SUMMARY AND CONCLUSION

Overview

Chapter 5 takes through the overall research summary on Hijras from the objectives, execution and to the major findings. It further brings out the implications of the current research, limitations, scope, and future directions.

(5.1) Summary of the current research

Understanding Hijras the Transsexuals from psychosexual perspective is one of the steps towards inclusive attempts to mainstream this group of sexual minorities. Bringing out the salient aspects of this population has been attempted through learning about their background from mythological, historical, longitudinal and contemporary perspectives. Review of past literature, helped in delineating the meaning and constructs behind the transsexual’s gender, looking through the lenses of sociological, psychological and biological perspectives has helped to gain comprehensive view of the Transsexuals. However, the psychosocial aspects which have been studied earlier are few and show clear gaps in understanding the transsexuals from holistic perspective.

The global scenario of the Transsexuals shows the socially disadvantaged status. The understanding from psychopathological point of view has been revised over a period of time. However, the gender identity crisis makes them different from the rest of men and women. In India Hijras though have been understood as transsexuals their cultural uniqueness, identity, dynamics behind their existing situation and wellbeing is found to be important to extend the understanding into their life. The current psychosocial study of transsexuals has brought some salient aspects of their life. It is intriguing to know about correlates of wellbeing and other psycho social aspects like Social life, Personality, Emotional intelligence, Subjective well-being, health, sexuality issues and addictions as they prevail.
This exploration was made possible through mixed method which allowed the complementary contribution of quantitative and qualitative lines of enquiry. The quantitative study consisted of 100 voluntary participants from in and around Bangalore district, Karnataka, India. Further sub sampling was done for the qualitative research work. They were selected based on cut off scores obtained on Subjective well-being inventory.

Hijras of India are known to be culturally different as compared to other transsexuals across the world. Hijras are considered to be the people with the power of blessing or cursing. The historical perspective and contemporary context highlights that Hijras are into, ‘dancing’ and ‘Badhai’ practices for generations which are fading in the changing socio-cultural scenario in India. The research participants report that poor recognition of the same is affecting their identity and also their livelihood. Hijras the transsexuals live in closed community which mimics matriarchal pattern of family system. To a large extent they live like women, commonly follow occupations like begging and commercial sex work. They are socially distanced and marginalized which is a pattern observed in the life of many Hijras. Hamams are dwelling areas which are also used to entertain male clientele for commercial sex work. Hijras are accepted in a few families but they continue to live in their own community away from the biological family and most of them have been disowned and distanced by the biological families and relatives. Thus Hijra community is a major social support system for them.

Majority of the transsexuals enjoy average well-being as compared to norm for general population. The qualitative enquiry further identified unique factors that contribute to high and low well-being. Considering the well-being as a dependent variable an explanatory model was established by doing regression analysis. The current model shows that their general health, extroverted personality factor positively related and neuroticism inversely related to their well-being. This could be further elaborated as General health, extroverted personality contributed to high well-being and neuroticism contributed to low well-being.
The Personality factors which are more evident among them are highly sociable and less conscientious and findings corroborate with previous study findings. Health status shows that their social health is poor as compared to the perceived health of men and women. The highlights on Emotional intelligence reveal that there is not much of a difference in their emotional intelligence as compared to general population norm. Understanding the pattern of Addictions reveals that quite a few are addicted to different substances and some may even be in need of clinical attention.

**Findings from the qualitative enquiry**

Qualitative enquiry was chosen as complimentary to the quantitative research. The emergent themes have helped in contributing salient hypothesis which may warrant additional probes. The key areas that the qualitative inquiry helped to understand are the social and community life, general and unique markers of well-being, sexuality issues, understanding the life from developmental perspective through detailed case studies.

The unique markers contributing to well-being are – Transition, Female Gender identity, Castration, Celebration of Nirvana and Hijra community living. The factors that contribute to low wellbeing are experiencing of violence, non-acceptance, poor social recognition, Social distancing, limited resources, and limited accessibility to certain facilities that men and women get.

The findings related to their sexuality shows that they have active sexual life and that they have adequate sexual health awareness. All the participants consider themselves as females and have preference for men as their sexual partners. Rampant practice of commercial sex work is a lucrative source of income at the same time fulfills the psychological needs like nurturance, affiliation, play and sexual gratification. Commercial sex work is also the last resort as the main stream society has not made provision for the ‘other genders’. Because of the oppression and social distancing they are deprived of opportunity to acquire skills of life leading to inability to take up competitive jobs. Their
female gender role affirmation is also noted through the increased interaction with the male partner.

Developmental perspective in the case history reveals the psychological conflicts, demanding upbringing and poor social support from the parental family. They feel that their behavior is accepted within their circle. This becomes crucial to reestablish their identity. Hijras have houses based on whom they consider as their guru. Changing of the guru and the group determines the house too. They have matriarchal groups. Irrespective of the house they belong to they have female roles in the community. A person who aspires to live like a hijra becomes a chela and starts to have informal education to participate in the Hijra group and community. Other few salient aspects noticed from the case studies are that there is an evidence of yearning for castration before puberty, Fear experienced in expressing gender identity which is contrary to their biological sex, desire to adopt a child, need for having a regular partner and also Social acceptance in many spheres of life. The sexuality aspects, markers of wellbeing have contributed to newer information.

(5.2) Implications of the current study

- One of the important finding of the study is extroversion and general health positively contribute to well-being and neuroticism contributes to low well-being. Based on this a model can be developed to increase their well-being.
- One of the unique markers of hijra wellbeing is castration, considering this more easily deliverable castration/sex re-assignment surgery can be worked out at the governmental policy level.
- Incidences of addiction among the participants are above 50%. Hence, intervention can be planned to address the impact of addiction and create awareness about health enhancing lifestyles.
• Study population’s status of Social health is poor when compared to social health of men and women who abide by heteronormativity. Hence, dialogue with the general public is to be initiated.

• Transition has been reported to occur between the ages of 6 and 14 years. Hence, Initiatives could be undertaken to understand this phase in greater depth and suitable intervention can be designed.

(5.3) Limitations

• Subsequent to knowing that a large majority of the participants are into commercial sex work, the focus of the research could have been widened to include information about the prevalence of sexually transmitted diseases and HIV among them.

• One of the objectives of the research was to understand the social life of Hijras. To meet this objective, perspective from significant people in the participants’ life as well as the others would have given holistic view about their social living.

• The coming out process is a critical point in the life of the LGBT persons, support at this time is pivotal for both long-term and short-term health and wellbeing outcomes. The current study is limited in the explanation of the impact that this stage has had on them.

(5.4) Scope for further research

• There is a scope for conducting and replicating the research with more representative sample from across the Indian sub-continent.

• Longitudinal studies can be planned to get a developmental perspective.

• Developing a model for main streaming the Hijra population.

• Recommendation for policy makers to formulating more adaptive guide lines for sex reassignment surgeries.