CHAPTER-II

REVIEW OF LITERATURE

2.1 Introduction

The transsexuals are indeed a respectable section of modern society. According to the recent estimates, they constitute about 2% of India’s billion person population. The Constitution of India also deals with the development of human resources regardless of gender, religion, region, caste, colour, creed and other factors. All are equal before the law and discrimination against any particular section of the human society amounts to violation of basic human rights. Several commissions, groups and individuals have also examined the factors associated with the welfare and development of mankind in India and elsewhere. Series of scientific investigations have focused primarily on the status, problems and prospects of the disadvantaged sections of society. The importance of development of transsexuals is not subjected to extensive debate in the Parliament, society, media and other important forum in India. The central and state governments have not earmarked adequate financial resources for the development of transsexuals in India due to lack of political will, social concern and corporate social responsibility. The status, problems and prospects of transsexuals in Karnataka State is primarily investigated in the present study. A brief survey of the notable works done on various aspects of the life and development of transsexuals internationally, nationally and regionally are presented in this chapter under different headings.

2.2 SOCIAL ISSUES OF TRANSSEXUAL COMMUNITY

The transsexuals are not actively involved in the mainstream of national life. They are practically excluded section of the Indian society. They are not treated on par with other citizens of Indian Republic. There is absence of social concern, responsibility and intervention for the rehabilitation and progress of transsexuals in Indian society. They are deprived of several social advantages like identity crisis, non-availability of identity documents, educational progress, social inclusion, social security, civic amenities and healthcare facilities. They are indeed victims of circumstances socially and otherwise in India and other countries. The notable studies concerning the social issues of transsexuals are presented under this component.
Tsoi (1993:181) assessed the parental influence in transsexualism in China and compared the male and female transsexuals with a group of male and female heterosexual controls. The study revealed that there was no difference in the parental ages of the transsexuals and controls at time of their birth. The fathers of the male transsexuals and the mothers of female transsexuals were less involved in their upbringing. Using a bonding instrument, the fathers of male transsexuals were found to be less caring and mothers of female transsexuals were less overprotective than the fathers and mothers of the controls. Studies on parental involvement in male transsexuals showed a weak father figure and an over-involvement with the mother and in female transsexuals, an unsatisfactory mother-daughter relationship in the study area. The scholar pointed out that abnormal parental-child relationship, postulated as an important etiological factor in transsexualism.

De Cuypere et al. (1995:55) analysed the psychosocial functioning of transsexuals in Belgium and noted that it was much more difficult for the male gender dysphoric to pass to the opposite gender than it is for his female counterpart. The study revealed that the gender dysphoric women struggled hard and looked for immediate solutions in alcohol, drugs, suicide attempts or psychiatric help. In any case the tolerant climate can be beneficial for both, according to the study. The scholars observed that female to male transsexuals suffered series of social and economic disadvantages after the sex reassignment surgery.

Cook et al. (1998:47) investigated the social isolation suffered by the transsexuals and noted that transsexuals were ill treated, humiliated and discriminated against by the civil society and other stakeholders. The scholar suggested that state should come forward to provide social identity documents, basic amenities, employment opportunities and other facilities in order to facilitate the inclusive development of the disadvantaged sections of society.

Witten and Eyler (1999:199) examined the hate crimes against the transgendered persons and noted that violence research had the potential to contribute to further understanding of gender-related violence (such as date rape and domestic violence) and to the dynamics of hate crimes. The study revealed that violence against transgenders bears many similarities to violence against women and to anti-homosexual victimization. The scholars observed that violence against women
(committed by men) is often justified by the perpetrators as having been their right as an intimate partner in control of the relationship (and thus of the woman), or as being a reasonable action to take against a woman who is transgressing social restraints.

Roen (2001:156) evaluated the risk of racial marginalization from the point of view of transgender theory and embodiment in New Zealand and observed that it was important for transsexuals to maintain traditional cultural values by resisting identification with (contemporary western) medical discourses on transsexuality. The study was primarily based on the case studies of gender liminal people who live in New Zealand and who belonged to cultures indigenous to the South Pacific. The scholar noted that the efforts of transgenderists to challenge medical constructions of transsexuality should be supported by the activists and others concerned about the welfare and progress of transsexuals in modern society.

Weiss (2001:191) investigated the gender caste system in terms of identity, privacy, and heteronormativity and pointed out that these incongruities remained unacknowledged because the heteronormative standard adopted in the modern society. The study revealed that government and institutional officials accepted the heteronormative presumption that physical sex and psychological gender identity must necessarily be congruent, despite the reality of transsexual citizens. The scholar further noted that transsexual people, who make a contrary claim, are therefore as a group deluded, mentally unstable, and/or sexual perverts. The study acknowledged that the transsexual claim is impossible, not because of conclusive scientific evidence against it, but because it is a personally uncomfortable subject for most people, including judges and other governmental and institutional personnel.

Agrawal (2003:01) conducted a study on the social construction of gender and discussed how the biological basis to the differences between the sexes does not explain their lived differences and inequalities. The scholar also looked at the sex-gender distinction and the different explanations that have been given for the near universal inequality between men and women. The study also covered the gender regimes in different domains of social life followed on the influence of religion and kinship which shape particular constructions of gender. The scholar primarily examined how various dimensions of social stratification articulate with and construct gender. The differences, inequalities and the division of labor between men and
women are often simply treated as consequences of ‘natural’ differences between male and female humans.

Laird and Glasgow (2003:113) carried out a study on the participatory appraisal from transgender research point of view and noted that the categories of transsexual and transvestite being put together under transgender did not help with the understanding of any of the issues because both categories are very different from each other. The study revealed that some of the most significant health related issues for MTF transsexuals included, alcohol abuse, suicidal feelings, constantly feeling stressed about gender and disgust with body parts. Some of the most significant health related issues for FTM transsexuals included, anxiety, fear of what people would think/say suicidal feelings and distressed about body parts. Self harm and depression were also significant for MTFs and FTMs, according to the study.

Suicide Prevention Resource Center Education Development Center (2008:173) studied the suicide risk and prevention for lesbian, gay, bisexual, and transgender youth and explored the possibility of reducing the risk by addressing stigma and prejudice at the institutional and individual level; by forming partnerships across youth-serving, suicide prevention, and LGBT youth agencies, by building on recent advances in research; and by responding to the issues of LGBT youth. The study was primarily based on an extensive review of literature. The study revealed that LGB youth were nearly one and a half to seven times more likely than non-LGB youth to have reported attempting suicide. These studies do not include transgender youth. For several reasons, little can be said with certainty about suicide deaths among LGB people. Most mortality data do not include sexual orientation. However, based on the higher rate of suicide attempts among LGB youth and the relative seriousness of their suicide attempts, it is likely that LGB youth experience higher rates of suicide deaths than their non-LGB peers, according to the study.

Govier et.al. (2010:84) analysed the dichotic listening, handedness, brain organization, and transsexuality and noted that transsexuals voluntarily changed their sex and remained under privileged in modern society. The study also noted that transsexuals were not treated in civil society on par with other citizens and suffered from series of deprivations, disorders and discriminations in the absence of suitable protective and promotional measures.
Loh (2011:119) examined the religious practices among the Hijras of India and observed that generally Hijras tended to identify with normative female gender roles in Indian society, although they present themselves as categorically distinct from women, and theoretically as a sex/gender distinct from male and female. The study revealed that the dominant focus of academic research concerning Hijras had been their sex and/or gender status, as distinct from the Westernized two-sex model of sex and gender. The scholar noted that Hijras aside from occupying a position outside the normative sex/gender binary of male/female also occupied a marginal position almost everywhere in Indian society, literally and figuratively. The scholar further noted that variation and individuality were significant factors when considering the religious identifications made by certain Hijras, based on individual beliefs, backgrounds, and spatial, geographical, and life-historical contexts.

Cortez et al. (2011:48) conducted a psychosocial study of male-to-female transgendered and male hustler sex workers in Sao Paulo, Brazil and noted that transsexuals suffered from worst kind of psychological disturbances and social humiliations in modern society. The scholars suggested that suitable social security, healthcare provisions, empowerment measures and other progressive actions should be initiated in order to safeguard the interest of transsexuals in modern society.

Currah and Mulqueen (2011:52) evaluated the securitizing gender in terms of identity, biometrics and transgender bodies at the airport and noted that transsexuals were harassed by the security force in the airport deliberately. The scholars pointed out that securitizing gender in the airport should be carried out with human decency, social responsibility and professional accountability in order to prevent the public humiliation of transsexuals in airport.

De Line (2011:57) assessed the status and problems of transsexuals who are stuck at the border between the sexes and noted that transsexuals were caught between the devil and deep sea in the absence of suitable social activism and intervention of state. The study suggested that transsexuals should be entitled to equality before law and encouraged to obtain suitable identity documents and welfare benefits in modern society.
Garcia (2011:74) analysed the absence of social security measures which resulted in the inhuman gay murders which rocked Honduras and noted that transsexuals were subjected to public humiliations, physical atrocities, mental agonies and deprivation of civic amenities. The scholar suggested that transsexuals should be treated equally in society, workplace and elsewhere through suitable legal safeguards and development measures.

Gomez - gil et.al. (2011:82) examined the birth order and ratio of brothers to sisters in Spanish transsexuals and noted that there were more male to female transsexuals rather than female to male transsexuals in the study area. The scholars noted that male to female transsexuals were more in number in the Spanish society but remained socially disadvantaged and economically marginalized in the absence of suitable protective and promotional measures and opportunities.

Hodel (2011:94) evaluated the plight of Indonesia's transgender couples who were surrounded by fear and persecution on account of the traditional mindset of the civilians and law enforcement authorities. The scholar suggested that the transgender couples should not be discriminated against and encouraged to live and grow peacefully in modern society on humanitarian grounds.

Houston (2011:96) investigated the plight of transsexual sex workers who continued to remain as the most vulnerable section of the mankind in modern society. The scholar noted that transsexuals had to depend on prostitution in order to earn their bread and butter in the absence of suitable educational and employment opportunities. The study also revealed that most of the transsexuals remained physically vulnerable, psychologically depressed and economically marginalized due to lack of constitutional support and developmental measures.

Human Right Watch (2011:98) studied the violence and discrimination against black lesbians and transgender men in South Africa and noted that South African administrators remained indifferent towards transsexuals and black lesbians due to the traditional mindset. The study suggested that black lesbians and transsexuals should be allowed to live according to their conscience and achieve the goals of their lives without any discriminatory tendencies and politics of marginalization.
Kennedy (2011:104) assessed the emergence of a new identity for the transsexuals in modern society and noted that transsexuals woke up and started speaking up for themselves. The study also revealed that civil society and other concerned individuals have begun articulation of the problems and demands of transsexuals. The scholar has observed that new communication technologies including the Internet have facilitated social networking of transsexuals in modern society.

Leaf (2011:115) analysed the emergence of social activism among transsexuals in South America and noted that transsexuals slowly developed their own network and raised their voice over a period of time. The scholar observed that transsexuals could achieve better fraternity, solidarity and empowerment mainly through social networking and united efforts. The study suggested that organized struggle of the transsexuals would safeguard their interest in modern society.

Lu (2011:120) examined the treatment of transgender detainees in the jails and noted that modern jail policy offered some security to the transsexual offenders on humanitarian grounds. The study revealed that police officials, jail authorities and judicial authorities changed their mindset towards transsexuals over a period of time in modern society. The study suggested that transgender detainees should be treated with concern, dignity and humanity in order to prevent violation of human rights.

Moumneh (2011:131) evaluated the status of transsexuals in the Middle East and noted that there was a kind of moral panic over transgender men and women in the area concerned. The study revealed that the Arabian region witnessed the shifting gender roles over a period of time. The scholar called upon the policy makers to change their mindset and learn to live with new realities of life in order to uphold human values in civil society.

Murray (2011:133) investigated the social identity crisis suffered by the male to female transsexuals in modern society and noted that transsexuals paid a heavy price for looking like a woman. The scholar stated that the traditional mindset of the civilians and policy makers was mainly responsible for the identity crisis and social and economic marginalization of transsexuals.
Nuttbrock et al. (2011:136) assessed the sexual arousal associated with private as compared to public feminine dressing among male-to-female transgender persons and noted that male to female transsexuals attracted others through cross dressing in society. The scholars suggested that transsexuals should not be subjected to any kind of humiliations, disadvantages and deprivations in modern society.

Papamarko (2011:138) analysed the role of new communication technologies which have become a mine field for transgenders from the point of view of dating in modern society. The study revealed that new media, social networking and other resources have brought the transsexuals together across the world and facilitated social transactions.

Pfafflin (2011:142) examined the historical context of transsexuality and noted that transsexuality is as old as the mankind is. The scholar stated that the new terms like identity and gender identity are widely discussed in modern society under the changed circumstances. The study revealed that gender identity has gained new currency in modern society due to several factors including social activism and networking across the globe.

Philips (2011:143) evaluated the tendency of cross dressing among the transsexuals and noted that the gay guys liked guys who dressed as girls. The study revealed that cross dressing motivated the gay guys to have sex with the transsexuals and facilitated better social interaction. The study also highlighted that cross dressing was a complementary exercise which benefited the transsexuals personally and economically.

Ring (2011:154) investigated the provision of voter ID for the transsexuals and noted that transsexuals were not included in the list of voters because of several factors. The study revealed that many transsexual people could not access identity documents because of gender problem. The study suggested that transsexuals should be included in the voters list and provided necessary benefits which facilitate better social identity in modern society.

Suleiman (2011:174) studied the status and problems of non-hijra transgenders in Indian society and noted that non-hijra transgenders practically struggled for social identity and economic survival in modern society. The study revealed that the mindset
of civilians and policy makers has not changed remarkably over a period of time due to several factors in Indian society towards non-hijra transgenders.

Terrell (2011:178) assessed the relationship between black race and black transgender which has caused a double burden in the real life situations in America, Africa and elsewhere. The study revealed that recent empirical evidences put the search light on the extreme discrimination and poverty experienced by the black transsexuals in modern society. The study suggested that suitable constitutional and developmental measures should be ensured in order to safeguard the interest of black transsexuals against gender based and racial discriminations.

Saxena (2011:161) examined the status of transgendered people in India who are a socially and psychologically victimized community. The work proceeded to look at the different aspects of transformation from both male to female, as well as female to male genders, the medical procedures involved and the socio-economic ramification of such gender transformations with special reference to India. The study revealed that the society is primarily responsible over generations for having made them out castes and forcing them to develop this way of life. The scholar has suggested that transgendered community should be integrated with the mainstream society in order to offer them a life equal in opportunity, humanity and emotion.

2.3. ECONOMIC ISSUES OF TRANSSEXUAL COMMUNITY

The transsexuals are not actively involved in the mainstream of national economy. They are the most neglected sections of Indian society. They suffer series of economic constrains due to lack of education, training, professional orientation, entrepreneurship development, leadership development, financial assistance and allied economic advantages. The transsexuals live below the poverty line economically and otherwise. They are deprived of several economic benefits like identity documents, infrastructural facilities, civic amenities, professional training, and developmental opportunities and so on. They are indeed economically most disadvantaged section of the Indian society. The notable studies concerning the economic issues of transsexuals are presented under this component.

Letellier and Lewis (2000:116) assessed the public hearing held by the city and county of San Francisco Human Rights Commission on economic empowerment
of the lesbian gay bisexual transgender community and noted that the economic climate in San Francisco was not conducive for the progress of transsexuals. The study revealed that individuals and representatives of community organizations, small businesses, corporations, and civil servants provided verbal and written testimony at the public hearing on the economic status of transsexuals. The HRC gave this project priority by holding the public hearings and providing the oversight policy decisions to ensure proper balance and representation.

Weiss (2004:192) examined the transgender human resources policies in U.S. employers and noted that because of its intrinsic ambiguity, transgender identity in HR policies is problematic to the extent that employers inappropriately presume that the category of transgender is real, material and stable. The study revealed that early-adopting employers generally understood these policies through rational myths since they believed transgender human resources policies enhance their attractiveness to non-transgender employees by conferring legitimacy on employers, and that such enhancement is both important and urgent. The scholar pointed out that the transgender identity, however, does not conform to these myths and there is a large gap between the reality of transgender employees and the understanding of employers in the study area.

Yolanda et.al. (2005:202) evaluated the transsexual subtypes in terms of clinical and theoretical significance and compared the homosexual and non homosexual subjects on a number of characteristics before the start of treatment. Differences within MF and FM groups were also investigated. The scholars observed that homosexual transsexuals were found to be younger when applying for sex reassignment and reported a stronger cross-gender identity in childhood. The study further revealed that a lower percentage of the homosexual transsexuals reported being (or having been) married and sexually aroused while cross-dressing. The pattern of findings was different for MFs and FMs. No differences between homosexuals and non homosexuals were found in height, weight, or body mass index. A distinction between subtypes of transsexuals on the basis of sexual orientation seems theoretically and clinically meaningful. The results support the notion that in the two groups different factors influence the decision to apply for sex reassignment. The scholars suggested that more vulnerable non homosexual transsexuals would
particularly benefit from additional professional guidance before and/or during treatment.

Baker and Jacobsen (2007:09) investigated the marriage, specialization, and the gender division of labor and observed that the gender division of labor is so often enforced by custom which generally involved both direction and prohibition. The study revealed that formal model; agents first learned the skills and then entered the marriage market. The scholar further noted that wasteful behavior would emerge due to strategic incentives in specialization choice and human capital acquisition and that both problems may be mitigated through a customary gender division of labor.

Pepper and Lorah (2008:141) studied the career counseling needs of several minority groups and noted that transsexual individuals faced many personal and professional obstacles due to the complex psychological aspects and expensive medical procedures inherent in traditional method which is the complex and multidimensional process of changing genders. The scholars bridged a gap of knowledge for career counselors and mental health care providers by identifying possible workplace issues and proposed four primary competency components. The study also provided a critique of the current literature, recommendations for counselors, and directions for future research from the point of view of professional and economic development of transsexuals in modern society.

Transgender Law Center (2009:180) conducted the transgender economic survey in California and pointed out that the transgender and gender non-conforming people experienced overwhelming discrimination and marginalization in employment, housing, health care, and education based on their gender identity and/or expression. The study revealed that states and local jurisdictions passed and enforced non-discrimination laws and ordinances in order to protect people from workplace discrimination on the basis of gender identity and expression. The study also dealt with statewide protections for transgender workers under California’s Fair Employment and Housing Act which is widely appreciated by the scholars and activists.

Garcia (2011:74) assessed the plight of the transsexuals in Georgia and Chicago and noted that transsexual employees fought for their identity, rights and
privileges. The scholar further observed that the employers were not concerned about the economic rights of the transsexuals and placed series of restrictions on the transsexuals in the work place. The study suggested that transsexuals should be treated on par with other employees and allowed to achieve promotional opportunities on the basis of their professional contributions.

Hansen (2011:90) analysed examined the attitude of modern companies towards transsexual employees and noted that modern companies came forward to support transgender employees on humanitarian grounds. The study revealed that transsexuals were not subjected to any kind of discriminatory tendencies because of change of gender in the workplace and enjoyed equal opportunities and benefits on par with other employees. The study suggested that the employers should also address the new needs of transsexuals on humanitarian grounds and facilitate their economic empowerment on a priority basis.

Law et.al. (2011:114) examined the transparency in the workplace and explored the possibility of utilizing the real life experiences of transsexuals in order to improve their work atmosphere, working conditions and economic status in modern society. The scholars have called upon the employers to treat the transsexuals on par with other employees and design certain welfare measures in consultation with the transsexuals in the work place.

2.4. SEXUAL ISSUES OF TRANSSEXUAL COMMUNITY

Transgender is a very complex issue which is debatable and transsexuals change their biological sex through surgery. They face several problems in the society since there are no laws on sex change operations in modern society. They are subjected to low self esteem, humiliation, exclusion and other problems. They are also sexually exploited by the vested interest. They are indeed socially and economically most disadvantaged section of the Indian society. The notable studies concerning the sexual issues of transsexuals are presented under this component.

Walinder (1967:188) evaluated the transsexualism on the basis of a study of forty-three cases in Germany and observed that many transvestites not only want to dress in the clothes of the opposite sex, they feel as if they belonged to the opposite sex, that they have been given the wrong body, especially the wrong external sex
characteristics, and they want to be operated on so that their body looks as much as possible like that of the opposite sex. The study revealed that different authors used different criteria for transvestism and transsexualism, and it is hard to draw any general conclusions from most of the cases reported hitherto. The scholars pointed out that the need of systematic examinations of transvestites and transsexuals has much greater psychological and social problems than do those with anatomic intersex states.

Green and Money (1969:86) investigated the relationship between transsexualism and sex reassignment and pointed out that research on successful outcomes was hampered by the limited availability of research funding for exhaustive follow-ups. The scholars also stated that transsexualism, in which gender identity and anatomy are incongruous, was of considerable research importance because, as an extreme example of anomalous gender-identity identification, it may lead to a further understanding of normal gender-identity development. The study revealed that any research carried out or literature written came from health professionals and psychologists working in other fields of expertise who were beginning to move into this under-researched field of gender identity.

Brown (1988:29) assessed the problem of transsexuals in the military service and noted that among the sample of 11 male gender-dysphoric patients meeting DSM-III criteria for transsexualism was seen over a 3 year period by a military psychiatrist. The study revealed that eight patients had extensive military experience, including combat duty in some cases. At the time of evaluation three was on active duty, one was a department of defense employee, and four were veterans. Evidence is presented for a hyper masculine phase of development that coincides with the age of enlistment in nearly all cases. The scholars observed that current military policies, in association with the proposed hyper masculine phase of transsexual development, may actually result in a higher prevalence of transsexualism in the military than in the civilian population.

Burr (1993:34) examined the relationship between homosexuality and biology and noted that America was embedded in debate over the acceptance of openly gay soldiers in the military. The study reported that the issue of homosexuality had been volatile and continued to inflame political passions. The scholar suggested that
biological research should be carried out to find answers to the problem of homosexuality in modern society.

Zhou et al. (1995:203) analysed the sex difference in the human brain and its relation to transsexuality and noted that recent medical research has begun to address the issue of brain sex difference and its relationship to transsexuality. The scholars have also observed that the proposal for a biological etiology of transsexuality has been the subject of debate for many years. The study revealed that the volume of the central subdivision of the bed nucleus of the stria terminalis (BSTc), a brain area that is essential for sexual behaviour is larger in men than in women. A female-sized BSTc was found in male-to-female transsexuals. The size of the BSTc was not influenced by sex hormones in adulthood and was independent of sexual orientation. The scholars proved for the first time that gender identity develops as a result of an interaction between the developing brain and sex hormones.

Hall and O'Donovan (1996:89) evaluated the shifting gender positions among Hindi speaking Hijras in India and noted that the Hijras occupied a marginalized position in the Indian social matrix, as their ambiguous gender identity provokes conflicting feelings of awe and contempt. The study revealed that the issue of Hijras was discussed variously in the anthropological literature as ‘transvestites’, ‘eunuchs’, ‘hermaphrodites’, and even a third gender. The scholars observed that most of India’s Hijras were raised as boys before taking up residence in one of the many Hijra communities which exist in almost every region of India. The study emphasize that Hijras are more attentive than their non-hijra peers to the cultural meanings evoked by feminine and masculine marketing, enacting and contesting them in their everyday projections of self.

Bland (1997:22) studied the relationship between brain and sex and noted that the brain sex difference debate must involve the living transsexual and the use of modern techniques available for this type of research since it would allow the transsexual experience to either substantiate or dismiss the brain sex hypothesis. The scholar argued that the present enthusiasm for genetic determinism, engendered in part by the human genome project, is naïve. Transsexuals are seeking respectability through biological theories that are intrinsically suspect and politically biased. The
study suggested that increasing knowledge, socialization and state intervention would safeguard the interest of transsexuals.

Christine Burns (1999:39) assessed the identity and rights of transsexual and transgender people in the United Kingdom and noted that there are Trans lawyers, Trans doctors, Trans surgeons, trans journalists, trans politicians and a fair share of trans civil servants. There are trans fathers and mothers, trans sisters and brothers, trans husbands and wives, legally or otherwise. There are trans people who are gay or lesbian too, trans people with disabilities, trans people whose skin colour isn’t white. The scholars also dealt with the changes in social, sexual and work activity and functioning in social life through relationships.

Denniston and Denny (2001:58) presented a brief overview of transgender identity from historical and mental health perspectives and noted that the transgender individuals were born biologically male or female, but live their lives to varying degrees as the opposite gender. The study revealed that it is also important to distinguish between gender identity and sexual orientation. The scholars pointed out that many MTFs were happily married and have no desire to leave their wives. Male to female and female to male may be attracted to men, women, or both and may identify as homosexual, bisexual, or heterosexual, according to the study. The scholars also noted that legal documents showing that men lived as women are less common, but this may be artificial due at least partly to the fact that until recently women were largely excluded from activities which would have generated legal documents.

Krege et.al. (2001:107) analysed the male-to-female transsexualism on the basis of the first hand experience of transsexuals concerning new surgical technique, the complications, functional and psychosocial long-term results. This study brings together a spectrum of perspectives ranging from a user perspective to health professionals’ perspective. The study revealed that male-to-female surgery would achieve excellent cosmetic and functional results if properly carried out by concerned and competent healthcare professionals.

Vanita (2002:185) examined the homosexuality in India and noted that many non-government organizations emerged in urban areas and received foreign funding,
especially those that do HIV-prevention work. The study revealed that homosexuality is an aberration imported from modern Europe or medieval West Asia, and that it was non-existent in ancient India. This is partly because same-sex love in South Asia is seriously under-researched as compared to East Asia and even West Asia. With a few exceptions, South Asian scholars by and large ignore materials on homosexuality or interpret them as heterosexual. The scholar observed that the silence of ancient and medieval Indian literature on this subject ‘perhaps reflects the generally conservative mores of the people’.

Clifford (2003:42) conducted a critical review of the psychological literature relating to transsexualism and noted that there was a wealth of literature on transsexualism, particularly evaluating the outcomes of sex reassignment surgery. The scholar remarked that there remained a distinct lack of a psychological conceptualization of the transsexual experience. The scholar claims that due to the focus upon a medical paradigm whereby the diagnosis dictates the treatment, there has been little research documenting the actual experiences of transsexuals.

Stretton Cox (2004:172) assessed the child and adolescence perspective on transsexualism which has contemporary social relevance. The scholars interviewed the respondents with the assistance of an independent psychologist and noted that all subjects had undergone surgery no less than 1 year before the study took place. The study revealed that twelve subjects had started hormone treatment between 16 and 18 years of age. The scholar suggested that sound diagnosis for adult transsexuals and level playing field for their treatment and standards of care would improve the state of affairs.

Swaab (2004:176) analysed the sexual differentiation of the human brain in terms of relevance for gender identity, transsexualism and sexual orientation and noted that direct effects of testosterone on the developing fetal brain are of major importance for the development of male gender identity and male heterosexual orientation. The study revealed that solid evidence for the importance of postnatal social factors is lacking. In the human brain, structural differences have been described that seem to be related to gender identity and sexual orientation.
Ekins (2004:66) examined the three approaches to transsexuality and noted that all such approaches had rather different aims and objectives. Indeed, each of the three approaches has tended to develop in opposition to each other, and often arguing that their view is the 'correct' view. The scholar pointed out that the academics and non-trans identified people have a special interest in approach 4, which dealt with the 'transgender studies' approach.

Kaufmann (2004:102) carried out a narrative analysis of male-to-female transsexual in Georgia and noted that the position of transsexual was contained within the heteronormative through the structure of narrative. Each narrative erased the homologic possibility of transsexual through concluding in the heterologic, the logic of productivity, capitalism, and the modern alignment of sex/gender/sexual orientation. Additionally, the homology of the middle was an illusion as each instance of ambiguity was quickly pulled back into the heteronormative. It was also found that the presentation of the body and subject followed a heteronarrative structure. Almost exclusively, each narrative began and concluded with an essential self and presented, albeit briefly, an ambiguous body and subject in the middle. Each homologic body and subject was thwarted, however, as it was quickly sutured to the heteronormative.

Johnson (2004:100) evaluated the transsexualism from an unacknowledged endpoint of developmental endocrine disruption and observed that the use of invalid techniques by toxicologists has thus invalidated claims of chemical safety, and indicates that public policy based on these techniques are insufficiently protective of public health. Because few things are more important to the continuity of cultures than sexuality and social relations, a number of areas requiring further research are identified, and the need for education of the public is emphasized. I conclude that the existing evidence points towards chemical causes of transsexuality rather than social or psychological causes, requiring a shift in research priorities away from psychosocial studies towards physiological studies of transsexuals.

Henning son et.al. (2005:92) studied the sex steroid-related genes and male-to-female transsexualism which is characterised by lifelong discomfort with the assigned sex and a strong identification with the opposite sex. The study examined the possible importance of three polymorphisms and their pair wise interactions for the development of male-to-female transsexualism: a CAG repeat sequence in the first
exon of the AR gene, a tetra nucleotide repeat polymorphism in intron 4 of the aromatase gene, and a CA repeat polymorphism in intron 5 of the ERb gene. Subjects were 29 Caucasian male-to-female transsexuals and 229 healthy male controls. The study revealed that transsexuals differed from controls with respect to the mean length of the ERb repeat polymorphism, but not with respect to the length of the other two studied polymorphisms.

Smith et.al. (2005:167) assessed the transsexual subtypes from the point of view of clinical and theoretical significance observed that transsexuals could be validly subdivided into subtypes on the basis of sexual orientation. The study also involved the comparison of homosexual and non homosexual subjects on a number of characteristics before the start of treatment. The study revealed that homosexual transsexuals were found to be younger when applying for sex reassignment. The scholars further noted that a stronger cross-gender identity in childhood, had a more convincing cross-gender appearance, and functioned psychologically better than non homosexual transsexuals. The pattern of findings was different for MFs and FMs. No differences between homosexuals and non homosexuals were found in height, weight, or body mass index. A distinction between subtypes of transsexuals on the basis of sexual orientation seems theoretically and clinically meaningful. The results support the notion that in the two groups different factors influence the decision to apply for sex reassignment.

Setia et.al. (2006:163) evaluated the sexual tendency of men who have sex with men and transgenders in Mumbai, India since it is an emerging risk group for STIs and HIV. The scholars also assessed various sexual behaviors, STIs, HIV and identify factors associated with HIV in men who have sex with men (MSM) and transgenders (TGs) in Mumbai. The study primarily included about 150 respondents, 122 MSM and 28 TGs. The study revealed that HIV infection in MSM was associated with serological positivity for HSV2. The scholars further observed that prior STIs were strongly associated with HIV infection in MSM and TGs. The scholars suggested that these groups should be the focus of intensive intervention programs aimed at STI screening and treatment, reduction of risky sexual behavior and promotion of HIV counseling and testing.
Pol et.al. (2006:147) investigated the relationship between the sexually-dimorphic brain development and organization among the male to female transsexuals in modern society by adopting magnetic resonance brain images, cross-sex hormone treatment and androgen treatment methods. The study revealed that compared with controls, anti-androgen Cestrogen treatment decreased brain volumes of male-to-female subjects towards female proportions, while androgen treatment in female-to-male subjects increased total brain and hypothalamus volumes towards male proportions. The findings suggest that, throughout life, gonadal hormones remain essential for maintaining aspects of sex-specific differences in the human brain.

Kumta et.al. (2006:112) studied the sexual risk behavior and HIV prevalence among male-to-female transgendered people seeking voluntary counseling and testing services in Mumbai, India and noted that about 96% of transsexuals had their first sexual encounter with a male and about 85% preferred practicing receptive anal sex since they perceived risk from HIV. The scholars further noted that VDRL and HIV prevalence among transgendered people was 25% and 40% respectively. The study revealed that about 64% of transgendered people reported sex work as occupation and did not differ significantly from other transgenders by sexually transmitted diseases, VDRL and HIV prevalence. The scholars suggested that transsexuals are in urgent need of HIV education, risk reduction counseling and culturally sensitive behavioral interventions to prevent HIV acquisition.

Muddell (2007:132) assessed the LGBT issues and transitional justice in America and pointed out that the alienation of women’s groups during these processes has contributed to a lack of participation of women in these commissions. The study revealed that the human rights commissions have had a lack of understanding about the types of abuses that have taken place during conflict resulting in such abuses not being recorded and those victims not being represented. The scholar emphasized the need for conduction of research on the mainstream human rights community and LGBT groups in modern society. The scholar called upon the community of researchers to push the boundaries of transitional justice as the field is currently conceptualized. The study also highlighted that transitional justice mechanisms should be developed in order to address these abuses.
Zucker et al. (2007:204) analysed the birth order and sibling sex ratio in homosexual transsexual South Korean men and noted that homosexual transsexuals have a later birth order and come from ships with an excess of brothers to sisters; the excess of brothers has been largely driven by the number of older brothers and hence has been termed the fraternal birth order effect. The scholars further observed that the Korean transsexuals had a significant excess of sisters, not brothers, as did the control men, and this was largely accounted for by older sisters. The study concluded that a male-preference stopping rule governing parental reproductive behavior had a strong impact on these two bio-demographic variables. The scholars suggested that future studies that examine birth order and sibling sex ratio in non-Western samples of transsexuals need to be vigilant for the influential role of stopping rules, including the one identified in the present study.

Gagnon (2007:73) evaluated the relationship between transsexuality and ordination and noted that a strong correlation existed between gender nonconformity in childhood and homosexual development. The study revealed that homosexual males desire in prospective sexual partners the masculinity that they wish they themselves possessed. The scholar further noted that entrance into a homosexual bond only exacerbates and regularizes the misperception that one is an ‘other’ in relation to members of one’s own sex. It does so by attempting to meet a perceived deficit in one’s own sex or gender through structural supplementation with another person of the same sex rather than through affirmation of one’s already intact sex in intimate, but non-sexual, relations with persons of the same sex.

UK Network of Sex Work Projects (2008:183) evaluated the male and female transgender sex workers in Manchester, UK and noted that rules about drugs and alcohol, how to pay, and other aspects produced providing guidance on respectful behaviour aimed at clients. These could be given to sex workers to give to clients. They could also be used to encourage discussion about how sex workers expect to be treated by clients. If an agency is considering producing a guide, this should be in partnership and consultation with sex workers. The study suggested that greater dialogue should reduce the stigma associated with both selling and paying for sex.

Elaut et al. (2008:67) investigated the hypoactive sexual desire in transsexual women in terms of prevalence and association with testosterone levels and noted that
the absence of ovarian androgen production together with oestrogen treatment related increase in sex hormone-binding globulin (SHBG) levels could be leading to HSDD, due to low levels of biologically available testosterone. The scholars documented the HSDD prevalence among transsexual women and the possible association to androgen levels. The scholars further observed that the transsexual group had lower levels of total and calculated free testosterone than the ovulating women.

Fox (2008:72) studied the relationship between society, sexuality and gender relations from a social anthropological perspective and noted that ethnographic examples ideally served not just to lay out the exotic and unfamiliar, but to help move our thinking beyond our everyday life, unexamined beliefs. The scholars also observed that in Europe, gender-typed qualities often of a taken-for-granted nature, such as, e.g. reckless courage, multitasking, nurturance, emotionality, rationality, etc. are not innate to women and men, but neither are they merely learned through social life. The study revealed that people use gender-typed qualities in ways that both conform to dominant expectations, thus making them appear self-evident.

Markowitz (2008:122) assessed the change of sex designation on transsexuals’ birth certificates as a matter of public policy and equal protection and noted that transsexuals experienced a lifelong struggle for acceptance in their assigned sex while their bodies often express the contrary. The scholar pointed out that the sex reassignment process is a long, complicated, and expensive journey for the transsexual, transforming the body to match the psyche. The study suggested that American courts should try to follow the example of the Australian Family Court in Re Kevin, emphasizing the congruence of the social and psychological sex of the transsexual where there is incongruence between the psychological and anatomical sex.

Kumta et.al. (2008:111) analysed the men who have sex with men (MSM) and male-to-female transgender (TG) in Mumbai, India and noted that extremely high rates of HIV were present in these men, particularly TG, and are associated with syphilis and HSV. High HCV+ rates may indicate transmission through traumatic anal sex and self-treatment of STD’s with injections. Circumcision may decrease the risk of HIV but is confounded by religion. Many MSM are married and may pass HIV and
STIs to their wives. The study emphasized that these groups can no longer be ignored but must be the focus of intensive education and prevention programs.

Veale (2008:186) examined the prevalence of transsexualism among New Zealand passport holders on the basis of data from individuals seeking sex reassignment surgery. The study revealed that male to female transsexuals suffered more social humiliations and economic backwardness as compared to female to male transsexuals in the study area. These estimates were higher than most previous estimates of transsexualism prevalence. There was also a larger than expected ratio of male-to-female transsexuals to female-to-male transsexuals which could in part be due to female-to male transsexuals being relatively over-represented among those transsexuals.

Elaut et.al. (2008:67) evaluated the hypoactive sexual desire in transsexual women in terms of prevalence and association with testosterone levels and pointed out that the absence of ovarian androgen production together with estrogen treatment related increased in sex hormone-binding globulin (SHBG) levels which led to HSDD, due to low levels of biologically available testosterone. The study revealed that the transsexual group had lower levels of total and calculated free testosterone than the ovulating women. The scholars observed that this prevalence is not substantially different from controls, despite markedly lower (free) testosterone levels, which argues against a major role of testosterone in this specific group.

Paterson (2009:140) investigated the relationship between the transsexual and transgender issues and noted that most transsexuals actively desired and completed gender confirmation surgery. The study revealed that the passing of legislation to combat discrimination is often the first factor in helping to move employers towards fairer recruitment. The introduction of new legislation has made it illegal for employers to discriminate against transsexual people in the workplace. The scholar suggested that modern organizations should prevent discrimination against transsexuals in workplace and formulate policies which benefit the transsexuals legally and otherwise.

Misra (2009:128) assessed the decriminalising homosexuality in India and noted that section 377 of the Penal Code of India criminalised private consensual sex
between adults of the same sex. This law had led to serious discrimination against people engaging in homosexual acts, who were subjected to frequent beatings and blackmail attempts by police, who used the threat of prosecution against them. The study revealed that the NGOs working with sexual minorities have also been harassed and sometimes charged under Section 377. The scholar observed that by stigmatising homosexuality and threatening gay men with prison, the law is also likely to have impeded the battle against HIV.

Kulkarni et.al. (2009:110) analysed the gender based violence in India which is an important factor influencing high risk sexual behavior among transgenders. The scholars noted that about 50.32% of the respondents reported to have been abused sexually and physically by a regular or casual partner. Out of those reporting violence 89% did not use condoms, 56% had STI, and 37% had HIV. The study highlighted that gender based violence hinders the ability to negotiate with the partner use of condom, increases chances of forceful sex and spread of HIV/STI. The study suggested that sensitization and focused training is required to address the needs of transgenders experiencing violence in modern society.

Phillips et.al. (2009:144) examined the sexual behavior and HIV risk among men who have sex with men, and transgendered individuals in Bangalore, India and noted that some MSM-T sold sex to other men and had non-commercial sex with commercial partners. Some men buy sex from other men and hijras, and a largensistent, particularly with non commercial partners and with wives, and when having side the city. The scholars also noted that there are also subgroups of MSM with masculine or feminine that performs typical insertive thought. This behavioural heterogeneity and multiple partner change may extend to many other types of sexual ships. The scholars suggested that intervention programmes should focus on those most at risk of HIV groups.

Saravanamurthy et.al. (2008:158) examined the sexual practices, sexually transmitted infections and human immunodeficiency virus among male to female transgender people and reported that sexually transgender people suffered from a very high HIV prevalence in Indian society. The study also documented low level of consistent condom use among Hijras / TG women.
Chakrapani (2010:38) evaluated the Hijras / transgender women in India from the points of view of HIV, human rights and social exclusion and pointed out that multiple problems were faced by Hijras / TG, which necessitate a variety of solutions and actions. The scholar also observed that some actions require immediate implementation such as introducing Hijra / TG-specific social welfare schemes, some actions need to be taken on a long-term basis changing the negative attitude of the general public and increasing accurate knowledge about Hijra / TG communities. The study suggested that the policy makers, law and order authorities, development personnel and other stakeholders should change their mindset and provide adequate general public and health care systems and services which benefit the transsexuals in modern society.

Gooren (2011:83) investigated the care of transsexual persons in modern society and noted that the prevalence of gender identity disorder was a source of chronic suffering. Manifestations of gender identity disorder range from simply living as a member of the opposite sex to partial or maximal physical adaptation through hormonal and surgical treatment. The study revealed that for most transsexuals (about 66%), the disorder has an early onset, in childhood; for the remainder, it develops much later in life. For this older group of patients, usually men, the transition to a new sex from one they have lived in for many years is particularly difficult, according to the scholars.

Research Directorate, Immigration and Refugee Board of Canada (2012:153) examined the responses to information requests pertaining to sexual minorities and noted that homosexuals have slowly gained a degree of acceptance in a few parts of India, especially in big cities. The study revealed that sexual minorities faced discrimination and violence in many areas of society, particularly in rural areas. The study suggested that the state should take affirmative action to achieve equality for transgender persons in all walks of life.

2.5. HEALTHCARE ISSUES OF TRANSEXUAL COMMUNITY

The transsexuals are by and large socially and economically marginalized sections of society in India and other developing nations. They are subjected to series of discriminatory tendencies. Most of them are known to be HIV positive which
positive poses multiple health threats. They are also deprived of appropriate STD treatment facilities due to absence of social concern. They are denied of medical insurance and healthcare facilities in modern society. Consequently, high rates of addiction, depression, anxiety and suicide among male to female transsexuals attest to the psychological burden of discrimination, isolation and victimization. The notable studies concerning the health issues of transsexuals are presented under this component.

Benjamin (1966:17) studied the transsexual phenomenon on the basis of a scientific report on transsexualism and sex conversion in the human male and female and noted that most doctors were unfamiliar with the transsexual and their problem and many transsexuals were referred to psychiatrists as ‘mental cases’. This work helped to formulate the criteria for the present regime of reassignment treatment and standards of care and guidelines. The study revealed that surgical-anatomical transformation resulted in largely more positive effects than what was predicted in the past by physicians and, even more psychologists.

Merloo (1967:125) assessed the change of sex and collaboration with the psychosis and noted that the first stage of psychological assessment was the identification of any underlying mental health problems which may influence the individual’s perception of their gender dysphoria. The study primarily dealt with both psychology and psychotherapy which played a major role in the transition period of the transsexual. Psychology research discusses all stages of the reassignment treatment, including the psychological benefits of surgery or, in some cases, the regret about surgery. It does appear from the literature that for many years a large number of psychologists and psychiatrists were opposed to surgical transformation for transsexuals, even though there was no empirical evidence to support their opposition.

Rekers and Lovaas (1974:152) analysed the health hazards of transsexuals in modern society and noted that the clinical history of the subject paralleled the retrospective reports of adult transsexuals, including (a) cross-gender clothing preferences, (b) actual or imaginably use of cosmetic articles, (c) feminine behavior mannerisms, (d) aversion to masculine activities, coupled with preference for girl playmates and feminine activities, (e) preference for female role, (f) feminine voice inflection and predominantly feminine content in speech, and (g) verbal statements
about the desire or preference to be a girl. The scholars used the multiple-baseline intra subject design to ensure both replication and identification of relevant treatment variables. The study revealed that three years after the treatment the boy’s sex-typed behaviors have become normalized. This study suggests a preliminary step toward correcting pathological sex-role development in boys, which may provide a basis for the primary prevention of adult transsexualism or similar adult sex-role deviation.

Asscheman and Gooren (1992:07) examined the relationship between hormone treatment and sexuality in transsexuals and noted that hormones were indispensable tools for the induction and maintenance of the characteristics of the sex since the transsexual reckons him/herself to belong to. The study offers a biomedical overview of transsexuality, including assessments of treatments and surgery techniques from the professionals’ viewpoint. Surgeons today put out literature about their surgical techniques and include the costs of surgery; this reflects the low availability of surgery on the NHS because of funding issues and the length of waiting times for surgery. The scholars have laid an emphasis on the studies of treatment since it reflects fundamental debates about nature, nurture and gender identity.

Tsoi (1993:181) conducted a follow-up study of transsexuals after sex-reassignment surgery in Singapore and noted that about 35% of transsexuals were married and all of them had not problems adjusting to their new life. The overall results were 56% very good and 44% good. There is no pre-operative variables that can predict good adjustments for female transsexuals. For male transsexuals, earlier age of transsexual manifestation was related to good post-operative adjustments. The females were less satisfied with the surgery, but they adjusted well as the males. The results were comparable with those from previous studies.

Slabbekoorn et.al. (2001:166) evaluated the effects of cross-sex hormone treatment on emotionality in transsexuals and noted that changing testosterone levels had predictable effects on the moods, the changes of physical characteristics and sexuality of transsexuals. The study revealed that the literature on the personal thoughts and psychological effects of being transsexual appeared to be principally from support groups or personal diaries.
Hembree et.al. (2001:91) carried out a study in order to formulate practice guidelines on the endocrine treatment of transsexual patients on the basis of an evidence-based guideline which was developed using the grading of recommendations, assessment, development and evaluation (GRADE) system. The study revealed that transsexual persons sought to develop the physical characteristics of the appropriate gender which required a safe and effective hormone regimen. The scholars suggested that endocrine treatment would enable the transsexuals to gain the benefit of meaningful surgical sex reassignment. The scholars also highlighted the need for suppression of endogenous sex hormones, maintaining physiologic levels of gender-appropriate sex hormones and surveillance for known risks and complications in adult transsexual persons.

Kenagy (2002:103) investigated the HIV among transgendered people on the basis of a needs’ assessment survey developed with the help of transgendered people. The scholar conducted face-to-face interviews with 81 transgendered persons, 49 male-to-females (MTFs) and 32 female-to-males (FTMs). The study revealed that HIV/AIDS was a serious health concern facing the transgender community since the majority of respondents engaged in at least one high risk sexual activity during the study period. The scholar suggested that efforts to prevent the spread of HIV/AIDS among the transgender community are urgently needed.

Asscheman and Eklund (2002:06) studied the mortality and morbidity in transsexual patients with cross-gender hormone treatment and noted that the number of deaths in male-to-female transsexuals was five times the number expected, due to increased numbers of suicide and death of unknown cause. The study revealed that combined treatment with estrogen and cyproterone acetate in 303 male-to-female transsexuals was associated with a 45-fold increase of thromboembolic events, hyperprolactinemia (400-fold), depressive mood changes (15-fold), and transient elevation of liver enzymes. The androgen treatment in 122 female-to-male transsexuals was associated with weight increase >10% (17.2%) and acne (12.3%). In both groups persistent liver enzyme abnormalities could be attributed to other causes than sex steroids (hepatitis B and alcohol abuse).

Deshmukh et.al. (2003:59) assessed the stigmatization of transgender individuals which is a barrier to access of health services in Mumbai, India and noted
that transgenders were the most stigmatized sub group of men having sex with men (MSM) in India. The study revealed that about 58% of HIV positive rate amongst transgender clients was experienced since the accessibility of health services is low as medical settings are discriminatory towards them. The scholars also noted that basic health care providers were not sensitive to the issues and needs of transsexuals. As a result dependency on quacks for treatment and self-medication is high amongst them. Delayed treatment of STIS makes them prone to HIV infection. In spite of suffering from STIs or HIV, transgender sex workers do not use condoms or stop their sex work, as it is their only source of income.

Gupta (2004:87) analysed the risky sex, addictions, and communicable diseases in India and noted that risky individual lifestyles and behaviors, societal norms and beliefs, poverty and lack of empowerment, and stigma and discrimination were the major factors associated with the marginalization of transsexuals from the points of view of health and welfare. The scholar observed that it is necessary to examine the system as a whole and to develop new paradigms and tools. The scholar has also suggested that an unprecedented cooperation between public and private sector would benefit the transsexuals in modern society.

Pisani et.al. (2004:146) examined the HIV, syphilis infection, and sexual practices among transgenders, male sex workers, and other men who have sex with men in Jakarta, Indonesia and noted that about 59.3% of transgender sex workers and 64.8% of male sex workers reported recent unprotected anal intercourse with clients, and 53.1% of other MSM reported unprotected anal sex with male partners. Some 54.4% of male sex workers and 18.3% of other MSM reported female partners in the preceding year. The scholars further observed that HIV had reached substantial levels among transgender sex workers, and is not negligible in other MSM groups. Risk behaviour is high in all subpopulations, and bisexual behaviour is common, meaning the threat of a wider epidemic is substantial. The study suggested that prevention programmes targeting male-male sex are needed to reduce this threat.

Mladenovic and Erdman (2004:129) conducted case studies in health and human rights in Canada and the present medical treatment is not directed to changing the individual’s health status. The study further revealed that there was no medical evidence that hormone or surgical treatments ‘cure the mental disorder’. On the
contrary, it is often claimed that surgical treatment, for example, ablates normal organs for which there is no medical necessity because of underlying disease or pathology in the organ. The scholars suggested that insurance cover, psychotherapy, behavioural therapy, and psychotropic medication on the assumed rationale would cure transsexuality, the pathologized mental state.

Robson (2004:155) evaluated the male-to-female post-operative transsexuals and noted that ‘nature versus nurture’ debate was involved in finding answers for transsexualism in modern society. The scholar has also examined the psychological/sociological effects of gender reassignment treatments and surgery. The study suggested that the voice of the transsexuals should be heard by the various stakeholders including the health professionals. The findings and suggestions are based on the first hand experiences of transsexuals in the study area.

Beemyn et.al. (2005:14) investigated the transgender issues on college campuses and explored the new directions for student services and noted that the social and economic stresses that many transgender students experience as a result of family rejection, harassment, violence, and isolation can, in turn, lead to adjustment disorders, depression, posttraumatic stress, anxiety, depression, substance abuse, suicide ideation, and self-harm. The study revealed that these mental health issues may affect the academic success of transgender students, making access to supportive counseling even more important for this population. Although counseling may be encouraged for transgender people, especially for those who plan to undergo gender reassignment processes, being transgender should not be considered a mental illness. The scholars suggested that a diagnosis of a gender-related mental disorder should be limited to individuals with evidence of distress or impairment of functioning beyond that caused by social stigma or prejudice.

Chukwuemeka et.al. (2005:40) studied the sexual minorities, violence and AIDS in Africa and noted that great stigma and discrimination occurred against those people who are either unable or unwilling to hide the fact that they have sex with partners of the same sex. The study analysed certain disadvantages experienced by the transsexuals such as eviction from families and neighborhood, loss of jobs and housing, discrimination in the health services, and a high level of violence, including from the police. The scholars have also observed that the transsexuals have remained
as the poorest and most marginalized members of society due to absence of social safety net and welfare measures.

Naz Foundation International (2006:135) carried out a situational assessment of males who have sex with males and their sexual partners in Karnataka, India and noted that an appropriate and comprehensive package of HIV and STI prevention, care and support services for MSM including condom promotion, access to water-based lubricant, utilizing community sexual networks for promoting risk reduction and safer sex activities, effective and appropriate STI treatment were not made available to the transsexuals. The study called upon the policy makers and others to provide basic healthcare facilities, preventive measures and protective measures in order to safeguard the interest of transsexuals.

Solymar and Takacs (2007:168) conducted a descriptive sociological study of the situation of transsexual people in Hungary and observed that transsexual people, medical experts and other professionals did not perceive the functioning of ‘the system’ which include gender transition and related services. The study suggested that family, community; educational institutions, media organizations, government agencies, NGOs and other organizations should put forth coordinated efforts towards the welfare and progress of transsexuals in society.

Operario et.al. (2008:137) assessed the sex work and HIV status among transgender women and noted significant heterogeneity among the included studies, along with methodological limitations and imprecise definitions of sex work and gender. The study pointed out that TFSWs could benefit from targeted HIV prevention interventions, HIV testing, and interventions to help reduce the risk of contracting or transmitting HIV. The scholars suggested that structural interventions are required to reduce reliance on sex work among transgender women.

Parliamentary Forum on Transsexualism (2008:139) presented an overview of current best practice in providing effective health care for persons with the transsexual syndrome. The report also revealed that currently accepted and effective model of treatment utilises hormone therapy and surgical reconstruction. The forum also suggested that adequate counseling and other psychotherapeutic approaches; electrolysis; and speech therapy would cater to the needs of transsexuals.
Koon (2008:106) analysed the HIV related needs for safety among male-to-female transsexuals in Malaysia on the basis of in depth face-to-face interviews carried out in five major towns. The interviews were guided by an interview schedule that had seven main topics: brief background; hormone-taking behaviour; safe sex; health care; substance abuse; harassment from authorities; and HIV prevention. The study revealed that HIV problem among the mak nyah, mak nyah sex workers and their clients was critical. The scholar suggested that systematic HIV prevention activities in many parts of Malaysia would improve the state of affairs pertaining to transsexuals.

Gupta, Richie and Murarka (2009:88) examined the prerequisites for surgery and legal issues with reference to treating transsexuals in India and pointed out that paucity of the Indian inputs in medical literature concerning transsexualism hindered scientific study of transsexuals. The scholars identified several issues faced by the Indian surgeons like consent for the procedure, safe guarding the surgeon or gender team from future litigation. The study also dealt with other issues like postoperative sexual and legal status of the patient. The scholars suggested that suitable changes and modification are required for various Indian laws concerning marriage, adultery, sexual and unnatural offences, adoptions, maintenance, succession, labour and industrial laws.

Chandrashekar et.al. (2010:39) evaluated the effects of scale on the costs of targeted HIV prevention interventions among female and male sex workers, men who have sex with men and transgenders in India and noted a significant reduction in average costs after 2 years which is within the range of global scale-up costs estimates and other studies in India. The scholars suggested that transsexuals should be the beneficiaries of HIV prevention interventions in Indian society.

Gender Identity Research and Education Society (2010:79) investigated the legal protection and good practice for gender variant, transsexual and transgender people in the workplace and noted that the employers did not develop a sympathetic attitude towards the transsexuals. The study put the search light on the plight of transsexuals in the work place and suggested that discriminatory tendencies against the transsexuals should be avoided through suitable legal mechanisms and welfare norms.
Chakrapani et.al. (2011:37) studied the barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravanis (transgender women) in Chennai, India on the basis of six focus groups and four key-informant interviews. The study revealed that the primary individual-level barrier was integrally linked to the family/social and health care levels. The study also highlighted strong motivations to keep one's HIV-positive status and same-sex attraction secret which were interconnected with sexual prejudice against MSM and transgenders, and HIV stigma prevalent in families, the health care system, and the larger society. The scholars suggested that India needs a national policy and action plan to address barriers to ART access at family/social, health care system, and individual levels for aravanis, kothis, other subgroups of MSM and other marginalized groups.

Interagency Coalition on AIDS and Development (2011:99) assessed the relationship between HIV and transgendered/transsexual communities and pointed out that little is known about the interactions between the hormones used by trans people and antiretroviral treatments. The study also reported that considering the importance of hormones for some trans people, this information is urgently needed. The study suggested comprehensive health care for transsexuals living with HIV as it becomes harder to find doctors competent in both types of care. Furthermore, the side effects from HIV treatment can be lived differently by trans people than by non-trans persons.

Calderera and Pfafflin (2011:35) analysed the transsexualism and sex reassignment surgery in Italy and noted that most of the transsexuals had undergone sex reassignment surgery according to their conscience. The study revealed that sex reassignment surgery was very expensive and adequate post operative services were not offered to the transsexuals. The scholars suggested that transsexuals should be given proper orientation, moral support, healthcare facilities and social security on humanitarian grounds.

Cantor (2011:36) examined the Blanchard typology of male-to-female transsexualism in modern society and noted that transsexuals were subjected to series of health hazards in the absence of affordable and appropriate health networks and services. The study suggested that public and private healthcare institutions should
provide specific healthcare guidance and services to the transsexuals in order to safeguard their interest.

Pimenoff and Pfäfflin (2011:145) evaluated the transsexualism in terms of treatment outcome of compliant and noncompliant patients and noted that the compliant patient responded more positively to the medical treatment than noncompliant patients. The study suggested that meaningful medical services including surgery and post operative care should be extended to the transsexuals on humanitarian grounds in modern society.

Schindler (2011:162) investigated the health crisis of transsexuals and noted that transsexuals suffered from series of health hazards due to poverty, illiteracy, unemployment and other constraints. The study revealed that because of transgender status, the transsexuals encountered series of health problems even after sex reassignment surgery. The scholar suggested special laws and healthcare facilities should be ensured for the protection of transsexuals on the ground of corporate social responsibility.

Steensma and Cohen-kettenis (2011:170) studied the gender transitioning before puberty among the transsexuals and noted that gender transitioning before puberty caused series of health hazards. The scholars suggested that transsexuals should be protected against several consequences of living in an intolerant society. The study primarily highlighted the need for scientific surgical facilities and post-operative care for the health and progress of transsexuals.

Sahastrabuddhe et.al. (2012:157) assessed the relationship between the sexually transmitted infections and risk behaviors among transgender persons (hijras) of Pune, India on the basis of a systematic interview concerning the demographic, socioeconomic, and sexual behaviors. The study revealed that Hijras were more likely to have received money for sex and have an earlier sexual debut than the comparison groups. The scholars suggested that considering the high HIV and STI burden, it is important to review current prevention strategies and stress the need to engage Hijra community members through appropriate targeted intervention programs.

Vu et.al. (2012:187) analysed HIV risk among drug-using men who have sex with men, men selling sex, and transgender individuals in Vietnam on the basis of
qualitative data from in-depth interviews and focus group discussions with 93 drug users, 15 non-drug users and 9 community stakeholders. The study explores emerging patterns of drug use and risk factors for engaging in risk behaviours among drug-using men having sex with men, men selling sex and transgender individuals in Hanoi and Ho Chi Minh City. The study revealed that drug use was shifting from heroin to ecstasy and ice. Drug users reported unsafe sex associated with drug use and men selling sex were particularly at elevated risk because of using drugs as a tool for sex work and trading sex for drugs. The scholars suggested that policy makers and healthcare professionals should launch certain development programmes by addressing unmet HIV-prevention needs in Vietnam.

2.6. HUMAN RIGHTS ISSUES OF TRANSSEXUAL COMMUNITY

Global Rights Organization (2002:81) examined the status of lesbian, gay, bisexual and transgender rights in Bosnia and Herzegovina and noted that transsexuals were also duly protected by various fundamental rights across the globe. The study highlighted the need and importance of protection of the human rights of transsexuals in the world. The work also provided certain norms and guidelines to the policy makers regarding the protection of human rights of transsexuals and other disadvantaged sections of the society.

Wallbank (2004:189) evaluated the contemporary human rights issues for people with transsexualism and noted that the Australian common law ensured the method of the determination of the sex of an individual who has experienced the intersexual condition of transsexualism for the purpose of marriage. In its expert and detailed exploration of transsexualism as an example of the human condition, it is the foundation of a new era in human rights for people who experience a phenomenon which has been so mystified and misunderstood. The study also emphasized the workings of Australian justice enabled the transsexuals to succeed against a committed Commonwealth government to establish a true ‘landmark’ in the movement for equal civil and human rights law reform for people living with transsexualism.

Wessler (2005:193) studied the discrimination against gay, lesbian, bisexual and transgender individuals in Maine on the basis of 63 incidents of discrimination
reported in the media and law enforcement agencies. The study revealed that nearly half of these incidents occurred in the workplace, in a variety of types of employment ranging from salespersons to educators, factory workers to social service professionals. The study noted that the loss of a sense of safety and security led some of these individuals to experience serious and debilitating anxiety, depression and physical ailments brought about the discrimination against the transsexuals based on sexual orientation, particularly in employment.

Cowan (2005:49) carried out a comparative human rights analysis of the legal regulation of sexual identity in UK and noted that the European Court of Human Rights decisions in Goodwin addressed the question of whether a transsexual person can be treated as a ‘real’ member of their adoptive sex. The study revealed that the U.K. has recently passed the Gender Recognition Act 2004 which appeared to signal a move away from biology and towards a conception of sexual identity based on gender rather than sex. The scholar has also examined the contemporary debates on the sexual identity of transsexual people in British Columbia and Ontario which do not focus on the validity of marriage, and more frequently centre upon the provision of goods and services, in human rights contexts where sex is said to matter. The work sought to compare recent U.K. legal conceptualizations of transsexuality with Canadian law in this area.

Baudh (2006:11) assessed the sodomy in India and noted that as a community, Hijras have a unique and indeed much longer history that cannot be so easily clubbed with the comparatively infantile LGBT identities in India. The study revealed that Hijras and Kothi men who indulge in sex work often solicit on streets, leading to sex in public toilets or public parks. The study also focused the attention of policy makers and general public’s in the context of same sex sexualities and transgender identities; a broader premise common to the three arguments is sexual autonomy. The scholars argued that notwithstanding its location in the same sex sexual identities, the generic potential of sexual autonomy is much wider since it is possible to present the world with a dynamic, pluralistic view of law, culture and sexuality that transcends the limitations of an identity-based model.

Whittle et.al (2007:196) analysed the engendered penalties in terms of transgender and transsexual people’s experiences of inequality and discrimination and
observed that the transgender and transsexual people’s experiences of inequality and discrimination in the UK deserves the attention of policy makers since it involved the fundamental human rights of the transsexuals. The work truly reflects the experiences of a substantial section of the trans community in UK.

Markowitz (2008:122) examined the change of sex designation on transsexuals’ birth certificates as a matter of public policy and equal protection. The study revealed that the transsexuals experienced a lifelong struggle for acceptance in their assigned sex while their bodies often express the contrary. The sex reassignment process is a long, complicated, and expensive journey for the transsexual, transforming the body to match the psyche. The scholar has stated that most states allowed for the amendment of the birth certificate to change the sex designation in order to safeguard the human rights of transsexuals.

Baudh et.al. (2008:12) evaluated the human rights and the criminalisation of consensual same-sex sexual acts in the Commonwealth and South and Southeast Asia and noted that the criminalisation of consensual same sex sexual acts has been a subject of judicial review in different form in different countries. The study revealed that such laws violate the rights to privacy, equality, and human dignity. The Yogyakarta Principles (relating to sexual orientation and gender identity) call upon all states to repeal all laws that criminalise consensual sexual activity among persons of the same sex who are over the age of consent. The scholar suggested that in the light of pressing human rights concerns, a global review of these laws is entirely worthy.

National Center for Transgender Equality and the National Gay and Lesbian Task Force (2009:134) investigated the human rights of the transgender people who are targets of discrimination in many areas of their lives. The study revealed that this marginalization exposed the transsexuals to tremendous social and economic insecurity in modern society. The project basically involved an in-depth study of about 6,450 transgender people across 50 states, Puerto Rico, Guam and the U.S. Virgin Islands. The study pointed out that transsexuals should be encouraged to live without any discriminatory tendencies and oppressive features of modern society.

Misra (2009:128) studied the de-criminalisation of homosexuality in India with special reference to Section 377 of the Penal Code of India that criminalised
private consensual sex between adults of the same sex. The scholar noted that this law had led to serious discrimination against people engaging in homosexual acts, who were subjected to frequent beatings and blackmail attempts by police, who used the threat of prosecution against them. The study highlighted that by stigmatising homosexuality and threatening gay men with prison, the law is also likely to have impeded the battle against HIV. The scholar suggested that legal and social changes are needed for LGBT individuals to gain full acceptance and equality within Indian society.

Bartolozzi (2009:10) assessed the relationship between sexuality and human rights and noted that societies and individuals created the meaning of sexuality by political contestation and reflection and experience that change over time and place. The scholar further observed that to develop a coherent, positive and relevant vision of sexual rights, and relate it to human rights, it will be necessary not just to bring together a wide range of participants but ensure they are all committed to working together towards certain principles and practice. The scholar suggested that the state is an essential actor in policy terms, even if the larger understanding is that sexuality takes shape at the intersection of many different social, inter- and intra-personal systems.

Melverley and Surrey (2010:124) analysed the legal protection and good practice for gender variant, transsexual and transgender people in the workplace and noted that employers took the transsexual workers for granted due to lack of social concern. The study revealed that the transsexuals hide these feelings or expressions because they fear a transphobic reaction from their employers and co-workers. The scholars further noted that transsexuals have sought medical treatment and this number is doubling every five years across the globe.

United Nations Development Project (2010:184) examined the problems of transgender women communities in India and reported that transgender people faced multiple forms of oppression and health related risks the study suggested that adoption of social exclusion framework would find solutions to multiple forms of oppression faced by the Hijras.
Sood (2010:169) examined the transgender people’s access to sexual health and rights in 12 Asian countries and noted that sexuality was recognised, variably, in sections of civil society. The study revealed that United Nations’ institutions, donor agencies and governments recognised the links with health, reproductive health and rights, livelihood, poverty, survival and life which are demonstrated by social movements focusing on abortion, HIV and AIDS, LGBTI, sexual violence, genital mutilation and other issues. The scholar suggested that the centrality of sexuality in women’s rights and adolescent needs should include within the definition of reproductive health a satisfying and safe sex life in general and accessibility to sexual health care and sexuality education for all in particular.

Shukla (2011:165) evaluated the de-criminalisation of consensual same-sex conduct in terms of discriminatory laws relating to sexual orientation and gender identity, repeal laws criminalising sex work, and human rights education for health professionals. The study revealed that criminalisation is not only a breach of a State’s duty to prevent discrimination, but it also creates an atmosphere where affected people are disempowered, unable to achieve full realisation of their human rights. The scholar noted that lack of awareness; unsafe sexual practices, inadequate services and social marginalization were the factors which were responsible for the victimization of transsexuals in India.

Sathasivam (2011:160) investigated the rights of transgender people with a focus on sensitising officers to provide access to justice and noted that transsexuals were not properly documented in census. The study revealed that transsexuals need to be considered for statutory reservation in educational institutions and job opportunities in public and private sectors. The scholar suggested that transsexuals need to be empowered with high degree of educational and vocational trainings to upgrade their earning and status in the society. The study also highlighted the need for proper medical facilities including insurance in the health sector in order to safeguard the interest of transsexuals in modern society.

Alexander and Broverman (2011:02) studied the plight of transsexuals in the age of globalization and observed that corporate America did not safeguard the human rights of transsexuals by providing basic amenities, healthcare facilities, insurance benefits, economic security and other progressive measures. The scholars suggested
that the corporate world in America has a social responsibility towards transsexuals who are victimized by the market forces.

Anderson (2011:05) assessed the trans American military stories and noted that American army had transsexuals who did not reveal their identities due to circumstantial pressures. The scholar further pointed out that transsexuals performed their duties efficiently on par with their fellow military personnel but suffered from series of mental pressures and psychological disturbances. The study suggested that transsexuals should be identified and protected through moral and material support by the American army.

Becky (2011:13) analysed the role of religious institutions in the rehabilitation of transsexuals in modern society and noted that the trans clergy have gained greater acceptance. The scholar also observed that religious leaders were not concerned about the welfare and progress of transsexuals due to the dominance of traditionalism. The study suggested that transsexuals among the clergy should also be protected on humanitarian grounds.

Bolcer (2011:23) examined the discrimination against transsexuals in modern society and noted that transsexuals constituted a microscopic minority in modern society. The study emphasized that transsexuals should be protected constitutionally and developmentally in order to prevent discriminatory tendencies and violations of human rights.

Broverman (2011:27) evaluated the problems of black transsexuals in contemporary society and noted that black transsexuals suffered extreme prejudice in the present times. The scholar suggested that appropriate amendments should be brought about to the constitutional provisions, legal mechanisms and social welfare policies in order to prevent the discrimination against black transsexuals in modern society.

Broverman (2011:28) investigated the growth and development of activism in modern society in support of the human rights protection of transsexuals. The scholar noted that the activists were also subjected to unlawful punishment and social harassment by the vested interest in modern society. The scholar suggested that civil
society, state and other stakeholders should rise to the occasion and encourage progressive mass movement in support of transsexuals in modern society.

Davies and Hudson (2011:54) studied the judgments toward male and transgendered victims in a depicted stranger rape and noted that the courts gradually developed humanitarian outlook towards the transsexuals in modern society. The scholars pointed out that progressive judicial activism would safeguard the interest of transsexuals and prevent violation of human rights.

Garrison (2011:77) assessed the IRS rules in favor of transsexuals’ deductions and noted that IRS rules did not favor the transsexuals socially, economically and otherwise. The scholar suggested that specific changes and modifications should be brought about to these rules in order to safeguard the interest of transsexuals in general and prevent violations of human rights of transsexuals in particular in modern society.

Sathasivam (2011:159) delivered a talk on the rights of transgender people and explored the possibility of sensitizing officers to provide access to justice. The jurist pointed out that the Constitution of India provided for the fundamental right to equality, and tolerates no discrimination on the grounds of sex, castes, creed or religion. The jurist called upon the state to recognize the third gender and safeguard the interest of transgender community in India.

Supreme Court of India (2014:175) passed the judgement on transgender rights which cover persons who want to identify with the third gender as well as persons who want to transition from one identity to another. The court observed that fundamental rights were available to the third gender in the same manner as they are to males and females. The court also called upon the Governments to takes steps to create public awareness so that transgender people are integrated with the society.

2.7. SUMMARY

Notable studies conducted in India and abroad in the subject of male to female transsexuals in general and socio-economic issues of MTF transsexuals, sexual issues of MTF transsexuals, health issues of MTF transsexuals, human rights issues of MTF transsexuals, and other related issues of MTF transsexuals, in particular are presented