CHAPTER-I
INTRODUCTION

1.1 Prologue

During the late 19th century, the European sexologists identified a separate community of homosexual people who are termed as ‘third sex’. The third nature refers to a person who desires another person belonging to the same category instead of other sexual categories like male and female. The scholars have subsequently referred to the third sex as ‘eunuch’ and ‘neuter’ in their writings. According to the current terminology, the persons belonging to the ‘third sex’ are defined as ‘transgender’ which is the state of one’s gender identity, not matching one’s assigned gender. The transgender people may be identified as heterosexual, homosexual, bisexual, pansexual or asexual. The transgender people present themselves to the world in a wide variety of ways. Transgender is an umbrella term used to describe gender variant people who have gender identity expressions or behaviors not traditionally associated with their birth sex. Usually, all transgender persons do not alter their birth sex and their physical anatomy. But some transgender individuals prefer to alter their bodies through hormones or surgery in order to make their anatomy concurrent with their gender by changing physiological structure, hairstyle and manner of dressing. There has been an emergence of a new body of scientific investigations focusing on cultures of transgenderism across the globe. The present study was carried out with a view to understand the concept, process and impact of male to female transsexuals with special reference to Karnataka state. This chapter presents the salient features of the study namely - transsexual history, transgender identities, transgender theory, historical context of transgender and transsexuality, scientific study of transgender, human rights violations against transgender community, empowerment of transgender community, transsexualism in modern society, social significance of the study and objectives of the study.

1.2 Transsexual History

The term 'transsexual' became a household word during 1950s when Jorgensen underwent sex-reassignment surgery in Denmark. It was estimated that over a million and a half words were written about her in the 18 months after her surgical
reassignment; giving an indication of the amount of controversy she stirred-up, comment Jorgensen et.al. (2000:101). Several years later, in 1955, a new theory of the process of gender identity formation was proposed by Money, Hampson and others which is sometimes referred to as the psychosexually-neutral-at-birth theory. They contended that children are born without any innate gender identity, and that they may only acquire one through the learning or imprinting processes that occur during early socialization, according to Diamond et.al. (1996:61). This development is widely discussed by the researchers and clinicians alike and it provided a framework for many of the arguments about etiology that would come later.

By the mid 1960's, the arguments disputing the importance of biological differences between men and women advanced by feminists kept the focus on the primacy of socialization for several more decades. For feminists, this was a political argument, concerned with opposing those who claimed that biological differences between men and women justified the continuation of social and institutional structures that oppress women. In the early 1970's, lesbian separatists fighting for women's rights began to attack MTF transsexuals, claiming that transsexual women brought male privilege, behaviors, and what was often referred to as 'male energy' with them and therefore they were not welcome in women-only spaces, according to the scientists.

In 1979, John McLachlan held the first symposium on estrogens in the environment. He brought together researchers interested in the problems of placental transport of hormonal mimics to the developing fetus and the effects of DES (Diethyl Stillbestrol) and other synthetic estrogens on animals and humans, opines Krimsky (2001:108). Few scientists were working in the field at the time, as it crossed several disciplinary boundaries that were usually considered separate entities: endocrinology, toxicology, and developmental biology. The DES was assumed safe, despite the fact that it is now known to be significantly more potent than 17β-estradiol, the most potent form of endogenous estrogen.

This view of MTF transsexuals within feminist circles gained adherents and culminated in Janice Raymond's book titled ‘The Transsexual Empire’ (1979). The Making of a She-Male, which used the same 'rape' metaphor used by Morgan years earlier, taking a militant and uncompromising approach to MTF transsexuals. She
claimed that transsexual women can never be women because they do not have the proper set of chromosomes and were not raised as females. This highly influential book destroyed many alliances between feminists and transsexuals, and eliminated places for feminist transsexuals. In the 1990's, the center stage of the debate over who qualified as a woman was the Michigan Womyn's Music Festival (MWMF), a yearly gathering composed mostly of lesbian feminists.

In 1991, Nancy Burkholder, a MTF transsexual, was ejected from the festival, and organizers justified the action, saying that the MWMF was only for 'womyn-born-womyn. Ultimately, this narrowed definition of 'woman' was applied specifically to exclude transsexual women from the festival, and a variety of arguments, both theoretical and practical, are still raised to support the exclusionary policy. The MWMF has a large attendance of FTM transsexuals, indicating that from the point of view of the organizers and the vocal majority of attendees, once female, always female.

McLachlan (1993:123) states: “Initial attempts at determining the reasons for the estrogenicity of hormonal mimics relied on structural analysis, which is used to predict the action of a chemical based upon its shape. However, many chemicals known to mimic estrogen were found to have radically different shapes, rendering structural analysis useless for this particular problem. This resulted directly in the need for animal testing in order to identify which chemicals had estrogenic properties”.

Initially, funding and support for early work on endocrine disruptors came from the National Institute of Environmental Health Sciences (NIEHS), a branch of the National Institutes of Health. As research advanced, new tools such as screening assays were developed, and methods of studying the effects of endocrine disruption began to increase the pace of discovery.

Colborn (1996:44) identified certain patterns in the wildlife that indicated that the Great Lakes system was not recovering as expected: unhatched eggs, missing eyes, crossed bills, and behavioral changes in parenting. The results of this research project were detailed in the 1990 book Great Lakes, Great Legacy, that chronicled the environmental changes in the region, the effects on wildlife, and policies for the
future. The scientist coordinated a conference in Racine, Wisconsin, that brought together 21 scientists from a variety of disciplines who had each studied a part of the larger problem. Several experts from the fields of: anthropology, ecology, comparative endocrinology, histopathology, immunology, mammalogy, medicine, law, psychiatry, psychoneuroendocrinology, reproductive physiology, toxicology, wildlife management, tumor biology, and zoology participated in the Wingspread Conference which published a consensus statement that summarized the findings of the participants.

Colborn and Myers teamed up with science writer Diane Dumanowski and authored another prominent book ‘Our Stolen Future: Are We Threatening Our Fertility, Intelligence, and Survival?.’ The work included a forward by then American Vice President Al Gore. It received significant attention in the press, leading to Congressional Hearings on the topic, but the Congressional Representatives focused almost entirely on the possible links between endocrine disruptors and cancer, even though the scientists repeatedly mentioned endpoints other than cancer. These endeavors resulted in new EPA (Environmental Protection Agency) directives to evaluate the chemicals at issue for their endocrine disrupting properties, EPA progress has been slow, partly due to the complexity of the scientific problems but mainly due to political forces that hamper regulation.

In 1995, during the same period Theo Colborn and her colleagues were learning more about endocrine disruptors, a group of research scientists at the Netherlands Institute for Brain Research identified for the first time a difference in the size of a region in the hypothalamus believed to be important in sexual behavior based upon similar studies in animals, observe Zhou, et. al. (1995:203). The group published a series of papers showing that this region, called the central subdivision of the bed nucleus of the stria terminalis (BTSc), a region in the preoptic area of the hypothalamus, is sexually dimorphic, or different between the sexes. The size of the BTSc in males is normally approximately double the size in females. This morphological difference was also found in transsexuals, but the size of the region was found to be female-sized for MTF transsexuals, and in the only FTM brain available, the BTSc was found to be male-sized.
The scientists conclude that the studies provide unequivocal evidence that this
difference in size reflects a form of 'brain hermaphroditism,' where the brain is
sexually differentiated contrary to the genetic and genital sex. They also believe that
many other brain structures are probably affected and that this sexual dimorphism in
the hypothalamus is just one example, important though it may be, because studies in
animals show a similar relation between the size of certain hypothalamic nuclei and

Most recently, researchers of transsexual etiology have compiled a document
outlining the current thinking of professionals in the field, titled ‘Definition and
Synopsis of the Etiology of Adult Gender Identity Disorder and Transsexualism’. The
document has 24 signatories, including many of the most prominent researchers of
transsexual etiology in the world, write Asscheman, et.al. (2002:06). "Factors which
may contribute to an altered hormone environment in the brain at the critical moments
in its early development might include genetic influences”, were according to them.
The scientists also pointed out that interference with the hormonal system during
development can result in transsexualism.

1.3 Transgender Identities

In the field of Anthropology certain concepts such as drag king, drag queen
and faux queen are used in different contexts. Drag is a term applied to clothing and
make-up worn on special occasions for performing or entertaining as a hostess, stage
artist or at an event. This is in contrast to those who cross-dress for other reasons or
who are transgender. Drag performance also includes overall presentation and
behavior in addition to clothing and makeup. Drag can be theatrical, comedic, or
grotesque, and female-identified drag has been considered a caricature of women by
second-wave feminism.

Genderqueer is another term which signifies gender experiences that do not fit
into binary concepts, and refers to a combination of gender identities and sexual
orientations. One example could be a person, whose gender presentation is sometimes
perceived as male, sometimes female, but whose gender identity is female, gender
expression is butch, and sexual orientation is lesbian. It suggests nonconformity or
mixing of gender stereotypes, conjoining both gender and sexuality, and challenges
existing constructions and identities. In the binary sex/gender system, gender queerness is unintelligible and objected.

The people who live cross-gender live always or mostly as the gender other than that assigned at birth. If they want to be or identify as their gender assigned at birth, then the term ‘cross dresser’ may be used. If they want to be or identify as the gender they always or mostly live in, then the term ‘transsexual’ may be used. The term ‘transgender’ or ‘transgenderist’ has been applied to people who live cross-gender without sex reassignment surgery.

The world androgyne refers to a person who does not fit cleanly into the typical gender roles of their society. It does not imply any specific form of sexual orientation. Androgynes may identify as beyond gender, between genders, moving across genders, entirely genderless, or any or all of these, exhibiting a variety of male, female, and other characteristics. Androgyne identities include pangender, ambigender, non-gendered, agender, Gender fluid or intergender. Androgyny can be either physical or psychological, and it does not depend on birth sex. Occasionally, people who do not define themselves as androgynes adapt their physical appearance to look androgynous. This outward androgyny has been used in fashion, and the milder forms of it (women wearing men's pants or men wearing two earrings) are not seen as transgender behavior.

The term bigender is referred to an individual who moves between masculine and feminine gender roles. Such individuals move between two distinct personalities fluidly depending on context. While an androgynous person retains the same gender-typed behaviour across situations, the bigendered person consciously or unconsciously changes their gender-role behaviour from primarily masculine to primarily feminine, or vice versa.

Many transsexual people desire to undergo gender transition. People who have transitioned may or may not necessarily identify as transgender or transsexual any longer, but simply as a man or a woman. Those who continue identifying as transsexual men or women may not want to ignore their pre-transition life, and may continue strong ties with other transsexual people and raising social consciousness. Transgender and transsexual people may be either open or closed about their trans
status prior to, in the process of, or after fully transitioning. Many transsexual people have a wish to alter their bodies. These physical changes are collectively known as gender reassignment therapy and often (but not always) include hormone replacement therapy and sex reassignment surgery. References to ‘pre-operative’, ‘post-operative’ and ‘non-operative’ transsexual people indicate whether they have had, or are planning to have sex reassignment surgery, although some trans people reject these terms as objectifying trans people based on their surgical status and not their mental gender identity.

Gilbert et.al. (1998:80) defines “A cross-dresser is a person who has an apparent gender identification with one sex, and who has and certainly has been birth-designated as belonging to one sex, but who wears the clothing of the opposite sex because it is the clothing of the opposite sex. This excludes people who wear opposite sex clothing for other reasons. Also, the group does not include those female impersonators who look upon dressing as solely connected to their livelihood, actors undertaking roles, individual males and females enjoying a masquerade, and so on. These individuals are cross dressing but are not cross dressers. Cross-dressers may not identify with, or want to be the opposite gender, nor adopt the behaviors or practices of the opposite gender, and generally do not want to change their bodies medically. The majority of cross-dressers identify as heterosexual”.

Scholars have defined a transvestite as somebody who cross-dresses. The term ‘transvestite’ is used as a synonym for the term ‘cross-dresser’, although ‘cross-dresser’ is generally considered the preferred term. The term ‘transvestite’ and the associated outdated term ‘transvestism’ are conceptually different from the term ‘fetishistic transvestism’. The world ‘transvestic fetishist’ describes those who intermittently use clothing of the opposite gender for fetishistic purposes. In medical terms, transvestic fetishism is differentiated from cross-dressing by use of the separate codes.

The term ‘transgender’ refers to a diverse group of individuals whose gender does not match their biological sex at birth. It is an umbrella term that describes a wide range of gender-variant groups and individuals, from those who engage in transgender behavior on occasion, such as cross-dressers, to those who do so at all times. Transgender is a word whose meaning has shifted over time. A version of the
term was first used in 1969 by Virginia Prince in Transvestia, a magazine for cross-dressers. At that time, Prince used the term ‘transgender’ to refer to a person who lived full time in the gender opposite their sex but had no desire to undergo sex reassignment surgery.

The publication titled ‘Transgender Liberation: A Movement Whose Time Has Come’, added a new dimension to the concept of transgender which refers to all people who were gender variant. This is the meaning of the word as it is currently used. It refers to not just those who identify themselves as transgendered, but to many different groups, including cross-dressers, transsexuals, androgynes, and genderqueers. As the definition of transgendered has changed and many different groups have claimed some kind of transgender identity, it can be confusing to determine who is being referenced by the term. The definition used here is very broad and inclusive, but some estimates use narrower definitions. The work states that there are multiple ways to determine sex, including examining the genitals at birth for a penis or a vagina; measuring hormone levels of estrogen and testosterone; examining chromosomes for XX or XY patterns; and later in life using secondary sex characteristics, such as facial hair.

Sex is thought to be a mutually exclusive and exhaustive binary in that there are two and only two sexes: male and female. Though the male-female binary of sex is considered a biological fact, this is not necessarily the case. A child can be born with any number of characteristics that make it difficult to determine its sex, such as ambiguous genitals or chromosomes that vary from XX and XY, such as XXY. In these cases, sex determination cannot easily be made as male or female, and so the child is considered intersexed. An intersexed infant is typically surgically altered to fit into either the male or female sex category. In most cases, intersexed infants are turned into females.

The transsexuals go through medical procedures in order to change the sex they were born with. Transsexuals are usually individuals born in one sex category who wish to change their sex through sex reassignment surgery. The existence of both transsexuals and intersexed individuals challenges the notion that sex is entirely biological. Gender is a social construction based on sex, which defines the normal behaviors and traits for each sex, such as the way people are expected to walk, talk,
and dress. Just as there are generally thought to be two sexes, there are generally only two genders that are considered socially acceptable: masculine and feminine. A person who is male is expected to be masculine, while a person who is female is expected to be feminine.

These are categories that are thought to be mutually exclusive: A person can be masculine or feminine, but not both masculine and feminine at the same time. Since gender is a social construction, what is considered appropriate masculine or feminine behavior can change over time and can differ across cultures. A person could combine both masculine and feminine traits and/or behaviors at the same time. Finally, a person might learn both masculinity and femininity and be able to switch back and forth between the two genders with ease. Sexual orientation refers to the sex of the person who is attracted to a particular sex group. A person who is homosexual is attracted to those of the same sex as her or his own, while a person who is heterosexual is attracted to those of the opposite sex. Heterosexuality and homosexuality are also thought to be a binary; however, a person might be bisexual and be attracted to both sexes or might have a sexual orientation outside of these categories.

White (1974:195) states “The gender variance is frequently associated with sexual orientation, where it is thought that a person who is homosexual will identify with and express the gender opposite her or his sex; this is not always the case. Not all people who are homosexual will be transgendered, and not all transgendered people are homosexual. Transgendered individuals may be gay, straight, bisexual, or might not identify with a particular sexual orientation. Further, a person with a homosexual orientation might be gender variant, or they might engage in normative gender behavior Transgender is a term used to describe individuals who have persistent and significant discomfort with their assigned gender”.

Transgender individuals were born biologically male or female, but live their lives to varying degrees as the opposite gender. Gender identity refers to an individual’s self-identification as male, female, or other. Male and female are extremes on the gender continuum and many transgender people identify as somewhere in the middle, or gender variant. A transsexual is a transgender individual who seeks genital reassignment surgery. Not all transgender individuals are seeking to
‘transition’ through hormone therapy, aesthetic surgery, or genital surgery; in fact, many do not. Transgender people are referred to as male-to-female (MTF) or female-to-male (FTM). It is also important to distinguish between gender identity and sexual orientation. It is a myth that all MTF transgender individuals are attracted to men, or that they are really homosexuals. Many MTFs are happily married and have no desire to leave their wives. MTFs and FTMs may be attracted to men, women, or both and may identify as homosexual, bisexual, or heterosexual.

Taylor (2002:177) writes “It is important not to confuse these issues. Variant expressions of gender; what we today call transgender and transsexualism have been present throughout human history”. Gender roles outside the binary male/female were recognized members of a variety of tribal cultures, according to Herdt (1996:93). Dekker and Pol (1989:56) suggest that many women lived socially as men from the middle Ages on. Legal documents showing that men lived as women are less common, but this may be artifactual, due at least partly to the fact that until recently women were largely excluded from activities which would have generated legal documents. Nonetheless, there are many reports of men who lived as women, report Bullough et.al. (1997:32).

Ellis and Erikson (2002:69) write: “Gender-variant expression came to the attention of the early sexologists who differentiated it from homosexuality. As the twentieth century progressed, gender variance became increasingly medicalized, especially after Christine Jorgensen’s sex reassignment in Denmark. Following Jorgensen’s sex reassignment, increasing numbers of men and women began demanding similar treatment which eventually resulted in the formation of the first U.S. gender clinic at Johns Hopkins University. Several scientists added a new dimension to the syndrome of transsexualism which is an interdisciplinary approach to sex reassignment”.

The psycho-medical literature of the second half of the 1950’s treated transsexualism and cross dressing as forms of mental illness. In 1980, transsexualism found its way into the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association, and remains in the current DSM-IVTR as ‘Gender Identity Disorder’. In the early 1990s, the term ‘transgender’ arose as an umbrella to describe all sorts of gender-variant people, including cross dressers and
transsexuals, and a category which had previously been ignored, transgenderists those who choose to live as members of the other sex with no desire for genital surgery and sometimes with no hormonal therapy or other body modifications, notes Bolin (1994:24).

Dragoin (1997:63) argues that the newly formed transgender community looked at gender variance not as mental illness, but as an inevitable and important social role toward which some human beings were predisposed. Cross-cultural support to support this interpretation was becoming available. This transgender paradigm shift has had a significant impact on the mental health community. However, many would say it has not had enough of an impact.

Cole et.al. (2000:45) pointed out that some mental health professionals continue to pathologize transgender people and lack the understanding and training to effectively provide mental health services to transgender individuals. Clinical work with transgender individuals requires an understanding and sensitivity to a broad range of transgender experiences as well as various transgender resources. The transgender community has pointed out that few people are entirely comfortable within rigid bipolar gender norms. But most people violate these norms to a greater or lesser degree in terms of their sexual orientation, manner of dress, choice of occupation, hobbies, gestures, and speech patterns, states Wilson (1999:197). In the present times, a sizable number of transsexuals exist consisting of cross dressers, transsexuals, and transgenderists, most of who are from the middle and upper classes.

Currah and Minter (2000:51) observe that “There is a second and largely underground group of transgendered people with incomes below the poverty level. This group does not enjoy the same access to health care as the first, and faces a variety of health risks, including HIV. In all but a few U.S. municipalities, transgender and transsexual people face employment discrimination. They are often rejected by their families, and are at high risk for attack on the street simply because of the way they look”.

Winfield (2005:198) carried out a study of transgender individuals in the U.S. which indicated that approximately 60% had experienced some form of harassment or violence and while another 37% had experienced some form of economic
discrimination. Inability to find a job can force them to turn to sex work; inability to procure legal hormones can lead to sharing needles; and, among MTF’s, a desire to achieve instant curves via silicone can lead to injection by backroom ‘practitioners’. Empirical studies have also reported that this risk has translated into high rates of actual infections.

Clements et.al. (1998:41) has found that MTF sex workers in the U.S. report prevalence rates ranging from 20% up to 68%. It is difficult to assess accurately the impact HIV has had on the transgender community. Transgenders are rendered invisible by the CDC’s policy of classifying them under the MSM (Men who have Sex with Men) category. Additionally, there are very few studies on rates of HIV infection among transgender individuals who do not work in the sex industry. Finally, there is very little in the way of research addressing HIV and FTM individuals.

It is never clear whether transgender is an objective phenomenon that is part of a determining structure, or a subjective phenomenon that is mediated by the agency of the individual. Defining transgender presents extreme epistemological and ontological challenges. It is defined differently in different communities, such as medicine, philosophy and law. The word transgender can refer to a number of related, yet independently stable identities. It was originally created in the 1980s (as transgenderist) to refer to those who live in the opposite sex role, but who do not opt for genital surgery, as opposed to the earlier word transsexual which refers to those who desire genital surgery, reports Holly (1991:95).

Since then, the concept of transgender has taken on a different usage as an umbrella term to denote transsexuals, transvestites, cross-dressers and anyone else whose gender identity or gender expression which is variant from the dimorphic norm. The most widely known transgender identity is that of post-operative transsexuals, who live in the opposite sex role from that of their birth and have received surgical and medical intervention to change their anatomical configuration to match that of the opposite sex. Many people think of this identity when they hear the word transgender. There are, however, many different views of transgender identity.

The current definitions of transgender include all transsexual people, although this has been criticized. Transgender and intersex issues often overlap, however,
because they both challenge the notion of rigid definitions of sex and gender. The term transgender refers to female-to-male ( FtM or F2M) transgender people, and trans woman refers to male-to-female (MtF or M2F) transgender people. The term transgender has been coined as an antonym referring to non-transgender people; i.e. those who identify with their gender assigned at birth. Human decency demands that it is respectful to always use that person's preferred name and pronoun regardless of their legal gender status (as not all transgender people can afford surgery or other body modifications).

Hence, transgender is a grassroots term that emerged in the mid-1990s to self-describe a broad range of people whose gender identity or expression does not conform to the social expectations for their assigned sex at birth. While one’s sex is typically associated with biological characteristics such as chromosomes, reproductive organs, genitalia, and hormones. The gender identity refers to a person's internal, deeply felt sense of being either male or female, or something other or in between. It is sometimes conceptualized as a psychological aspect of sexual identity. Scientific studies indicate that gender identity develops by approximately age three, but its genesis is undetermined. Some studies suggest that it may be related to sex differentiation of the brain. Other scholars, however, contend that gender identity is entirely socially constructed. Transgender advocates typically argue that, whatever its genesis, for transgender and non-transgender persons, gender identity is experienced as something innate and difficult to change.

Davidson (2002:53) has criticized the sex/gender distinction on the ground that it does not go far enough. It has simply moved the marker. Rather than making the point that sex and sex roles are social constructions, the sex/gender distinction reifies. This belief conceals the ‘constructed’ nature of sex, thus opening up gender to the criticism that it is just made up whereas sex is real. The feminists who claim that women are not restricted by anatomy are making a claim to subjectively determine that which is determined by the objective structure of reality. The same is true of transgenders. The critics of the sex/gender distinction bring evidence to show that sex, as well as gender, is a social construction. This brings to the fore an issue which makes the definition of transgender problematic. Despite the fact that transgender identity is intrinsically ambiguous, most theorization of transgender identity presumes
that the category of transgender is real material and stable. This raises the central but rarely identified issue of the legitimacy of the transgender claim that the sex assigned at birth can be different from the individual’s gender identity or that sex can be ‘changed’.

Transsexuals wish to be and consider them to be the opposite sex. Cross dressers do not. This is a distinction of intent only, and not action or behavior. Because of this, one cannot tell by looking who is a transsexual and who is a cross-dresser. On the one hand, some transsexuals have never worn clothing of the opposite sex; and some have not had surgery and never will. Yet they declare themselves transsexuals. On the other hand, some cross dressers have taken medical intervention but not genital surgery to change their bodies. Practically transsexuals are given more credence in society because ‘transsexualism’ is seen as a ‘medical condition’, a gender ‘identity’, whereas ‘cross dressing’ is seen as an extreme eccentricity, a gender ‘expression’. Thus, the sex/gender distinction distances transgenders from gays, lesbians and bisexuals. By contrast, transgender identity is viewed as a change, over time, in both physical form and psychological identification.

1.4 Transgender Theory

The philosophical theories of gender raise more questions than they solve. The objective/subjective distinction is found in the distinction between sex and gender according to the scholars. In reality, the sexes are understood as an objective phenomenon, grounded in anatomical fact, but genders are not. Genders are the sex roles, masculinities and femininities, grounded in psychological and social constructions. This distinction radically shifted the ground of argument for feminism, permitting the argument that anatomy is not destiny. While women have different anatomies than men the difference does not mean that women are restricted to the roles of sexualized emotional caregivers to men and children, and men are restricted to the roles of rationalized protective drones for women and children. The distinction permitted the argument that women may be valued for their rationality and their productive capacity.

Scholars have used three main theories of gender in order to explain transgendering; essentialism, social constructionism, and performativity. All three
view sex and gender as having differing degrees of importance in the social world. In addition to sex and gender, the concepts of gender identity and gender expression are particularly important for these theories. Gender identity refers to a person's self-identification as a man, a woman, or someone in between or outside of that binary. Gender expression refers to how a person expresses gender behavior, for example, through clothing or hairstyle. Gender identity is not something that others can view, while gender expression is visible to other people.

Essentialist theory places emphasis on biological processes and argues that gender is a fixed trait, as opposed to a social construction. This means gender is something that will not vary much over time and space, either on an individual basis or in society in general. In essentialism, transgendered individuals might view themselves as always having felt that they were actually members of the sex category opposite their biological sex at birth. Some argue that they were born transgender; for example, they state that they were born male but have felt for as long as they can remember that they were supposed to be female. In this case, they view their sex as male, but their gender identity is actually female. This is an essentialist notion of transgenering, as it relies on the idea that a person has a gender identity that he or she is born with, as opposed to one that is constructed or developed throughout that person's life. An example of the essentialist theory is seen in the narrative given by some transsexuals. Transsexuals feel the need to change their sex to match their gender identities, seen as an inborn trait. Their narratives often involve the feeling that they were born into the wrong sex and therefore need to change their physiology to more closely approximate the sex that corresponds with their sense of gender identity.

Social constructionism refers to the notion that sex and gender are separate concepts and that both are socially constructed. Sex is thought to be socially constructed by the medical community, as doctors define who is male and who is female. Gender is also socially constructed, as gender changes over time and across cultures. Further, while gender is thought to be based on sex, there is always the possibility that individuals may break the social norms that are dictated. Transgender individuals in this case may view sex and gender as completely distinct and believe that there is no reason for their gender to be based on their sex. This leads some to break conventional gender norms and develop a gender distinct from their sex.
Gender identity is still a key concept here, as it is used to describe why a person might change from one gender to another, though it is not necessarily seen as something one is born with. Rather, gender identity is viewed as something the individual develops over time and that has the potential to change in the future. A person who is a transgender—that is, someone who lives full time as the opposite sex but feels no need for sex reassignment surgery falls into the category of social constructionism. Their sex and their gender do not match, but they do not see this as a biological issue as they have no desire to change their biological sex through surgery.

Performance is a third way to view transgendering. Performance theory is very different from essentialist notions, which rely on a gender identity, and social constructionist notions, which rely on a distinction between sex and gender. Attributed to theorists Candace West and Don Zimmerman, as well as Judith Butler, this outlook sees gender as a performance that must be done on a daily basis. This performance does not have to be based on sex or on gender identity. Frequently, it is so routine that one might not pay attention to it or think of it as a performance rather, it is just seen as something ‘normal’ that one does in daily life. A person’s gender performance may change depending on who that person is interacting with. In this case, transgender people might view their gender as more of an expression or performance rather than as an aspect of identity or an expression of their sex. The example of a drag queen is a good way to think about gender as a performance. Drag queens are male-bodied individuals who perform on stage as females. Though this is a very literal example, if one considers everyday life and interactions to be a broader stage on which to perform, it is easier to picture gender as a performance.

Scholars have outlined two strands of meaning associated with ‘transgender’. The original meaning refers to people who cross gender without seeking sex reassignment surgery. The second depicts transgender as a far more diverse and expansive umbrella term ‘that refers to all identities or practices that cross over, cut across, move between or otherwise queer socially constructed sex/gender boundaries’. They have also noted the cultural diversity for transgender in explaining that it ‘includes, but is not limited to, transsexuality, heterosexual transvestism, gay drag, butch lesbianism, and such non-European identities as the Native American berdache or the Indian Hijra’.
Stone (1991:171) has also situated transsexuality as a ‘culturally and historically specific transgender practice/identity through which a transgendered subject enters into a relationship with medical, psychotherapeutic, and juridical institutions in order to gain access to certain hormonal and surgical technologies for enacting and embodying itself’. Other scholars have discussed the challenges to medical constructions of transsexuality that prescribe possible modes of sexual embodiment, and that collaborate with legal institutions to selectively endorse certain gendered ways of being. These concerns about the medicalisation of transsexuality are held not only by transgenderists for whom gender may be highlighted relative to questions of racial politics.

Scholars have also argued that it is preferable to ‘seize upon the textual violence inscribed in the transsexual body and turn it into a reconstructive force’. They have pointed out that it is the deconstruction of the man/woman binary and the possibility of identifying visibly as transsexual. It is through this notion of gender as a fiction, that scholars develop their argument about the concept of ‘transsexual’. Transgender theory offers important critiques of restrictive ways of understanding gender. Those critiques are necessarily culturally specific and alerted the people regarding the danger of championing transgenderism as offering cross-culturally applicable challenges to the medicalisation of transsexuality.

1.5 Historical Context of Transgender and Transsexuality

Ancient thinker Plato refers to the concept of the power of love offered by Aristophanes who traced the existence of ‘third gender’ in ancient times. It reads: “For one thing, the race was divided into three; that is to say, besides the two sexes, male and female, which we have at present, there was a third which partook of the nature of both, and for which we still have a name, though the creature itself is forgotten. For though ‘hermaphrodite’ now called ‘intersexed’ is only used nowadays as a term of contempt, there really was a man–woman in those days, a being which was half male and half female. The three sexes, I may say, arose as follows. The males were descended from the Sun, the females from the Earth, and the hermaphrodites from the Moon, which partakes of either sex”.
Herdt (1996:93) writes that the Greeks, forerunners of modern medicine, believed in the concept of more than one sex. It was well within their mythological construct and cultural norms. However, somewhere in between then and now, this concept of a ‘third sex/third gender’ has been lost. It is not hard to conjecture how this loss came to be. The imposition of Judeo-Christian monotheism replaced the pantheistic view and brought the associated gender/sex continuum of the Greco-Roman era into the digital age (on or off, male or female).

**Concept of Body**

The body exists as a shell and it exists as a container. The metaphorical reality is inferred from and transmitted through this shell. The body can act and be acted upon. The body can be active (initiating action) or reactive (responding to action). The body both displays and participates in the creation of the self (self-identity). It contains the brain, supposed seat of the mind, and yet the mind and spirit are also viewed as both part of and yet not part of the body. To a certain degree, the body is plastic in its ability to alter its physical construct to meet assorted needs, both internal as well as external. These alterations can lead to alterations that become learned behaviors, increased or decreased capabilities, and eventually even embodied actions that transcend the conscious attempt to understand them. The body can be viewed as separate from the mind or unified with it in a holistic fusion. The body has location in space and time. Fausto Sterling (2000:71) addresses the complexity of the issues associated with the interplay of the body and sex.

The advent of political correctness added to the problems of dealing with this terminology by creating increased confusion over sex and gender and by creating an atmosphere of increased confusion wherein the two words became interchangeable. Further, the conservative religious backlash could not deal with sexuality or sex in any form. Therefore, all reference to ‘sex’ was squashed. The politically correct world provided the perfect atmosphere for the conservatives to squelch the use of ‘sex’ in any document and to replace it with ‘gender’. One of the most widely used word-processing programs identifies sex and gender as interchangeable.
Concept of Sex

Culture is the sum total of values, behaviors and actions which are passed from one generation to another. The culture also defines certain concepts including the sex. The cultural norm of the ‘Adam and Eve’ is widely discussed in the world since it explored the two birth-sex possibilities. This perspective is known as the biblical norm of sex. In reality, the sex is defined by the genitalia seen, by a person authorized to interpret the genitalia as displayed at birth. It is clear that this definition is made within the cultural context of the baby’s birth. In Western culture, the only way to interpret the genitalia is within this biblical norm and hence as either anatomically male or female. Even the ancient Greeks recognized that there was a ‘third sex’ known as ‘hermaphrodite’, which is now considered a pejorative term for an individual who displays both sexual organs at birth.

The prevalence of intersexuality is estimated at 1 in 2,000 births. Additionally, it is estimated that there are nearly 65,000 intersex births worldwide per year. Because Western medical culture specifically, and Western culture in general, is steeped in the biblical norm of sex, the concept of multiple genitalia or atypical genital anatomy has been deeply and profoundly problematic for the medical establishment. Up until very recently, intersexed children were ‘sexed’ as soon after birth as was medically reasonable, a practice that continues to be sanctioned by the American Pediatric Association. The tie between sex, gender, genitalia (the body), and stigmatization / destigmatization via labels is also important in modern society. Additionally, the forced sexing transfers the burden from the parents of the child to the child. Words like neo-clitoris, neo-phallus, pseudo-testicles, and neo-vagina disenfranchise the transsexual from the contra gender status they so strongly desire to attain.

Concept of Gender

The gender states an individual’s self-conception as being male or female, as distinguished from actual biological sex. For most persons, gender identity and biological characteristics are the same. There are, however, circumstances in which an individual experiences little or no connection between sex and gender, according to Encyclopedia Britannica (2001:70). The Oxford English Dictionary (2001:179) provides constructions that are more complex. Perhaps the most common understanding of gender may be found in Perry’s writings which state that ‘gender is
the cultural construction of femininity and masculinity as opposed to the biological sex (male or female. These definitions are based upon the biblical norm of sex.

The Webster Dictionary (1984:190) states that gender is ‘any of two or more categories, as masculine, feminine, and neuter, into which words are divided and that determine agreement with or selection of modifiers or grammatical forms’. This viewpoint is further supported by the Oxford English Dictionary (1984:190) which identifies two ‘genders’ namely animate and inanimate. Hence, gender does not necessarily have anything to do with the discriminated classes of male and female. Rather, it can be used as a descriptor for any syntactically discriminated set of classes within a language.

**Concept of Sexuality**

The Western biomedical model of sex and gender, coupled with the Judeo-Christian model of reproduction and sexuality, provides for only one socially acceptable model of sexuality, namely heterosexuality. The concept of heterosexuality is based upon a sexing of the body that forces the body to be seen as either male or female (based upon the observed genitalia) and either masculine or feminine (based upon the individual’s self-perception), and is coupled with the expected reproductive role required of those two states of being. The tacit assumption is that a male (genetically XY), with masculine self perception and social role acceptance in the best of all reproductive worlds when having sexual intercourse with a female (genetically XX), with feminine self perception and social role acceptance, will produce a child having either of these two states. Such a construction is consistent with ‘right mind/right body’ concept offered by the scholars. In the case of intersexuality right mind/wrong body, the system medicalizes the problem and deals with it as a body issue. In the case of transsexuality, the system medicalizes the problem and deals with it as a ‘mind’ issue. In fact, the intersex condition is an explicitly stated contraindication for diagnosis of gender identity disorder. On the other hand, transgenderism is too elusive; it is culture bound a deviation at a visceral level of gender role ‘embodiment’.
Concept of Transgender/Transsexual

The terminology describing the gender community is extremely dynamic, not just in the descriptors of gender, but also in the body/sex/sexuality and medical status terminology associated with a given gender identity. This, along with certain components of the population being unwilling to allow themselves to be labeled or categorized by labels fixed by someone else, makes it extremely difficult to obtain an accurate census or description of this population. For example, an individual who is born genetically female (XX), but states that she is actually male, might describe himself as an FTM (female to male) transsexual, while another woman might claim the label transman. Others might choose to define themselves in terms of hormone usage (lo-ho, hi-ho) transman and still others might use their ‘operative status’ as a description (pre-op transsexual, post-op transman). In reality, the transgender individuals form more than a negligible percentage of the global population. Broadly speaking, the definition of transgender includes cross-dressers (men and women who take on the appearance of the other gender, often on a social or part-time basis), transgenders (people whose psychological self identification is as the other sex and who alter behavior and appearance to conform with this internal perception, sometimes with the assistance of hormonal preparations), and transsexuals, both male-to-female (MTF) and female to male (FTM), who undertake hormonal and/or surgical sex reassignment therapies. In addition, it includes others with gender self-perceptions other than the traditional (Western) dichotomous gender world-view (i.e., including only male and female).

The Prevalence of Transgenderism

Tsoi (1988:181) noted that a problem confounding an epidemiological survey is that transsexuals tend to congregate in cities and in certain parts of cities and most of them do not want to be identified publicly. Scholars have also substantiated this phenomenon. It is well established that transsexuals are not suppressed. As a matter of fact, the diagnosed transsexualism is more than eight times more prevalent than in any other country for which estimates exist. Witten (2002:199) has pointed out that estimates of the number of individuals claiming to have ‘alternative gender identities’ in the United States, as well as in other countries, are confounded by the lack of a control group by which to test prevalence and incidence estimates. The scholar has
also discussed the rate of gender reassignment surgeries currently performed in the United States and Europe with some of the more prominent surgeons worldwide.

Medical professionals have also claimed that they have conducted surgeries across the world and identified the increasing number of transsexuals. The broader interpretation of transgender as including nonsurgical and cross-dressing individuals, the estimates increase considerably in the world. It is also important to recognize that each of these individuals touches numerous others in his or her life, family, friends, employers, employees, acquaintances, and random individuals on the street. Consequently, support services may well be necessary for many other individuals other than just the actual transgendered persons. This insight identifies the impact of the transgendered population and its needs as being significantly larger than the immediate population of the transgendered alone. Elledge (2002:68) states that many indigenous people recognize gender other than male and female. For example, Tewa adults identify as women, men, and kwido, although their New Mexico birth records recognize only females and males.

**Etiology of Transgender**

There are several factors which are associated with the etiology of transgender. The evolutionary biologist has looked at the GID (Gender Identity Disorder) issue as an evolutionary experiment in adaptivity of the human being. Some argue that it could be embedded within the ‘junk’ DNA even though there is no scientific evidence to show that anything is true.

There is no evidence to indicate that there are social causes of GID, although social environment, roles, etc. are clearly implicated in GID. There is a psychosocial argument that GID may be induced by abuse in childhood and that GID is an extreme avoidance/dissociative response to the sexual, physical, and/or emotional abuse subjected upon such individuals according to Devor (1994:60).

Scholars have also noted that there is no known medical reason for GID. Suggested possibilities include possible in utero hormonal effects that create a vulnerability or propensity that is then exacerbated by subsequent environmental factors. Some argue that there are morphological changes in the corpus callosum, but evidence is ambivalent. Some argue that other areas of the brain are altered. Zhou
et.al (1995:203) argue that the central subdivision of the bed nucleus of the stria terminalis (BSTc) in transgendered individuals does, in fact, have features of the contra gender brain structure. However, these results are based upon post-mortem analyses of a very small sample of transgender brains.

Psychologists have identified certain psychological factors associated with transsexuality such as drug abuse, depression, etc. Depression does not rule out GID as a diagnosis, but needs to be considered within the GID diagnostic context. Multiple personality disorder issues must be resolved, so that all the different personalities agree on the sex change procedures. Axis III disorders are also critical and need to be rigorously addressed before GID diagnostic assignment. Some studies have also demonstrated that transsexual persons selected for sex reassignment show a relatively low level of self-rated psychopathology before and after treatment.

1.6 Scientific Study of Transgender

Transgender is a general term applied to a variety of individuals, behaviors, and groups involving tendencies to vary from culturally conventional gender roles according to Wikipedia. Transgender is the state of one's 'gender identity' (self-identification as woman, man, neither or both) not matching one's 'assigned sex' (identification by others as male, female or intersex based on physical/genetic sex). Transgender does not imply any specific form of sexual orientation; transgender people may identify as heterosexual, homosexual, bisexual, pansexual, polysexual, or asexual; some may consider conventional sexual orientation labels inadequate or inapplicable to them.

Garfinkel (1967:76) did not use the term transgender. However, he was concerned to study how we 'do gender', how 'gender' is accomplished. To do this he studied 'Agnes' who was seeking sex-reassignment. It later became known that Agnes had been taking her mother's birth control pills since adolescence, but her very feminine appearance taken with her denial of ingesting hormones led to her medical team being fooled that she was intersex. Garfinkel noted that what for most people is not problematic - passing as a man or woman on all occasions - was for Agnes. He studied Agnes's 'doing gender' - how she accomplished her femininity in a range of contexts.
Kessler and McKenna (1978:105) built upon Garfinkel's work spelling out very clearly how sex (the body), gender and sexuality all have socially constructed components. In the 'natural attitude', people are assigned to one sex or the other. The persons are assigned as one sex or the other at birth on the basis, usually, of a cursory look at our genitals. Gender attribution is the cornerstone of the arrangement between the sexes. The binary divide is, itself, a social construction. The scholars have found this view persuasive. Once accepted, all particular viewpoints on the interrelations between sex, sexuality and gender become alternative often competing social constructions. Ekins (2004:66) has pointed out that all viewpoints are variously constructed from within the interrelations between 'expert', 'member' and 'lay' definitions of the situation. There is no underlying 'truth' about sex, sexuality or gender that 'scientists' and other sex, sexuality and gender 'experts' are seeking to unveil.

Alston (1998:03) states “A transgender individual may have characteristics that are normally associated with a particular gender, identify elsewhere on the traditional gender continuum, or exist outside of it as ‘other’, ‘agender’, ‘genderqueer’, or ‘third gender’. Transgender people may also identify as bigender, or along several places on either the traditional transgender continuum, or the more encompassing continuums which have been developed in response to the significantly more detailed studies done in recent years”.

The term transgender (TG) was popularised in the 1970s (but implied in the 1960s) describing people who wanted to live cross-gender without sex reassignment surgery. In the 1980s the term was expanded to an umbrella term and became popular as a means of uniting all those whose gender identity did not mesh with their gender assigned at birth. In the 1990s, the term took on a political dimension as an alliance covering all who have at some point not conformed to gender norms, and the term became used to question the validity of those norms or pursue equal rights and anti-discrimination legislation, leading to its widespread usage in the media, academic world and law. The term continues to evolve over a period of time across the globe.

Benjamin (2002:16) writes “The word transsexual, unlike the word transgender, originated in the medical and psychological communities. It was defined by Harry Benjamin in his seminal book ‘The Transsexual Phenomenon’. In particular
he defined transsexuals on a scale called the ‘Benjamin Scale’, which defines a few different levels of intensity of transsexualism; these are listed as ‘transsexual (nonsurgical)’, ‘true transsexual (moderate intensity)’, and ‘true transsexual (high intensity)’. Many transsexuals believe that to be a true transsexual, a person needs to have a desire for surgery”. However, it is notable that Benjamin's moderate intensity ‘true transsexual’ needs either estrogen or testosterone medication as a ‘substitute for or preliminary to operation’. In addition to the larger categories of transgender and transsexual, there is a wide range of gender expressions and identities which are contrary to the mainstream male-female binary. These include Cross dressers, drag queens, drag kings, transvestites, genderqueer, etc.

Some transsexuals also take issue with the term because Charles ‘Virginia’ Prince, the founder of the cross-dressing organization Tri-Ess and coiner of the term ‘transgender’ took those actions because she wished to distinguish herself from transsexual people. In ‘Men Who Choose to Be Women’, Prince wrote “I, at least, know the difference between sex and gender and have simply elected to change the latter and not the former”. There is a substantial academic literature on the difference between sex and gender, but in pragmatic English, this distinction is often ignored, so that ‘gender’ is used to describe the categorical male/female difference and ‘sex’ is used to describe the physical act of sexual intercourse, according to Billings et.al. (1982:20).

The Transgender Archive at the University of Ulster was established in the year 1986 in order to reflect this view of the domain of transgender studies. A decade later, in 1996, another publication namely ‘Blending Genders’ was brought out as the emerging field of transgender studies. The book laid down parameters for what transgender studies might look like once the stress was made on rendering problematic previous conceptualisations and categories of ‘transgender' knowledge, from the standpoint of the social construction of knowledge. Scholars have also suggested that such a field of study would concern itself with the study of the experiences of those who transgendered - from their own point of view. This approach would not privilege medical conceptualisations. The field of study would also study the social organization of the transgendered; the medicalisation of transgendering; media representations of transgendering and the politics of transgendering.
Ekins and King (1996:65) have also dealt with the future of four transgenders which has attracted the attention of scholars all over the world. They have pointed out that the significance and influence of the four approaches to transgender have waxed and waned since their inception both within and without the transgender community. The scholars have provided the first approach involving Virginia Prince provides a role model, an identity, a script and an ideology. It also provides the rationale for an identity politics. By implication, the model allows for females becoming men, for females to renounce femininity and embrace masculinity. These are the strengths of this approach which has received an unexpected recent boost. The Gender Recognition Act (2004) allows transgendered individuals to legally 'change sex', not on the basis of genital re-assignment (sex), but on the basis of role change (gender). The separation of gender from sex and sexuality that provides the foundation for this newly proposed legislation arguably provides, amongst other things, an endorsement of the contemporary viability of Approach 1.

The second approach is commonly known as the 'umbrella sense' of transgender which has the advantage of encompassing, in principle, both the full range of transgendered people, without regard to category or mode of transgendering, and their various 'servicers'. The mid 1980s, in the United Kingdom, for instance, saw the establishing of groups that welcomed both 'transvestites' and 'transsexuals' and their partners and people who fancied them. Rather than advocate one particular view on transgender, the aim was to embrace all views in a spirit of acceptance and mutual support. No particular script received preferential treatment. In this sense, approach 2 is neutral on classification, ideology, 'explanation' and script. This neutral approach provided a fertile resource for the development of alternative positions, some of which involved organising for greater acceptance in society, greater legal recognition, and so on. This was most noticeable throughout the 1990s when female to male transgender came to prominence. Intersexed people could be included if they wished and, later, those who identified as 'ungendered'. Indeed, on some uses, lesbian and gay people were included within the community.

The third approach is known as transgender as transgression which entails a redefining and a going beyond existing formulations of the binary gender divide. Elsewhere, the scholars have referred to this approach in terms of 'transcending'. The
strengths of the approach stem from this. From the mid 1990s until recently, there has been an exponential growth in gender theory. Transgender theorists working within approach 3 have been major players at the cutting edge of thinking about what has become known as postmodern sex, sexuality and gender. They have put forward a vision of sex, sexuality and gender fluidity that may well be indicative of where many more of us will be heading in the coming decades. The future of approach 3 is inevitably tied up with the future of post modernity. Modernity's stress upon of 'science', progress, and rationality as regards sex, sexuality and gender will be increasingly undermined. Tran's medical technology will become something to call upon for the purposes of 'optional' body modification, as opposed to 'diagnosis', treatment, or management of pathology or disorder.

The fourth approach mainly deals with transgender studies and considers all aspects of transgender diversity with attention to all theorisations of transgender phenomena, including medical, sub cultural, feminist and postmodern and their interrelations. The approach privileges the social construction of reality. In that sense, it is partisan as regards its own ontological, epistemological and methodological position, but it is neutral as regards the ideologies, identities and politics it explores. It focuses on mapping their origins, developments and consequences. It is sensitive both to concrete 'lived experience', and to theory, including those conceptualisations as set forth in approaches 1-3. In that sense, it is the most wide-ranging and inclusive of the approaches. In plotting the fullest range of 'what is', the transgender studies approach sensitizes the various stakeholders to a vast range of sex, sexuality and gender complexities and possibilities. Its strengths are those of disciplined and rigorous study. Its commitment is to interpreting 'what is' in the belief that in making meanings we make worlds; and in changing meanings, we change worlds.

1.7 Transsexualism in Modern Society

There are instances of altered sexual states in Indian mythologies. The name Ardhanarishwara refers to God, who is half man and half woman, an androgynous deity. In various versions of Ramayana, there is reference to King Ila who spent half his life as man and half as woman. In Mahabharata, Arjuna, one of the fiercest warriors of his time, spent a year of his life in intersexed condition. There is also reference to King Bangasvana who was changed into a woman by Lord Indra, whom
he had offended. Another reference during Mahabharata is to Shikhandini who was born female, but raised like a man and trained in warfare. After an encounter with a Yaksha, Shikhandini came back as a man, was called Shikhandi and fathered children.

The transsexual phenomenon has been mentioned from time to time in recorded history of the mankind. Pharaoh Hatsepshut, a female ruled Egypt from 1479-1458 BC, invented a hybrid gender so that she could rule. At that time, a Pharaoh was by definition, male. King Henry III of France in 16th century frequently cross dressed and was often referred to as ‘Her Majesty’ by courtiers. In 17th century, Queen Christina of Sweden gave up the throne; cross dressed and renamed herself ‘Count Dohna’. In 1673, French explorers, Louis Joliet and Jacques Marquette, discovered a group of Illini Indians, who dressed and lived as women. The Illini termed these men Ikoneta, while the French called them Berdache. Chevalier D’Eon, a famous spy and ambassador in 18th century was born as a male (Charles) but lived a significant part of his/her life as a woman, thus giving rise to the expression ‘eonism’. Billy Lee Tipton (born Dorothy Lucille Tipton, 1914-1989) was an American Jazz Pianist and Saxophonist. He became a subject of interest posthumously when it was revealed that this thrice married musician, who had two adopted sons, was in fact, a female. Transsexual people differ from transvestites who merely wear the clothing of an opposite sex. They also differ from Hijras as found in the Indian society, as these mostly suffer from childhood castration, there being rare cases of intersex.

In 1932, ‘Man into Woman’, the story of Lili Elbe’s life, male to female transition and sex reassignment surgery was published. She was born as Ejnar Mogens Wegener in Denmark. She underwent five operations including ovarian and uterine transplants and probably died due to complications from rejection process. She underwent most likely, procedures with no scientific backing. In 1945, Sir Harold Delf Gillies widely regarded as the Father of Modern Plastic Surgery together with Ralph Millard carried out the first scientifically performed sex change procedure of a woman Laura Dillon to man. He was renamed Michael Dillon. Later he did the UK's first male to female operation (Robert to Roberta Cowell). In 1967, a change in British Laws allowed Charing Cross Hospital to begin performing the sex change surgery. In 1972, American Medical Association sanctioned sex change surgery as the treatment for transsexualism.
Harry Benjamin (1885-1986) recognized transsexualism, treated hundreds of patients and established the modern scientific management of this condition. He wrote many books, especially ‘The Transsexual phenomenon’ in 1966. Many of his patients went on to become celebrities. These included April Ashley, Christine Joregenson, Coccinelle and Roberta Cowell. Norman Fisk in 1973 coined the term ‘Gender Dysphoria Syndrome’. In 1979, Harry Benjamin's International Gender Dysphoria Association (HBIGDA) was founded. They established the transsexual Standards of Care (SOCs) and established the criteria for diagnosis, management and surgery. In the decade of 1990s many countries recognized transsexuality as a way of life in the world.

In 1968, International Olympic Committee first started to test the chromosomes of athletes to prevent transsexuals from competing. In the famous Corbett versus Corbett judgment (1970), April Ashley's marriage was declared null and void despite having undergone sex change surgery. In 1976, Tennis Ace Renee Richards was barred from entering women's tournament. She won the following legal battle. Christine Goodwin versus the U.K. case (1999-2002) paved the way for Gender Recognition Act to become U.K. Law. In 1980, American Psychiatry Association listed transsexualism as an official disorder in DSM-III. The diagnosis was changed to ‘gender identity disorder’ in DSM -IV. The disorder is now likely to be removed from DSM and considered a variation of normal.

Diamond, Binstock and Kohl (1996:61) noted that the development of gender identity depends largely on a process of learning. They have quoted the report of Time magazine which reads: “This dramatic case provides strong support that conventional patterns of masculine and feminine behavior can be altered. It also casts doubt on the theory that major sex differences, psychological as well as anatomical, are immutably set by the genes at conception. Thus, the importance of the single case produced by Money was that it led to the widespread belief that gender identity is primarily dependent upon socialization, yet the basis for this conclusion rested upon a single case that was later found to refute the very theory it claimed to support”.

In 1998, Brain material provided by the Netherlands Brain Bank demonstrated transsexualism to be a pre-birth medical condition and not a state of mind. In the new millennium, the study of transsexuality has gained considerable importance
academically and otherwise. The recent version was published in February 2001. HBIGDA itself is presently known as ‘World Professional Association for Transgender Health’ (WPATH). The transsexuals were now legally allowed to marry. In 2003 IOC allowed transsexuals to compete in Athens Olympics as the members of their new sex provided, they were legally recognized, had undergone sex change operation, and had received at least 2 years of hormone therapy. Felicity Huffman won a Golden Globe Award (2006) and was nominated for Oscar for her role in the movie ‘Transamerica’. She played the role of male to female transsexual Sabrina Bree Osbourne, who while in the midst of her transition, discovered that she had fathered a son earlier from a one night stand. Her psychiatrist asked her to deal with this situation before permitting her to complete her procedure. It portrays many of the problems faced in everyday life by transsexuals. Some female to male transsexuals who interrupt hormone treatment and have functioning ovaries can become pregnant. Thomas Beatie chose to become pregnant as his wife was infertile. He was registered as a male in state of Oregon. Thus, he became the first legal male pregnancy on record, although Matt Rice bore a child by artificial insemination way back in 1999.

Cohen-Kettenis and Gooren (1999:43) refer to the observation made by the World Social Organisation (1993:201) regarding the concept of transsexualism which denotes people whose gender identity is at conflict with their genetic sex and physical appearance. Transsexuals are often said to be trapped in the body of the wrong sex and they urge to change their physical appearance to resemble the opposite sex as closely as possible. Although transsexualism is a rare phenomenon the prevalence of male-to female transsexualism has been noteworthy according to the recent estimates. Many authors have suggested that transsexualism may be due to an aberration in the early organizational influence of sex steroids on brain development. The involvement of genetic factors in male-to female transsexualism gains support from case reports on twin and non-twin siblings being concordant for this very rare condition, and from reports on families with more than one member being a male-to-female transsexual, according to Green (2000:85).

Transsexualism is the condition in which a person with apparently normal somatic sexual differentiation of one sex is convinced that he or she is actually a member of the opposite sex. This sense is so pronounced and persistent that
transsexuals seek treatment to, as far as medically possible, physically change their bodies from male into female or vice versa. Prior to surgical sex reassignment, transsexuals receive treatment with cross-sex hormones. Male-to-female transsexuals (MFs) are treated with estrogens and anti-androgens (to suppress the production and biological effects of circulating androgens) and female-to-male transsexuals (FMs) are treated with androgens (in FMs, androgens, without additional hormone treatment, usually suppress menstruation; circulating estrogens are not substantially reduced as a result of peripheral aromatization of administered androgens). There is no known fundamental difference in sensitivity to the biological action of sex steroids on the basis of genetic configurations or gonad status. Thus, in transsexuals, the influence of cross-sex hormones can be studied relatively independent of their original endocrine status as male or female. It is well established in mammals that differences in male and female brain structures can be reversed by sex hormones, even in adulthood.

Money (1970:130) writes “The male-to-female transsexual's obsessive concern with ‘the absolute insignia of maleness’ as a mistaken sign or a false signal of gender identity is based on the same conviction instrumental to the male transvestite: the conviction that masculine identity, male subjectivity, is determined and signified by the penis. Interestingly, this is the case even after sex change surgery has removed the unwanted organ. The reasons for the emphasis on males (that is to say, persons who feel that they are women trapped in a man's body) are concisely outlined by Leslie Martin Lothstein, the co-director of the Case Western Reserve Gender Identity Clinic. Most gender clinics were set up to provide services for only the male transsexual and the majority of transsexuals applying for sex reassignment surgery (SRS) were male members. The most transsexual researchers were males, and may have exhibited a bias toward male patients, together with a ‘homocentric’ or ‘patricentric’ discouragement of women who inquire about clinical treatment. The social pressures made it easier for female transsexuals to acclimate themselves to society in their unchanged status (a characteristic double bind for women: they often are not considered psychotic enough or distressed enough for treatment, since wishing to be or act like a man is considered ‘normal’ or ‘natural’ in this culture). The men have traditionally had more latitude to express concern about sexual dysfunction than have women-or, put slightly differently, men have been allowed to have sex lives and to place importance upon sexual performance and response, while women have-until
recently-been acculturated to deny, repress, or veil sexual feeling”. John Money of the Johns Hopkins University Gender Identity Clinic is a well known expert in the field of hormonal reassignment.

There are limited medical evidences about the specific gene variants enhancing or reducing the likelihood of developing transsexualism. Animal experiments have clearly demonstrated the importance of pre- and neonatal androgen production for the sexual differentiation of the brain. The masculinising effect of androgens on the developing male brain appears to be exerted mainly through the conversion of testosterone into estrogen by aromatize and the consequent activation of estrogen receptors (ERs) of a & b subtypes, write Cooke et.al. (1998:47). Hence, the genes coding for the AR, aromatize, and ERb are reasonable candidates in the quest for genes that may influence the likelihood of developing transsexualism. These three genes all comprise intron or exon repeat polymorphisms, three of which were examined in the past investigation carried out by Westberg et.al. (2001:194) another study also confirmed that the length of repeat nucleotide sequences (micro / mini satellites) influence the transcription and the translation of a gene also when the repeat is situated in an intron Comings (1998:46). In fact, recent studies have found the aromatase intron repeat polymorphism to be associated with breast cancer, endometrial cancer and serum levels of sex steroids Dunning et.al. (1999:64).

To understand transsexuality, we have to understand the difference between sex and gender. While ‘sex’ represents physical differentiation as male or female, indicated by the external appearance of genitalia and the presence of gonads, ‘gender’ is the psychological recognition of self, and wish to be regarded by others, as fitting into the social categories such as boy/man or girl/woman. In short, sex is what one is seen as (external appearance as male / female) and gender being the identity is what one feels (playing the role of and living the life of male / female). The feeling of incongruence between sex and gender is termed gender dysphoria.

Transsexualism is the most extreme form of this disorder. These individuals feel themselves to be trapped in the wrong body (transsexual phenomenon). They need to adapt their phenotype with hormones and surgery to make it congruent with their gender identity. There are many terms coined for sex change surgery, such as sex reassignment surgery, gender reassignment surgery, sex reconstruction surgery, sex
affirmation surgery and feminizing or masculanizing genitoplasty. There is a broad feeling that gender, being genetically hardwired into brain, is not subject to reassignment. It can at best be affirmed by bringing the external appearance (sex) of the person to become congruent with his/her gender. Thus, the most appropriate term may be gender affirmation surgery (GAS). Transsexuals undergoing female to male (FTM) transition are known as trans men and those undergoing male to female (MTF) transition are known as trans women.

The finding of gender identity cannot be easily altered through socialization is supported by more recent scientific investigations. A group of 16 genetic male patients with a rare condition known as cloacal exstrophy, a major defect involving the lack of a penis but normal testes, were studied with respect to gender identity Reiner et.al. (2004:151). Fourteen of the sixteen cases were reassigned surgically, socially, and legally shortly after birth as female due to the simplicity of the vaginal construction surgery compared to the reconstruction of a penis. By the time of the report, eight of the fourteen female-assigned cases were living as male and three had unclear gender identity, although two of the three declared they were male identified. Five patients were still living as female. Additionally, the two patients whose parents refused reassignment also declared they were male identified. Given that the majority of the reassigned cases have already declared they are male even though they were reared as female should raise serious doubts about the claim that socialization plays a primary role in the formation of gender identity.

Reiner and Gear hast (2004:151) pointed out that one of the most important difficulties in gender identity research can be uncomfortable to discuss for many people, and past history has shown that a special degree of sensitivity and understanding is necessary to establish trust between the interviewer and the patient with this condition. He notes that existing surveys of adult sexuality, such as the Sexual Behavior Assessment Schedule for Adults. Meyer-Bahlburg and Ehrhardt (1987:126) have not elicited spontaneous answers from patients with cloacal exstrophy, and this observation raises questions about the validity of existing methods of assessment for studying questions of gender identity development in general. This problem is particularly relevant for offspring of mothers prescribed DES during their pregnancy, since no studies have been performed that specifically asked about
changes in gender identity due to these known prenatal exposures to an estrogenic substance. In the present times, the incidence of transsexualism is not accurately measured on account of the social stigma attached to being transsexual. It is only possible to collect statistics on the numbers of declared transsexuals and such figures only represent a proportion of those who have gender dysphoria. There are still many who keep it hidden. However, at the present time due to a greater awareness, the figures for MTF are believed to be 1:10,000. The prevalence of chromosomal and intersexed conditions is believed to be around 1:1,000 of the population.

1.8 Human Rights of Transsexual Community in India

The transgender community is subjected to series of human rights violations and kept away from the mainstream of national life. The dominant discourse on human rights in the world has yet to come to terms with the production/reproduction of absolute human rightlessness of transgender communities. The transsexual community is subjected to violence and abuse mainly due to the absence of social concern. The central concern about the transsexual community pertains to the state and societal violence inflicted on them. The media have also presented several reports and analyses about the attitude of family, society and state towards the transsexual community. The parents have not understood the psychology of transgender community on the basis of humanitarian considerations and scientific values. The parents and other family members are more concerned about the attitude of society which is based on traditional value system. The aggrieved persons are made to leave the homes under painful and humiliating circumstances.

The society also does not provide employment, shelter and security to the members of the transsexual community. They are forced to practice begging and enter the world of prostitution in order to survive in the society against several odds. The public and private institutions also refuse to give them shelter economically and otherwise due to the existing social stigma. The family members also let down the transgendered persons in order to safeguard their social status. The police personnel also take them for granted and refuse to register cases in times of violation of human rights. The advocates also refuse to help such neglected and exploited members since they cannot pay attractive fees. The roots of exploitation of the members of the transgendered community are found in both state and civil society, the nature of
surveillance by the state, and the deeply sexual nature of the violence, according to the recent report of Peoples Union for Civil Liberty, Bangalore. The violence itself owes something to a systemic pattern of police harassment and violence, extortion and the manifestly illegal and even criminal wrongdoing of the police.

According to the Universal Declaration of Human Rights, the founding document of human rights law, ‘the family is the natural and fundamental group unit of society and is entitled to protection by society and the state’. In this context of extreme violence and intolerance, the only cultural space available for transgender is the community of transgendersed people in India and elsewhere. In India, the Hijras constitute a close-knit community in cities and townships. The law in India is a powerful force to control the Hijra community. It criminalizes the very existence of Hijras, making the police an omnipresent reality in their lives. Apart from criminal laws which have invited the unwarranted authority of the police in their lives, civil law has not heeded the demands of citizenship and equality for the Hijras in India.

The Immoral Trafficking Prevention Act, 1956 (amended in 1986) aims at preventing the traffic of women and children into prostitution. According to Sec 5(f) the original Act of 1956, the volitional act of “a female offering her body for promiscuous sexual intercourse for hire whether in money or kind” is liable for prosecution. Under Sec 5(f) of the amended Act of 1986, there is a shift of focus from commercial sex undertaken voluntarily to “the sexual exploitation or abuse of persons.” The stated objective of the law on trafficking is not to criminalize prostitution per se but to criminalize brothel keeping, trafficking, pimping and soliciting. In actuality, the enforcement of ITPA invariably targets the visible figure of the sex worker (who is also the weakest link in the chain) and generally spares the hidden and powerful system that supports the institution of sex workers.

The operational parts of the ITPA are Sections 7 and 8, which deal respectively with prostitution in public places and soliciting. In fact the majority of arrests of the sex worker take place under Sec 8, which defines the offence of soliciting for purpose of prostitution. This definition makes it clear that under Indian law sex workers may, so to speak, exist but not be seen: sex work is allowed to exist as “a necessary evil” because it serves a male sexual need, but its practice has to be continually hedged around with legal strictures, police harassment and intimidation.
Under ITPA, all sex workers, male and female, face state violence and public stigma and discrimination. On grounds of preventing immoral trafficking and protecting public order and decency, the police exclusively target people in prostitution instead of the institution of prostitution, including brothel keepers and clients. Sometimes, false cases are lodged against them which serve the double purpose of ‘solving’ an existing case and keeping the sex workers off the street.

The constitutional provisions and protective measures are available to all persons with some rights being restricted to only citizens. Beyond this categorization the Constitution makes no further distinction among rights holders. However this de jure position is not reflected in the various laws governing the civil conduct of human beings. Nowhere is this more apparent than in the treatment of marginalized categories such as transgender sex workers. The gender non-conformity adversely affects their ability to access basic civil rights otherwise available to all other citizens. The identification on the basis of sex within the binaries of male and female is a crucial component of civil identity as required by the Indian state. The Indian state’s policy of recognizing only two sexes and refusing to recognize the transgendered community including the Hijras has deprived them at a stroke of several rights that Indian citizens take for granted. These rights include the right to vote, the right to own property, the right to marry, the right to claim a formal identity through a passport and a ration card, a driver’s license, the right to education, employment, health and so on. The transgendered community finds it very difficult to obtain a ration card, a driving license or a passport by declaring themselves as women. Such deprivation secludes them from the very fabric of Indian civil society.

1.9 Social Significance of the Study

Transsexualism is the condition in which a person with apparently normal somatic sexual differentiation of one sex is convinced that he or she is actually a member of the opposite sex. This sense is so pronounced and persistent that transsexuals seek medical treatment, physically change their bodies from male into female or vice versa and adopt new lifestyles in modern society. Prior to surgical sex reassignment, transsexuals receive treatment with cross-sex hormones. Male-to-female transsexuals (MFs) are treated with estrogens and anti-androgens (to suppress the production and biological effects of circulating androgens) and female-to-male
transsexuals (FMs) are treated with androgens (in FMs, androgens, without additional hormone treatment, usually suppress menstruation; circulating estrogens are not substantially reduced as a result of peripheral aromatization of administered androgens). There is no known fundamental difference in sensitivity to the biological action of sex steroids on the basis of genetic configurations or gonad status. Thus, in transsexuals, the influence of cross-sex hormones can be studied relatively independent of their original endocrine status as male or female.

It is well established in mammals that differences in male and female brain structures can be reversed by sex hormones, even in adulthood. However, it is not known whether alterations in sex hormone levels can change structures of the human brain in adulthood. In human adults, the volumes of the brain and hypothalamus of males tend to be larger than those of females. The peptic nucleus of the hypothalamus is even twice as large in males as in females. Moreover, in some studies, when comparing the fractions of gray and white matter in the brain, adult females as compared with males were found to have a higher fraction of gray matter, whereas adult males as compared with females had a higher fraction of white matter. In rodents, brain differences between the sexes supposedly reflect differential exposure to sex hormones during prenatal brain development. Typically, prenatal exposure to high levels of testosterone results in male brain structure and in the absence of androgen exposure, female brain structure develops. In humans, testosterone probably exerts its masculinizing influence on the brain during prenatal development.

A few studies on brain structure in transsexuals have been conducted in post-mortem tissue across the globe. The bed nucleus of the strain terminals of the hypothalamus, larger in males than in females, was found to be of female size in six MFs and of male size in one FM. All these transsexuals had received cross-sex hormone treatment before their brains were studied. Therefore, the altered size of the bed nucleus of the strain terminals could have been due to the exposure of cross-sex hormones in adult life. Alternatively, the different size of the bed nucleus of the strain terminals in transsexuals could have been present prior to cross-sex hormones treatment, reflecting (potentially hormonally determined) differences in the development of the (pre- and prenatal) brain, or possibly genetic differences, between transsexuals and non-transsexuals. The transsexuals face series of injustices and
discriminatory tendencies in modern society. The transsexuals are indeed shelter less members of multiple disenfranchised groups in Indian society. They are practically estranged from their families and often from their country of origin.

Studies are conducted on various aspects of transsexuality in India and abroad. Various professional organizations have also come into existence in order to achieve the development of the socially and economically excluded and marginalized sections of society including the transsexuals. Professional journals have also devoted considerable space and time for the discussion and evaluation of the problems and prospects of transsexuals. Empirical studies are also conducted on socio-economic influence, behavioral and adjustment patterns, problems of transsexuals, family-transsexuals relationship, social environment, educational environment, environment-centered stress and other factors associated with the welfare and development of transsexuals in India and abroad.

The transsexuals are bound to face a number of crises and challenges of behavioral and adjustment processes in modern society. A vast majority of the transsexuals undergo physical, emotional, social, economic, political and cultural trauma which are associated with distress and victimization regardless of their status and environment. There are numerous manifestations of the severity and breadth of the problems besetting transsexuals, families, educational institutions, governments and communities. Considerable research has focused on the personal, social and economic problems of transsexuals all over the world. Several commissions, groups and individuals have examined the factors associated with the welfare and development of transsexuals in India and elsewhere. The state of affairs pertaining to transsexuals varies from culture to culture, environment to environment and country to country. In India and other countries, the situation is different due to social, educational, economic, political, cultural and environmental factors. The parents, teachers, policy makers, implementers and others have attracted serious criticism for their irresponsibility toward the welfare and development of transsexuals.

Studies have also revealed that all is not well as far as transsexuals in India and abroad are concerned. Transsexuals have also become victims of circumstances especially in a developing country like India. They are subjected to series of disorders and diseases mainly due to lack of care, guidance and counseling. The transsexuals
are not entitled to civic amenities, basic infrastructural services, social benefits, economic resources, political privileges and other provisions since they cannot access identity documents. They are also deprived of basic civic documents such as birth certificates, driving licenses, public utility cards, social security cards, immigration documents, passports and allied identification benefits in the Indian society due to absence of constitutional protection and state intervention for their development.

The transsexuals face humiliating circumstances and enormous barriers to education, employment and allied social and economic benefits. The law and order authorities also discriminate against them and prevent them from obtaining sex segregated facilities and services (shelters, group homes, medical treatment programs, bath rooms and other civic amenities) in their current gender. The transsexuals are ridiculed publicly for no fault of theirs and looked down upon by the civilians and law enforcement authorities with suspicion. They are also blamed for spreading certain diseases and disorders in the society. They face discrimination in homes, public places, police stations, prisons and other places.

The transsexuals are socially excluded, stigmatized and marginalized because of their ambiguous identities and vulnerable social and economic conditions. There are no legal provisions and safeguards with respect to sex change operations, technically known as sex reassignment surgery. The male to female transsexuals do not have the access to STD treatment facilities. They suffer from high rates of addiction, depression, anxiety and suicidal tendencies on account of several discriminatory and oppressive features of modern society. There are a large number of transsexuals who are particularly disadvantaged because of their low socio-economic status in urban and rural areas.

There is also strong evidence that constructive social and state intervention would help transsexuals cultivate cognitive skills, improve communication skills, emulate role models, cultivate pro-social behaviors, increase good mannerisms, maintain cordial human relations, enrich problem solving ability, enhance personal competence, gain social identity, earn bread and butter and live as respectable citizens of the society. A substantial amount of research has been done and a considerable body of knowledge has accumulated concerning the multi-faceted problems of transsexuals in modern society. The extent to which one ought to be concerned about
the welfare and development of transsexuals is duly emphasized in the findings and recommendations of the studies conducted by various researchers all over the world. The policy makers, administrators, law enforcement authorities, development personnel, social activists and others need to know more about what factors influence the personality of transsexuals, what preventive measures are effective in preventing the unhealthy living patterns of transsexuals and what kind of progressive measures are required to improve the status of transsexuals in future.

Few researchers in India have assessed the living conditions, social disadvantages, economic constraints, political limitations and other aspects of transsexuals. The major deficiency observed in their works is the lack of emphasis on the rehabilitation and empowerment of the transsexuals in Indian society as a whole. Couple of investigations is conducted in Karnataka State and other parts of India on quite a few aspects of the personality of transsexuals. There is growing recognition in India and other countries about the crucial role of family, society and state in the welfare and development of transsexuals in modern society. The welfare and development services of transsexuals have to be planned and delivered in accordance with the needs of the transsexuals. Hence, it was decided to scientifically evaluate the health status, social problems, economic issues and political measures with special reference to male to female transsexuals in Karnataka State not as a means of enquiry, but as a support to transsexuals’ development closely woven with it. Thus, the present study on “An Anthropological Study of Male to Female Transsexuals in Mysore and Bangalore Cities, Karnataka, India” is justified because of the ‘model state’ status enjoyed by the Karnataka State from the point of view of regional development in general and research dealing with impact of state intervention for the development of transsexuals in particular.

1.10 Statement of the Problem

Societal discrimination of transgendered people is not new, says Mac Kenzie (1994:121). As such discrimination against the transsexuals has resulted in adverse public health outcomes, including HIV/AIDS, facing the transgendered community. ‘Transgender” has been used as an umbrella term to describe people who do not follow traditional gender norms and may include transgenderists, drag queens, cross-dressers, intersex persons and transsexuals. Transgendered people commonly use the
terms male-to-female (MTF) and female-to-male (FTM) to describe their gender identity. MTFs are people who are assigned a male gender at birth, but identify as female. FTMs are people who are assigned a female gender at birth, but identify as male. Available research, though limited, seems to indicate that there is a high HIV seroprevalence rate among transgendered people and that transgendered people are at high risk for HIV infection according to the findings of the past studies.

The impact of societal and governmental intervention for the welfare and development of transsexuals is not subjected to comprehensive and scientific research in Karnataka State and other parts of the country even though it is a very important area of anthropological research. A planned, deliberate, systematic and sustainable study on the status, problems and prospects of transsexuals would put the search light on the existing state of affairs concerning the lives of transsexuals in a developing state like Karnataka. The findings and recommendations of the systematic and scientific investigations dealing with the male to female transsexuals would sensitise the policy makers, educationists, practitioners, implementers, parents and others interested in the development of transsexuals regarding the preventive, corrective and promotional measures.

There is a growing recognition all over the world including India about the crucial role of family, educational institutions, media organizations, health institutions, philanthropic societies, cultural organizations, research and development organizations in the rehabilitation and development of transsexuals. A synthesis of the available literature suggests that societal, governmental, educational, health and media intervention for transsexuals’ development with special reference to Karnataka State suffers from series of limitations.

There are certain drawbacks and limitations on the part of various stakeholders from the point of view of transsexuals’ development. A synthesis of the available literature suggests that social and economic status of transsexuals is not quite encouraging in the study area. Therefore, the primary tasks of present study are concerned with identifying a reasonably representative sample of male to female transsexuals so as to assess their views on their living conditions, social problems, health conditions, economic constraints and allied disadvantages in Karnataka State. The problem titled “An Anthropological Study of Male to Female Transsexuals in
Mysore and Bangalore Cities, Karnataka, India” has been chosen for the present study because:

a) Indian Republic has provided several constitutional safeguards and promotional opportunities for the welfare and development of citizens.

b) State intervention is crucial in modern society in order to protect and promote the interest of male to female transsexuals regardless of time and space.

c) Transsexuals’ development cannot remain as a neglected sector of human resources development in a developing state like Karnataka.

d) Government and non-government institutions have a corporate social responsibility of facilitating the rehabilitation and development of transsexuals on humanitarian grounds.

e) The role of various stake holders in the rehabilitation and development of male to female transsexuals should be scientifically analyzed in order to safeguard and promote their development.

f) A constant and continued research on the role of various stake holders in the rehabilitation and development of male to female transsexuals is imperative in a model state like Karnataka.

It is essential to have a vision backed up by appropriate research action on the role of various stake holders in the processes of rehabilitation and development of male to female transsexuals in a developing state like Karnataka assumes profound social significance. In the absence of suitable research support, it would be difficult to achieve this goal. The present study, was therefore, designed to cover all these dimensions and make it more comprehensive.

1.11 Objectives of the Study

1) To assess the socio-economic status and problems of male to female transsexuals in Karnataka state.

2) To examine the health status and problems of male to female transsexuals in Karnataka state.

3) To evaluate the human rights status and problems of male to female transsexuals in Karnataka state; and

4) To suggest appropriate methods for the rehabilitation and development of male to female transsexuals in Karnataka State.
1.12 Presentation of the Study

The first chapter deals with the introduction wherein the salient features of the study such as transsexual history, transgender identities, transgender theory, historical context of transgender and transsexuality, scientific study of transgender, transsexualism in modern society, human rights of transgender community in India, social significance of the study, statement of the problem and objectives of the study are furnished.

The second chapter namely Review of Literature presents various studies conducted in India and abroad on transsexuals under different headings.

The third chapter namely Materials and Methods deals with the hypotheses of the study, variables of the study, profile of Karnataka State, study area, selection of sample, research design, development of tools, primary data collection, secondary data collection, computation of data, statistical analysis, limitations of the study and definitions of the terms used in the study.

The fourth chapter namely Result and Discussion of the study on the demographic features of the transsexuals, socio-economic issues of MTF transsexuals, health constraints of the MTF transsexuals, Human rights issues of the MTF transsexuals in Karnataka State. The fifth chapter namely case analysis presents the case studies of persons who have overcome the system related shortcomings. The sixth chapter namely Summary and Conclusion of the study.

1.13 Summary

The male to female transsexuals are indeed an important segment of the national population. In fact, transsexuals are threatened by several personal, health, socio-economic, educational, political, psychological, cultural and environmental factors and forces. Societal and governmental intervention has become a highly challenging task of our times. The founding fathers of Indian Constitution had accorded a place of pride for the development of human resources including transsexuals. After independence, various welfare programs have been devised and implemented for the uplift of the socially and economically excluded, deprived and marginalized sections of Indian society. These measures have not disseminated significant benefits for the transsexuals due to lack of political will, social activism,
community participation, media intervention and research support. Practically, all developing countries have accepted human resources development as an integral part of development planning. Evaluations dealing exclusively with the role of government and non-government organizations with special reference to rehabilitation and development of male to female transsexuals in Karnataka State are scanty as seen through the paucity of literature. The need and importance of integrated rehabilitation and development of male to female transsexuals in Karnataka State is chiefly focused in the present study.