Rights of Transgender People – Sensitising Officers to Provide Access to Justice by Hon'bleThiru. Justice P.Sathasivam, the Judge, Supreme Court of India (THEN Chief Justice) had stated thus: “The Constitution provides for the fundamental right to equality, and tolerates no discrimination on the grounds of sex, caste, creed or religion. The Constitution also guarantees political rights and other benefits to every citizen. But the third community (transgenders) continues to be ostracized. The Constitution affirms equality in all spheres but the moot question is whether it is being applied.

“The main problems that are being faced by the transgender community are of discrimination, unemployment, lack of educational facilities, homelessness, lack of medical facilities like HIV care and hygiene, depression, hormone pill abuse, tobacco and alcohol abuse, penectomy and problems related to marriage and adoption.”

The problems being faced by the Transgender community have also been articulated in a few *Public Interest Litigation (PIL)* petitions. As per available information, two PIL petitions [WP (C) No. 400 of 2012 & 604 of 2013] have been filed in the Supreme Court of India and one PIL [No. 01 of 2012] in the High Court of Mumbai. The problems faced by the Transgender community as articulated in the
PIL petition WP (C) No. 400 of 2012 filed by the National Legal Services Authority (NLSA) mentioned above, in short, are that Transgender persons are deprived of the fundamental rights available to the other two sexes i.e. male and female, and are not considered as the third sex. They are deprived of many of the rights and privileges which other persons enjoy as citizens of India. The transgender are deprived of social and cultural participation, are shunned by family and society, have only restricted access to education, health services and public spaces, restricted rights available to citizens such as right to marry, right to contest elections, right to vote, employment and livelihood opportunities and various human rights such as voting, obtaining Passport, driving license, ration card, Identity Card etc. The transgender community is treated as a legal non-entity in violation of Article 14, 15, 16 and 21 of the Constitution of India.

Supreme Court seeks State Government’s stands on transgenders' rights as given by Press Trust of India on October 2 2012, 1:49 am mentions that the Supreme Court on Monday sought the stands of the Centre and various state Governments on a plea for declaring Transgenders as citizens with a third category of gender and demanding equal protection and rights for them. A bench of justices KS Radhakrishnan and Dipak Misra also issued notices to four Union ministries - the Social Justice and Empowerment, the Women and Child Development, the Urban and Rural Development and the Health and Family Welfare on a petition complaining that Transgenders have been deprived of many of their fundamental rights and privileges which other persons enjoy as citizens.

The Rights of Transgenders Persons Bill was passed in the Rajya Sabha and is headed to the Lok Sabha as mentioned in The Hindu Newspaper on 2.5.2015 reports that On April 24, the Rajya Sabha passed private member’s Rights of Transgender Person Bill 2014, which will head to the Lok Sabha for the final debate and vote. The main problems that are being faced by the transgender community are of discrimination, unemployment, lack of educational facilities, homelessness, lack of medical facilities like HIV care and hygiene, depression, hormone pill abuse, tobacco and alcohol abuse, penectomy and problems related to marriage and adoption.
Press Information Bureau Government of India Ministry of Social Justice and Empowerment on 2nd December 2014 says that Knowledge of law and employment policy for transgendered persons is important because disadvantage in the law and laws of employment are the biggest problems of transgendered persons. There is no authentic data regarding number of transgender persons in the Country.

An Expert Committee was constituted in the Ministry of Social Justice & Empowerment to make an in-depth study of the problems being faced by the Transgender Community and suggest suitable measures to ameliorate their problems. The Committee has submitted its report on 27th January 2014. The recommendations of the Expert Committee are elaborate and inter-alia include access to health care, educational opportunities at all levels without stigma and discrimination, formulation of an Umbrella Scheme for Transgender persons, social welfare schemes to be transgender inclusive etc., The Government is in the process of formulating an Umbrella Scheme for educational and socio-economic empowerment of Transgender persons. This information was given by the Minister of State for Social Justice and Empowerment, Shri Vijay Sampla in a written reply to a question in Lok Sabha.

Government of Tamil Nadu 2011 demand no. 45 Social Welfare and Nutritious Meal Programme Department Policy note 2011-2012 mentioned that Two flagship schemes of the Social Welfare and Nutritious Meal Programme Department relate to nutrition security for children. The new and pioneering initiatives for the welfare of women, children, aged and specially disadvantaged groups like transgenders announced by this Government and the schemes and programmes of the Social Welfare and Nutritious Meal Programme Department, establish the impeccable credentials of Tamil Nadu as a welfare state par excellence in the whole of India.

RTI query reveals no funds, schemes for transgenders by Arunav Sinha, Times of India Newspaper reports on April 12, 2014 the Congress president Sonia Gandhi, Union finance minister P Chidambaram and Union law and justice minister
Kapil Sibal may have come out against the Supreme Court order, which upheld Indian Penal Code Section 377 and criminalized gay sex. RTI documents, however, reveal that the same Congress-led UPA Government has done little to uplift transgenders, for whom there are no welfare schemes, no reservation, and of course no funds. In an RTI reply, ministry of social justice and empowerment has admitted— "with reference to reservation given to transgender community in Government services, it is informed that no separate reservation is given to transgender persons.

They are, however, entitled to reservation as per policy of the Government of India available to SC/ST/OBC category, if they belong to these categories." RTI applicant Sanjay Sharma, who also sought information pertaining to formation of 'Rashtriya Kinnar Aayog' (National Transgender Commission) in the period from August 15, 1947 to December 31, 2013 was shocked by the answer (dated January 27, 2014) by the Union ministry of social justice and empowerment, which said "the ministry of social justice and empowerment has recently been mandated by the Cabinet Secretariat to deal with the subject of transgender. This ministry has constituted an expert committee dated October 22, 2013 to look into problems being faced by the transgender community. Sanjay Sharma said "if the Union Government seriously wants to help the transgender, they should have adequate and sound information about the Government orders”.

All cases of same-sex union in India that have appeared in the media are those of women from smaller towns, their economic and social vulnerability makes the legal and social acceptance of their relationship vital said by Bina Fernandez, Humjinsi (1999).

Rajya Sabha passed a Bill on transgender rights guarantees reservation, April (2015) in education and jobs, financial aid and social inclusion. This is the first time in 45 years that a private members' Bill has been passed by the House.

In its current form, the private member’s Bill protecting and providing rights for transgenders, that was passed by the Rajya Sabha has aspects that concern at
least nine different ministries, a Union Minister said. “The synergy has to be worked out.” It consists of 58 clauses in 10 chapters dealing with different aspects ranging from social inclusion, rights and entitlements, financial and legal aid, education, skill development to prevention of abuse, violence and exploitation.

“There is a need for a national commission for transgender persons with statutory powers on the lines of other such national commissions. While the Tamil Nadu and West Bengal governments formed welfare boards for the purpose, we need a national response,” a Member of the Indian Parliament told in a Newspaper The Hindu.

New Delhi-based activist and community member watched from the gallery as the Rajya Sabha passed the Bill by voice vote, said: “This Bill’s passage is a remarkable thing. It is part of a long drawn struggle including the Supreme Court’s judgment last year.”

The Bill provides for creation of welfare boards at the Centre and State level for the community, Transgender Rights Courts, two per cent reservation in government jobs and prohibits discrimination in employment. It also makes provisions for pensions and unemployment allowances for members of the community.

**Challenges faced by homeless sexual minorities**

**Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with their heterosexual counterparts** by Bryan N. Cochran, Angela J. Stewart, Joshua A. Ginzler and Ana Mari Cauce, May (2002) says that the objective of this study was to identify the differences between gay, lesbian, bisexual, and transgender (LGBT) homeless youths and their heterosexual counterparts in terms of physical and mental health difficulties. The sample size collected was 84. The results were LGBT adolescents left home more frequently, were victimized more often and often end up addicted to substances which affect their life.
Supreme Court ruling on Transgender Rights, April 5th 2014 states that a Justice told the Supreme Court, “Recognition of transgenders as a third gender is not a social or medical issue but a human rights issue. It was fitting that Supreme Court verdict of India chose April 15 specifically to rule in the National Legal Services Authority v. Union of India. It was on April 15th, 2008, that the Aravani (Transgender) Welfare Board was constituted by the Tamil Nadu state Government, as the first of its kind in the country. They celebrate April 15th as the Transgender Day. Many welfare measures are recommended by the Report of the Expert Committee to be implemented in six months after re-examining them in the light of the legal declaration made in the judgment.

Times of India Newspaper on October 2011 reports that Transgender may be allowed to adopt children and said about a special adoption Act to allow transgenders to adopt children is been discussed at the National Legal Services Authority (NALSA). It was according the executive chairperson Altamas Kabir to bring about equality for the transgenders in the society. Acceptance by family members is the biggest challenge faced by transgender. X (born as Jagadish) tells that she kept her feminine side to herself as her parents forced her to behave like a boy till the age of eight. Use of public transports and toilets is another issue of concern. Y, a transgender says that many of her friends died due to kidney failure, they were not allowed to use either the men or women’s toilet which leads to health complications. Even while traveling, they are denied occupancy of both ladies and general seats.

IBN Live, an Indian Television Channel reported on October 2014 that Transgender children will study in Delhi schools free with Lt. Governor Najeeb Jung on Wednesday approving their admission under the category of "disadvantaged group" defined by the Right to Education Act. It means these kids will be eligible for 25 per cent reservation under the economically weaker section (EWS) and disadvantaged students category for admission. A government notification said: "In exercise of the powers conferred by Clause D of Section 2 of the Right of Children to Free and Compulsory Education Act 2009 (35 of 2009) (RTE Act), the Lt Governor of Delhi is pleased to notify inclusion of a 'transgender' child within the
meaning of 'child belonging to disadvantaged group' as defined in the said section of the RTE Act." The notification issued by the Directorate of Education added: "The order will be applicable to all schools situated within the National Capital Territory of Delhi."

The Department of Adult Continuing Education & Extension organized an interactive session on Education and Employment opportunities for Transgender in the light of Supreme Court decision to accept transgender as the third gender. The interactive session was held on 19 April 2014 in the department, University of Delhi. The main objective of conducting session was to make them aware of the Supreme Court decision and to seek their opinion on education and employment opportunities. In this regard, it was also informed that the Ministry of Social Justice and Empowerment has taken lead to consider their rights and opportunities through a national level committee on transgender.

In April 2014, the Supreme Court of India passed a landmark judgment re-affirming an individual’s right to choose their identity, as male, female or third gender. The Supreme Court judgement which cites a UNDP India study in its verdict, also instructed central and state governments to develop inclusive social welfare schemes, and ensure greater involvement of the transgender community in policy formulation.

2.9 Programmes empowering Transgenders:

Social protection originates from the idea of the state as a provider and protector of all its citizens. Conceptually, social protection offers a way of thinking the requirements of groups and individuals to live a fulfilling life, the role of the Government in facilitating this, and the vulnerabilities of particular groups or individuals. Social protection ensures that a vulnerable individual, family or group is provided support for the basic needs – health, housing, income, education and food.

Social protection has been given adequate importance in India’s 11th five year plan and the Government of India Common Minimum Programme. Being a Welfare State, India provides targeted welfare for several marginalized communities
who have faced long-term oppression on the basis of their caste, tribe, religion or occupation. However, transgender people (including hijras) in India have long been neglected and did not come into the purview of targeted welfare programmes of the state or central Government until recently. Lack of recognition (both at legal and administrative levels) of the gender identity of the transgender people means they could not access the existing Government schemes even otherwise if they are eligible for those entitlements and benefits.

Tamil Nadu Government has shown unprecedented efforts to address the social protection needs of aravani or thirunangai (Tamil names for the broader umbrella term – male-to-female transgender people). What started as a sub-committee under the Department of Social Welfare, Tamil Nadu Government, to address the ‘rehabilitation’ of transgender people in 2003 eventually led to the formation of a separate nodal body – ‘Tamil Nadu Aravanigal (Transgender) Welfare Board (hereafter, shortly ‘TGWB’)’ – to address the social protection needs of transgender people in Tamil Nadu, both by introducing Transgender-specific schemes of its own and facilitating transgender people to access the existing Government schemes implemented by other Government bodies.

Tamil Nadu TGWB has been lauded for its involvement of transgender representatives in the board as equal partners in decision-making, and for providing targeted welfare to several needy Transgender people. Thus, the purpose of documentation of the Transgender welfare board as a case study is primarily to provide action points for other Indian states to introduce similar state level initiatives for addressing the social protection needs of transgender people in their states.

In 1998, a national plan of action was developed to combat “trafficking and commercial sexual exploitation of women and children”. State-level coordination committees were constituted in several states, including Tamil Nadu, as trafficking is both a state and central Government subject. In the fourth Tamil Nadu state level co-ordination committee meeting held on 4th August 2003, the Commissioner of Social Defence requested the Tamil Nadu Government to constitute a sub-
committee to conduct a detailed study on the ‘rehabilitation’ of transgender people. Consequently, the Tamil Nadu Government formed a sub-committee called ‘sub-committee for rehabilitation of transgender people’ (hereafter shortly ‘sub-committee’) under the Social Welfare and Nutritious Meal Programme Department (Hereafter, shortly ‘Department of Social Welfare’). A Government order dated 23rd October 2003 was issued to authorize the formation of such a sub-committee, with the Director of Social Welfare as its nodal officer. The sub-committee was asked to submit a report on the strategies for rehabilitation of TG people within a month from the date of its formation.

Early 2000s also was the time of collectivisation of same-sex attracted men and women across the socioeconomic classes under the common umbrella term ‘sexual minorities’ at the national and state levels. Interactions of Tamil Nadu transgender groups with same-sex attracted men through HIV-related programmes and legal rights-related advocacy activities (that eventually led to reading down of Section-377) led to a decision to conduct a public rally of sexual minorities in Chennai in August 2006. After this rally, the group representatives submitted a memorandum with several recommendations (including the need to focus on the social, and health needs of transgender people) to the then Tamil Nadu Social Welfare Minister.

This later led to a meeting in October 2006, which was convened by the Director of Social Welfare. The relation between the fulfilment of election manifesto of the Government and the meeting was explicitly stated in the Government Order related to this meeting. In that meeting, the original sub-committee (on Transgender people) was re-convened three years after its first meeting, and representatives from various Government departments, Non Governmental Organisations and Transgender representatives participated as well.

In December 2007, a ‘public hearing’ on the issues of aravanis was organized by a federation of Non Governmental Organisations working with marginalized groups that included Transgender Community Based Organisations. The Jury of this public hearing issued several recommendations to various
departments of the TN Government – most of which were in line with the recommendations made in the October 2006 subcommittee meeting. One of the jury members was Ms. R. K. Ramathal from State Women Commission (SWC). After that public hearing, SWC took lead in forming a four-member committee and submitted the recommendations to various Government departments including the Department of Social Welfare.

In relation to these recommendations, the Director of Social Welfare wrote to the Tamil Nadu Government, which led to the Government order that announced the formation of the Transgender welfare board on April 15, 2008. Later, the Tamil Nadu Government officially announced April 15 as ‘Thirunangai day’ to commemorate the day in which the Transgender Welfare Board was formed.

**Tamil Nadu Transgender Welfare Board: (TGWB)**

**A landmark initiative**

In a pioneering effort to address the issues faced by transgender people, the Government of Tamil Nadu (a state in South India) established a transgender welfare board in April 2008. It is the first of its kind by any state Government in India. Social Welfare minister serves as the president of the board. This effort is touted to be the first in India and even in the whole Asia-pacific region.

**2.10 Structure and Governance Of Transgender Welfare Board**

The Transgender Welfare Board (TGWB) functions under the leadership of – Minister of Social Welfare; Special Commissioner and Secretary of Social Welfare and Free Meal Department and Director of Social Welfare - who are President, Vice-President and Member Secretary, respectively of TGWB.

The board has official and non-official members. The official members are the representatives from the various Government bodies that include: Department of Finance, Department of Law, TN State Commission for Women, Police Department, Human Rights and Social Justice Commission, TN Corporation for Development of Women, Department of Higher Education, Department of Medical Education, and
Department of Employment and Training. Out of the eight non-official members, 7 are TG community leaders, and one person is a NGO leader. The TG community leaders are from different regions of the state to ensure representation from various parts of Tamil Nadu.

**Structure of Tamil Nadu Transgender Welfare Board**

**Non-Official Members**

Transgender community Leaders and Non Governmental Organisation Leaders

*Provide inputs for formulation and implementation of schemes*

**Official Members**

Representatives of various Govt. bodies

**President** - Minister of Social Welfare

Chairs the Board meeting

**Vice-President**

Special Commissioner and Secretary of Social Welfare & Nutritious Meal Programme Department - Co-chairs the Board meeting.

**Member Secretary** - Director of Social Welfare Convenes the Board Meeting.

At the state level, the President and Vice-President chairs and co-chairs the board meeting, respectively, and approve the schemes of TGWB. The Director of Social Welfare (Member Secretary of TGWB) convenes the board meeting and coordinates with official and non-official members to formulate schemes. The official members provide inputs to the board in framing strategies and designing the schemes. The official (Government) members also discuss how they plan to facilitate transgender people to access existing Government schemes and what
changes they have introduced for ensuring access. The official members inform the Secretary and President about the steps taken to address the issues of Transgender people. The non-official members interact with the Transgender communities at the grass-roots level and identify the emerging needs of Transgender people and issues related to accessing and using the existing schemes. During the board meetings, non-official members present the issues and needs to the board and assist in designing the schemes, and suggest ways to remove the bottlenecks in access and use of schemes. Thus, the non-official members have more of an advisory and consultative role, and seen as representatives of the diverse Transgender communities.

**Schemes of Transgender Welfare Board**

TGWB has addressed a variety of social protection needs of Aravanis since its inception. For simplicity and discussion purposes, the schemes are grouped as ‘TG-specific’ schemes – which are new schemes introduced by the TGWB to cater to the needs of TG people; and facilitating access to ‘existing schemes’ – that is, allowing transgender people to access the Government schemes that existed in the various Government department even before the formation of the TGWB.

The board would potentially address a variety of concerns of transgender people that includes education, income generation and other social security measures.

As a first step, the board has conducted the enumeration of Transgender populations in all 32 districts of Tamil Nadu and in some places identity cards - with the gender identity mentioned as “Aravani” - are being issued.

The Government has also started issuing ration cards (for buying food and other items from Government-run fair-price shops) for transgender people. In addition, Tamil Nadu Government issued a Government order in May 2008 to enroll transgender people in Government educational institutions and to explicitly include 'other' or 'third gender' category in the admission forms. Furthermore, only in the state of Tamil Nadu, in collaboration with the Tamil Nadu Aravanigel Welfare
Board, free sex reassignment surgery is performed for Hijras/TG in select Government hospitals.

The subcommittee made several recommendations that include: sex re-assignment surgery for eligible TG, people family counselling for acceptance of TG people, admission of TG students in schools and colleges, special vocational training and skill development training for TG people and special grievance redressal meetings to be convened by the district collectors. These recommendations were later issued as a Government order on 21st December 2006 (G.O. No. 199). The same G.O. also stated the need to conduct a detailed survey among aravanis to improve their lives.

On 24th August 2007, the Co-operation, Food and Consumer Protection Department in its press release21 mentioned that transgender people were issued ration/food card even if they live alone. Meanwhile, key political leaders started openly talking about the need to include transgender people in the mainstream society.

**Transgender-specific welfare schemes by Transgender Welfare Board**

Transgender-specific schemes are those that are formulated and funded by TGWB exclusively to benefit the transgender people. These include self-employment grants (up to INR 20,000) primarily to address the income needs of Transgender people. Material support such as sewing machines is given to needy Transgender people. Furthermore, short-stay home was started in Chennai to serve as a temporary shelter for Transgender people in crisis and as a safe place to for Transgender people to stay when they visit Chennai for medical care and sex reassignment surgery.

**Access to existing Government schemes from various Government departments**

The existing state Government schemes that are accessed by Transgender Welfare Board members mostly include income generation by formation of
Transgender self-help groups (SHGs) operated by accredited Non Governmental Organisations (which usually manage SHGs for women). To address housing needs of Transgender people, the state Government offers free land *pattas*. Besides, the central Government’s housing scheme – Indira Awaas Yojana (IAY) – is also used to provide support for housing to Transgender people.

TGWB facilitates access to existing Government institution-delivered programmes such as health insurance, education, and employment. The Board facilitates access to employment opportunities for TG people by enabling them to register in the state Government ‘employment exchange’. TGWB facilitates provision of free sex reassignment surgery through select Government hospitals in Chennai. Kilpauk Medical College Government Hospital and Madras Medical College Government Hospital offer free SRS that include removal of male genitalia, and vaginoplasty. Moreover, ration/food cards that are usually provided to a family are now provided to Transgender people even if they live alone.

**Eligibility criteria and subgroup-specific schemes**

All Aravanis with the TGWB identity card are eligible for receiving Transgender-specific schemes of TGWB. The process of providing identity card is explained in box. But other eligibility criteria are also applied if Aravanis need to apply for schemes provided through the various Government departments. Sometimes, they share the quota reserved for the women. For example, for getting admission in schools/colleges, Aravanis can apply in the women quota that has a 30% reservation.

Transgender community need specific schemes for Transgender people in sex work, HIV-positive Transgender people, and older Transgender people. They also suggest that formulation of Transgender-specific schemes from TGWB can be based on some specific categories such as age, socio-economic status, literacy level, HIV status, and occupation – as these considerations could ensure equity in access to schemes by all sub- groups of Transgender communities.
PRACTICAL MODELS FOR STATE GOVERNMENT PROGRAMME
FOR SOCIAL PROTECTION OF TRANSGENDER PEOPLE*

Identify a nodal government department (e.g. Dept. of
Social Welfare)
Or
Establish a specific state nodal body to Implement and
coordinate TG welfare schemes

Identify a nodal government
department (e.g. Dept. of Social
Welfare)
OR
Establish a specific state nodal body to Implement and coordinate TG welfare schemes

Formulate and Implement TG specific
Welfare
Facilitate access to existing schemes in various government

*Source : Report submitted to UNDP-India by : Venkatesan Chakrapani, M.D.
Income generating activities for the transgenders:-

In order to enable transgenders to be economically independent and self-reliant, the Government will provide through the Tamil Nadu Transgenders Welfare Board loan upto 15.00 lakh with 25% subsidy to the Self Help Groups of transgenders which are ready to undertake income generating activities. Some of the identified activities are Catering, manufacture of sanitary napkins, rearing of cattle, making paper cups etc., The Tamil Nadu Transgenders Welfare Board with the Hon’ble Minister for Social Welfare as its Chairperson which looks after the welfare of the transgenders consists of 11 Official members and 9 Non-Official members (Transgenders).

**Trangenders to get Rs.1, 000 monthly pension.** Times of India Newspaper, August (2012), Chennai mentions that Chief Minister J Jayalalithaa announced a monthly pension of 1,000 for those above 40 years and living in abject poverty. The state Government has allotted 1.17 crore for the scheme. According to the proposed "Pension Scheme for Destitute Transgender", impoverished members of the community aged over 40 will be eligible for a monthly dole of 1,000. She said the scheme was aimed improve their social and financial status. This scheme was welcomed by the community. The decision will benefit Transgenders who are members of the Tamil Nadu Transgenders Welfare Board.

A long-standing demand has come to fruition; we totally welcome this move, acknowledged X, a former member of the Transgender Welfare Board and Secretary, Tamil Nadu Aravani Rights Association. X, who has been an advocate for Transgenders’ rights for 25 years, said, “We need a permanent address just like anyone else. Since seeking accommodation for us is a problem, we will ask the Government to provide us with group houses.”

A **Writer and transgender activist** says that “the Chief Minister’s announcement is heart-warming. I hope this will dispel misconceptions about us in society”. Leaders and members of the transgender community had presented a 10-point agenda to Social Welfare Minister, in which the demand for pension was
primary. The Government could distribute land to the transgenders to construct houses under Centrally-sponsored schemes such as the Indira Awas Yojana.

A transgender who is a founder and managing trustee of Transgenders Rights Association says, “This pension will be a boon to ageing transgenders as their ability to do work after corrective surgery goes downhill.”

A transgender who is a Programme officer of Nirangal an NGO for transgender rights says “The measure is much-needed”. It acknowledges the lack of employment opportunities for transgenders. It also underlines that they get little support from their families and friends.

Transgenders to be included in railway statistics in India mentions that the Government Railway Police (GRP) has started a new website, displaying figures of the number of men, women and Transgenders who have fallen victim to railway accidents. This is the first time that Transgenders have been included in the GRP administration statistics. According to GRP officers, they have been asked from their superiors to compile the list in three categories, male, female and transgender. The total number of accidents that took place from January 2012 till date is 4172, out of which seven are involving transgender. Out of 2007 deaths that took place this year, six were transgenders.

2.11 Transgender Studies and Literature in India

Historians Ruth Vanita and Saleem Kidwai, in their pioneering book, Same-Sex Love in India: Readings from Literature and History (2000) for the first time compiled extracts from Indian texts, from ancient to modern times, including many Hindu texts, translated from 15 Indian languages. In their accompanying analytical essays, they also demonstrated that Hindu texts have discussed and debated same-sex desire from the earliest times, in tones ranging from critical to non-judgmental to playful and celebratory.

Historian Devdutt Pattanaik summarizes the place of homosexuality in Hindu literature as follows: "though not part of the mainstream, its existence was
acknowledged but not approved." Other Indologists assert that homosexuality was not approved for brahmanas or the twice-born but accepted among other castes.

In his book, *Tritiya-Prakriti: People of the Third Sex* (2013), Vaishnava monk Amara Das Wilhelm demonstrates how ancient expressions of Hinduism accommodated homosexual and transgender persons much more positively than we see in India today. Early Vedic teachings stressed responsible family life and asceticism but also tolerated different types of sexualities within general society.

After interviewing and studying the Hijra for many years, Serena Nanda writes in her book, *Neither Man Nor Woman: The hijras of India* (1990), as follows: "There is a widespread belief in India that Hijras are born hermaphrodites [intersexed] and are taken away by the Hijra community at birth or in childhood, but I found no evidence to support this belief among the hijras I met, all of whom joined the community voluntarily, often in their teens." Nanda also states: "There is absolutely no question that at least some Hijras – perhaps even the majority – are homosexual prostitutes.

Sinha's study of hijras in Lucknow (1967), in North India, acknowledges the hijra role as performers, but views the major motivation for recruitment to the hijra community as the satisfaction of the individual's homosexual urges..." The hijras especially worship Bahuchara-devi, the Hindu demigoddess presiding over transsexuality.

"Vaadamalli" by novelist Su.Samuthiram is the first Tamil novel about Aravaani community in Tamil Nadu published in the year 1994. Later Transgender activist A. Revathi is the first Hijra to write about Transgender issues and Gender politics in Tamil, her works have been translated in more than 8 languages and acting as a primary resources on Gender Studies in Asia. Her book is part of research project for more than 100 universities. She is the author of *Unarvum Uruvamum (Feelings of the Entire Body)*; is the first of its kind in English from a member of the hijra community. She also acted and directed several stage plays on Gender and Sexuality issues in Tamil and Kannada. "The Truth about Me: A Hijra
Life Story” by Transgender A. Revathi is part of the syllabus for Final Year students of The American College in Madurai. Later Naan Saravanan Alla” (2007) and Vidya’s “I am Vidya” (2008) became first transwoman autobiography.

2.12 Social Inclusion of Transgenders

Two transgenders aspire to fight in TN polls in Indian elections. Two celebrity Transgenders are given seats by their respective parties to contest in the April 13 Tamil Nadu assembly elections and they manage to beat their opponents.

Two transgenders who want to work for bringing the transgender community into the mainstream and provide them a decent livelihood with suitable vocational training. They both said

- "Political representation is the best route for the welfare of minority communities like transgenders," they told IANS when asked about the reason for such political aspirations.
- Asked whether she would represent the transgender community after undergoing a sex change operation to become a woman last year, she said: "First I am an Indian, then a Tamilian, then a woman of transgender origin."
- They are clear about their agenda when they would get to contest the elections and win.
- "I will push for free education for transgender children and adequate employment opportunity for the community," said the contestant.

The Election Commission took socially sensitive initiative to provide a third gender option ‘others’ in 2009 itself to allow transsexuals to take part in the democratic exercise, the enrolment of the community has been abysmal. According to the 2014 summary revision electoral data, only 2,996 transgenders had registered themselves as voters in 39 Parliamentary constituencies in Tamil Nadu though their actual population is much more than that. The low enrollment was mainly due to poor awareness.
Miss Universe to include transgender women, Reuters WORLD reports on April 10, 2012 that the Miss Universe pageant is changing its rules and will allow transgender women to take part in all of its competitions starting in 2013, the organization and gay rights group GLAAD said on 2012. Tuesday's decision follows a media outcry over the disqualification of Canadian contestant Jenna Talackova from the upcoming Miss Universe Canada contest because she was not a 'naturally born female.' Talackova 23, who underwent gender reassignment surgery when she was 19, was reinstated to the Canadian competition last week by businessman Donald Trump, who owns the Miss Universe organization. Talackova has a Canadian passport, driver's license and other documents that identify her as a woman Following consultations with the Gay and Lesbian Alliance.

Transgenders in Media:

Hema Malini, Member of the Indian Parliament on April 12, 2011, who came to launch the music of the film Queens! Destiny Of Dance narrates the issues of Transgenders in the country and the stigma attached to their lives. The film has real life eunuchs, along with actors like Seema Biswas and Vineeth. She said that “it is important to make films on Transgenders also, to know about their problems and to know how to solve those. Everyone should come together and make it a success”.

2.13 Organisations work for Transgenders in India

Organizations such as Sahodaran, Sahodari Foundation (focusing on transgenders and meaning ‘sister’ in Tamil), Solidarity And Action Against The HIV Infection in India (Saathii), Sangama, People Like Us (PLUS), Naz India, Bharosa Trust, The Humsafar Trust, Transgenders Rights Association, Born to Win, Vaanavil, SWAM, Tamil Nadu Aravanigal Association, Nirangal, Udaan Trust, Sappho for equality, LGBT Support group Velvet, Sudar and many others work for decriminalizing and mainstreaming sexual minorities.
Conclusion

In the above chapter, the literature review on different aspects to study the social status, identity crisis, health and mental status, legal frame work for the transgenders. The chapter also explains the various programmes for the transgenders and the Transgender Welfare Board working for their concerns.

2.14 Definition of Terms

Identity

How one thinks of oneself, as opposed to what others observe or think about one. However, there is a close symbiosis in societies between the formation of a sense of self-identity and the social and cultural application of labels to describe people. Identities are not acquired in isolation and are profoundly social in character.

Sexual minorities or Sexual minority community

Refers to lesbian, gay, bisexual and transgender/transsexual persons as well as persons with other identities (such as kothis and hijras) as a minority group in a predominantly heterosexual population. (Sometimes referred to as 'sexuality minorities').

Aravan

As no princess was ready to marry him, the one night before his sacrifice so he could experience sexual pleasure before his premature death a man whose death was certain the next day, Lord Krishna took the form of a woman and fulfilled the prince’s wish. The Transgenders who believe in this are named after Aravan and so called as Aravanis.

Guru

The Transgender community is strictly hierarchical and their like is governed by regulations laid down by the immediate superiors. The Gurus rule over the
community members and regulate their day-to-day life. Each guru lives with at least five chelas; her chelas assume her surname.

**Chela**

The meaning of Chela is becoming a Student to get into the Transgender family under the Guru. The student carry the surname of the Guru. They give their income to their Guru who manages the household.

**Castration – nirvana ("rebirth")**

This is a practice among Transgenders to dispense with unwanted male genital organ. Here the person who is going to become a Transgenders is kept in isolation for some days. On a day declared auspicious by the Guru, the person is laid down on a hard surface and a cord is tied tightly around the testicles to stop the flow of blood.

Several Aravanis hold the person down as a sharp knife serves the penis and testicles in one swift movement. The wound is bled for a period of hours, to signify the draining of manhood and the onset of womanhood. Metal or wooden plug is inserted into the wound to stop full closure and leave an aperture for the passage of urine. Hot oil is poured over the area and herbs are placed on it to hasten the healing process.