HIJRAS OF KASHMIR: A MARGINALIZED FORM OF PERSONHOOD

Aijaz Ahmad Bund
Preface

As a staunch supporter of LGBT rights in a society like Kashmir, I always face the bitterness, ridicule, and discrimination. I often get the look, up-down body scan, followed by a step back, narrowing of eyes, raised eyebrow, and finally silence. Definitely, this is a sign, which connotes that something is wrong. Then there are endless questions and accusations. Initially, I was very much horrified of people classifying me with a wrong category. Eventually, I realized that it hardly matters and in any case, I have to continue with my work. I am continuously learning to be confident within the ‘ridicule’ in order to remain stronger than the people discriminating against me. I place myself in an unacquainted environment and as a result, I am learning some of my most important lessons of life. I have become more confident with myself while advocating for the rights of this community. The strength with which I am fighting against the institutional injustices directed towards this community comes from my profession of social work. Social work taught me to stand against the injustices and oppression, to be the voice of voiceless and to fight biases and discriminations.

My journey begins in my P.G, where in a class discussion I openly supported LGBT rights and one of my classmates shouted “he’s a queer, what??” This was the first time I realized the narrow-mindedness of my peers. I became afraid and ashamed because apparently even supporting this community has negative side effects. Today it still hurts me when my friends or anyone around attempt to explain to me that being an LGBT is ‘wrong’. It shocks me that individuals who are educated still hold on to discriminations born in the savage times. I began my campaign of sensitizing people around me about LGBT issues within the human rights framework. I do get a lot of negative feedback but that is ok. I think that when people are unfamiliar with such things, they tend to have an emotional knee-jerk reaction to it. I am learning from this clash in ideology the importance of remaining true to my beliefs and always supporting what is right. I filed a case in SHRC for the rights of transgender community in Kashmir then approached High Court and the struggle continues. I am “coming out” as a supporter of LGBT community and not as a queer and still am facing the discrimination and social stigma. I am learning a lot, but my learning curve is almost a ‘straight’ lineup (no pun intended). I am not only learning about the gender minorities (their culture, problems, coping strategies and different aspects of their life), but I am also aligning myself with a minority under attack. I feel like I am to some extent a support to the most excluded community of the Kashmir. I love that I can influence the people by helping them in accepting themselves by upholding their worth and dignity. I also feel good to sensitize
people about LGBT issues. I patently help my friends use positive language that does not reinforce negative connotations with the gender and sexual minorities. It is weird that I am feeling like a peer educator, when I still have, so much more to learn. I learn something new every day. This research work is a result of my long association with this community.

In this context, the present study endeavors to explore extensively problems of Hijra community of Kashmir. This study is based on twenty-four in depth interviews and a long process of observation. It evaluates the overall social, psychological, and economic problems of Hijras living in Kashmir. It made an attempt to study the diverse Hijra subculture of Kashmir, which otherwise remains mostly clandestine from the mainstream. It access the need and approach to be followed to rehabilitate and reintegrate them in the mainstream society. This community continues to be a group who are facing many problems as no scientific work has been done to highlight and address their problems.

The study reveals that the Transgender community of Kashmir is a miniscule minority living an invisible substandard life. Because of the distinct mannerism or non-conformity to the ‘prescribed’ gender norms or roles, they are often subjected to extreme form of humiliation, harassment, discrimination, and violence. They are largely excluded from the mainstream and have the limited accessibility to the social and economic resources. They face multiple social, economic, and psychological problems. The socio-economic problems like, no property ownership, less livelihood options, low economic status or monthly income, poor housing, lower education level, high physical, sexual and verbal abuse, no ownership of voter card; ration card, vulnerability to HIV and other venereal diseases, poor physical health status, less family support, hostile attitude of community etc. and unsatisfactory psychological health are common major problems in transgender women (Hijra) of Kashmir. They face discrimination on social grounds; however the discrimination varies from one situation to other. Majority of the transgender in Kashmir are abandoned by their families and stigmatized by the community. They encounter prejudice and discrimination in every facet of life. Some of them have escaped harassment from countryside to live a lonely life in the capital city. Most of them have not had proper schooling and most of them live in economic deprivation. They stand reduced to the butt of indecent jokes and undergo shocking psychological trauma. Transgender community in Kashmir is physically, verbally, and sexually abused. Extreme social exclusion diminishes their self-esteem and sense of social-responsibility. According to Census 2011, the population of transgender community in Jammu and Kashmir is 4137 and in Kashmir alone, their number is more than 2000. Having
no welfare Programmes, policies and schemes they are further socially ostracized and forced to live a pathetic life.

This study uses the major approaches of the social work discipline to formulate an intervention plan. This study tried to understand how the transgender community of Kashmir experiences their life. Thus, the research question of: “What is your personal experience of being a Hijra? Was the grand tour question which was followed by a series of sub questions? This book focuses on the self-reported experiences of Hijra or transgender people who recognize their gender individuality as contradictory (or different) to the one they were attributed at birth, they may or may not have undergone castration or may or may not be the transvestites and who intend to, or are, or have transitioned to living perpetually in their chosen gender role.

I am sure this study will prove highly useful for the readers, policy makers, feminists and anyone advocating for the social justice. The students from Psychology, Sociology, and Social Work will find it inculcating and the general readers interesting and informative.

Aijaz Ahmad
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“To Allah belongs the dominion of heavens and earth; He creates what He wills. He gives to whom He wills female, and He gives to whom He wills males. Or He makes them [both] males and females, and He renders whom He wills barren. Indeed, He knows and is Competent.”

(Chapter 42, Surat I-Shura, Verse 49, 50)

“God put love in my heart. If He created me so, and not otherwise am I, then guilty; or is it the eternal incomprehensible way of fate?

(Count Sandor)
Dedicated to LGBT Community of Kashmir
Chapter-1

Introduction

Both in media and in academia the gender diversity has been a subject matter under emphasis for years. Moreover, the need for transgender-equality, security, and recognition as third gender, have been gradually acknowledged and delivered in Indian Law\(^1\). Despite this, transgender community is repeatedly relegated to the position of ‘stigmatized’, or ‘unsettling other’ by members of the dominant society. The eastern as well as western societies have been very skeptical in acknowledging and accommodating any gender or sexual diverse category beyond male and female dichotomy. The non-recognition as a distinct gendered human being in the society outside male-female dichotomy is essentially the reason that transgender community is subjected to various institutional injustices. They are situated at the extreme verge of marginalization having no sociopolitical space where they can lead a standard life with dignity. They are quite often imperiled to harassments and abuses. Transgressing the rigid heteronormative gender roles beyond male-female continuum expose the TG community to physical, verbal, psychological, and sexual abuse.

Sex and Gender

It is noteworthy that sex organization is generally professed in dichotomous medical and biological relations that are entrenched in physiology and expected or assumed reproductive competencies. This leads to the classification of human beings into heteronormative dichotomous sex categories ‘male’ and ‘female’, not only by medical specialists, but also in broader and commercialized societal conventions. This dichotomous sex classification is presumed by many to be natural and is widely used in almost all the societies to denote and police the roles of the subsequent ontological constructs woman or girl and man or boy. And yet, sex is complex entity and is irrefutably beyond the male and female binary. Sex is recognized by many social scientists as a social construct ingrained in biological relations and expected innateness. However, it does also refer to biological differences, in specific about genitalia. It is

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1 September 2014 supreme court ruling in favor of transgender community of India by recognizing them as third gender.
indispensable to admit the ‘inconsistencies’ which exist in the dichotomous medically derivative concept of sex. The societal classification of bodies is impulsively ingrained into binary categories. The various physiological dissimilarities that even exist blatantly remain unseen or unacknowledged, or are usually surgically transformed at birth if discernible. This has given rise to categorizations of ‘intersex’, which ordinarily remain medically and socially ‘othered’ and set apart/suspended from the normative ‘male/female’ binary and reproductive roles, even if intersex individuals are eventually allocated a binary sex category to allow integration into ‘normative’ society. Consequently, medical constructions of dichotomous sex seem significantly more social than many clinicians seem willing to acknowledge. Garfinkel (1967; in Tee and Hegarty 2006:71) recognized this as the highly moralized default assumptions that surround the view of two (and only two) genitally derived ‘categories of sex’ as legitimate. These assumptions provide a backdrop to the multifaceted nature of individual experiences of gender in actuality, and it is against this backdrop that ‘hermaphrodites/intersexes’ gains meaning.

Like sex, Gender is also a disputed concept and yet it is recurrently used as a ‘catch all’ in contemporary society. The term ‘gender’ is used in this book in order to honor identity over the physical body, whilst identifying that interpersonal classification uses visual, aural, and behavioral signs as a mechanism to classify other individuals inside dichotomously constructed sex categories. Consequently, ‘gender’ is used to denote both to identity and also a presentation of self, nevertheless awkwardly construed by onlookers. Gender has been employed in a number of usages, including: to define sex-acceptable behavior, and ways of being a woman or man; as an individual identity; to refer specifically to women, as either an ‘other’ or as a basis for political cohesion; and as a synonym for sex that enables animalistic undertones of genitals and intercourse to be concealed behind a veil of civility (see: Oakley 1972; Sanger 2008; Whittle 2002; Butler 1990; Gottlieb 2002; Cromwell 1999; Carver 2007; Webster 2002).

In sociological discourses this culturally derived ‘sex-appropriate’ i.e. female-feminine, male-masculine has been widely rejected, particularly within contemporary feminist, ethno-methodological, poststructuralist, and queer theory circles, in favor of the view that both sex and gender are socially constructed². Gender is undeniably not a

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² This theorisation was initially argued by Kessler and McKenna (1978), and marked a key shift in academic thought. See also: (Hird 2000; Hird 2002b; Ekins and King 2006).
homogenous entity, people’s experiences of gender vary contingent on their ‘class, ethnicity, nationality and sexuality’. According to Gottlieb, ‘gender-identity is so decisively shaped by cultural effort – the mandate of values, the whims of history, the weight of economy, the power of politics – that it may be a task doomed to failure to delineate where “nature” ends and “culture” begins’. Therefore, gender comprises an important approach in which society and interpersonal interactions are organized. Progressive displays of gender can be vital in how individuals are positioned in society. This is amazingly demonstrated by the sanctions individuals can and do face where their gender display is supposed to be ‘disruptive’ to the institution of gender and subsequent macro level regimes. In this book, gender or transgender is both construction and individual everyday experience based on Lorber’s (1994:1) ‘new paradigm of gender’: that of a social institution not located in the ‘individual or in interpersonal relations’, but as an ‘entity in and of itself’ that orders everyday societal processes and is incorporated into the fabric of social structures. Paradoxically, though, Lorber recognizes that ‘the construction and maintenance of gender are manifest in personal identities and in social interaction’. Therefore, interaction and institution are inevitably entangled. Subsequently, Lorber (1994:32) asserts that ‘everyday gendered interactions build gender’ into social structures and institutions. This conceptualization is particularly useful in relation to gender-diversity and transgender-identity. It is postulated that it is predominantly relevant when accounting for the rifeness of gender, in terms of knowing and certainly in addressing the human need to order and classify oneself and others. Interestingly, Martin (2006:269) also adds that ‘the gender institution makes gendering practices available for practicing, and practicing them keeps the institution going’. This nicely summarizes the continuing and prevalent dimensions of doing gender, which we are all frequently trapped in. Lorber (1994:14) asserts that ‘a sex-category becomes a gender status through naming, dress, and the use of other gender markers’. This transferal is rather inconsistent; in that ‘clothing…often hides the sex but displays the gender’ (Lorber 1994:22), a facet highly appropriate to ‘transgender’. Sanger (2008:43) notes that ‘despite efforts to move away from essentialism, gender is still generally mapped directly onto sex’. This is politically significant, as ‘this is how gendered…identities are recognized, produced, and consequently positioned within matrices of power’. The influences of the medicalized and legislated body and ensuing sex categorization are looked at, and how transgender is constructed in relation to these. It is from this that ‘transgender’ is born, and consequently othered, separated, and subject
to prejudice to an inordinate degree than dissimilarities that exist within and between binary sex/gender categories.

In contemporary Western society, sex and gender differences remain an essential social institution, and one of the most prevalent means of social classification, one that arguably dominates, and surely splits, all other intersectional classifications. All people are designated a ‘legal sex’ of either male or female at birth and yet this outline is so socio-culturally ingrained and ‘institutionalized’ in many countries that social agents repeatedly draw upon it, especially in the Law. Subsequently, this contributes to and sustains an illusion of homogeneity and indisputable fixity. This in turn gives rise to an ontological, homogenized, assumption and expectation, of what it means to be either a ‘man’ or ‘woman’, again despite diversity within, and similarity between, each ‘group’ in actuality (Connell 2002).

It is important to mention that there are many permutations of gender-identity. Some people may identify towards one gender binary-pole than another, some may not identify with the binary at all. Some individuals feel constrained to amend their bodies in order to express their identities, and some do not. Some people choose to express their gender-identities throughout their daily lives, others may feel incapable to do this, or may not wish to do so. Therefore, the term ‘transgender’ is often used to have a collective expression of the gender diversity and identity especially when it is about transgressing the gender binary roles. Transgender comprise of immense diversity. It has gained significant credibility within the gender transgressive community both as a personal and as a social identity. As a personal identity, people who sense a requirement to express a gender identity dissimilar from the one society links with their genitals use it. Transgendered people recognize and orientate themselves as persons of the gender other than their biological gender. They concede that their gender at birth is dissimilar from the gender of their expression or behavior. People who have transgender individuality tend to adopt a gender role, especially in manner, dress, and interpersonal relations different from their biological and chromosomal sex-normative role. Sometimes, a person who is transgendered may identify as transgenderist. Transgenderists live as the "other" gender, either part or full-time, often passing as the other sex or creating innovative gender presentations by blending elements of both masculinity and femininity into their appearance (American Educational Gender Information Service, 1996; Tri-Ess, 1996). They may rely on the cosmetic and other surgical procedures in order to blend in their
Introduction

desired gender identity. As a social identity, transgender has become an umbrella concept to describe the entire collective or community of those who change their gender temporarily or permanently. In this way, transgendered means "neither just male nor just female" This approach subsumes a wide range of previously distinct identities under the banner transgender. The majority would be male-to-female and female-to-male.' pre, post, and non-operative transsexuals.' transgenderists, and cross-dresses (Rothblatt 1995). It also includes intersexes or hermaphrodites. Even more generally, it embraces those people who present a significant amount of contemporary gender comportment such as: fems or sissies; butches, manly women, and diesel dykes; amazons and body building women'; androgynid; drag queens and kings, and female or male impersonators; gender blenders," gender fucks, chameleons, and sex radicals. Transgender community is diverse and complex, with several genders and manifold social identities each of whom define themselves differently and express themselves uniquely beyond traditional gender and sex roles. Because of this diversity, it is not possible in this precipitate to map out all of the permutations, which exist in the trans community: as gender-identity is so varied, and so personal. Even within the focused approach taken in this book, it is important to recognize that significant diversity also exists between individuals who identify as, or may be perceived to conform to, ‘MTF transgender / transgender woman or Hijra’.

Gender Identity and Sexual Orientation

Gender identity is one of the most essential aspects of life, which refers to a person’s intrinsic sense of being male, female or transgender or transsexual person. Gender identity refers to each person’s deeply felt internal and individual experience of gender, which may or may not relate with the sex assigned at birth, including the personal sense of the body which may involve a freely chosen, modification of bodily appearance or functions by medical, surgical or other means and other expressions of gender, including dress, speech and mannerisms. Societies, are struggling with the question of designation of gender to persons who consider that they belong to the opposite sex. Few persons take on surgical and other procedures to amend their bodies and physical appearance to acquire gender characteristics of the sex, which conform to their perception of gender, leading to legal and social complications since official record of their gender at birth, is found to be at variance with the assumed gender identity.
Sexual orientation refers to an individual’s enduring physical, romantic, and/or emotional attraction to another person. Based on sexual orientation people may identify themselves as asexual, homosexuals, heterosexuals, bisexuals etc. However, gender identity and sexual orientation are different concepts yet sometimes it is not possible to separate gender and sexuality as both are the inseparable and integral components of our personalities and there is a thin line, which separates gender construction and sexual expression. Each person’s self-defined sexual orientation and gender identity is integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom. The typical gender dissimilarity is between men and women, while the key variance in sexuality is that between heterosexual and homosexual. Moreover, sexuality is often expressed through gender distinctions. The distinction between the gender expression and sexual orientation is a major problem in Kashmir. The effeminate men are often labeled as homosexuals and even the homosexuals are labeled as third gender.

Ulrichs, Westphal, and Krafft-Ebing, were the early sexologists in the nineteenth century, who initiated the study of homosexuality and gender "abnormalities." Ulrichs was the first to suggest that people who had same-sex desire were different from others (Bullough & Bullough, 1993). He coined the term urnings to describe homosexuals and considered urnings a third sex. Early sexologists mostly viewed the sexual and gender diversity in terms of pathology. Krafft-Ebing, in his Psychopathia Sexualis, catalogued quite an array of sexual "perversions" and felt that they were probably the result of hereditary immoralities. Magnus Hirschfeld believed that many people were not entirely man or woman. These intermediaries, as he called them, included hermaphrodites, people who had mixed secondary sexual characteristics, homosexuals, and transvestites. Moreover, he believed not all female impersonators were homosexual. Hirschfeld's study of transvestites was the first to recognize a distinction between gender expression and sexual orientation. In this study, Hirschfeld, himself a homosexual reformer and cross-dresser (Brame, Brame and Jacobs 1996), labeled transvestites as people who crossed gender but were not homosexual. Later Ellis, another pioneer sexologist, joined in the effort to set apart gender and sexual orientation (King, 1996).

Regardless of Hirschfeld's and Ellas's contributions, transvestitism and gender unconventionality have continued to symbolize homosexuality. A manly woman is often seen as lesbian and an effeminate man is considered gay. This confusion may have all started with views like that advocated by Ulrichs, in which male homosexuality is the
consequence of being "a woman trapped in a man's body" (Bullough and Bullough 1993; Kennedy 1988). Moreover, many early 20th century sexologists conflated "third sex" (e.g., homosexuals) with "third gender" (e.g., transvestites), seeing them as essentially the same (Herdt, 1994). This conflation between gender and sexual orientation has continued in modern gender research. Indeed, the premise behind Green's (1974) studies of "sissy boy syndrome" is that feminine boys are at risk for non-traditional gender-roles and sexuality. Green found that femininity in young boys is a "risk factor" for homosexuality or bisexuality, but not transsexuality (as he originally suspected). Therefore, he began studying the "sissy boy syndrome" as a precursor for homosexuality in men (Green 1987). The association between gender nonconformity and homosexuality has continued to dominate psychological investigations of gender (e.g., Bailey and Zucker 1995).

In early 1980's there has been an enormous effort to undo the link between the gender expression and sexual orientation. G. Rubin (1984) hoped to develop a radical theory of politics of sexuality that denounces erotic and sexual oppression. However, she found that several core beliefs about sexuality, such as the belief that sexual orientation is an essential biologically determined aspect of one's identity, stood in the way. Consistent with sex historians such as Weeks and Foucault, who argued sexual desire is not tied to biology, G. Rubin (1984) argued that sex and gender are two different things and that sexuality is not necessarily linked to either sex or gender. Her argument was supported by Money (1988) who also supported a break in the absolute connection between gender identity, role, and sexual orientation. Although Money (1988) admitted "sexueroctic" activity is typically a part of gender coding, since part of society's expectations for both masculine and feminine gender roles is heterosexual orientation, he allowed that sexual orientation and gender may be cross-coded for both homosexual and heterosexual people. For example, heterosexual masculine men may be attracted to masculine women; homosexual masculine men may be attracted to other masculine men, and so on.

While researchers have not always believed sexual orientation and gender are independent, there has been very little disagreement about this issue in research on transgender identities lately (e.g., Brame et al., 1996; Israel 1995). Studies of cross-dresses, transsexuals, and transgenderists have found a wide variety of sexual orientations—heterosexual, gay or lesbian, bisexual, or asexual (Bolin 1988; Bullough and Bullough, 1993; Denny and Green, 1996; Docter, 1988; Feinbloom, 1976; Feinbloom, Fleming, Kijewski, and Schulter, 1976; Stuart, 1991; Woodhouse, 1989). Research with
transsexuals, in particular, has demonstrated empirical support for a plurality of sexual orientations. For example, most female-to-male transsexuals report heterosexual desire (sex with men) before transition and heterogenderal desires (sex with women) after transition (Pauly, 1974a, 1974b). Indeed, if one considers morphologic gender (genitals), gender orientation, erotic and non-erotic partner preferences, and sexual behavior each as independent attributes, there may be as many as 45 different combinations of gender, sex, and relationships (Grimm, 1987). For instance, 'Grimm characterized a male who is sexually attracted to females and identifies with feminine traits and characteristic expressions of feminine intimacy/sexuality as "feminine homogenderous." Williams (1987) noted that sexual orientation may be either heterogender or homogender, meaning a preference for same or opposite gendered partners.

There are difficulties characterizing sexual orientation among transsexuals as either homogender or heterogender. For instance, Coleman and Bockting (1988) reported on a female-to-male transsexual who had a gay male identity. Heterogenderal or homogenderal just do not capture the complexity of his orientation. As a female presenting as a man who enjoyed sex with men, he was a gender non-conformist but heterogenderal. As a transsexual man who enjoyed sex with men, he was a gender conformist, but homogenderal. Coleman and Bockting argued this challenges traditional notions of sexual identity, gender, sexual orientation and what it means to be male, female, heterosexual, bisexual, or homosexual. In addition to finding that gender identity, sex-role, and sexual orientation were separate phenomena, they concluded that it might be more accurate to consider gender attractions rather than “sexual attractions.”

Denny and Green (1996) recently reinforced the notion that gender and not sex or gender identity is the critical component in defining sexuality. Devor's (1993a) study of the sexual experiences of female-to-male transsexuals further demonstrated how sexual orientation may or may not match either morphological or genetic sex. She documented a wide variety of heterosexual and homosexual experiences and orientations among her participants, both before and after gender transition (Devor, 1993a). For example, most female-to-male transsexuals reported attraction to both women and men before transition. They reported the following identities: straight woman, straight man, lesbian woman, gay man, bisexual man, and bisexual woman. However, after transition the majority were attracted to women (one subject was attracted to gay men). Thus, Devor (1993a, 1993b) concluded sexual orientation is not necessarily linked to sex or gender.
nor is it stable over time. Stuart (1991) also reported that most transsexuals changed the object of their desire after transition, but remained heterosexual.

This range of sex, gender, and sexual orientation combinations in the transgender community demonstrates that current models of sexuality-hetero and homo-do not adequately describe the range of possible and real desires and identities. Devor proposes an alternative typology based on sex, gender, and sexual orientation. However, as much as her concept of "gendered sexuality" is more accurate, it is complex and somewhat confusing. Using her typology, a male-to-female transsexual who has sex with a cross-dressing male is sex between two male homosexual lesbian women. If a female-to-male transsexual enjoys sex with a male-to-female transsexual, they are both heterosexual and straight. If a female-to-male transsexual prefers a female woman lover, both are straight female homosexuals. Although each of these possibilities are relatively very infrequent occurrences, Devor's point is well taken: past theories of sexual orientation have ignored these variations.

Contemporary research on the transgender community has emphasized the problems with assumptions about gender non-conformity and sexual orientation. The distinction between gender and sexual orientation, documented by these researchers, leads to two conclusions: members of the transgender community may have any sexual orientation, and these orientations may change across time and life circumstances. Moreover, all this suggests that sexuality, one's preference for sexual partners, may or may not be related to gender.

Expression, Interpretation, and Recognition of Gender

Gender is both ascribed and achieved (West and Zimmerman 1987), and in the process of self and external gender attribution (Kessler and McKenna 1978, in Ekins and King 1996:1), forms a key component of social categorization and in/out-group power dynamics (Donelson 1999:40; Fiske et al.1999; in Lauzen et al. 2008:201). It is both an individual and collective ‘doing’, and indeed an inter-textual undoing and redoing, which is pedagogically and internally navigated and surveilled. It is also concurrently enacted within a collectively perpetuated, multifaceted and intersectionally complex, institutionalized social framework. This framework makes available culturally dominant, socially-prescribed, and contextually-mediated, avenues of expression, through which people can claim a place and seek to be recognized, and/or against which they can seek
to reject the place in which they are/were positioned by others. Additionally, it presents parameters through which inter-agentic interpretation takes place, and in relation to which recognition may or may not ensue. Many trans people experience an *essentialized* sense of gender-identity and yet, the expression of identity is influenced by the complexities of everyday existence, and so may be considered highly reflexive and societally responsive.

The expression of gender is a key avenue in which trans people seek to actualize their sense of self identity externally, and it is to this that the focus now turns. As a societally governed ‘textual practice’ (Pullen and Knights 2007:507), the expression of gender is widely recognized as something that is accountable to, and indeed accomplished via, interaction under the auspices of the intuition of gender (Messerschmidt 2009:86; Martin 2006:269; Ekins and King 1996; West and Zimmerman 1987, 2009). It is intrinsically shaped by, and experienced through, intersectional factors such as: age, class, sexuality, gender-identity, ethnicity, nationality, spatial context, and interpersonal interaction (Jackson and Scott 2002; Gottlieb 2002; Connell 2002; Hines 2006; Clegg 2008). Crucially, gender-expression involves an individual’s interaction with, and perception of, themselves, as well as with and by others. Gender-expression is something that is under construction for all social agents, cis, trans, or otherwise gender-diverse. Facets of expression may be conscious, reflexive, subconscious, and unconscious, and concomitant combinations of all may be employed at one moment. For many cisgender individuals, gender-expression is something that is taken for granted, and largely guided by socialization, and accepted ways of enaction/‘doing’ that usually gain, or seek to gain, a desired response from others (Lorber 1994; Connell 2002). Accompanying this, the author suggests that social agents are subject to containment through other’s expectations of their assumed past, present, and presumed future *gendered* experiences, despite the fact that experience is fundamentally diverse and subject to intertextual interpretation. For trans people, these assumptions and expectations have a significant impact, and may lead to a conscious management of self that obscures past experience in order to achieve a self that is intelligible and validated within these mechanisms of constraint in the present (see Green 2004).

Next, it is necessary to consider agentic and unconscious articulations and constructions of gender, and the ways in which this is societally mediated. Whilst practices of agency and individual ‘ownership’ of, or power over, identity and its means of expression, are
debated (Monro 2000; Hines 2006; Lorber 1994; Knights and Kerfoot 2004; Garcia 2000, Carver 2007), Butler (1999; see also Jackson and Scott 2002) suggests that gender (necessarily combined with sex and sexuality) is performative (as well as discursive). She asserts that it is a ‘doing’ and ‘undoing’ that involves the citation of existing norms and practices that ‘seem to congeal over time’ (Butler 1999:43). Indeed, it is through repetition (articulated in her theory of performativity) that the semblance of a ‘unified subject, an identity, a self’ is produced (Garcia 2000:267 discussing Butler 1990). Stukes (2001:406) raises the concern, that ‘cultural production’, and indeed reproduction, does not ‘adequately account for the [apparent] rigidity of gender’. Dominant poststructuralist discourse responds to this, however, through arguments centering on the internalization and rearticulation of cultural discourse within the context of the overarching social arena and related power structures. However, Monro (2000:39) contests in particular ‘Butler’s analysis of the self’ on the basis that to conceive of the trans self as solely the internalization of discourse risks ‘accusing others of false consciousness, thereby denying them agency and autonomy’. In other words, there is a risk that individual senses of self, and the agency to decide on modes of expression, become problematized. Nevertheless, social actors’ ability to suspend themselves from the social world around them remains debated (Butler 1990; 2004; Lorber 1994). These debates are particularly relevant when considering people who feel compelled or choose to step outside/reject the social role ascribed to them. Based on her research, Sanger (2008:50) states that whilst many transpeople experience a sense of gender as either one or other of the social gender-binary, the complexity of trans-identities and experiences should not be denied in order to simplify theorizations of trans. Furthermore, in order to symbolize/actualize disentanglement from social-role ascription, one must consider the extent to which social actors are compelled to draw on societally recognized signifiers (see also Sanger 2008:50 regarding reference to Sanger 2007a). Alternatives can involve a rejection or reflexive use of signifiers in order to willfully unsettle the gender framework. However, within societal interpretation and individual’s reflexivity, signifiers, by their very nature, retain an echo of dominant or contextual schematics in order for the complexities and meanings of unsettling to come to fruition. Thus, individual experiences of gender are both implicitly and explicitly informed by gender as institution.

In order to have their identity (or their desire to achieve recognition) recognized, transsexual individuals are compelled to display societally recognizable signifiers
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(including behaviors) associated with their preferred binary gender role (see Hines 2007; Rundall and Vecchietti 2010). Moreover, regardless of the extent to which they pass in practice, trans people are also obliged to negate, or attempt to negate, those signifiers which are perceived to contradict this gender role (see Messerschmidt 2009 for an informative discussion of youth negation of gender-signification; see also Herald 2005). Indeed, many trans people have internalized the significatory displays associated with their preferred gender, and report an affinity to these displays in terms of their personal narratives, sense of self and identity expression (Rundall and Vecchietti 2010). It is through these displays, and other’s recognition of their identity, that an authenticity of self and sense of actualization may be felt to be achieved. Trans and cisgender-identities all are socially constructed within and against the gender institution, and Monro (2000:37) makes the important point that surgical ‘and hormonal treatment[s are] simply an extension of the social construction of gender’. Nevertheless, Clegg (2008:212) reinforces the innate complexities of gender, asserting that while ‘the sense of self as a woman or man appears to be highly durable, this does not imply a reduction to (biological) sex’. Other gender-diverse individuals are also compelled to utilize signifier display or negation in order to trouble, undo, and reposition gender-categorization. It is this cultural language, which is so fundamental to enaction and interaction. Risman (2009:83), drawing on Gidden’s (1984) structuration theory, suggests that ‘individuals are the products of their social worlds yet are not determined by them’. However, the author would argue that multifaceted social behaviors are deeply embedded and contained within societal frameworks of understanding. Actions and signifiers are read, interpreted and categorized, both by the author of the action/expression, and readers external to them, through a lens which is constructed from a combination of the social world, each individual’s intersectional attributes, and their past experiences. The potential for divergence between intention and interpretation remains present. Additionally, social agents may not always be conscious of their authorship, or may experience a sense of this in a variety of ways in varying spatial, temporal, and interactional situations.

In the context of the Western societal arena, this is overwhelmingly framed within socially ascribed boundaries of hetero-and bio-normativity (Pullen and Knights 2007; Atkinson and de Palma 2009; Chutter 2007; Higgins 2003). Through the institutionalized and widely perceived naturalness (West and Zimmerman 1987) of dominant/expected
citational doing, other non-dichotomous, or non-biologically congruent gendered identities, are rendered ‘inappropriate or unintelligible’ (Ehrlich 2007:453). For trans people, this has a crucial bearing on self-presentation and expression, not only in order to have one’s identity recognized, but fundamentally, to get by in everyday life (Schilt and Connell 2007). Trans-identities are complex and diverse, as are the ways in which trans people seek to anchor themselves and find a place within the social arena, despite frequently being perceived as gender outlaws. Hird (1998:517) makes the important assertion that consideration of the ‘self’ necessitates the recognition that it is ‘highly fractured, contradictory and shifting’, and encompassed by both ‘inner’ and ‘outer diversity’ that may be contradictory. Whilst transsexual individuals have repeatedly been portrayed as ‘gender overachievers’ (Schilt and Connell 2007:614; drawing on Garfinkel 1967; Kando 1973; Raymond 1979), Schilt and Connell’s (2007:614) research found that frequently it is in fact surrounding cisgender individuals who ‘overdo and reinforce gender’, and ‘often enlist their transitioning colleague into gender rituals designed to repatriate them into a rigid gender-binary’ (2007:596). Furthermore, they (Schilt and Connell 2007:596) found that trans people ‘have little leeway for resistance’ particularly, as was the focus of their research, ‘if they wish to maintain job security and friendly workplace relations’. Ultimately, to fail to conform and toe the gender-binary line is frequently to entertain potential discrimination. The validity and authenticity of a trans person’s identity may be subject to challenges from both cisgender, and other trans, individuals (see Sanger 2008; Ekins and King 2006; Whittle 2002; Whittle et al. 2007). This may take the form of challenges to an individual’s trans status or the authenticity of their preferred identity, where the trans person may be subjected to others’ policing, which repatriates them to their birth gender-category (Schilt and Connell 2007:597). It is entwined with these tensions, and the wider social context of gender-diversity, that trans-identities are individually and collectively experienced, expressed, and articulated. The social institution of gender and the culturally determined semiotics of gender, make available a diverse pallet of widely recognized but randomly configured gendered signifiers which individuals may consciously and unconsciously employ in their self-presentation (Rundall 2005; Rundall and Vecchietti 2010). The body, and accompanying visual, as well as audible, cues, are both symbolic and agentic tools (see Cromwell 1999; Messerschmidt 2009; Reischer and Koo 2004). These tools are a means through which to: present oneself, reject or signify rejection of other’s expectations and/or negate the gender order, and lay claim to a position within the social arena. This may be a source of
pleasure as well as pain and discrimination (Connell 2002), especially where the signifiers one gives off are adverse to the presentation of self that one would otherwise wish to present/articulate. Ekins and King (2006) highlight the differences in identity articulation and signification that occur within and between subgroups of the trans community. They state that whilst many MTFs articulate their sense of femaleness by being out as trans/gender-diverse, ‘out’ FTMs, particularly the ‘younger generation’, ‘take a much more postmodern line and are freely playing with the signifiers of gender in more overtly innovative and experimental ways’ (Ekins and King 2006:224). It is important to note here, however, that trans women are frequently less able to pass in their preferred gender role than their trans male counterparts (Whittle et al. 2007; Whittle 2006). This makes them significantly more likely to be targets for discrimination, in comparison with many trans men who, post-testosterone, are more readily able to pass and thus are frequently able to ‘melt away’ into the gender order after a degree of transition (Whittle et al. 2007). Intrinsically, passing frequently governs discrimination: if someone does not pass, and appears gender-diverse, then they may be subject to transphobic or genderist responses. Thus, the identity ‘trans’ or ‘transsexual’ may be perceived to gain a greater, and potentially necessary, degree of importance for trans women, although this is not to deny the importance of ‘trans’ for trans men and other trans-identified individuals. Cromwell (1995) in particular discusses the importance of reclaiming and taking pride in terms like transsexual in order to disempower attached social stigma, although Butler (2004:91) counters this with the caution that, to utilize language which has effaced the nuances of one’s existence constitutes a sacrifice.

Expressions of gender are complex and continually policed, and it is necessary to acknowledge the tensions that may ensue in trans people’s day-to-day lives. Fundamentally, for poststructuralists, social agents are more than artefacts to be read, regardless of whether external expression is intended, or unintended, or where expression is not perceived to match that which is intended. The presentation or omission of external signifiers, both linked and unlinked to corporeality (or others’ assumptions/perceptions of this), provide the bedrock for interpretive interaction. And yet, presentation of the body is not always easily manipulated in order to achieve the effect one desires. One may appear too short or tall, too robustly, or finely featured, too broad or too slender; when appraised in relation to other’s expectations of ‘normative’ physical gender characteristics (Rundall, E.C., 2010). Contra-intentional interpretation can be particularly
problematical, as dichotomously rooted legitimacy is interwoven within gender-signification to such an extent, that to resist or to unsuccessfully conform to expectations ‘is to be perceived as a social failure’ (Davies 1989, drawing on Huang 1987, Walkerdine and Lucey 1989). It is against this backdrop of expression-versus-interpretation that personhood is ultimately perceived/achieved (Butler 2004; Hostetler and Herdt 1998).

Drawing on Bordieu ([1980] 1990), Lorber (1994:26) notes that ‘the gendered practices of everyday life reproduce a society’s view of how women and men should act’. Indeed, institutional and individual meanings and understandings of social structures are derived from contemporary discourse, and are as culturally embedded and relevant as the structures they ascribe meaning to (Cameron 2005, in Ehrlich 2007:153; Sackmann 1998:180). It is the actions (or perceived actions) of the majority which maintain gender norms, even if these alter slowly over time in relation to political and cultural shifts. Society is fundamentally rooted in ‘male/female, man/woman’ constructs (Connell 2002:3), which although damaging, are ‘normative conveniences’ (Goldner 2003:134) for interpersonal classification, as well as the basis for institutional and power structures. Despite an increasing recognition of masculinities and femininities, their conceptualization invariably continues to be binarily derived and prescribed (Knights and Kerfoot 2004:431; drawing on Brittan 1989; Linstead and Thomas 2003; and Linstead and Brewis 2002). These are hierarchically coded and ‘mapped on to bodies which are…viewed (or made to represent) maleness and femaleness in terms of [presumed] genital and other physical signifiers of sex’ (Carver 2007:129). As noted previously, social actors are held accountable to the gender institution through other’s reading of their sex-category (Connell 2009:105), and crucially, in the majority of interpersonal interactions, sex-category and gender are perceived to be congruent and thus indistinguishable (Messerschmidt 2009:86). This is not to say they are congruent, but that they are perceived to be, and thus sex-categories become legitimized (Stokoe 2004). For example, Messerschmidt (2009:86) noted in his research that the perception of a social agent’s sex-category intrinsically navigates the meanings an onlooker attaches to their behavior in terms of gender. It is also based on the onlooker’s experience of their own gender. Thus, gender is not only a ‘doing’; it is also a ‘done to’. For example, gendered spaces such as lavatories or changing rooms are sites in which gender may be ascribed, but also where individual gender-validity may be problematized (Browne
Browne (2004:331) in particular investigated these issues in terms of the policing faced by lesbians in public conveniences when they did not employ expected signifiers of femininity. However, social agents frequently draw on unconscious and automatic (and in many ways essentialist) methods of interpersonal categorization (Herald 2005). Indeed, an onlooker may fail to notice a missing or incongruous signifier if other expected, more dominant signifiers, are present (Herald 2005). Nevertheless, where incongruity is perceived, where a person fails or seeks not to pass, the gender matrix is brought into stark relief and made very visible (Lorber 1994).

The processes of interpretation are multifaceted and complex, and occur on institutional as well as interpersonal and individual levels (Risman 2009). Trans people’s experiences have provided the academe with an opportunity for more intricate analyses of gender within the wider societal population, both in terms of performativity and cultural construction, but also in terms of one’s sense of self as a gendered being, even in the face of contra-socialization. Individual experiences of gender, and responses to wider gender influences, are made visible by a group whose expressions and identities are considered by many to be ‘atypical’. And yet, notions of ‘typical’ and ‘normative’ are highly policed social constructions rooted in essentialized fallacy which fails to acknowledge human diversity, regardless of gender-identity, gender-categorization, and corporeality (Rundall 2010). Crucially, trans people face an elevated level of difficulty in self-expression and gender-actualization compared to the majority of cisgender people. Indeed, for individuals who are not able to pass, and whose corporeal canvasses unsettle other’s interpretation in terms of gender recognition and ascription, the complexities of identity processes they may face on a daily basis are both theoretically and practically different. Devor wrote the above at a time of his own self-asserted cis-gender-identification (see Devor 1997). However, since he transitioned to the male role, it would be interesting to know if after experiencing the process of transition and gender-actualization first hand, he has reviewed his earlier assertion.

Passing is key in discussions of gender interpretation and recognition, and it is to this that the discussion now turns. The transsexual population is diverse, and although Sanger (2008) found that many trans people have a sense of self as one or other of the gender-binary, interpretation and recognition of gender-identity by other social agents may be problematized by trans people's wish, and ultimately ability, to pass (and thus be reabsorbed into the gender-framework without visible conflict). Vecchietti (2008, cited in...
Rundall and Vecchietti 2010:133) conceives of passing ‘as a structure of incremental signifiers, which exist in competition with opposing signifiers’. Vecchietti (2008, in Rundall and Vecchietti 2010:133) makes the further point that passing is uncertain and that, ‘just as passing is incrementally assembled, it can also be incrementally disassembled’. Transsexual individuals’ gender articulations have been subject to a variety of interpretations (Hird 2002:577), including: authentic (as a ”“real” woman or man’); performative (‘as hyperbolic enactment of gender’); and as transgressive (which Hird suggests renders ‘the modern two-gender system obsolete’). And yet, many authors, including Hird (2002:577; see also Sanger 2008; Hines 2007; Ekins and King 2006) note that, although possible, transgression is ‘not guaranteed by all forms of transsexualism’. Many trans people do seek to pass, with varying degrees of success. Furthermore, many of those who do pass, in particular trans men, for whom this is frequently a possibility (Rundall and Vecchietti 2010, see also Whittle 2002; Whittle et al. 2007), choose to live for the most part as stealth. However, passing fundamentally relies on the current binary framework for meaning, and thus retains, and maintains, a hue of essentialism, even if individual gender enactment includes fluidity under the outward veneer of sex-category conformity. If one passes entirely, one is unlikely to face transphobia, but this does not necessary mean that other difficulties due to one’s gender-diversity or gender-history will not be experienced. Thus, interpretation of trans-identities is complex. Gender is categorized through societally dominant typologies which are informed by, and flex to incorporate, individual understandings and conceptualizations. Consequently, where a trans person does not pass all or some of the time as their preferred gender, the manner in which they will be interpreted is dependent on onlooker’s knowledge, previous experience, and awareness of societal discourse on the issue (see Rundall and Vecchietti 2010, also Hoffman 1998). It is this that forms the basis of whether they recognize the trans person as trans, and moreover, whether they appropriately recognize the trans person’s preferred gender-identity. The same is in many ways also true regarding trans people who pass and live as stealth, but who come out (or are outed) as trans. It is later theorized and discussed that this process is an instance of mutually experienced dysphoria in the institution of gender which unsettles individual perceptions and experiences of gender. It is at this point that the onlooker can accept or reject the trans person’s gender-identity, and the manner in which the institutionalized gender order remains undone, redone, (or untouched if the transperson passes and is stealth), with the transperson placed either within, without, or regressed to their birth sex-category.
Hostetler and Herdt (1998:250) discuss the ways in which ‘specific sexual identities are socially and discursively instantiated…as alternatively privileged or marginalized forms of personhood’. Whilst trans is frequently designated as a marginalized form of personhood, the recognition and acceptance of transness, and moreover of one’s gender-identity as valid, may for an instant, grant a fuller sense of personhood. There is a growing construction and (tentative) internalization by some portions of the wider cis population, of ‘trans’ as a blameless and treatable condition rather than a dangerous ‘disruption’ or ‘perversion’. Members of the dominant cisgender collective, in seeking to maintain the notion of gender as natural and thus incontestable, determine what constitutes deviance in a given situation (see Deetz 1992, in Davey 2008; Becker 1963, in Dennis and Martin 2005). Frequently, gender-diversity continues to be constructed as deviant, although to varying degrees. To designate deviance is frequently to dehumanize and delegitimize, thus removing power and threat (Taylor 2009). Not only may trans people face de-legitimization as trans, but onlookers may delegitimize the validity of their gender-identity by ‘holding them accountable to their birth gender’ (Schilt and Connell 2007:598). Connell (2009:105) posits that behavior produced in the face of gender/sex-category-rooted accountability is not a ‘product of gender’, but is in fact ‘gender itself’. Thus it is not necessarily trans people who unsettle gender, but the interpretation and subsequent behavior of both cis and trans onlookers in the face of sex-category/gender in/congruence. Lorber (1994:22) notes that the binary gender institution is reliant upon making groups of people and their actions appear similar in order to maintain and reproduce this binary illusion in the face of complex multifaceted gender experience. Social agents may be perceived to concurrently undo ‘some aspects of gender and [do] others (Anna Guevarra, 2008, cited by Risman 2009:83). And yet, as West and Zimmerman (2009:117) commenting on Risman (2009) reassert, accountability to sex-category (be it known in terms of birth ascription or assumed) sits at the core of doing gender, and they caution against ‘undoing’ as an implication of abandonment of this accountability. Sanger (2008) observes that currently the gender institution does have its uses, as a basis for classification, and as means of identification and political force. But so does ‘trans’, particularly in the face of currently pervasive discrimination and inequality (Whittle et al. 2007). Sanger (2008) also notes the debates, which surround the feasibility of undoing gender, at a time when so much currently rests
on current gender matrices. Lorber (1994:32, drawing on Scott 1988a:7) states that ‘because gender is a process, there is room…for modification and variation by individuals and small groups but also institutionalized change’. Yet, until trans people are widely recognized and perceived as valid in their gender-identities, regardless of whether these conform to the current gender-binary, current gender in/out group power dynamics and discrimination will remain. This constitutes a daily struggle for trans people seeking to participate in everyday life, despite the recognition of the transgender as a third gender by the Supreme court of India the daily life experiences of this community are marked with discrimination, harassment and violence.

**Defining Transgender/Hijra**

Transgender or TG is generally described as an umbrella term for persons whose gender identity, gender expression or behavior does not conform to their biological sex. According to UNDP the term ‘transgender’ refers to *individuals whose gender identity and/or expression of their gender differs from social norms related to their gender of birth. The term ... describes a wide range of identities, roles and experiences which can vary considerably from one culture to another*. This comprehensive classification embraces a wide range of people who identify as male, as female, as genders outside these two, or identify in ways that go beyond gender. It embraces those who are contented with their bodies and therefore feel no need for hormones, surgeries or other body modifications, as well as those who seek to modify their bodies. Some may identify as transgender, others as transsexual.

Hijras are biological males who reject their ‘masculine’ identity in due course of time to identify either as women, or “not-men”, or “in-between man and woman”, or “neither man nor woman”. Hijras can be considered as the western equivalent of transgender/transsexual (male-to-female) persons but Hijras have a long tradition/culture and have strong social ties formalized through a ritual called “reet” (becoming a member of Hijra community) (UNDP 2010). According to Chakrapani (2010), Hijra are biologically males but refuse their masculine identity in due course of time to identify as ‘women’ or ‘not men’. As Hijra usually identify themselves as ‘not men’ and prefer to have sex with men, thus, they are perceived by the society as homosexual. In the Indian sub-continent, the centuries old term ‘Hijra’ is generally used to describe those men who are transvestites, intersexes, eunuch, and hermaphrodite (Chakrapani 2010; Hahm 2010).
In the present study terms ‘transgender’ and ‘Hijra’ are used synonymously and includes those individuals who are born as males with or without ambiguous genital sex; may or may not cross dress who often identifies themselves as women or third gender, may or may not have the ability to function in the male sexual role (may identify themselves as asexual or homosexual or heterosexual or bisexual or having any other sexuality). Transgender people are commonly referred as ‘laanch’ in local parlance. It includes transvestites, castrated Hijras, transsexuals, intersexes, and hermaphrodites.

**Historical Background of Hijra in India**

The wide range of gender identities, cultures, and experiences exist in the world. The people who feel uncomfortable with their biological sex are seen in every culture and every existing human society, India is not any exception. They have been known for example, as Bakla in the Philippines, Xaniths in Oman and Hijra, Kothi, Jogappas, Jogtas or Shiv-Shaktis in South Asia (Khan et al. 2009). Significantly, Hijra communities exist in India, Pakistan, Bangladesh, Nepal and other parts of South Asia. These Hijra communities across South Asia have similar cultures and habits, but are not exactly the same.

TG Community comprises of Hijras, Kothis, Aravanis, Jogappas, Shiv-Shakthis etc. and they, as a group, have got a strong historical presence in the Hindu mythology and other religious texts. In traditional Hinduism, several references exist to a third gender and sexual ambiguity among human as well as among Gods. Thus, it is believed that intersexuality is not unusual and all people incorporate both male and female principles (Nanda 1999). The Concept of Tritiya Prakrti or Napunsaka has also been an integral part of Vedic and Puranic literatures. The word ‘napunsaka’ has been used to denote absence of procreative capability. Lord Rama, in the epic Ramayana, was leaving for the forest upon being banished from the kingdom for 14 years, turns around to his followers and asks all the ‘men and women’ to return to the city. Among his followers, the Hijras alone do not feel bound by this direction and decide to stay with him. Impressed with their devotion, Rama sanctions them the power to confer blessings on people on auspicious occasions like childbirth and marriage, and at inaugural functions, which, it is believed, set the stage for the custom of badhai in which Hijras sing, dance, and confer blessings (Lal 1999; Krishna and Gupta 2002).
Aravan, the son of Arjuna and Nagakanya in Mahabharata, offers to be sacrificed to Goddess Kali to ensure the victory of the Pandavas in the Kurukshetra war, the only condition that he made was to spend the last night of his life in matrimony. Since no woman was willing to marry one who was doomed to be killed, Krishna assumes the form of a beautiful woman called Mohini and marries him. The Hijras of Tamil Nadu consider Aravan their progenitor and call themselves Aravanis (Reddy 2006). Hindu mythology contains various examples of androgynies and individual who undergo sex changes among both deities and human. Thus, Hijra received religious justification and power from this ritual although some interpretations were contested. However, there is some example which shows the prestige of Hijra in religion; The God Ram, who is a popular characteristic in Hinduism, acknowledged and blessed intersexual (Hahm 2010); Shiva, a deity who contains both male and female components and also related to symbols of fertility and eroticism which represent Shiva united with his female creative power (Nanda, 1999); Arjun, who rejected to have sexual intercourse with minor deity, was cursed by her to be neither man nor woman and he used to entertain people with performing through music and dancing (Husain 2005); Vishnu and Krishna, who are often transformed with female and male characteristics to protect from demons and have no distinct sexual classification (Nanda 1999).

In the Mughal era, eunuchs were found in Islamic courts, who wore male clothes and turbans. The traditional roles of the eunuchs were to guard the women of the harem and the children (Nanda 1999). Moreover, being person of trust, they were able to influence state decisions and received large amount of money to have been closest to kings and queens. Thus, Hijra often mention the role of their prestige in that period. In the pre-colonial stage, Hijras experienced dignified status. During the Mughal’s rule, Hijras were regarded as the most trust worthy servants and were employed as harem guards. One such example is the Nizams of Hyderabad who employed and honored Hijras. The sixth Nizam Mahboob Ali Pasha employed Hijras as confidantes and advisors, domestic supervisors and menial domestics. Even the Hyderabad State had an Inspector for Hijras in the Police Department to look after their welfare and assured that they not be harassed (Krishna and Gupta 2002). Since Mughal era, the transgender community of Kashmir has been associated with matchmaking.

In the beginning of the British period in Indian sub-continent Hijra used to receive protections and benefits by some Indian states through entry into the Hijra community.
Moreover, the benefits included the provision of land, rights of food and smaller amount of money from agricultural households in specific area, which were eventually removed through British legislation as because the land was not inherited through blood relations (Hahm 2010). The situation of Hijras started deteriorating when British colonial rulers came with their ideologies of sex/ gender binaire bodies and hetero-normative sexuality perspectives. The Hijra body was problematic because of its ambiguity and its difference with the abled procreative/ heterosexual body (Kannabiran 2009). Gradually various laws against Hijras were introduced due to which the Hijra community were deprived of their privileges provided by the Kings and Mughals. Hijras were classified under the list of criminal caste/ tribes during the colonial rule (Reddy 2006; UNDP 2010). During the British rule, legislation was enacted to supervise the deeds of Hijras/TG community, called the Criminal Tribes Act, 1871, which deemed the entire community of Hijras persons as innately ‘criminal’ and ‘addicted to the systematic commission of non-bailable offences’. The Act provided for the registration, surveillance, and control of certain criminal tribes and eunuchs and had penalized eunuchs, who were registered, and appeared to be dressed or ornamented like a woman, in a public street or place, as well as those who danced or played music in a public place. Such persons also could be arrested without warrant and sentenced to imprisonment up to two years or fine or both. Under the Act, the local government had to register the names and residence of all eunuchs residing in that area as well as of their properties, which were reasonably suspected of kidnapping or castrating children, or of committing offences under Section 377 of the IPC, or of abetting the commission of any of the said offences. Under the Act, the act of keeping a boy under 16 years in the charge of a registered eunuch was made an offence punishable with imprisonment up to two years or fine and the Act also denuded the registered eunuchs of their civil rights by prohibiting them from acting as guardians to minors, from making a gift deed or a will, or from adopting a son. Act has, however, been repealed in August 1949. Section 377 of the IPC found a place in the Indian Penal Code, 1860, prior to the enactment of Criminal Tribes Act that criminalized all penile-non-vaginal sexual acts between persons, including anal sex and oral sex, at a time when transgender persons were also typically associated with the prescribed sexual practices. In the case of sexual minority group in a post-colonial nation-state, the legal system related to sexual orientation is influenced by common law traditions of England, however, the law known as Penal Code 1860 Section 377; Carnal intercourse against the order of nature, the Penalty for which is imprisonment which may extend to life (Godwin
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2010). The Act thus had a close surveillance on the lives of Hijras, their traditional occupation, and on their rituals (Kannabiran 2009; Kannabiran 2013).

**Discrimination and Marginalization of TG Community**

Transgender community is one of the socially, economically, and politically marginalized segment of the society. The societal attitude to this community is very ruthless and inhuman. They are often ridiculed and abused by the mainstream society. They are denied the basic human rights and the accessibility to the various social services. In public spheres like schools, bus stands, malls, theaters, hospitals, workplaces etc. they are relegated and treated as outcasts. The discrimination, harassment and the violence directed against this community finds its justification in the ethical miscarriage of the society’s reluctance in embracing different gender identities and expressions. The members of this community are deprived of various social and political privileges. They have the least participation in the social and cultural milieus and hence circumscribed access to education, quality health care and public spaces. The social exclusion of the transgender community deprives them of the various fundamental rights. Moreover, they face discrimination to contest election, right to vote, employment, to get licenses etc. The transgression of the rigid gender roles and expression of feminine mannerism by the members of MTF transgender community exposes them to perpetual sexual violence both within and outside the family. The influences of predominant norms have always forced them to give up their family and other social relations and later on are included in the Hijra community by adopting the traditional life and occupations that the Hijra community has developed to live and survive. Sometimes the options of begging and sex work are all they have to choose since the traditional occupational practices are less in demand as compared to before. Although away from social and family relations, Hijra whether doing the traditional work or sex work, they often seek their sexual partner with whom they want to spend their entire life, however, the crucial reality is that they never find their faithful life partner in this heterosexist norm and are often misused by this mainstream society where they are usually forced to have unsafe sex and live in a risk of HIV tendency. Extreme social segregation weakens their self-worth and sense of social accountability. They are controlled and abused by the members of mainstream society, are unable to use power or to establish their various rights. They are considered ‘abnormal’ and in due course become ‘outsiders’ in the mainstream. Because of individual behaviors, lifestyles, and practices, a transgender is always socially excluded.
Deprivations, alienations, and hostilities encountered by transgender, since early childhood is so intense and extreme that, at some point, finding no other social space, they exclude themselves (Khan et al., 1999). A basic right such as accommodation is also inaccessible for Hijra community in the mainstream society (Josim, 2012). Transgender people encounter extreme prejudice and discrimination in every facet of life, including housing, public accommodation, employment, marriage, parenting, law enforcement and credit (Paisley & Minter, 2000; Lloyd, 2005). In general, the transgender are often socially stigmatized for living their lives differently from the majority, they struggle for fairness and equality in the workplace (Creed & Cooper, 2008). School officials who perceive children and adolescents as gender variant target them to be closely monitored for ‘acting out’ behaviors. Gender variant boys will likely be mercilessly teased for not being rough and tumble (Mallon and Decrescenzo).

Our society is very skeptical in accommodating these gender variant human beings. This society have a tendency to not to care about the trauma, agony and the pain which the members of this community undergo. Every human being irrespective of sexuality and gender identity has a legal right to espouse a lifestyle he/she wants to. The various international and national institutes, which are associated with safeguarding the human rights, guarantee the various rights to the gender and sexual minorities.

United Nations and Other Human Rights Bodies – On Gender Identity and Sexual Orientation

Undeniably, United Nations has been a pioneer organization in supporting the protection and promotion of rights of the gender and sexual minorities. Article 6 of the Universal Declaration of Human Rights, 1948 and Article 16 of the International Covenant on Civil and Political Rights, 1966 (ICCPR) recognize that every human being has the innate right to live and this right shall be protected by law and that no one shall be arbitrarily denied this right. Everyone shall have a right to recognition, everywhere as a person before the law. Article 17 of the ICCPR states that no one shall be subjected to arbitrary or unlawful interference with his privacy, family, home, or correspondence, nor to unlawful attacks on his honor and reputation and that, everyone has the right to fortification of law against such interference or attacks. International Commission of Jurists and the International Service for Human Rights on behalf of a coalition of human rights organizations, took a project to develop a set of international legal principles on the application of international law to human rights violations based on sexual
orientation and gender identity to bring greater transparency and coherence to State’s human rights obligations. The United Nations Convention on the Rights of Child, 1989 (UNCRC) and the Constitution of India consider ‘education’ as a fundamental right for children. India has achieved significant growth and development. It has improved on crucial human development indices such as levels of literacy, education and health. There are indications, however, that not all disadvantaged groups have shared equally the benefits of the growth process. Among these, the transgender community, one of the marginalized and vulnerable communities in the country is seriously lagging behind on human development indices including education. What is appalling is that despite affirmative action (reservation policies, Right to Education, etc.) the disparities remain substantial among the transgender community in India. Majority of the population is uneducated or under-educated thereby excluding them from participating in social, cultural, political and economic activities. Along with teachers apathy towards transgender community, exclusion from society, poverty, continued discrimination, violence are some of the important factors which can be attributed to the poor participation of transgender persons in educational activities.

Various efforts were made by the international bodies to safeguard the rights of gender and sexual minorities, some of them include;

**Yogyakarta Principles**

On the application of International Human Rights Law in relation to Sexual Orientation and Gender Identity various principles has been formulated in a meeting held at Gadjah Mada University in Yogyakarta, Indonesia in 2006. These principles address a broad range of human rights standards and their application to issues of sexual orientation and gender identity.

Principle 1, deals with the right to the universal enjoyment of human rights, which reads as follows:

**The Right to the Universal Enjoyment of Human Rights**

All human beings are born free and equal in dignity and rights. Human beings of all sexual orientations and gender identities are entitled to the full enjoyment of all human rights.

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3 Adopted from http://www.yogyakartaprinicples.org/principles-en/
States shall:

- Embody the principles of the universality, interrelatedness, interdependence and indivisibility of all human rights in their national constitutions or other appropriate legislation and ensure the practical realization of the universal enjoyment of all human rights;

- Amend any legislation, including criminal law, to ensure its consistency with the universal enjoyment of all human rights;

- Undertake Programmes of education and awareness to promote and enhance the full enjoyment of all human rights by all persons, irrespective of sexual orientation or gender identity;

- Integrate within State policy and decision-making a pluralistic approach that recognizes and affirms the interrelatedness and indivisibility of all aspects of human identity including sexual orientation and gender identity.

The Rights to Equality and Nondiscrimination

Everyone is entitled to enjoy all human rights without discrimination based on sexual orientation or gender identity. Everyone is entitled to equality before the law and the equal protection of the law without any such discrimination whether or not the enjoyment of another human right is also affected. The law shall prohibit any such discrimination and guarantee to all persons equal and effective protection against any such discrimination. Discrimination on the basis of sexual orientation or gender identity includes any distinction, exclusion, restriction or preference based on sexual orientation or gender identity which has the purpose or effect of nullifying or impairing equality before the law or the equal protection of the law, or the recognition, enjoyment or exercise, on an equal basis, of all human rights and fundamental freedoms. Discrimination based on sexual orientation or gender identity may be, and commonly is, compounded by discrimination on other grounds including gender, race, age, religion, disability, health and economic status.

States Shall:

- Embody the principles of equality and nondiscrimination on the basis of sexual orientation and gender identity in their national constitutions or other appropriate
legislation, if not yet incorporated therein, including by means of amendment and interpretation, and ensure the effective realization of these principles;

- Repeal criminal and other legal provisions that prohibit or are, in effect, employed to prohibit consensual sexual activity among people of the same sex who are over the age of consent, and ensure that an equal age of consent applies to both same-sex and different-sex sexual activity;

- Adopt appropriate legislative and other measures to prohibit and eliminate discrimination in the public and private spheres based on sexual orientation and gender identity.

- Take appropriate measures to secure adequate advancement of persons of diverse sexual orientations and gender identities as may be necessary to ensure such groups or individual’s equal enjoyment or exercise of human rights. Such measures shall not be deemed discriminatory;

- In all their responses to discrimination on the basis of sexual orientation or gender identity, take account of the manner in which such discrimination may intersect with other forms of discrimination;

- Take all appropriate action, including Programmes of education and training, with a view to achieving the elimination of prejudicial or discriminatory attitudes or behaviors which are related to the idea of the inferiority or the superiority of any sexual orientation or gender identity or gender expression.

**The Right to Recognition before the Law**

Everyone has the right to recognition everywhere as a person before the law. Persons of diverse sexual orientations and gender identities shall enjoy legal capacity in all aspects of life. Each person has self-defined sexual orientation and gender identity is integral to his or her personality and is one of the most basic aspects of self-determination, dignity, and freedom. No one shall be forced to undergo medical procedures, including Sex Reassignment Surgery (SRS), sterilization, or hormonal therapy, as a requirement for legal recognition of their gender identity. No status, such as marriage or parenthood, may be invoked as such to prevent the legal recognition of a person’s gender identity. No one shall be subjected to pressure to conceal, suppress, or deny his or her sexual orientation or gender identity.
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States Shall:

- Ensure that all persons are accorded legal capacity in civil matters, without discrimination on the basis of sexual orientation or gender identity, and the opportunity to exercise that capacity, including equal rights to conclude contracts, and to administer, own, acquire (including through inheritance), manage, enjoy and dispose of property;

- Take all necessary legislative, administrative and other measures to fully respect and legally recognize each person’s self-defined gender identity;

- Take all necessary legislative, administrative and other measures to ensure that procedures exist whereby all State-issued identity papers which indicate a person’s gender/sex — including birth certificates, passports, electoral records and other documents — reflect the person’s profound self-defined gender identity;

- Ensure that such procedures are efficient, fair, and non-discriminatory, and respect the dignity and privacy of the person concerned;

- Ensure that changes to identity documents will be recognized in all contexts where the identification or disaggregation of persons by gender is required by law or policy;

- Undertake targeted Programmes to provide social support for all persons experiencing gender transitioning or reassignment.

The Right to Life

Everyone has the right to life. No one shall be arbitrarily deprived of life, including by reference to considerations of sexual orientation or gender identity. The death penalty shall not be imposed on any person based on consensual sexual activity among persons who are over the age of consent or because of sexual orientation or gender identity.

States Shall:

- Repeal all forms of crime that have the purpose or effect of prohibiting consensual sexual activity among persons of the same sex who are over the age of consent and, until such provisions are repealed, never impose the death penalty on any person convicted under them;
• Remit sentences of death and release all those currently awaiting execution for crimes relating to consensual sexual activity among persons who are over the age of consent;

• Cease any State-sponsored or State-condoned attacks on the lives of persons based on sexual orientation or gender identity, and ensure that all such attacks, whether by government officials or by any individual or group, are vigorously investigated, and that, where appropriate evidence is found, those responsible are prosecuted, tried, and duly punished.

The Right to Privacy

Everyone, regardless of sexual orientation or gender identity, is entitled to the enjoyment of privacy without arbitrary or unlawful interference, including with regard to their family, home, or correspondence as well as to protection from unlawful attacks on their honor and reputation. The right to privacy ordinarily includes the choice to disclose or not to disclose information relating to one’s sexual orientation or gender identity, as well as decisions and choices regarding both one’s own body and consensual sexual and other relations with others.

States Shall:

• Take all necessary legislative, administrative and other measures to ensure the right of each person, regardless of sexual orientation or gender identity, to enjoy the private sphere, intimate decisions, and human relations, including consensual sexual activity among persons who are over the age of consent, without arbitrary interference;

• Repeal all laws that criminalize consensual sexual activity among persons of the same sex who are over the age of consent, and ensure that an equal age of consent applies to both same-sex and different-sex sexual activity;

• Ensure that criminal and other legal provisions of general application are not applied to de-facto criminalize consensual sexual activity among persons of the same sex who are over the age of consent;

• Repeal any law that prohibits or criminalizes the expression of gender identity, including through dress, speech or mannerisms, or that denies to individuals the
opportunity to change their bodies as a means of expressing their gender identity;

- Release all those held on remand or based on a criminal conviction, if their detention is related to consensual sexual activity among persons who are over the age of consent, or is related to gender identity;

- Ensure the right of all persons ordinarily to choose when, to whom and how to disclose information pertaining to their sexual orientation or gender identity, and protect all persons from arbitrary or unwanted disclosure, or threat of disclosure of such information by others

**The Right to Treatment with Humanity While in Detention**

Everyone deprived of liberty shall be treated with humanity and with respect for the inherent dignity of the human person. Sexual orientation and gender identity are integral to each person’s dignity.

**States shall:**

- Ensure that placement in detention avoids further marginalizing persons on the basis of sexual orientation or gender identity or subjecting them to risk of violence, ill-treatment or physical, mental or sexual abuse;

- Provide adequate access to medical care and counseling appropriate to the needs of those in custody, recognizing any particular needs of persons on the basis of their sexual orientation or gender identity, including with regard to reproductive health, access to HIV/AIDS information and therapy and access to hormonal or other therapy as well as to gender-reassignment treatments where desired;

- Ensure, to the extent possible, that all prisoners participate in decisions regarding the place of detention appropriate to their sexual orientation and gender identity;

- Put protective measures in place for all prisoners vulnerable to violence or abuse on the basis of their sexual orientation, gender identity or gender expression and ensure, so far as is reasonably practicable, that such protective measures involve no greater restriction of their rights than is experienced by the general prison population;

- Ensure that conjugal visits, where permitted, are granted on an equal basis to all prisoners and detainees, regardless of the gender of their partner;
• Provide for the independent monitoring of detention facilities by the State as well as by non-governmental organizations including organizations working in the spheres of sexual orientation and gender identity;

• Undertake Programmes of training and awareness raising for prison personnel and all other officials in the public and private sector who are engaged in detention facilities, regarding international human rights standards and principles of equality and nondiscrimination, including in relation to sexual orientation and gender identity.

Protection from Medical Abuses

No person may be forced to undergo any form of medical or psychological treatment, procedure, testing, or be confined to a medical facility, based on sexual orientation or gender identity. Notwithstanding any classifications to the contrary, a person’s sexual orientation and gender identity are not, in and of themselves, medical conditions and are not to be treated, cured, or suppressed.

States Shall:

• Take all necessary legislative, administrative and other measures to ensure full protection against harmful medical practices based on sexual orientation or gender identity, including on the basis of stereotypes, whether derived from culture or otherwise, regarding conduct, physical appearance or perceived gender norms;

• Take all necessary legislative, administrative and other measures to ensure that no child’s body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the full, free and informed consent of the child in accordance with the age and maturity of the child and guided by the principle that in all actions concerning children, the best interests of the child shall be a primary consideration;

• Establish child protection mechanisms whereby no child is at risk of, or subjected to, medical abuse;

• Ensure protection of persons of diverse sexual orientations and gender identities against unethical or involuntary medical procedures or research, including in
relation to vaccines, treatments, or microbicides for HIV/AIDS or other diseases;

- Review and amend any health funding provisions or Programmes, including those of a development assistance nature, which may promote, facilitate or in any other way render possible such abuses;

- Ensure that any medical or psychological treatment or counseling does not, explicitly or implicitly, treat sexual orientation and gender identity as medical conditions to be treated, cured, or suppressed.

**The Right to Freedom of Opinion and Expression**

Everyone has the right to freedom of opinion and expression, regardless of sexual orientation or gender identity. This includes the expression of identity or personhood through speech, deportment, dress, bodily characteristics, choice of name, or any other means, as well as the freedom to seek, receive, and impart information and ideas of all kinds, including with regard to human rights, sexual orientation, and gender identity, through any medium and regardless of frontiers.

**States Shall:**

- Take all necessary legislative, administrative and other measures to ensure full enjoyment of freedom of opinion and expression, while respecting the rights and freedoms of others, without discrimination on the basis of sexual orientation or gender identity, including the receipt and imparting of information and ideas concerning sexual orientation and gender identity, as well as related advocacy for legal rights, publication of materials, broadcasting, organization of or participation in conferences, and dissemination of and access to safer-sex information;

- Ensure that the outputs and the organization of media that is State-regulated is pluralistic and nondiscriminatory in respect of issues of sexual orientation and gender identity and that the personnel recruitment and promotion policies of such organizations are non-discriminatory on the basis of sexual orientation or gender identity;

- Take all necessary legislative, administrative and other measures to ensure the full enjoyment of the right to express identity or personhood, including through
speech, deportment, dress, bodily characteristics, choice of name or any other means;

- Ensure that notions of public order, public morality, public health, and public security are not employed to restrict, in a discriminatory manner, any exercise of freedom of opinion and expression that affirms diverse sexual orientations or gender identities;

- Ensure that the exercise of freedom of opinion and expression does not violate the rights and freedoms of persons of diverse sexual orientations and gender identities;

- Ensure that all persons, regardless of sexual orientation or gender identity, enjoy equal access to information and ideas, as well as to participation in public debate.

UN bodies, Regional Human Rights Bodies, National Courts, Government Commissions, and the Commissions for Human Rights, Council of Europe, etc. have recognized the Yogyakarta Principles and have considered them as an important tool for identifying the obligations of States to respect, protect, and fulfill the human rights of all persons, regardless of their gender identity and sexual orientation.

**Brazilian Resolution 2003**

- Affirmation on Rights based on sexual orientation.

- Equality regardless of sexual orientation or gender identity.

- Condemnation of violence, harassment, discrimination, exclusion, stigmatization, and prejudice.

- Right to personal integrity and dignity.

- Right against execution, torture, arbitrary arrest.

- Social and cultural rights.

**Vienna Declaration and Programme of Action 1993**

- Human rights as indivisible, interdependent, and interrelated.

- Combating poverty and social exclusion.

- Right to development.
- Right to seek asylum and humanitarian aid.
- Right against racism, xenophobia, and intolerance.
- Prevention of discrimination and protection of minorities.
- Right against Gender Based Violence and sexual harassment.
- Right against rape and sexual slavery.
- Freedom from torture.

**International Lesbian and Gay Association (Lithuania Association 2007)**

- Right to development.
- Right against exploitation and intolerance.
- Human rights belong to all.
- Basic rights to exist.

**UN Declaration on Sexual Orientation and Gender Identity 2008**

- Condemnation of Gendered Violence.
- Right against harassment.
- Programme against social exclusion of LGBTQI community.
- Right against stigmatization and prejudice.
- Right to exhibit any sexual orientation.

**Legal Protection of Transgender under Indian Constitution**

The preamble of the constitution of India seeks and guarantees to all its citizens including transgender justice, social, economic and political rights. Article 21 provides Right to life, which also includes Right to Human Dignity. Article 14 of the constitution provides, “The State shall not deny to any person equality or the equal protection of laws within the territory of India.” Article 14 guarantees equality before law and equal protection of laws. Article 15 (1) provides, “The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them.” Article 16 (2) provides, “No citizen shall, on the grounds only of religion, race, caste, sex, descent, place of birth, residence or any of them, be ineligible for or discriminated
against in respect of employment or office under the State”.

It is tangible that the constitution of India provides the right to equality and stands against the discrimination based on sex, creed, caste, or religion. There is also the provision of political rights and other benefits to citizens of India in constitution. Despite having many constitutional safeguards, the transgender community continues to be socially ostracized. The constitution asserts impartiality in each sphere but the question remains whether it is being applied. In the realms of the constitutional safeguards guaranteed to the citizens of India, there remains no ground why transgender community should be deprived of basic rights, which include right to personal liberty, dignity, freedom of expression, right to education and empowerment, right against violence, discrimination, and exploitation. The societal attitude and non-implementation of these rights debar this community from having various rights and privileges including right to vote, right to own property, the right to marry, the right to identity, right to education, right to health, employment etc. such deprivations completely secludes this community.

In conservative societies like Kashmir, the religion quite often becomes the source of justification of violence, non-recognition, harassment, and discrimination for the gender and sexual minorities.

**Transgender in Islam**

Indeed, we never choose to be men, women, or transgender, yet we are born as one, and verily, God does not discriminate between genders, who are we to do so? Transgender have always been existent in every society, culture, and religion. The nonconformity to the prescribed gender roles excludes them from the mainstream and ‘people’ treat them as inferior. Allah has created every human being equal; there is no scope of discrimination, harassment, and violence on the grounds of gender in Islam. Human beings irrespective of their gender, class, race, ethnicity, religion, and region are entitled to various rights including equal opportunity, life with dignity, freedom of speech and no discrimination or violence in Islam.

The existence of transgender is explicitly mentioned in Holy Quran. Transgender are termed *Makhannathun* (effeminate ones) in Arabic. They are the creation of Almighty Allah and have been given various rights in the jurisdiction of Islam.

“To Allah belongs the dominion of heavens and earth; He creates what he wills. He gives to whom He wills female, and He gives to whom He

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wills males. Or He makes them [both] males and females, and He renders whom He wills barren. Indeed, He knows and is Competent.”

(Chapter 42, Surat I-Shura, Verse 49, 50)

The Qur’an is clear about the existence of a third gender and recognizes it beyond the realms of male-female binary. It is clearly written in Quran, “Allah is the One who shapes you in the wombs as He pleases” (Qur’an 3:6). All shapes and forms, including physical characteristics and sexual inclinations of any human being is a blessing from the Almighty Allah. When every child- male, female, or transgender is the creation of Allah then there remains no scope or justification of discrimination on the grounds of gender identity and sexuality. Islam categorically supports the existence and rights of those who fit the picture of being neither a woman nor even a man. It maintains opportunity of equality for men, women, and transgender. This includes the accessibility to various social, economic, and political services. One can be guaranteed that equal rights are served when it comes to Islam. The prophet of Islam (p.b.u.h) also treated transgender with reverence and prohibited their maltreatment. He did not look down upon them.

The Quran addresses humanity saying,

“We created you different tribes and nations so that you may come to know one another and acknowledge that the most honorable among you are those that stay the most conscious of Allah” (Surat al-Hujurat 49:13).

The Qur’an respects diversity in physical appearance, constitution, stature, and color of human beings as a natural consequence of Divine wisdom in creation. Islamic scholars have traditionally acknowledged that Allah created two genders and also created people who cannot be categorized through a binary construction of gender. One Islamic scholar, ‘Ali Muttaqi, displays this acknowledgement clearly in the introduction to his book on marriage and sexual play.

In the name of God, the Merciful, the Compassionate. Praise be to God who created male and female as partners, then mixed the two in a display of Divine power by creating hermaphrodites as well. Praise be to the One who favored humanity over all the rest of creation and made the continuation of the world to rest upon the conjugal union of the male with

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Beyond the fundamental category of gender, the Qur’an asserts that human beings are created in variety and assesses this variation positively.

“From among Allah’s signs is the creation of the heavens and the earth and the difference of your tongues and the variation of your colors [alwan].” (Surat al-Rum 30:22).

Alwan is the plural of the word lawn, which literally means “color” but figuratively stands for shade or type, and can describe variation of texture, flavor, and kind (as in dishes of food). Alwan therefore implies the existence of variations among people, not in outward appearance only but also in inward disposition. Another verse declares “that everyone acts according to his or her own disposition [shakila]” (Surat al-Isra’ 17:84). This suggests that human nature that has been created diverse, not just in language, ethnicity, and appearance, but also in inward disposition and personality. It is not a long step from these profound examples to ask whether the Qur’an accepts diversity in gender identity, sexual disposition, and orientation. The Qur’an never states this clearly, since there is no term in the Qur’an for “sexuality” in its abstract meaning (just as there is no term in the Qur’an for “gender”). The above examples show that the Qur’an asserts that creation is diverse on so many levels and that this variation is not random or mistaken and is never to be assessed negatively. With the Qur’an’s vivid portrayal of diversity at so many levels of the natural and human world, it would be logical to assume that this diversity of creation plays out on the level of sexuality as well. It is also plausible to assert that, if some Muslims find it necessary to deny that sexual diversity is part of the natural created world, then the burden of proof rests on their shoulders to illustrate their denial from the Qur’anic discourse itself. The Qur’an certainly implies that some people are different in their sexual desires than others when it mentions “men who are not in need of women” (Surat al-Nur 24: 30). The Qur’an includes such men in a list of people whose presence does not require of women social modesty or seclusion (along with male relatives and children who have not attained sexual maturity). It is not clear what inner disposition caused such men to not be attracted to women. Perhaps they simply have no sexual desire (due to age, illness or self-control that involves an inner disposition that could be characterized as “asexual”) or perhaps they experience sexual desire that is not attuned to women (which suggests an inner disposition that involves sexual orientation that could be conceived as “homosexual”). In either case, the Qur’an offers an example
without negative judgment about men who do not conform to patriarchal assumptions that men are always, inevitably, and uncontrollably attracted sexually to women. This example from the Qur’an is suggestive, but not indicative. It is clarified by the fact that the Prophet Muhammad knew of men in his era who belonged to this category of “men who are not attracted to women.” In Arab society at the time of the Prophet, there were men who lived outside the patriarchal heteronormative sexual economy (mukhanath), as described earlier as well as in the detailed study of Everett Rowson. The evidence presented by Rowson from early Islamic literature shows that the Prophet accepted these men-who-acted-like-women as citizens in Medina, as long as they did not transgress certain ethical rules. They attracted the criticism of the Prophet only when they helped arrange clandestine affairs between men and women (since they were in the unique position of having access to both women’s secluded spaces and the more public space of men).

In the ambit of Shari’a, several Muslim countries have started acknowledging the rights of the transgender community as per Islamic Laws. Many Islamic Nations are stepping forward to recognize their rights and to accept them the way they are. One such example is that of the Pakistan, Recently Pakistani clerics issued a religious decree declaring that transgender people have full marriage, inheritance, and funeral rights under Islamic law.

Conclusion

Gender is one of the universal dimension on which status differences are based. Unlike sex, which is biological concept, gender is social construct specifying the socially and culturally prescribed roles that men and women are to follow. No matter what the makeup of the family, no matter what the cultural background, gender expectations are often strong and unswerving. When the behavior or gender expression of a person not conforms to the assigned set of roles respective to their sex and gender then it may be seen as gender variance. Such deviations can encounter strong rejection by the wider society. The state of gender variance not only inflicts societal violence but also

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5 Everett Rowson, “The Effeminates of Early Medina” in Que(e)rying Religion: a Critical Anthology, ed. G. Comstock and Henking (New York: Continuum, 1997). Rowson has clearly shown that some of these “effeminate” men acted in ways that we would identify as “gay” but that many of them did not; what characterized them was their breaking norms of gendered behavior rather than their sexual orientation.

6 Islamic canonical law based on the teachings of Quran and traditions of prophet prescribing both religious and secular duties and sometimes-retributive penalties for law breaking.

perpetuates discrimination and marginalization in various aspects of lives of the gender variant person. Due to lack of understanding of gender variance, they are continuously stigmatized and kept at the fringe of the society subject to formidable problems of oppression, humiliation, discrimination, and violence. They are been structurally isolated from the mainstream society and kept at the bottom of social hierarchy with low status.

Ostracization and isolation from their close-knit community is the first major factor, which affects the gender variant person’s self-development. Since they always find it difficult to feel the sense of belongingness and support from family and often ends up in running away from home at early age, which directly affects the educational attainment and forces them to engage in work from very early age. The stigmatization faced by the gender variant person could be manifestation of lack of awareness about gender variants and presence of insensitiveness towards their issues and concerns. This not only affects the social and economic life of gender variant person but also creates long lasting impact in their psychological wellbeing. Next to family the highest reason responsible for the highest school dropout is abuse and harassment by peers at school. Adding to peers intolerance the insensitivities and lack of awareness of teachers may accelerate or aggravate the chances of abuse faced by gender variant person at school and can make non-conducive school environment. As with family, pressures at school lead to further isolation of gender variant youth. Irrespective of the educational qualification, the gender variant persons are not able to find meaningful employment and are also harassed at the work place. It is in the light of the above discussion that the present research work finds a meaning. It focuses on understanding the daily-lived experience of the people who do not fit in the gender binary. The visibility of the gender variance becomes the source of discrimination, harassment, and violence.
Chapter-2

Theoretical Framework

This chapter reflects the various theoretical perspectives, which support this research work and have been contained in the discussions existing in the above chapter. As one of the objectives of this study is the formulation of the social work intervention therefore, few of the social work approaches has also been discussed. Under the ambit of these theoretical frameworks the analysis, de briefing and the discussion of the data was done and these theoretical positions focus on evaluating their strengths and limitations in relation to this research work. The poststructuralism and queer theory is considered separately but there is a considerable relationship between them. These two approaches are predominantly appropriate to explore the Hijra life experiences. Accordingly, I sought to maintain a semblance of complementing amid theorizing the results in this framework, which remained embedded in the daily-lived experiences of Hijras.

Within the social work practice, the concept of community work has provided a base to understand the issues and needs of this particular community. The system theory explores the functioning of the social system by involving the communities and its institutions therefore, leaving a scope for advocacy.

Poststructuralism

Poststructuralism is a social and textual interaction, which produces meaning. It aims to comprehend the social world in different spatial, progressive, and interpersonal contexts. Epistemologically, this framework maintains that knowledge and meaning are shaped and inferred by social agents in association to their construct of self and world around them. Within this perspective, existential interpersonal idea and construct of power are thus subtly entangled, and are importantly reinforced by interactions with and against elements of societal and personal discourse. This theoretical perspective is particularly suited to the discussions and theorizations of identity, self-authorship, appearance, and social construct of Hijra identity, which are undertaken in this research work. The institution of gender as opposed to the personal experiences of the gender may be understood through the poststructuralist approach, which gives rise to individual and collective discourses. As a theoretical approach, poststructuralism’s complexity has
enabled increased understanding of issues such as identity, experience, and intersectionality (Clegg, 2006:322). The criticism of the poststructuralism lies in ignoring the material and structural realities, which in context of this research work has been explicit in terms of personal costs because of defying the gender norms, which leads to harassment, discrimination, and violence as documented in the findings of this book. The discord between the individual experiences of gender and institution of gender becomes inevitable because of transition. The daily experiences of Hijra people, this dissonance is highlighted and elaborated upon. Poststructuralism is concerned with the everyday: of the interaction of social structures and individuals (English and Irving 2008:270). It is important to mention here that the experience, construction and interpretation of both self and onlooker comprise the social reality and the lived experience of the Hijra community of Kashmir. Epistemologically, poststructuralism enables both micro and macro socio-political processes to be disentangled, investigated, and theorized. It also engenders an ontological diversity that facilitates the recognition of multifaceted and intersectional existence, providing a flexible and reflexive theoretical lens with which to question norms, processes, and meaning (Allen and Hardin 2001:172). Undoubtedly, the poststructuralism recognizes the everyday, but it at times disregards the physicality of everyday existence and its impact on the social construction and interaction, and the understanding of embodied or dissociated self. The body is at once both personal and institutional, in that regimes of gender navigate, police, and frame, understandings and interpretations, and everyday practices, of corporeality. And yet, in poststructural terms, as a ‘text’ (Ball 2006), the body is both ‘a source of’, and primary location for…symbolism’ (Shilling 2001:333). As declared by Butler (1990) gender is discourse comprehended in realms of recurrence of physical signs, the societal discourse surrounds the individual and social understandings of gender and the body. However, understandings and experiences of the gender are more than just the discourse, which is extremely emphasized by the discrimination, harassment, stigma and the violence faced by the Hijra community, which often compels them to socially exclude themselves in order to actualize their intrinsic sense of self, contrary to their primary and secondary socialization.

The semiotics of gender plays an essential role in social interpretation and classificatory mechanisms (Goffman 1963). Both the Butler and Foucault’s approach to the theorizations of the body are essential in determining this framework’s approach to the
physicality and embodiment. However the Foucauldian body is more passive, has limited agency, with no specificity and coherence (see McNay 1991:125; Oksala 2004; Dudrick 2005; Butler 1989); and the Butlerian body is criticized for its arguable decent into the phantasm (Nayak and Kehily 2006; Butler 1990). Nevertheless, both the Butler and Foucault opine that the body is understood, and literally gains meaning, through sedimented societal conceptualizations, cultural inscription, and discourse (Butler 1993; Hall 1996; Hey 2006). The physical and the perceived gender role transition experienced by the Hijra people demonstrates that while body gains meaning, identification and categorization through social discourse, there is significantly more complexity associated with the gender identity as compared to discourse based identities. In order to comprehend both the transgender people’s attitude and the other’s understanding of the physical representation and the impact of the entangled socio-cultural factors, these theorizations are very significant. Despite the limitations associated with the constructs of physicality, poststructuralism undoes social structures and identifies their power in intersection of ‘social, economic, and political variables’ with, for example, gender (Ryan 2001, Irving 2008:270 English and Irving 2008 Chan-Tiberghien 2004:477). In order to explore the life experience of the Hijra people this approach is substantially valuable. In the societal contexts like Kashmir, the ‘Hijra’ identity is constructed as ‘other’. This ‘otherness’ and the power structures (in comparison with the ‘normative’ and ‘cis’ identity) embedded within, exposes the Hijra people to various institutional injustices. Poststructuralism provides a nuanced and subtle framework through which to understand how individual behaviors are cognitively and materially navigated and surveilled (Davies 1989), and are incorporated into the construction of the unfixed constituted subject (Chan-Tiberghien 2004:457; Davies 1997; Czarniawska 2006). Therefore, poststructuralism’s exposure and deconstruction of overt, covert, and embedded 'othering' mechanisms that are enacted or rejected by both dominant and ‘othered’ groups is especially relevant here (Aitchison 2000). This theoretical framework can express the analysis of structural and symbolic power, and how this power is amended with the other factors like culture. And undeniably, the dynamics of sex-gender ‘norms’ power and prestige are central to this research work. Therefore, the exploration of the life experience of Hijra people involves an awareness of the essential elements which involves; societal expectations, freedom to expression of gender, semiotics of gender, privilege associated with the expression of gender and the ways in which Hijra people are perceived and treated. Poststructuralism has ‘open[ed] up “gender” for
discursive signification’ (Chan-Tiberghien 2004:476), and enables movement beyond the male/female dichotomy and the ‘essentializing’ practices which maintain it (Davies et al. 2006:88, cited in English and Irving 2008:270).

Poststructuralism has deconstructed ‘the concept of “identity” as characteristic of a unified…subject’ (Hines 2006:49). It has proved useful in deconstructing gender-categories and analyzing gender-diverse people’s experiences, their constructions of self, and the ways in which some gender-diverse groups ‘radically challenge normative taxonomies of gender and sexuality’ (Hines 2006:52; Monro 2000:42; Aitchison 2000). Butler (1990) opines that the poststructural feminism challenges both phallocentrism and compulsory heterosexuality, and similarly, it problematizes conventions of sex/gender/body analogy. The separation of gender from sex and dichotomously categorized bodies facilitates the recognition of a wider scope of masculinities and femininities; providing an important theoretical apparatus for the academe, and trans-sociology in particular (Hines 2006:50). Nevertheless, the importance of grounding poststructural theorizations of gender-diversity in trans people’s lived experiences (Hines 2006:63), and in the “’real” world’ (Monro 2000:43) is key, as there is a danger that theory may become separated from material existence and experience, and the management of ‘real’ bodies in particular (see Miller 2005). Poststructuralism is criticized for being ‘incapable’ of theorizing ‘agency and selfhood’ (Clegg 2006:310) and for its overriding negative formulations of subjects (McNay 2000). Crucially, the power of the self is undone by the privileging of ‘the discursive’ (Clegg 2006:314), and thus agentic power becomes problematized. Individual active agency may be over emphasized, to the neglect of everyday limitations. The ‘recognizable sense of self’ is shaped by the biological and ontological narratives of individuals and is shaped by the material, cultural and political circumstances in which they live’ (Miller 2005:61). The transgender/Hijra self, are experienced in association to the corporeal canvas that a person owns, modifies, arbitrates, ascertains with, or rejects; as well as onlookers’ responses to their perception and categorization of someone’s physical textual symbol.

This research work demonstrates the interaction of individual, collective and the institutional mechanisms in constitution of Hijra people’s life experiences. Many aspects of the poststructuralism will certainly be useful in theorizing the research findings.
Queer Theory

Queer theory is largely rooted in poststructuralism however, unlike poststructuralism; queer theory provides a more political theoretical lens. Queer theory actively engages in radically (Danby 2007; Tyler and Cohen 2008) exposing, delimiting, problematizing, destabilizing, and subverting, sociocultural norms and normalizing discourses surrounding constructions of: gender; sex; the body; and sexuality; and the ways in which these are frequently presumed to be fixed (Burdge 2007; Hubbard 2002; Kerry 2009; Oswin 2008; Richardson 2007; Shlasko 2005; Sumara and Davis 1999; Young 2002; Seidman 1996). Epistemologically, this framework opines that knowledge and meaning are produced by individualistic and collective, experiences, performances, understandings, and discourses of sexuality and gender. It supports the dominant dichotomies of natural versus other, insider versus outsider, because of its dominant position in widespread societal discourses. This is how the transgender/Hijra identity is constructed, performed, reproduced and perceived, resisted and policed. This affords some insight into the ways in which these categories/constructs ‘constrain everyone’s lives’ (Filax 2006:144). Likewise, it considers the structural frameworks which surround, form the basis of, and are incorporated into, inequalities and social hierarchies, particularly in relation to discourses which produce ‘sexual knowledge and…ways…[of]…organizing social life’ (Kerry 2009:701, discussing Seidman 1997; Cornwall 1998; Danby 2007). One of the core aspects of queer theory is that it recognizes the state or nation not as a neutral space in which individuals move or organize, but something created and recreated in part via heterosexual [and it is suggested also bio-normative] citizenship. The category “heterosexual” is a consequence of heteronormativizing action by the state, not a cause of it (Danby 2007:42; Badgett 2001). Hostetler and Herdt (1998) suggest that queer theory is primarily a textual approach, although Filax (2006:139) presents ‘queer’ as both ‘a method of inquiry and a political strategy’ embedded in ‘action research’. The term queer theory was coined by de Lauretis (Cornwall 1998; Wiegman 1994) ‘to describe “the conceptual and speculative work involved in discourse production, and…the necessary critical work of deconstructing our own discourses and their constructed silences”’ (de Lauretis 1991:iv, cited in Cornwall 1998:73). De Lauretis’ elaboration of her intention when coining the term ‘queer theory’ explicitly demonstrates this perspective’s intimate association with poststructuralism. Queer theory draws on many influences, including gay politics;
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deconstruction; phenomenology; feminist theory; social criticism; postmodernism; and poststructuralism in particular (Allen 2006; Hammers and Brown 2004; Plummer 2003; Tyler and Cohen 2008; Young 2002; Namaste 1996).

Queer theory incorporates and interrogates diversity (Geller 2009), and considers the ways in which social agents are either wittingly or unwittingly enlisted into reaffirming social norms, matrices of exclusion, and subordination, in various spatial and temporal contexts (Hammers and Brown 2004). This is particularly useful to study the Hijra people’s life experience. Like poststructuralism, queer theory challenges the notion of a ‘preconstituted subject’ and similarly recognizes power as something that is productive rather than merely oppressive (Oswin 2008:89). Transgression is one of the chief facets of queer theory and queer activism, be it either temporary or permanent rebellion against ‘normative’ structures and social divisions: particularly those which surround gender, sex-categorization, and sexuality (Klesse 2007; Seidman 1996; Sumara and Davis 1999). However, queer theory produces its own power effects and exclusionary mechanisms (Klesse 2007; see also the discussion in Hostetler and Herdt 1998). This theoretical framework has proved particularly useful for investigating and theorizing the shifting, unfixed, unstable, and complex nature of identity: even the very concept of identity (Crawley 2008; Gamson and Moon 2004; McPhail 2004; Hammers and Brown 2004; Oswin 2008; Sumara and Davis 1999; Shlasko 2005; Tyler and Cohen 2008).

According to Morris (1998), ‘queer’ is both a subject position and a politic, and for Burgess (2005), it is both internal and relational. Essentially, queer is a politics of subversion (Chambers 2007; Butler 1990) and ‘labours at the juncture of inside and out’ (Namaste 1996:201). To consider the Hijra people’s life experience queer theory provides a useful theoretical lens. The social construction of gender-diversity in relation to ‘normative’ binary conceptualizations of sex/body/gender equivalence, reinforce the ways in which ‘Hijra’ people are perceived and treated by the larger society influence the means they direct their gender actualization. The ontological constructs male and female are ‘deeply embedded in Western epistemology and discourse’, pedagogically navigating ‘self-construction and social and political engagement’ (Hostetler and Herdt 1998:253).

Queer theory recognizes the regulatory mechanisms, which support sociocultural sex and gender classifications, and the ways in which these are interwoven with ‘normative mechanisms of power’ (Puri 1999:5). The deconstruction and separation of biological sex and gender-identity exercised by queer theory has ‘opened [up] greater possibilities.
for thinking [about]…plurality of intersecting identities and practices’ (Young 2002:411). Hines (2006:49) recognizes that queer theory has utilized ‘the concept of difference to incorporate transgender into analyses of sexual and gender-diversity’ (Hines 2006:49). Queer theory identifies the fallacy of a ‘purely’ biological body; rather queer theorists have argued that the body is an interface in interpersonal societal articulations (see Butler 1993; Butler 1990; Moore 1994; Goffman 1990). Butler (1988:519) notes that ‘social agents constitute social reality through language, gesture, and all manner of symbolic social signs’. It is unsurprising then, given the strength of politically charged societal sex/gender norms, that both language and discourse are fundamental in ‘othering’ gender-diversity. Wilchins (2004:38) argues that the ‘language of gender is highly political’, and that no neutral or positive terms currently exist in the West with which to refer to gender-variance: all are tainted as other, signaling a deviation from the ‘norm’. The connections between individuals’ experiences of gender, and institutional manifestations of gender, are hence, made discernible by this theoretical perspective, thus contributing an important tool to this research work.

Corresponding to criticisms imposed at poststructuralism, queer theory is perceived to be better at ‘identifying problems than specifying solutions’ (Hostetler and Herdt 1998:254, referring to Seidman 1993, Patton 1993). Feminist writers in particular have been highly critical of queer doctrines (see Richardson 2007; Hostetler and Herdt 1998). One initial point of concern centers on the use of the word ‘queer’. Hostetler and Herdt (1998:253) for example, note that for some, ‘queer’ carries ‘too much negative cultural baggage to ever be socially or politically effective’. Additionally, queer theory has been denounced by some as an ‘elitist and exclusionary movement…removed from the concerns’ of everyday people (Hostetler and Herdt 1998:254; Escoffier 1990; Malinowitz 1993; Gamson and Moon 2004). Hostetler and Herdt (1998:257) argue that, while seeking to undermine widespread exclusions rooted in, for example, gender and sexuality, queer theory nevertheless ‘produces its own norms and exclusions’.

A significant proportion of criticism imposed at queer theory targets its focus on the ‘symbolic and the cultural’, to the expense of ‘structural and material [including corporeal] realities’ (Hostetler and Herdt 1998:253; see also Richardson 2007). Gamson and Moon (2004:48, referring to Edwards 1998, Gamson 1995) note that queer theory has a ‘tendency…to overstate the benefits of category-deconstruction’ (see also Klesse 2007). According to Hostetler and Herdt (1998:257), ‘politically relevant subjectivities…
are informed by unique life experiences’. Yet, where resistance is not in progress, queer theory has frequently been perceived to neglect individual agency, instead focusing its attentions on ‘a collective political agency’ (Hostetler and Herdt 1998:259). A queer lens as a non sequitur expounds the institution of gender. Queer theory frequently depicts transsexual people’s ‘narratives as conservative, essentialist, biological-determinist, and gender-conformist’ (Lane 2009:139, referring to Rubin 1999, Prosser 2006). Hines (2006:49) maintains that queer theory is guilty of a ‘lack of emphasis upon particularity’. However, she upholds that, providing that queer theory is incorporated into a sound sociological framework and ensuing practice, this theoretical lens is ‘relevant to the analysis of gender-diversity’ (Hines 2006:49).

Community Work

Hijra community is one of the marginalized and vulnerable communities. Within this framework, the social disadvantage and struggle for rights (as LGBT movement) can be considered for investigating the lived experience of the Hijra people. Community work has been largely used as a concept that represents the eclectic perspectives, models, theories, and actions. The essence of community work lies in community development and social change. In the work for community social justice, social inclusion, anti-discrimination, and equal opportunities are considered as core to community development that influences and strengthens local democracy, capacity, and voices of communities towards social change (Coulshed and Orme 2006). The community is at the center of the community work. The prime objective of the community work is to organize, develop, or simply work with the communities. Communities comprise of people, people can be individual or group. Without the help and participation of the people, no community work is ever possible. Agency is one of the important components of the community work. It is the organization, which provides the resources and services to the communities. Community workers provide services to the communities as much depends on their understanding of the issues that community faces and the skills and capacities that the worker owns to tackle such issues. Social workers working in the communities ensure that the community is involved in the process or practice of working through advocacy, counseling, campaign, survey, self-help projects among others that assist to build their capacity and also ensure that as many people as possible are feeling included and have their voice in this process of work (Coulshed and Orme 2006). Community intervention includes social planning, locality development and social action
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where social action indicate direct work with people particularly who are identified in a group with mutual interest and oppression (Rothman, 1968). Community work with disadvantaged people engages in a process of reaching the aims and objectives by reviewing the needs of a wide range of people in the community and resources available (Smale et al. 1988). Coulshed and Orme (2006) maintain that within the work to develop the situation of the community it is important to take due care of public accountability, responsibilities, budget, and networking as the actions of the workers. This network could be the neighbors, family, other disadvantaged people, different institutions, policy makers, or any other systems with whom the community and the social workers are engaged. By involving in the network the community becomes stronger to achieve their needs and enforce policies they require. In addition, to work with a community, it has been suggested that the community worker should have education and skill in advocacy, counseling and various social work processes in order to build their own capacity as well as to work with the clients effectively and reach the needs of the community.

System Theory

Social work with socially ostracized communities is very complex as it involves individuals, groups, social environment, and the social reality, which contextualizes the nature and magnitude of marginalization. System theory can be used to help to work with people, community, and organization. Therefore, this approach encourages social workers to focus on different aspects of the environment. These different aspects could be explained as smaller systems within larger systems that include individuals, families, social order, wider society, legislation, government and so on all of which hold their own system in their individual contexts. As a core of system theory, close systems and open systems are seen within boundary systems where the former indicate self-contained and the latter is influenced by factors outside (Coulshed and Orme, 2006). There are four sub-systems within system theory: Change agent system, client system, target system, action system. Change system includes Social workers, their organization and policies that they work in. Client system involves Individual or their network including family, community and other parts that seek help and engage with change agent system. Target system comprises of the part of the system that include family, society, policy sector in which the change agent is working for change. Whereas, Action system is the people with whom the change agent system work to achieve their aim (Pincus and Minahan 1973).
Systems theory originated from a biologist’s, von Bertalanffy, understanding of organisms as systems (Rodway 1974). It has subsequently been generalized to apply to social systems, such as groups, families, and societies (Payne 1991). Systems theory invites one to look beyond the obvious or presenting problem. It does not focus on simple cause and effect relationships, but rather analyzes the multidimensional influences of a particular problem (Newman and Newman 1991). Systems theory and ecological theory have formalized the idea that understanding human behavior is dependent on understanding the person, the environment, and the interaction between them. From this, the person-in-the environment concept, a central premise to social work practice, has evolved (Greene and Ephross 1991). Generally, systems theory is most significant in understanding Hijra lived experiences and issues since it lays the foundation for understanding it from a comprehensive standpoint. Within social work practice, systems theory can be implemented at three different practice levels: micro, mezzo, and macro (Zastrow 1992). In relation to the experiences and the issues of transgender identity, the individual (indeed not in isolation) comprises the micro system. The experience of the gender identity beyond the male-female dichotomy is a source of frustration, discrimination, harassment, and violence. Mezzo systems that include family, school, religion, groups, and work, to name a few, are also impacted by a gender transgressive identity. The social exclusion from the mainstream becomes inevitable. On the macro system level, larger social systems such as governments, agencies, and organizations are involved. Governments are under pressure to address the issues of the transgender community and it is only because of the inadequacy or failure of these institutions this community is marginalized. Systems theory maintains that an alteration in one part of the system obviously influences other parts of the same or other systems.

Three key concepts of systems theory are wholeness, relationship, and homeostasis (Zastrow 1992). With the help of these perceptions, systems theory can be valuable to develop our understanding of Hijra identity experience and issues at all three levels of social work practice.

Wholeness means that the sum is more important than each of the individual parts. Thus with an individual who identifies as Hijra, the family, school, sibling relation, peer group and community at large each level becomes a unit of analysis. This means that the relationship between the parts, the interaction the communication between the different levels is more important than how the person recognizes self and how others perceive
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Transgender identity is more critical and imperative. Homeostasis refers to the ability of the system to maintain balance for sustenance. By its very nature, transgressing the gender ‘norm’ upsets the balance in all the elements of the system be it family or the religion. Efforts to uphold or redeem that established sense of equilibrium could produce additional instability. Often, an outside observer, such as a social worker, can recognize the destabilizing behaviors and aid the homeostatic function. All these systems may or may not be the same but are connected and influenced by each other where one part affects the other part of the system; also there is a feedback loop within the system, which provides the capacity for change and the system always adjust sustain itself by using own energy (Coulshed and Orme, 2006). Moreover, system approach considers the cultural, political, legal, and religious contexts to understand the impact of structural discrimination of individuals and the perception of the problems that they experience (Coulshed and Orme 2006). Thus, systems approach leaves a scope for the workers to have a widespread approach to comprehend the composite human relationships and the social contexts and general perspectives, which offer the significant ground to study how social work could engage in different systems for action.

Advocacy Theory

Advocacy is usually used in social work practice for the people who are disadvantaged and discriminated. The purpose of using this approach is to empower the people (Payne 2005). Hijra community is one of the socially disadvantaged groups therefore there is an immense scope of advocacy to mainstream them. This approach is briefly discussed here in the realms of the theoretical framework for activism for the transgender (or LGBT) rights. However, in social work intervention chapter, this method is further elucidated. Advocacy indicates representation through acting and arguing for the client’s (be it individual, group or community) needs (Payne 2005). Advocacy is the service with a set of techniques and skills in social work that represent the interpretation of user’s value and need to the powerful group in the society (Phlp 1979). In social work advocacy approach, protecting vulnerable people and providing supports should be ensured in advocacy services. Moreover, case advocacy and cause advocacy have been emphasized in this approach where former indicates providing supports by the professionals for people’s access to provisions to benefit them, on the other hand, latter indicate promoting social change for the benefit for marginalized group from where they came (Payne 2005; Freddolino et al. 2004). In the different levels of advocacy that indicates the exclusivity
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of the workers to act only for clients instead of their best interest; and ‘influence’ that indicates changing the decisions and policies about issues that affect the clients (Schneider and Lester 2001). In the latter term, workers focus on behalf of more than one client or raising concern about the facts that are generating disadvantage for the whole community. In both processes, client advocacy and cause advocacy, legislation advocacy could be used in social work practice in order to seek for legal rights (Payne 2005).

In order to be the ‘voice of voiceless’ and augment the capacity of people to govern their own life (self-advocacy) advocacy framework is very significant. In self-advocacy there is involvement of people (who are marginalized because of the institutional injustices) to speak for themselves. In this process, usually people meet together to discuss their personal difficulties and demands and support each other to raise their voices against discrimination and disadvantage (Payne 2005). The approach of advocacy though criticized but still it has wider application within the legal entitlement and the welfare services.

Conclusion

In this chapter along with poststructuralism and queer theory the community work, systems theory, and advocacy have been reflected, emphasizing the effectiveness of these frameworks in relation to this research work on Hijra lived experiences and the scope of social work discipline to respond to the issues of this community. Despite the criticism levied against the Poststructuralism and queer theory, these are predominantly relevant in analyzing the data. Sidestepping limitations completely is impossible therefore, this research work remains reflexive about the impact these limitations may have on the investigation and inferences. This eclectic theoretical framework is applied in order to consider the implications of distinct participant responses and the trends in the queer research. Researcher aims at circumventing the “theorization” maintaining that the discussions are grounded in the responses of the participants. This research is associated with the ‘lived experience’ of the Hijra people of Kashmir, how they identify themselves and how society treats them. The relevance and implications of the social work discipline in addressing the issues of this community is at the heart of this book. This theoretical approach will help researcher in understanding and recognizing the politicized and regulatory influence of sociocultural practices and prevailing sex-gender ‘norms’ in the society. The impression of the prescribed gender norms and societal structures on the
interpersonal interaction and interpretations in the light of Hijra identity (in terms of behaviors and meaning and the responses of the others) shall be the focus of this study. Combined with this is the framework of visibility of gender diversity and the transgender (Hijra) discernible or concealed active agency. This theoretical approach reflects the researcher’s own epistemological stand, and as such supports the theorizations of the conclusions. The frameworks mentioned above provide vital lens to recognize, theorize, and engage with the intricate lived experiences of Hijra people in the different social contexts. An amalgamation of poststructuralism, queer theory, social work practice in the form of community work, systems theory, and advocacy encompass a significant element of this research work. These holistic perspectives reveal the contested nature of individual and social gender expressions and interpretations inside and against the rules of the institution of gender.
Chapter-3

Methodology

Research Purpose and Question

Transgender community of Kashmir is a miniscule minority living an invisible substandard life. Because of the distinct mannerism or non-conformity to the ‘prescribed’ gender norms or roles they are often subjected to extreme form of humiliation, harassment, discrimination and violence. They are largely excluded from the mainstream and have the limited accessibility to the social and economic resources. They face multiple social, economic, and psychological problems. The socio-economic problems like, no property ownership, less livelihood options, low economic status or monthly income, poor housing, lower education level, high physical, sexual and verbal abuse, no ownership of voter card; ration card, vulnerability to HIV and other venereal diseases, poor physical health status, less family support, hostile attitude of community etc. and unsatisfactory psychological health are common major problems in transgender women (Hijra) of Kashmir. They face discrimination on social grounds; however the discrimination varies from one situation to other. Majority of the transgender in Kashmir are abandoned by their families and stigmatized by the community. They encounter prejudice and discrimination in every facet of life. Transgender in Srinagar city are a mixed lot of unfortunate people. Some of them have escaped harassment from countryside to live a lonely life in the capital city. Most of them have not had proper schooling and most of them live in economic deprivation. They stand reduced to the butt of indecent jokes and undergo shocking psychological trauma. Transgender community in Kashmir is physically, verbally, and sexually abused. Extreme social exclusion diminishes their self-esteem and sense of social-responsibility. According to Census 2011 the population of transgender community in Jammu and Kashmir is 4137 and in Kashmir alone their number is more than 2000. Having no welfare Programmes, policies and schemes they are further socially ostracized and forced to live a pathetic life.

In this context, the present study endeavors to explore extensively problems of Hijra community of Kashmir. This community continues to be a group who are facing many problems as no scientific work has been done to highlight and address their problems. The present study is dedicated to evaluate the overall social, psychological, and economic problems of Hijras living in Kashmir. It access the need and approach to be followed to rehabilitate and reintegrate them in the mainstream society. It will be a primary document for the government and non-government agencies who intend to direct any intervention for the welfare of this community. This study uses the major approaches of the social work discipline to formulate an intervention plan. This study tries to understand how the transgender community of Kashmir experiences their life. Thus, the research question of: “What is your personal experience of being a Hijra? Was the grand tour question which was followed by a series of sub questions? This book focuses on the self-reported experiences of Hijra or transgender people who recognize their gender individuality as contradictory (or different) to the one they were attributed at birth, they may or may not have undergone castration or may or may not be the transvestites and who intend to, or are, or have transitioned to living perpetually in their chosen gender role.

**Objectives**

The prime motivation of the study lies in exploring the diverse culture and the various problems of the Hijra community of Kashmir. It tries to understand the impact of various psychosocial and economic factors on their lives. This study attempts to elucidate how people of Hijra community perceive their world, what is their social structure and functioning, what are their problems, sufferings, challenges, and strengths. Taking their accounts and individual experience as a central theme, the study highlights their varied lived social realities. Further, the study aims at finding the solution of their problems by formulating a possible social work intervention.

**Research Approach**

The present study is qualitative and exploratory in nature. Qualitative paradigms offer the researcher the opportunity to develop an idiographic understanding of the participants and what it means to them within their social reality, to live with a particular condition or be in a particular situation (Bryman, 1988). As we know, the meaning people attribute to particular experiences, conditions and events are central concerns in qualitative studies.
(Willig, 2001). A qualitative study uses a constructivist or naturalistic approach (Lincoln and Guba 1985). The only reality is that constructed by the individuals involved in the research situation (Creswell, 1994 p.4). This research design was used so that the data would speak to the researcher and subsequently to the readers.

Many research perspectives were appropriate for conducting this study; therefore, researcher used an eclectic approach. The interpretive phenomenology was most suitable and thus used primarily. Phenomenology is the study of lived experience (the life world) of a person, and explores for instance the question “what is this experience like?” (Laverty 2003). In this study, the phenomenological perspective was valuable and necessary as this study aimed at understanding the participant’s views and experiences of being a Hijra. Interpretive Phenomenological Analysis (IPA) as a structured combination of both the phenomenological and hermeneutical elements in an analysis, thus, was deemed appropriate in understanding the participant’s sense making of a particular experience and how this experience is affecting their life. Interpretive phenomenological analysis’s concern is to examine how a phenomenon appears and the way the researcher or analyst facilitates the sense making of such appearance (Smith et al., 2009). Interpretive Analysis revolves round the close reading and re-reading of the text (Smith et al., 1999). The researcher makes notes of any thoughts, observations, and reflections that occur while reading the transcript or other text. Such notes are likely to include any recurring phrases, the researcher’s questions, their own emotions, and descriptions of or comments on, the language used. At this stage the notes are used to document points that researcher observes while engaging with the text. It is usual to record these initial notes in one margin of the transcript (Smith et al., ibid). Interpretive Phenomenological Analysis (IPA) has been indicated as useful in exploring how informants make sense of their personal and social world and the meanings particular experiences, events and states hold for them (Reid et al., 2005; Smith and Osborn, 2003). A flexible data collection instrument would be needed in this regard, and the advice taken from Smith and Osborn (2003) about the employment of a semi-structured interview guide that allows the researcher and participant to engage in a dialogue was found useful. The study is based on the collection of data from primary and secondary sources. Primary sources are based upon semi-structured interviews, FGDs and participatory observation. Secondary sources include various Governmental documents, newspaper reporting’s, books, journals etc.
Theoretical Framework

Methodology

The study was conducted in Kashmir region of the Jammu and Kashmir state. It is qualitative in nature, in which the desired information was extracted from twenty-four participants by using snowball sampling technique (the rationale for using this sampling method is that the transgender community is living an invisible life in Kashmir). Twenty-four in-depth interviews and three FGDs were employed to collect the data. The data was collected under various themes and subthemes. The collected data was then carefully analyzed and interpreted. The various aspects of Hijra subculture including various rituals, a diverse language, and social structure were largely explored with the active involvement (participatory observation) of almost three years with the participants. Participatory Observation was extensively used to get an insight in the life of the transgender. The participants were profusely involved in analyzing their own experiences of marginalization and were involved in the participatory interpretation of the collected data.

Interview Guide

Based on the experience of working with the transgender community an initial semi-structured interview guide was developed. Nevertheless, a phenomenological approach is open-ended; an interview guide was merely a regulatory tool so that the same information is covered with each participant without compromising on the flexible nature of this study. The various themes and the subthemes, which were covered in the interview guide, developed from the review of literature, discussions with the experts and the personal experiences of working with this community.

Once the guide was formulated, an expert panel was asked to evaluate the guide and offer the necessary inputs at several different stages of the adjustment. The expert panel consisted of an academician from Department of Psychology University of Kashmir who specializes in the area; an Assistant Professor from the Department of Social Work University of Kashmir; a clinical psychologist who is working in Kashmir; and an educated Hijra from Srinagar who was alacritous to support this study, but who did not want to be a direct participant. Subsequently the revised guide was used during the pilot study and necessary alterations were made according to the field realities.

During the entire interview process, participants were asked to elucidate certain ambiguous statements and investigative questions were asked for more clarifications.
Eventually the interview guide helped in getting the information from each participant and did not obstruct the quality of the interaction, but rather focused on assuring all participants had many opportunities to share their diverse life experiences.

**Focus Group Discussion**

Focus groups share many common features with less structured interviews, but there is more to them than merely collecting similar data from many participants at once. A focus group is a group discussion on a particular topic organized for research purposes. This discussion is guided, monitored, and recorded by a researcher (sometimes called a moderator or facilitator) (Kitzinger 1994). Focus groups are used for generating information on collective views, and the meanings that lie behind those views. They are also useful in generating a rich understanding of participant’s experiences and belief (Morgan 1998). In order to complement and validate the information from the distinct interviews about the existing life experiences of Hijra, FGDs proved very helpful. Berg (2001) suggests that the informal group discussion atmosphere in the FGD is intended to encourage participants to speak freely and completely about behaviors, attitudes and opinions they possess. Studying the views, experiences and the beliefs of the individual participants using the group dynamics helped to generate a lot of qualitative data and to explore the sensitive issues very well. The content areas in the FGDs were the following: personal experience, attitude of family and society, harassment, sexual abuse, physical and psychological health, housing, livelihood issues, love, sex, old age, and death.

**Observation as a Tool of Data Collection**

Observation was used as a tool of data collection. It was almost an engagement of three years with this community that I was able to understand the Hijra subculture of Kashmir. To a greater extent I was immersed in the day-to-day activities of the participants. The objective was to record conduct under the widest range of possible settings in social and cultural settings and ensuring that participants have control over the research agenda, the process, and actions. I tried to immerse myself completely in the Hijra community, in order to understand the meanings that participants put upon events or situations. I provided information to the participants about the research project and information how I will safeguard data once recorded and treat sensitive information. The informed consent was sought from the participants for data collection. Observation allowed me to build detailed descriptions from the ground about the culture of this community which
otherwise was difficult to capture through the process of interview. The kind of evidence that arose out of its detailed description allows my study to bring into view certain types of phenomena that are too complex for methodologies that seek and detect general features.

**The Depression Anxiety Stress Scales (DASS)**

The DASS is a 42-item self-administered questionnaire designed to measure the magnitude of three negative emotional states: depression, anxiety, and stress. The DASS-Depression focuses on reports of low mood, motivation, and self-esteem, DASS-anxiety on physiological arousal, perceived panic, and fear, and DASS-stress on tension and irritability. A respondent indicates on a 4-point scale the extent to which each of 42 statements applied over the past week. A printed overlay is used to obtain total scores for each subscale. Higher scores on each subscale indicate increasing severity of depression, anxiety, or stress. Completion takes 10 to 20 minutes. Individual patient scores on the DASS subscales can be interpreted by converting them to z-scores and comparing to the normative values contained within the DASS manual. A z-score < 0.5 is considered to be within the normal range, a z-score of 0.5 to 1.0 is mild, 1.0 to 2.0 is moderate, 2.0 to 3.0 is considered severe, and z-scores > 3 are considered to be extremely severe depression/anxiety/stress. Although it has been suggested that a composite measure of negative mood can be obtained by taking a mean of the 3 subscales, interpretation of this score is problematic as normative data or cut-off scores are not currently available.

DASS was used to access the mental health of the participants. It was administered on all the twenty-four participants. To complete the DASS, the clients were asked to choose a response to each of the corresponding statements in each of the three subscales. Each statement is scored 0–3, with higher scores indicating greater levels of depression, anxiety, and/or stress. DASS was administered on the participants because it provided information on a client’s self-report of low mood, motivation, and self-esteem; tension; irritability; perceived panic; and fear associated with depression, anxiety, and stress. Depression and anxiety are psychiatric disorders that can result in emotional and/or physical pain, impaired functioning, and difficulty in relationships and/or employment. Depression is also linked with an increased risk for suicide. Prompt screening, assessment, and treatment improve prognosis in clients with depression and/or anxiety. Depression and anxiety each have unique clinical features and overlapping signs and
symptoms and often coexist with general stress. Stress can contribute to an over aroused and tense state, the inability to relax, and irritability.

**Interview Process**

After formulating the semi structured Interview guide and finalizing the psychological tool of assessment, I started approaching the Hijra people who were known to me in Srinagar city. They linked me to other people from the community. After identification of the key participants, I established a good rapport with them who in turn gave me the contacts of more people living in other districts of the Kashmir province. The process of interviewing continued until the saturation was attained. In all, I ended up with twenty-four one-to-one-in-depth interviews and three FGDs with other Hijra groups to corroborate the data collected through the interviews. After the preliminary iterative investigation of the interviews, FGDs were directed simultaneously on the themes that erupted from the interviews. Bryman (2004) explains that approaches to multi-research strategies are also chosen if it is considered that one method can facilitate or extend the findings from the other method. FGDs were conducted with three groups of ten participants each in every group. In order to supplement and expand the information by enabling group interaction and discussion on the themes ascending from the interviews FGDs proved substantially valuable.

The interviews were conducted in the local language; all interviews and the FGDs were audiotaped and later translated into English. The FGDs were conducted at Downtown Srinagar of Central Kashmir, Cheeni Chowk, Anantnag of South Kashmir, and Rafiabad Baramulla of North Kashmir at the residences of the participants who were willing to host, whereas the interviews were conducted at the corresponding dwelling places of the participants during the home visits. I made every possible effort to recruit a diverse population. Initially it was very difficult for me to have an access to and acceptability in their world. Once accessed and having a good professional relationship with them, these participants were more than willing to share their stories and experiences with me. The interview process began in December 2013 and ended in December 2016. The Kashmir flood of 2014 and summer unrest of 2016 drastically affected the process of data collection. Throughout the procedure of interview my role kept on fluctuating from an empathetic listener to a counselor and from an enabler (of the conversation) to a trained social worker. The locally spoken languages Kashmiri and Urdu were used in interview
process allowing ease of the participants. To analyze and present the data I made free translations of the interviews into English. I have verbatim quoted some phrases directly in Kashmiri and Urdu, as the quintessence of the expressions spoken would not have been apprehended accurately in their English translation.

**Analysis**

Qualitative research yields a bulk of complex data, which certainly is a big challenge to investigate and establish in a meaningful manner. According to Wolcott’s (1994) schema, analysis answers the question: How things work? Analysis is the elaboration and expansion of data which develops from clear and concise narrative. Through a systematic and thoughtful examination of the individual participant’s comments, common threads of similarities and differences arise. By categorizing these into groupings, a collective voice of the participants emerges. Through analysis of their individual voices, a deeper understanding of their common experiences is illuminated. Analysis takes description one-step further and sets the stage for interpretation. Keeping in view the purpose of this study, the findings are presented in a series that accordingly follows the life story of the participants. The themes, which emerge during the process of interview, are discussed in the light of the relevant issues according to the evolving phenomena. The themes are accordingly contextualized and put into expressive information. The way themes have been denoted in this section may take the reader away from the phenomenological story account. The emerging themes and subthemes are presented in terms of the identity crisis, response of family and society, harassment at school, sexual violence, struggle for livelihood, struggle for shelter, love and sex relationships, mental health issues, physical health issues, and issues related to old age. These themes are systematically presented in more or less in the form of a life cycle.

**Ethics**

Being a trained social worker it was incumbent on me to follow the ethics, values and principles of the social work practice and research. I made an every possible effort to guarantee the rights of privacy and confidentiality of the participants. To assure anonymity, the information related to the identity of the participants and the actual names have been fictionalized. I made a comprehensive elucidation about the nature and purpose of this research work to the participants. A proper consent was taken from each respondent for audiotaping the interviews and every effort was made to empathetically
deal with the delicate information shared by the participants. Moreover, respondents were informed telephonically and again face to face prior to the interviews that involvement was voluntary and they could withdraw from the process at any time.

**Researcher as Instrument**

As qualitative research is interpretative, the accountability of the researcher to the participants is very imperative. During all phases of enquiry, I was conscious of my personal biases. As a trained social worker and a Transgender Rights Activist the issues of this community were not new to me, every effort was made to deal with the participants very professionally. Besides being sensitive to the intimate nature of the investigation, I communicated to the participants my competency of conducting this study.

**Descriptive Validity**

Validity has long been a key issue in debates over the legitimacy of qualitative research because of the absence of “standard” means of assuring validity typically found in quantitative research (Maxwell, 1992). While Wolcott (1990) questions if validity is a legitimate concept in qualitative research, Lincoln and Guba (1989) substitute the concept of “authenticity” for validity. Although Wolcott’s critique that understanding is a more fundamental concept for qualitative research than validity (1990:146) is understandable. The first concern of most qualitative researchers is factual accuracy as other questions of validity are dependent on these facts (Maxwell 1990). Description is the foundation upon which qualitative research is built (Wolcott 1990:27).

In order to ensure the factual accuracy, all interviews were audiotaped and notes were taken during interview process to record non-verbal communication and observations specific to the study problem. Tapes were transcribed verbatim and rechecked for accuracy. Through a semi-structured interview guide, interviews were conducted face to face. The interview guide was divided into many themes and subthemes to explore different research questions. Any unrelated data was omitted from the transcription. The analysis of the interviews was done by iterative meaning analysis (Kvale and Brinkmann 2009). The interviews were coded by labeling concepts according to the themes in the interview guide and checking with all the responses from the participants. Further, these concepts were also looked at in the context of theoretical framework. Concepts other than the ones in the interview guide and theoretical framework were also labeled and
followed in the interviews. The language of the interviews and FGD’s was carefully chosen according to the ease of the participants both Urdu and Kashmiri was used throughout the interview process. During FGDs participants were clearly explained the objectives of the study. Every possible effort was made to create a comfortable environment full of security, confidentiality, and inclusion. The FGDs were audio taped and transcribed verbatim. The FGDs were analyzed through content analysis where the themes were categorized. This categorization came from the theoretical perspectives of individual interviews. After categorization in the FGDS, these themes were relocated and coded in the interviews to see if the interviewees and participants of the FGDs support each other’s views. As suggested by Kvale and Brinkmann (2009) validity is not a separate stage of the research rather it encompasses the entire interview process from the thematizing to producing a scientific text of the research.

Reliability

Reliability, truth-value, or credibility is the quintessence of the qualitative research as it parallels internal validity. Ultimately, credibility answers the question of logic and common sense: Are these findings in keeping with the data? Prolonged engagement, persistent observation, and triangulation are activities that increase the probability that credible findings will be produced (Lincoln and Guba 1985:301). All three attributes were present in this study. Additionally, there were member checks with all the participants. Peer debriefing sessions were held with other colleagues and post-graduate students of the department, as well as with the experts. In addition, the use of field notes to record observation served as referential adequacy by capturing and holding episodes that could then be later critiqued for accuracy.

Ethically, I had this belief that the participants are the only true experts on the topic under investigation and this was undeniably the first step to acceptance and trustworthiness. Before initiating the interview process, there were no preconceived ideas of where the data would lead. Since I was able to ascertain my own biases and presumptions before interviewing, I had an ample prospect of referring to them to determine if they were manipulating my understanding and elucidation of the data. With systematic analysis of the data, themes and subthemes began to appear which were consequently confirmed with the participants at different stages all the way through the analysis. The triangulation of the information began through the member checks for
validation. Further triangulation took place in comparing the verbatim-transcribed interviews, with field notes, secondary sources, FGD findings, and other observations. With the help of systematic and detailed analysis, the dependability was augmented. Through a careful examination of the data, triangulating it between and among diverse sources, I was able to uncover possible biases or values that could have led to false results. Through a field experience of working with this community and the development of an interview guide, there was endurance between interviews.

**Transferability**

There is a direct relation between the transferability and the external validity. The purpose of this study was to explore the findings specific to the sample populations and not to generalize to the other populations. Therefore, controlling for transferability was not main concern. As there was no definite diversity within the sample, this does permit for more generalizability. “Thick description” (Geertz 1973) was also used at various points and for different purposes in this study. With the support of interpretation in relation to meaning of the participant’s words and quotes, a reader is given some understanding about the framework of the study and its viability in generalizing to other settings.

**Objectivity**

As Giorgi (1994) has firmly stated, “nothing can be accomplished without subjectivity, so its elimination is not the solution. Rather how the subject is present is what matters and objectivity itself is an achievement of subjectivity” (p. 205). In other words, there is a consensus that a change of attitude is required but how that change of attitude is to be affected has generated long debate. One particularly divisive issue for researchers is how much attention they should pay to bringing their own experience to the foreground and reflexively exploring their own embodied subjectivity. To what extent should the researcher’s attention be on the noetic (manner of being aware) dimension along with the noematic (object of awareness) dimension? Some phenomenologists emphasize the reduction as a process of rendering oneself as non-influential and neutral as possible. Here researchers aim to “bracket” their previous understandings, past knowledge, and assumptions about the phenomenon so as to focus on the phenomenon in its appearing (Giorgi 1994:212).
Participants were informed, well in advance about the nature and purpose of the study to guarantee the objectivity. They were constantly asked for more comprehensive explanations in case of ambiguous rejoinders throughout the interviews and member checks. I was able to enter their world and suspend my own world of bias and subjectivity. As there are the extended explanations as well as the direct quotes and expressions from the participants, the results can be matched with the data. An audit of analysis is possible by referring back to the procedural notes. More significantly, two specific domains of presumption were set aside: (1) truth or falsity of claims being made by the participant; and (2) personal views and experiences of the researcher, which would cloud descriptions of the phenomenon itself. Essentially, this “setting aside” was conceded throughout the research process.
Chapter-4

Description of Participants

This chapter emphasizes on describing the various demographic and the personal attributes of the participants interviewed for conducting this study. To ensure confidentiality, actual names, and any relevant or pinpointing information has been concealed. In the light of humongous amounts of description and information gathered for each transgender participant the enlisted data presented here is limited to what represents to the brief attributes of the participants and the phenomenon under investigation (experience of being a transgender). Thus, information that answers the question, “Is this relevant?” (Wolcott 1994:14) is included while other less focused information, though actually fascinating and remarkable was excluded.

Demographic Descriptions

Demographic data gives a general view of the participants. In this research, demographic data are any data that provide an understanding of population size, distribution, and composition (Murdock and Ellis 1991). Some of the important features are presented in the demographic description, which significantly gives an idea about the various attributes of the participants. In this research those data bases and demographic data variables that specifically apply to the issues of transgender community of Kashmir (such as education, income, accommodation) or those that that can be generally used for understanding correlation between these issues are highlighted.

The following tables identify each participant by the following demographic information: Age, Location (District), Place of Residence, Migration, Cause of Migration, Education, Occupation, Personal Monthly Income, Family Income, Accommodation, Ownership of property, Ownership of Adhaar Card, Election Card and Ration Card, Social Category and Religion of participants.

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-25</td>
<td>9</td>
</tr>
<tr>
<td>25-35</td>
<td>8</td>
</tr>
<tr>
<td>35-45</td>
<td>3</td>
</tr>
<tr>
<td>45-55</td>
<td>1</td>
</tr>
<tr>
<td>55 and above</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>
From the above table it is clear that the most of the participants i.e., nine fall in the age group of 15-25 years whereas eight participants belong to the age group of 25-35 years. Three participants belong to age group 35-45 years. Only one participant falls in age group of 45-55 years. Moreover, three participants fall in the age group above 55 years.

**Table 4.2: Place of Residence (Region)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kashmir</td>
<td>6</td>
</tr>
<tr>
<td>South Kashmir</td>
<td>8</td>
</tr>
<tr>
<td>Central Kashmir</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Above table provides the data related to the region to which the participants belong. Majority of the participants i.e., ten belong to Central Kashmir, eight participants are from the South Kashmir and six from the North Kashmir.

**Table 4.3: Place of Residence (Rural/Urban/ Semi-Urban)**

<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>10</td>
</tr>
<tr>
<td>Urban</td>
<td>10</td>
</tr>
<tr>
<td>Semi Urban</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

The data in the above table reveals that the ten participants belong to rural areas, ten belong to the urban areas, and four belong to the semi-urban areas of the Kashmir.

**Table 4.4: Whether Migrated**

<table>
<thead>
<tr>
<th>Migrated</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Above table indicates that out of twenty-four participants seven migrated from their respective birthplaces.
Table 4.5: Cause of Migration

<table>
<thead>
<tr>
<th>Cause of Migration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihood opportunities</td>
<td>2</td>
</tr>
<tr>
<td>Disowned by the family</td>
<td>2</td>
</tr>
<tr>
<td>For social support</td>
<td>3</td>
</tr>
<tr>
<td>Harassment at native place</td>
<td>7</td>
</tr>
<tr>
<td>Any other reason</td>
<td>0</td>
</tr>
</tbody>
</table>

Out of the total seven participants who migrated, two participants revealed that they migrated to avail better livelihood opportunities. Two participants revealed that they migrated because their families disowned them. Three participants’ acknowledged that they migrated to find a social support. Moreover, seven participants revealed that they migrated because of the harassment they faced at their respective native places.

Table 4.6: Educational Level of Participants

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>3</td>
</tr>
<tr>
<td>Primary</td>
<td>8</td>
</tr>
<tr>
<td>Middle</td>
<td>6</td>
</tr>
<tr>
<td>High school level</td>
<td>4</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>1</td>
</tr>
<tr>
<td>Graduate</td>
<td>1</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

The finding of the above table represents the educational qualification of the participants. It is worth mentioning that the most of the participants in the present study are less educated. Three participants are illiterate, eight had education up to primary level, six had the education level up to middle, other four participants are having the education level of high school, one had the education of graduation level, and another participant had the education level of post-graduation. The inimical environment at school prevented the participants from receiving the education.
**Table 4.7: Occupation of Participants**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>5</td>
</tr>
<tr>
<td>Self-employed</td>
<td>2</td>
</tr>
<tr>
<td>Match making</td>
<td>4</td>
</tr>
<tr>
<td>Singing and Dancing</td>
<td>4</td>
</tr>
<tr>
<td>Domestic help</td>
<td>3</td>
</tr>
<tr>
<td>Government job</td>
<td>0</td>
</tr>
<tr>
<td>Sex Work</td>
<td>4</td>
</tr>
<tr>
<td>Student</td>
<td>2</td>
</tr>
<tr>
<td>Private sector employee</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Above table presents, the data associated with the current occupation of the participants. Five participants are unemployed, two are self-employed; four participants are making their living through matchmaking, four are involved in singing and dancing, three participants are making their living as domestic help, four are involved in sex work, and two are still studying.

**Table 4.8: Personal Monthly Income**

<table>
<thead>
<tr>
<th>Income in Rupees</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No regular income</td>
<td>8</td>
</tr>
<tr>
<td>Up to 5000</td>
<td>11</td>
</tr>
<tr>
<td>5000-10,000</td>
<td>2</td>
</tr>
<tr>
<td>10,000-15,000</td>
<td>3</td>
</tr>
<tr>
<td>15,000-20,000</td>
<td>0</td>
</tr>
<tr>
<td>20,000-25,000</td>
<td>0</td>
</tr>
<tr>
<td>Above 25,000</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Above table presents, the findings related to the personal monthly income of the participants. It was learned that maximum of the participants i.e., eleven has the personal monthly income up to 5000 rupees; two has the monthly income ranging from 5,000 to 10,000 and three participants have monthly income ranging from 10,000 to 15,000. Eight participants have no regular income.
Table 4.9: Family Monthly Income

<table>
<thead>
<tr>
<th>Income in Rupees</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No regular income</td>
<td>10</td>
</tr>
<tr>
<td>Up to 5000</td>
<td>8</td>
</tr>
<tr>
<td>5000-10,000</td>
<td>6</td>
</tr>
<tr>
<td>10,000-15,000</td>
<td>3</td>
</tr>
<tr>
<td>15,000-20,000</td>
<td>0</td>
</tr>
<tr>
<td>20,000-25,000</td>
<td>0</td>
</tr>
<tr>
<td>Above 25,000</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

It is evident from the above table that the monthly family income of the most of the participants i.e., eight ranges from 5,000 to 10,000 rupees. Six participants have monthly family income ranging from 5,000 to 10,000. Three participants have monthly family income ranging from 10,000 to 15,000. Maximum of the participants i.e., ten have no regular family income.

Table 4.10: Accommodation

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rented</td>
<td>13</td>
</tr>
<tr>
<td>Owned</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Out of the total sample of twenty-four, thirteen participants are living in rented accommodations and eleven are living in the owned accommodations.

Table 4.11: Current Living Arrangement

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Family</td>
<td>11</td>
</tr>
<tr>
<td>Living separately</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Above table presents the data about the current living arrangement of the participants. Thirteen participants are living separately and eleven are living with their respective families.
Table 4.1: Ownership of Property

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Above table presents data related to the ownership of property. Out of the total sample, only five have ownership of property whereas remaining nineteen participants have no ownership at all.

Table 4.13: Ownership of Adhaar or Identity Card

<table>
<thead>
<tr>
<th>Adhaar Card</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

From the above data, it is clear that sixteen participants have Adhaar card, and eight participants have no card at all. It is noteworthy that the participants who own Adhaar card, none are registered as having third gender. All of them are registered as male. The social stigma is preventing them from registering themselves as a third category.

Table 4.14: Ownership of Election Card

<table>
<thead>
<tr>
<th>Election Card</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Above table presents, the data related to the ownership of election card. Ten participants own election card and fourteen participants do not have the ownership. It is noteworthy to mention here that none of the participants have ever casted a vote.

Table 4.15: Ownership of Ration Card

<table>
<thead>
<tr>
<th>Ownership of Ration Card</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Out of the total twenty-four participants, only three own a ration card and the rest twenty-one have no ration card.
Table 4.16: Social Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>21</td>
</tr>
<tr>
<td>SC</td>
<td>2</td>
</tr>
<tr>
<td>ST</td>
<td>1</td>
</tr>
<tr>
<td>OBC</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Out of the total participants twenty-one belongs to general category, two belong to SC category and the remaining one is from Schedule Tribe category.

Table 4.17: Religion of Participants

<table>
<thead>
<tr>
<th>Name of Religion</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muslim</td>
<td>24</td>
</tr>
<tr>
<td>Hindu</td>
<td>0</td>
</tr>
<tr>
<td>Sikh</td>
<td>0</td>
</tr>
<tr>
<td>Christian</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
</tr>
</tbody>
</table>

Above table presents, the data related to the religion of the participants. All the participants belong to the Muslim religion.

Personal Descriptions

Description treats demographic and personal information as fact. Realistic description of participants is a way to get to distinguish them and personalize the data. Even though descriptive data consists of facts, through detail, the distinctiveness of every participant in the study is emphasized. Devoid of clear and concise descriptions, a deeper understanding of the data gathered in the interview process would be challenging. Description sets the stage by painting a picture of what is going on and is consequential from what the researcher is communicated as well as what is witnessed. Therefore, description offers the establishment for auxiliary investigation and elucidation, or unfathomable understanding. This section describes characteristics other than the uniform demographic data that distinguishes the individual, such as the diverse
experiences and problems associated with the Hijra identity, and self-professed descriptive traits that make them unique from one another and further describes their diversity.

**Shabnum, Age 35, Participant 1**

Shabnum is a thirty five year old trans woman from North Kashmir who is living at a rented accommodation in Srinagar for past twenty years. The family disowned her when she was only sixteen years old. Shabnum makes her living by working as a matchmaker. Her agonies started when her father and brother came to know about her gender identity; they consider Shabnum as a ‘disgrace’ to the family who fetched them ‘bad’ name. However, her mother has been supportive. Shabnum was also verbally and sexually harassed at school as a result she was not able to continue her education beyond the high school level. Her brother and father repeatedly assaulted her until she was forced to leave the home. Shabnum was sixteen when her mother died. With no support, she moved to Srinagar where after facing enormous problems she earned recognition by working as a matchmaker. Shabnum is concerned about the plight of the transgender community of Kashmir. Shabnum reluctantly talks about her love and sexual life and maintains that most of the transgender people have no awareness about the condom or Sexually Transmitted Diseases. She wants to reach out to every member of her community so that they could live a dignified life. She desperately yearns for the day when Kashmir will be a conducive place for the gender and sexual minorities.

**Reshma, Age 49, Participant 2**

Draped in a shawl and ‘churidaar’ trouser Reshma is a middle-aged Hijra from Central Kashmir. At a young age, she realized that she was a Hijra. Defying the gender norm by identifying her own impulses and ambivalences, she started cross-dressing, wearing makeup, and acting like a girl since she was too young. She maintains that she has been fighting at two fronts, within the self and with the society. She won the battle within, as she was eventually able to reconcile with her gender identity and sexual orientation but is to win recognition in the society. In her early years, she faced a lot of ridicule and harassment. Her brothers and uncles beat her, locked her in the room for weeks, and forced her to behave in a ‘masculine’ way. When the efforts of the family members turned futile, her mobility was restricted. She was forced to remain confined within the four walls of house in the meantime she was trained in tailoring. Reshma is currently
living with her mother, the children, and the widow of her brother who died in an accident some sixteen years down the line. She ensured that her brother’s children received proper guidance and education. Reshma has six brothers but they are living separately. She single handedly manages the expenses of the family by working as a tailor in winters and by singing and dancing in summers. Reshma proudly talks about her sex, sexuality, and love affairs. She talked about the man she always thought of in a romantic way and expressed her helplessness not to live with him because of various social, cultural, and legal frailties. Reshma believes that the insensitive attitude of family members and the hostile approach of the society towards the Hijra people are the main reasons responsible for the miserable state of this community.

**Simran, Age 26, Participant 3**

Simran was born as Mohamad Amin in a middleclass family of North Kashmir. Surrounded by the ‘normative’ idiosyncrasies of gender, the journey from Mohamad Amin to Simran has been extremely excruciating. Mannerism, cross-dressing, and the affinity with the girlish artistry complicated things for Simran. Defying the ‘norm’ opened the Pandora box of problems as the verbal, physical, sexual, and psychological abuse became rampant. Scolding and beatings by parents, taunting, and harassment by male peers resulted in isolation and depression. Physical violence and extreme hostile attitude of family and school marred with societal pressures, identity crisis, and other uncertainties overtook Simran to the extent that at the age of 16 she left home for good. As soon as Simran left home, she landed in an atmosphere of exploitation, abuse, and violence. The unexpected barriers and hostility shook Simran once again when she could not find a place to live. Simran was accommodated by a group of Hijras living at Srinagar, putting up with other transgender people proved healthy for Simran in terms of expressing her identity as a Hijra. Simran is making her living by matchmaking and by working in a beauty parlor. Simran reports perpetual physical, sexual, and verbal abuse. She shows severe symptoms of Depression, Anxiety, and Stress on DASS-42.

**Soni, Age 23, Participant 4**

Soni was Shabir before her baptismal. He was the only ‘male’ child out of six siblings. As a child, he was fond of household tasks. He assisted his mother in the kitchen. Though his mother was pleased by his concern, the others in the house burlesqued him. They called him names and made faces. They thought he was effeminate. When Shabir
grew up, he would secretly dress like a girl, would embellish in a feminine disguise in front of a mirror. Because of his feminine demeanor, he was often harassed, beaten, humiliated, and abused by the parents. The verbal and sexual harassment at the school forced him to leave studies. Unable to surmount the mental anguish because of the identity crisis and having no peer or familial support pushed him to the dark abyss of depression. He attempted suicide twice and is seeking psychiatric help for his depression and suicidal ideation. His association with few of the ‘effeminate’ friends introduced him to a network of Hijras. Before two years he left home never to return and permanently joined a small Hijra group in Srinagar. Soni is doing sex work to keep the pot boiling and to contribute to the rent for the accommodation shared by two other Hijras. She reported that clients treat her badly, often under pay her, some blackmail, and torture her. Her family had no clue what happened to her until they saw her in the city Centre in feminine attire they began to wail hysterically. They wanted her to get back into men’s clothes and return home but she was adamant and refused categorically. Soni’s account is full of pain, deception, torture, harassment, and abuse. She reports, anxiety, feeling of shame and guilt and a deep sense of insecurity and mental anguish.

**Iram, Age 26, Participant 5**

Dressed in a cheerful floral *kurta-shalwar*, gold studs, and painted nails, Iram is, by outward manifestation a female preferring to be addressed as a woman. Iram was born into a working class family of south Kashmir. The third of four siblings, she was born as Irfan. From a very tender age, she relished the chores, which were allotted to the women like cooking and cleaning. She yearned to be a girl as long back as she reminisces. She feels like a woman imprisoned in a man’s body. She always wants to be a woman. Gradually, getting more and more conscious of her true and real self, she develops association with others like her. Her pursuit to be a woman led her to a very challenging life; a life full of taunts, discrimination, rejection, harassment, and violence. Her classmates raped her and her cousins sexually exploited her. The feeling of helplessness and guilt often overtakes her. The persistent harassment at school forced her to quit the studies. She tries hard to gain the acceptance in the family but is often looked down and accused of bringing ‘disgrace’ to family name. She has no means of earning a decent living as a private company on the pretext of being effeminate fired her from a job of a peon. Iram shows severe symptomology of Depression, Anxiety, and Stress on DASS-42.
Dazzy, Age 35, Participant 6

Dazzy belongs to a lower middle class family of Central Kashmir. She is 35 years old trans-woman who makes her living mostly by doing the petty jobs. Though apparently ebullient and composed she has an anxious side, which often creeps in. She is being verbally, physically, and sexually abused. She tried her luck at matchmaking but failed miserably, currently she works as a domestic help. She is second of three siblings. From childhood, she was fond of cross-dressing; wearing a ‘firok shalwar’ and make-up. The ‘odd’ mannerism invited a lot of ridicule and harassment at family and school. The constant harassment at school forced her to leave the studies. Less educational qualification left no prospectus for a better living. She admits that quite often she has to resort to sex work to fill her stomach. Dazzy is sharing house with her brother but he always find means to harass her. She is being denied the property share and has approached police and Mohalla committee for intervention. Dazzy is not associated with other Hijra people; she believes that guru-chela system is exploitative.

Santy, Age 29, Participant 7

Santy is a tall, slim, pretty trans-woman who comes across as sociable with pleasing conduct. She is always pleasantly dressed and talks articulately. Santy is currently working as a peer group educator with an NGO running HIV intervention for MSM (Men having Sex with Men) in Kashmir. She is the sixth of six siblings; all her five sisters are married. Santy reports that the journey of her physical and psychological transformation has been very painful. Her feminine side was highly disavowed and largely policed. She was subjected to extreme form of verbal, physical, and psychological violence. Santy also reported profuse Child Sexual Abuse (CSA). She reports feeling guilty and depressed; while appearing strong on the outside she has an emotional side, which quite often disturbs her. Santy is associated with a Hijra group headed by Shabnum, and reaches to them for the support and for a sense of belonging. She considers her group as a family. Santy frankly talks about her sexual and love life. She articulates her love for her partner and the helplessness of not marrying him. She stresses on the importance of communicating to Hijra community the significance of practicing safe sex. She also maintains that there is an immense need to educate and empower the Hijra community by ensuring proper livelihood and by safeguarding their rights.
**Rani, Age 22, Participant 8**

Estranged from family and ostracized by society, Rani is striving hard to earn a decent living. She is currently working in a beauty parlor. The family disowned her for her effeminate mannerism when she was only sixteen years old. She unequivocally owns and belongs to the Hijra community who provided her support when she needed it most. She lives in a rented accommodation at city center with other Hijras. She reports physical, sexual, and psychological violence. She also reports being an underdog in the society where people of her community are always looked down. Rani was burlesqued at school and was not able to continue her studies beyond eighth standard. One of her relative sexually abused her and reporting the incident to the parents proved of no reprieve as she was blamed for the incident. Rani is aware of the Supreme Court ruling, which recognized the Hijras, and other transgender person as a third gender but is very skeptical if it makes a difference to the transgender community of Kashmir. She believes that the gender and sexual minorities in Kashmir face tripartite discrimination; the major setbacks include conservative society, fundamentalist religious ideology, and armed conflict. Rani opines that there is an immense need of sensitizing people about LGBT issues. She also stresses on mainstreaming the Hijra community by empowering them at individual level, community level and the policy level.

**Roshni, Age 19, Participant 9**

Roshni’s account is witness to the difficulties faced by the Hijras in acquiring the education. She is studying in twelfth standard and reports perpetual bullying and sexual violence at school. She is considering leaving the studies as the harassment is growing beyond the tolerance level. Roshni shows severe symptoms of Stress, Depression, and Anxiety on DASS-42. She is religious and defines herself a person of principles. Roshni is *chela* of Shabnum, and visits her quite often for a support to her mental anguish and desolation. She defines her association with her *guru* as a mother-daughter relation. Roshni is living with her parents who are not at all supportive. She is often beaten for the expression of her womanly characteristics. She is being mocked, harassed, and discriminated by her parents. Roshni wants to leave her home for good to live with the Hijra community to which she believes she belongs. The bitter relations with her parents and siblings and her guilt-ridden feelings about herself dominates her mind. She feels useless and incapable. On one hand, she is unpretentious and forthright, talking in an
intimate style without demanding making any point or holding forth on any ideology. However, she is moody and a person of strong emotions. She is at times cheerful and jovial, and sometimes morose and withdrawn.

**Raunak, Age 32, Participant 10**

Raunak is a tall, fair, good-looking trans woman on whom the black frizzy locks and sharp facial expressions are quite discernable. She is always well groomed. Raunak is most concerned about her personal life and family relations, the difficulty in being accepted in the family and the difficulty in taking up the threads of a normal dignified life through work. She describes herself as self-willed with a mixture of pride and ruefulness. Raunak is fourth of six siblings, who had a primary education only. All her siblings are well educated. She is working as a helper in a beauty parlor, where she earns a paltry amount to fulfill her basic needs. She reports physical and verbal abuse. The humongous level of street harassment that she has to face on daily basis, keeps her circumscribed to her home only. She has no social life, and rarely attends any social gathering. She belongs to a middleclass family of North Kashmir. Raunak’s story testifies to the hardships that a transgender woman has to face in day-to-day life. Harassment, discrimination and abuse in the most immediate and intimate ways creates a feeling of victimization and worthlessness in her. There are several descriptions related to the body in her narrative that expose an intense sense of violation. Her story is also that of many others from the rural backgrounds who being far from the centers of influence and association, find no place to vent off their repressed feelings.

**Fancy, Age 21, Participant 11**

Born as intersex and given the male name Faizan, Fancy was never comfortable in her ‘male’ version. From the very tender age, she realized that she was different both physiologically as well as psychologically. She always felt uncomfortable with the gender and the sex, which was assigned to her at her birth. She feels that her gender is being forcibly imposed on her and she has every right to decide her gender. She is planning to go for a SRS (Sex Reassignment Surgery) but her family is not supportive. All she wants is to live a life being true to herself, with a little dignity, to be accepted for what she is but that seems like a tall order. Fancy is tall, fair and expressive. She communicates vehemently, her annoyance and hurt close to the surface. She talks volumes about the sexual and physical violence she faces. Her eyes are very alive, hurt,
confusion, sorrow and the blazes of anger chase one another, as she recounts mainly tormenting experiences, an intense rage surfaces. Fancy is second of two siblings. She was not able to continue her studies beyond the middle school level. Fancy has no regular source of income; she is dependent on her family. She feels comfortable and complete wearing clothes of women, jewelry, and makeup. She believes that she has already undertaken a long and arduous journey, rejecting her biological sex and opting to be what she wants to be. Fancy is desperately yearning for the day when she would be financially independent to go for SRS.

Ruby, Age 26, Participant 12

Ruby is of average height, slim, dark young trans woman who speaks articulately in Urdu and comes across as straightforward, intelligent and confident. She speaks authoritatively with openness about her experiences. Ruby was humiliated, violated, and abused by her family members. Feeling that she was unwanted, she left home when she was seventeen years old. Moving to the Srinagar and starting life afresh was very excruciating. She had to beg and sell her body to live. With the association of few Hijras she learned the tricks of the game, tried her hand at their traditional and much abated profession of match making. With a couple of successful marriages, Ruby got her own accommodation at a rented room in city outskirts. Finding the room was also very difficult and the hike in the rent is a concern for her. She performs at marriage functions by singing and dancing; she also tried her luck at bridal makeup. Having no parlor of own, made the task difficult. Ruby feels alone in the evening, mostly the days when there is no work to do. She invigorates her memories of having a boyfriend some three or four years down the line. She doesn’t speak much about him but glorifies the relationship between them. She maintains that knowing the future of such ‘forbidden’ relationship they took their own ways and parted, never to contact each other. Her concern for the ownership of home and a secure job quite often embitters her mood. Ruby laments over the hostile attitude of people towards her community. She believes that having no rights, usual taunts, and discrimination at the hands of people has reduced their existence just to a laughing stock. Feelings of worthlessness, insecurity, and guilt are central in her account. Ruby maintains that she identifies to a community that is feared, ridiculed, and ill-treated in so many ways.
Tanu, Age 22, Participant 13

Tanu is short, thickset dark complexioned transgender woman who exudes confidence and authority and speaks loudly and articulately. Dressed elegantly, Tanu holds pride in flaunting and exaggerating the ‘feminine’ traits. She hails from a remote village of south Kashmir. She is youngest of five siblings and has two sisters. Her father, who used to be a walnut wood artisan, died when she was about twelve years old. Her brothers started harassing her when they came to know about her distinct gender identity. She was beaten mercilessly and forced to leave the studies. She was even stopped from meeting her friends who happens to be the members of Hijra community. For many years, Tanu lived a life in seclusion behind the four walls of her home helping her mother in daily chores by cleaning the house or washing clothes. Maintaining the semblance of ‘normalcy’, she decided to suppress her feminine side. Acting ‘manly’ was always choking, and exasperating. At the age seventeen she rebelled and took a bold step by started living the way she wanted to, she started cross-dressing. Her brothers tortured her and forced her to leave the home. Now living in a rented apartment in Srinagar, Tanu is making her living by working as a domestic help. Tanu maintains that when she leaves home people whistle at her, ridicule her, gropes her, and leers at her. She feels frustrated by the approach of the people towards the transgender community.

Azeezi, Age 65, Participant 14

Azeezi puts a premium on thinking and has little time for expression of emotions. Although her account is revealing, she comes across as reserved, cold, and somewhat detached. She is frail, skinny with salt-pepper hair. She looks unruffled, unsmiling, her facial countenance evasive of her feelings. She is chary in her choice of words, refuses to get drawn into overstatement or speculating, and prefers to give general, impersonal replies to many questions. Azeezi comes from a relatively prosperous rural background, her father having been a proprietor. She is second of three siblings and had no formal education. The continuous harassment, the feeling of being called ‘abnormal’, and the rejection from family and relatives forced her to leave the house. The family out-rightly rejected her and refused to accept her as a transgender, the forced hetero-normativity suffocated her. Finding no acceptance in the family Azeezi moved to Srinagar some forty years down the line. She started working in a hotel and then tried her luck at matchmaking. Now she is too frail to work. She lives alone in a single rented room in
Down Town area of Srinagar. Unable to work due to poor health, Azeezi begs to keep the pot boiling. The empty shelves, tattered clothes hanged on the mud wall of the shabby room; the grimy floor covered with an old rug speaks volumes about the plight of this aged trans woman who has been living all alone for more than 40 years. She has no regular source of income and no social security. She applied for the old age pension in Social Welfare Department but the cumbersome procedure demotivated her to follow the case.

**Nabla, Age 72, Participant 15**

Nabla appeared disheveled and unkempt, wore an old *firan*, and held on to a *kangri*. She is a trans woman of middle-height, squeaky, old, with anxiety engraved all over her surface. Her countenance is nervy, her brow wrinkled. When she began to recount her story, she got caught up in it with accounts stumbling out in a perplexing structure. Narrating instances in which she showed manifestation of cognizance and audacity, she became vivacious and laughed. However, when she spoke of thrashings, betrayals, hurt, and humiliations she has undergone, she became sniveling. Living in the outskirts of Srinagar, Nabla is striving hard to make a living. She is also struggling to defy the very notion of ‘normative’ gender. Nabla lives all alone in a rented accommodation. Her nephews betrayed her by fraudulently taking her property and disowned her. Having no formal education, no resources, and no awareness about her rights, she was not able to file a case against her nephews. She maintains that she was forced into a heterosexual marriage, when she was seventeen years old. The marriage failed to consummate and the divorce happened after the seven days. Nabla admits that she was never sexually attracted towards women; she always fantasized about men in a way that is more romantic. She is physically weak and is not in a position to do physical work for eking out a decent living. She begs to keep the pot boiling and to pay the rent.

**Begum Jaan, Age 32, Participant 16**

Begum Jaan is a shrewd, confident person who comes across as an amusing raconteur, enthusiastic to influence with her adventures and humor. She is expressive, who takes pride in her existence, resolution, and skill, assumes charge in situations, and takes an appreciative liberal view of gender and sexual diversity. Her story is engaging for its account of her experiences as a person who always defied the conventional gender norms, faced discrimination and violence and stood against all the odds. Begum Jaan is a
well-built, smartly dressed trans woman of middle height. She is second of two siblings. From her very childhood, she faced discrimination, ridicule, harassment, and violence. She was beaten ruthlessly, suppressed indiscriminately, and profusely disciplined to ‘masculinity’. She rebelled, and refused to be what the society wants her to be. After a long intricate journey now, her family has started accepting her. Despite facing a lot of harassment at school and college, Begum Jaan studied up to B.Sc. After completing her education, she started looking for a job but every time she was disappointed. She was discriminated because of her gender but she didn’t lose hope. She was adamant, to the face of rejection and put herself to work as a *papier-mâché* artisan apprentice. Soon she mastered in it and opened her own venture. Begum Jaan is bitter about the attitude of people towards the Hijra community. She stresses on the inclusive approach of the society and understanding attitude of the parents towards the gender and sexual minorities.

**Sanah, Age 25, Participant 17**

Sanah presents a telling story of the life of a transgender, and the problems and subsequent struggles of a person with an alternate sexuality and a distinct gender identity. Her story is also one dogged determination and courage in the face of invalidation and scorn. She has won acceptance and even admiration. Sanah is a professional fashion designer who successfully conducted a fashion show in Kashmir. Having a master’s degree in fashion designing, she earned laurels in the fashion world. From the jibes that regularly flied at her to the glamour of the fashion, the journey has been very agonizing. She was harassed and abused to the extent that she once attempted suicide. Her father despite being a doctor was not able to accept her unswervingly. Sanah is fair, beautiful, well dressed, with gaudy makeup and a pierced eyebrow. She has a very pleasant smile and manner. She is articulate and friendly in approach. Sanah is evidently diligent and conscientious in her work. She is preserving and has not allowed the circumstances of her life to hold her back. Sanah is not associated with any Hijra group. She believes that people of Hijra community has to break the shackles and work hard for their betterment. Sanah reluctantly talks about her love and sex life.

**Rehana, Age 20, Participant 18**

Rehana is fair; round faced, well groomed, and smartly dressed trans woman of average height. She was conversationally at ease and fairly expressive. She speaks authoritatively
and with openness about her love and sex life. There is a seriousness of tenacity in her manner. She is a big fan of pop singer Rihanna. Her mobile phone was intermittently interrupting the interview with the ring tones of her favorite singer. Rehana is oldest of three brothers; she left her studies three years ago when she was in class tenth because of bullying. Rehana is associated with a Hijra group, and meets them secretly. Rehana is living with her family. Her father is a private sector employee. She is clandestinely learning dance as her family is against it. She wants to be a dancer. She faced harassment at school and at familial level. Rehana reports discrimination by her family and expresses her desire to leave them for good. She also reports sexual violence. She worked for a month as a peon at a private company but left the job because of harassment. She expresses her wishes to live normally and do not want her gender to stop her from living a free life. Rehana’s account is full of the episodes, which relate to a deep sense of stigma, exclusion, discrimination, and violence, which this community has to face on daily basis.

Saida, Age 62, Participant 19

Saida is tall, thin, open faced, a little shy but friendly, with an infectious liveliness of manner. She conveyed both energy and enthusiasm. She talks with great fluency, coherence, and conviction. She is also very serious and defines herself as a self-willed person. On first contact, there was a sudden sharp, frowning glance that felt briefly hostile. When explained the nature of work, she welcomed warmheartedly. Saida is a guru of many chelas, and a key member of the transgender community of Kashmir. Her account gives insight into dilemmas and the hitches people of the transgender community face especially in the old age. Born in a Middle Class family of Srinagar, Saida’s childhood and reckless teenage years went relishing playing with girls and wearing kitschy makeup. She was ridiculed, harasssed and had clinical depression for years. Saida never went to school but had the religious education from a local madrasa. She is living alone and making her living mostly by working as a matchmaker. Saida always felt comfortable in the company of women. She reports that problems in her life started when people came to know that she was acting against the expected gender role. She was tortured, beaten with belt, isolated for weeks, and made to feel that she is worthless. The feeling of being worthless landed her in chronic depression, for an inordinate length of time she was on antidepressants. Saida throughout the interview process was keen to talk because she identified herself as depressed and needing help.
Najma, 23, Participant 20

Najma was only 12 years when she joined a Hijra group and has practically known no identity other than a ‘trans’ one. Her account provides a wealth of information about the life of a transgender, structure of Hijra society and carries a more than a hint of struggle to deal with the tough times of life. Her personal triumphs lie in her success of accepting herself at a very early age. As a person, living in a transphobic and homophobic society her greatest weakness is her sensitivity to abuse, ridicule, violence, disrespect, and threat. According to her, it is very important for everyone irrespective of their gender and sexuality, to hold head high, to live with respect and without fear. Najma feels disempowered in the society due to her gender identity. Najma is a tallish, slim, dark young trans woman of average build. She speaks eloquently and comes across as straight forward, smart and assertive. She speaks confidently and with ingenuousness about her experiences and about the Hijra community. Najma believes that she was lucky enough to found her own support system in the Hijra community; however, she endorses that it is not as organized as the Hijra community in other parts of South Asia. Najma reports that she was made to believe that she was born to face humiliation and abuse and she is nothing but a worthless entity that has no place in this world. She protests that members of her community are not able to find a job, no place to live on rent, no place in the graveyards, She complains that no religious body or Human Rights Organization ever condemn the violence her community faces. Najma had education up to fifth standard and is currently working as a matchmaker. She maintains that because of being illiterate and having no skills, people of her community is living a substandard life.

Bilquees, Age 32, Participant 21

Bilquees is skinny, tall; with fair complexion putting up at Srinagar outskirts on a rented accommodation, with another T G. Bilquees makes her living by performing at the marriage functions. Bilquees faced severe discrimination and harassment at the hands of her own family when they realized she was behaving in an ‘outlandish’ and peculiar way. Facing a lot of denigration and hostile attitude from the people at her native place Bilquees left her home once for all. Bilquees is a middle pass and talks articulately in Urdu. She was forced to go for medical tests when her family objected to the behavior she exhibited. She reports feeling humiliation, as the medical staff was not at all sensitive; she was kept nude for hours, giggled at, and later referred to a psychiatrist. She
endorses that the psychiatric team was very friendly and sensitive. Her medical tests revealed that she was having Gender Identity Disorder (Gender Dysphoria) and despite the medical examinations, the attitude of her family did not change. Fleeing from home with extreme bitter feelings in her heart, Bilquees landed up in the TG community of Srinagar. Serving the older TG community members in her formative years, she learned to express herself and tried her hand at matchmaking. Subsequently she encountered Fareeda who unlike her is assertive and smart. Bilquees and Fareeda lives together. The bitter side often creeps in and Bilquees questions her own existence as a TG and craves for love and care from the fellow human beings. Apathetic attitude of her family alienates her and pours in resentment at every step of life. Bilquees maintains that she is much comfortable with her community members than the parents who gave birth to her. Her sister visits her sometimes but no other member of the family has ever visited her. Bilquees feels overwhelmed by the fact that she has a relationship with a person who cares her much more than anyone else. She has his photograph in the room. Bilquees got in contact with him at a marriage ceremony and attachment grew more and more with time. She is also aware of the fact that she will never be able to live with him.

**Yasmeen, Age 27, Participant 22**

Yasmeen is a slight, short trans woman, sparsely-bearded and girlish in appearance. On first impression, Yasmeen looks like a teenage girl, much younger than she actually is, perhaps because of her timid and somewhat impassive manner. There is an unsolved moroseness surfaced all over her face. Yasmeen is younger of three siblings. Her father died when she was a small child and her older brothers brought her up while their mother worked as a domestic help. Yasmeen has a chronic psychiatric problem for which she has been on the treatment for many years. She was diagnosed with PTSD. The cause of her psychological distress is probably the physical and the sexual violence she has witnessed in her life. Most of the times she remains confined to her home, helping her sisters-in-law in the daily chores. She had her formal education up to high school level. Yasmeen was once a charming girl, who was fond of painting and was good in her studies. From the very beginning, she was fond of the feminine possessions, wearing vibrant makeup and clothes of girls. Her demeanor invited a lot of ridicule, harassment, and violence. As a child, many people profusely sexually abused her. She also faced a lot of physical and verbal abuse for the expression of her feminine side. Yasmeen’s mental distress shows little signs of ebbing. Moreover, the financial condition of the family is
Description of Participants

preventing her from receiving a quality health care.

**Fareeda, Age 42, Participant 23**

Fareeda is quiet, tall, alert unkempt transgender woman who rarely smiles. It takes time for her to relax and she neverrelaxes completely. There is an air of guarded watchfulness about her. She became more open after the initial meetings; she is assertive, enthusiastic, and indomitable. Born in a remote village of North Kashmir, her father who was a small businessman died soon after her birth. Her mother brought her up with three other siblings’ two brothers and one sister. All of them are married. She is youngest in the family. She preferred female clothing to male, playing with girls instead of boys. Copying the mannerism of her female classmates and sister at home, her everyday preoccupation was singing and dancing. In her early formative years, she was forced to portray the ‘masculine’ image. When she failed to come up to the expectations, life became challenging for her. Disapproval of society and incidents of belligerent mocking by the relatives and neighbors offended her family as well. The condemnation, which was raised by society reached her doorsteps, in the family she was devalued and received double standards and discriminatory behaviors compared to other normal siblings. Even her family members tried to influence her by changing her behavior. She was taken to faith healers to get the demons out of her body. Her life turned into a mess, as she had to confront hostility, rejection, and even violence from her brothers, relatives, and local friends. She was depressed because she thought she had disappointed her mother as her mother had a future outlined for her as a son not as a daughter. At age twelve, she came to terms with her sexuality and gender identity. Her mother supported her and saved her from the tyranny of her brothers but the death of her mother left her in grief and sorrow. Three years after the death of her mother, Fareeda left home for good. Getting associated with other transgender people in Srinagar helped her to express herself, socially, emotionally and sexually. However, she claims that there is no place in Kashmir where people of transgender community could live safely and with dignity. She reluctantly talks about her sex and love life. She maintains that she is in relationship with a man; the relationship is platonic not sexual one.

**Rozy, Age 18, Participant 24**

Rozy is short, stocky, dressed in *kameez-shalwar*. She is a school going transgender whose face is still and expressionless, and she does not join in conversation unless
directly asked something. Then she is unhesitating, articulate, and clear. However, the impression of reserved watchfulness lingers. Rozy comes from a family that is ‘decent’ and well respected. Her father is a government employee. She is the third of three siblings. Rozy demonstrated her feminine side from a very tender age. Her mannerism was a problem to her family and she was directed not to cross-dress publicly. She is very often locked in a room whenever there is any family function or social gathering. Rozy believes that she is a female trapped in a male body. She reports physical, verbal, and sexual abuse. Rozy is committed to challenge the society’s entrenched notions of gender and sexuality. Rozy is a good dancer and sings well. She feels more liberated and more connected to God. She claims to be meditating in her singing and dancing echoing back to the calls of divinity, she sings and dances for Allah. She acquired her female name at the age of 18. Rozy is aware of the Delhi High Court ruling, which decriminalized homosexuality in India. She is also aware of the Supreme Court’s ruling that recriminalized homosexuality. She is desperately yearning for the decriminalization of homosexuality so she could marry her partner. She is in a relationship for almost four years and expresses her helplessness to carry it further. She wants to marry the man of her dreams.
Our society is not only patriarchal or androgenic but also heterosexist and homophobic. The concerns of gender and sexual minorities have always remained undiscussed and unattended. The discrimination based on gender and sexual identity persists almost unchallenged and unquestioned until now. The hostile attitude of the society has relegated the LGBTQI community of Kashmir to the status of a stigmatized social other. No acceptance of anyone beyond the male-female gender dichotomy has led to a scandalization and mortification of the sexual and gender minorities in the Kashmir.

LGBT community of Kashmir continues to remain hidden and living an invisible life. Speculation as to why this population is hidden includes the controversial nature of homosexuality, religious extremism, supposed sociopolitical differences in sexual practices, armed conflict and even politics. Within Kashmir, notions of “gay” or “homosexual” are different from those of the mainstream India or west. Simply being effeminate or resisting, the cultural or gender norms can cause one to be labeled as “gay.” The cataloging of someone as “homosexual” commonly does not refer to a physical act with someone of the same gender but takes into its ambit the behavior or the attitude of an individual, which is determined largely by the hetero-patriarchal society. Within Kashmiri Culture, there are diverse classifications of “gay,” even within the LGBT community, there are sundry connotations for the “passive (moorat)” versus the “active (poatch)” partner; and only the ‘moorat’ (passive) partner is considered homosexual. Integral within the dialogue concerning sexuality in Kashmir is the lack of dissimilarity between “sex” and “gender.” In some instances, homosexuals are referred to as the “third” sex – neither male nor female and also ‘laanch’ (transgender) is referred as gay. Moreover, this pseudo-categorization, which is prevalent in Kashmir, includes gays, Male to Female (MTF) transgender, male bisexuals and completely denies a space to the least talked about sections -lesbians, female bisexuals and Female to Male (FTM) transgender.

Homosexuals are accused of being treasonous and violating societal norms by not fitting into prescribed gender roles. Keeping in opinion the hostile attitude of the society, members of LGBT community take every opportunity to hide their individuality. Self-
acceptance is an excruciating and sickening process. Pigeonholing and condemnatory censures from family, peers and significant others are very common. Nevertheless, LGBT community of Kashmir is persistently struggling to reconcile their religion and sexuality. Coming to terms with their sexuality and Muslim identity is at all times challenging because most Muslims maintain that it is not possible to be gay and Muslim at the same time as homosexuality is against Islam. It is believed that Islam is only for those who fit a particular ‘mound’. In addition to religious practice, the doctrines of Islam are found within everyday culture, norms, and individual psychosocial realities of residents in the Muslim majority Kashmir. Different followers infer Islam differently, but generally, its instructions about sexuality (homosexual or heterosexual) can be condensed to the importance of reproduction and formalized frameworks for sexual activity. Islam is also used as a rationalization for the mortification, discrimination, mockery, torture, and non-acceptance of the gender and sexual minorities in Kashmir. Fortunately, female homosexuality is not as great an issue, due to a “lack of penetration,” no mention in religious scriptures and their complete invisible life. The transgender community, which is relatively more visible than the lesbians, gays, and bisexuals, are more vulnerable to abuse, harassment and discrimination. Despite numerous socio-political and religious frailties, LGBT community in Kashmir continues to live invisibly and copiously longs for their right to love. They meet each other secretly for friendship, for a sense of community, to find their partners and to have ‘sex’.

Social Status of Hijras/ MTF Transgender in Kashmir

Among LGBT community, transgender/Hijras are the most visible in the society. Hijras are certainly discernible people because of their idiosyncratic grace of embellishment. Most Hijras are dressed in ostentatious ensemble with gaudy makeup in public. They tend to keep long hair and stroll in a blatant and eye-dazzling manner. Their trai/graie (the unique style of walking) is easily noticeable. Many of them do not cross-dress completely but expresses a strong desire to do so. The societal attitude and the fear of ridicule and harassment are stopping them from cross-dressing completely. Their unique lifestyle and mannerism which is not fitting in the prescribed and perceived gender norms becomes the source of discrimination, harassment and violence, hence they are socially ostracized and becomes ‘other’.
The transgender people are commonly known as “Hijra” in South Asian context and “Laanch” in local parlance. They claim to be neither male nor female and are placed at the extreme boundary of social exclusion because of various social and economic frailties. The non-acceptance in the society renders no sociopolitical space where they can lead life of a human being with dignity. Their discrimination and the historical injustices are justified in the non-recognition as dignified third gender beyond the male-female dichotomy. Those who live beyond this gamut are subjected to various harassments and abuses. Transgender community in Kashmir is physically, verbally, and sexually abused. Extreme social segregation declines their self-worth and sense of social responsibility. Accessibility to various social, cultural, educational, and legal services is extremely classified for anyone with this identity in Kashmir. They are considered ‘abnormal’ and eventually become ‘outsiders’ in the mainstream. Deprivations, alienations, and hostilities encountered by transgender of Kashmir, since early childhood is so intense and extreme that, at some point, finding no other social space, they exclude themselves. They stand reduced to the butt of indecent jokes and undergo shocking psychological trauma. Transgender community of Kashmir is persistently subjected to various institutional injustices. The cycle of oppression starts from birth and continues until death. The life of a transgender in Kashmir is full of abuses, humiliations, and discriminations.

For most Kashmiri’s laanch are ‘asexual gender mosaics’ a source of disgust and perennial shame. They are looked at as wretched class of people who have no sexuality, which reduces their social status. This is evident from the way the word ‘Laanch’ is used in the day-to-day conversations of people. It is frequently found being used to vilify people. The very expression of the term conveys with it an obvious sense of belittling. In local discourses, the word means a helpless and powerless impotent male. Unlike India where Hijras have a bit of social acceptance, in Kashmir they are a stigmatized, socially marginalized, and economically impoverished people.

**How Hijra define themselves:**

Hijra of Kashmir define themselves as people who are neither male nor female but an idiosyncratic third gender. However, they align themselves with the feminine identities. Hijra kinship patterns and and characters in the family revolve around feminine roles. When a person is introduced into the Hijra family, they are always renamed and given female names. They regard themselves as people having a healthy sexuality where they...
are attracted towards men. Some of them also claim to have neither a male nor a female genitalia. They often claim to be trapped in the body of a wrong sex. Their mannerism and traits identifies with the females. They may or may not cross-dress. Many of them exhibit the desire to be castrated and to undergo the Sex Reassignment Surgery (SRS). Initiation of entry into a Hijra family is marked with assigning a female name. This is symbolic of their unequivocal desire to identify themselves as females.

According to them, MTF transgender or Hijra in Kashmir are of three types:-

- **Khunsi**: These are Hijras with the ambiguous genitalia or having no trace of genitalia at all except for a tiny hole for urination. They can be both flat chested as well as big-breasted. They may or may not cross dress.

- **Zanaan Laanch**: These Hijras cross-dress and may be having a tiny non-erectile phallus. Some may have erectile phallus as well. They look like women.

- **Mard Laanch or Pant Laanch**: These Hijras look pretty much like men and do not cross dress. They may or may not be having erectile phallus but the mannerism and self-identity resembles that of opposite sex.

**Hijra Sexuality**

There is a preconceived notion that Hijra or transgender identity is marked by sexual inadequacy or impotency, which is indeed not correct as they have a well-defined sexuality. Undeniably, sexuality is central to their individuality. Most of them exhibits a strong desire of having sex with men and to have a permanent marital relationship with their *giriyas* (male lovers). The association with their male lovers is not only confined to the acts of sex but to a sort of courtship and emotional satisfaction. Unfortunately, this association does not stay longer as the giryas tend to abandon them. The reason of relinquishment can be attributed to the societal attitude towards such associations, the inability of Hijras to procreate and the lack of socio-legal security. The sexual acts of Hijras range from body play to oral sex and anal sex. They are commonly preferred by homosexual and bisexual men to be used as passive partners in anal sex. Hijras claim that they gratify the sexual needs of men more than women actually do.

**Structure of Hijra Family**

The Hijra community of Kashmir is not as organized as is in India or the other nations of South Asia. They are not living in the customary communities and continue to live an
invisible life. However, they are connected with each other and follow more or less the same social structure of the Hijras living in the well organized groups that is what they call ‘pann thawun’ in local parlance. However, the basic purpose of ‘pann thawun’ lies in the transfer of the ownership of property from guru to chela this feature is not applicable in the social reality of Kashmir where the Hijras are not living in the organized communities. Most of them live with their families or in small groups in the rented accommodations, which leave the small scope for the rigid and well-developed community structure. The Hijra family symbolizes power in function and structure; it is an accurately designed top-down hierarchical community system. It is a matriarchal family with grandmothers, mothers, daughters, sisters, and the aunts in the group. At the apex of this hierarchy lies the naien (grandmother) who is also the Guru and in charge in the family, followed by her is koor (daughter) who is also Chela, the one she has been accepted as a daughter during a prescribed ceremony. There are benih (sisters) as well as maaseh (aunts) in the family. The hierarchical guru-chela system is present in every family; each family has its own guru. A Hijra becomes a guru based on age, seniority, wisdom, and leadership qualities. There is no male role inside a Hijra family. The Hijra family is an open group; the entry in the group is ceremonial. All the members within the family follows the norms as demarcated by the group and rigorously have to stand by the directions of Guru. They have a distinct code of demeanor in accord with which Hijras ought to act. Any breach of behavioral code is amenable to stringent fine. Offenders are at best fined with payment or at worst anathematized from the family. The guru-chela relationship though loosely structured acts as a support system for them. There is acceptance of the behaviors which otherwise are unaccepted in the mainstream Kashmir. Gurus are highly respected by the Hijras. When a guru grows infirm and is not living with own family the chelas do not let the gurus work and provide emotional and financial support to them. Hijra Jamaat is a group of the Hijras belonging to the different families who discuss the matters of importance, agree to take on chelas and so on.

**On Joining a Hijra Family**

Nearly all the Hijras of Kashmir are un-castrated and to undergo the process of castration is no obligation in order to join a Hijra family. However, to become a member of Hijra family one is to cast-off the masculinity and completely pledge to comprehensive feminine lifestyle, this may or may not include cross-dressing. The new entry in the family is extensively celebrated in a ritualistic way, which is to some extent common to
the Hijras of North India. The associated Hijra families are invited and the feast of wazwaan (local cuisine) is served to the guests. Following rituals are related to the entry to a Hijra family:

- **Dupteh Trawun:** is a custom wherein a Hijra is accepted as a *benih* (sister) in the family. The new entrant is dressed like a woman and a *dupteh* (a headgear used by Muslim Kashmiri women to cover their head) is spread over the Hijra and the gifts and the cash (usually Rs 1100) are given.

- **Sether Thaawun:** is yet another ritual of entrance in a Hijra family by which a new Hijra is accepted as a daughter. The guru makes her chela suckle from the inflated cotton breast which symbolizes the mother and daughter relation through breast-feeding.

### A Discrete Language

Hijra community of Kashmir deceptively looks similar to the mainstream. It appears homogenous to the outsiders but an inside analysis reveals the distinct culture and heterogeneity in the group. Therefore, undoubtedly it will not be erroneous to call the Hijras of Kashmir an ethnic minority. They are dissimilar not merely in expressions of mannerism but also in terms of language and culture. With due course of time this community has developed an idiosyncratic lifestyle. The differences are well discernable from the mainstream society in terms of various practices, rituals and the language, which is only present in this community. For centuries, Hijras have retained these norms. They are a community with a strong sense of social cohesion; however, there is marked internal politics which has divided the community into various subgroups. The subgrouping is based on the occupation, caste, regionalism, dressing (cross-dressing), class etc. Hijras of Kashmir are found to speak a language that they term as ‘laancheh farsi or Hijra farsi’. This is an arcane language, though the Hijras of Kashmir speak Kashmiri and Urdu they tend to converse among themselves in this language. Most of them do not reveal the existence of such secret language to the outsiders but they are quite often seen communicating in the same language in the presence of outsiders. The invention of such a novel language is probably envisioned to restrict the outsiders from interfering in their internal matters and is also a demonstration of and resistance to the sexualized linguistic structures of Kashmiri and Urdu. Thus, Hijras have their own terminology to entitle different groups of the majority society. This ‘secret language’
reveals antique Hijra relationship arrays, belief systems, attitude towards the outsiders and their worldview. Hijra vocabulary have words like chatuk (young man), chatech (young woman), Moorat (Passive Partner), Poatch (Active Partner), Shantheh (Hijra or effeminate man), Giriya (Boy Friend or male lover), Cheesa (Handsome) and Beela (Ugly). They also have a distinct style of clapping teen taali, which communicates the presence of other Hijra in the area. For the new entrants, it takes them months or even years to learn the exact style of the clapping from the senior Hijras. When Hijras interact with each other only gurus are authorized to clap. Violator of this rule is instantly fined.

**Religiosity**

Hijras of Kashmir is a greatly religious community. Most of them perform religious rites on a regular basis. Hijras who have a good financial support manage to go for the Hajj (pilgrimage), however most of them because of various socio-economic disabilities are unable to manage it. Their visibility in the mosques is largely restricted because of the fact that a mosque is predominantly a male space in Kashmir. Hijras visit various shrines across the Kashmir; however, they are more visible at the Saed Sahib Shrine Sonwar. Majority of the Hijras of Kashmir belong to the Muslim sunni religious conviction and some belong to the minority religious faith as well.

**Traditional Occupations of Hijras**

Hijra community of Kashmir is a variegated lot of unfortunate people. Most of them have not had proper schooling and most of them live in economic dispossession. Hijras in Kashmir are constantly striving to etch out a decent living. Most of them are living a substandard life in rented accommodations. Hijra’s traditional occupation revolves around manzimyaras (match making) and natchun ‘te’gaewun (singing and dancing in marriages). Most of them are seen doing trivial jobs. Remarkably, unlike many other socially disadvantaged groups Hijras are not found to have expanded their livelihood securing approaches or strategies. The indisposition of the larger mainstream society to accept them as normal human beings also debarred the Hijras from seeking new sources of income.

They mostly work as entertainers in social gatherings like marriages to secure a living. However, their demand as entertainers in marriage functions is on the decrease as DJ’s are taking their place. Likewise, their scope as matchmakers is also declining as love marriage is emerging as a trend and matrimonial sites and marriage bureaus are gaining
social importance. They are often underpaid and report verbal, sexual, and physical violence at their respective work places. Many of them work as sex workers. They are often found to sell their bodies to men at a cheap price, which increases the chances of getting HIV and other venereal diseases. The frequency of selling sex is high among the young Hijras. Usually they throng at different designated places (cruising places) like parks in search of clients.

**State Apathy**

The state of Jammu and Kashmir is yet to formulate and implement any intervention for the welfare of the transgender community of Kashmir. Though a proposal has been forwarded by the Department of the Social Welfare to the State Government for addressing some of the needs of this community but the state is yet to respond to it. In this regard, I filed a case in the State Human Rights Commission in 2013 but nothing abstract happened and I had to withdraw the case in February 2017. Now lately I approached high court to file a Public Interest Litigation (PIL). Government’s apathy to the issues of the transgender community of Kashmir is further marginalizing it. Hither to, state has done nothing concrete to drag this community out of the gloomy situation into which they are ensnared. Hijras are living a substandard life; most of them are illiterate, jobless, and homeless. They have no regular income; can barely manage food for survival and access other services. State has embraced no progress to ensure their sound and secured existence. State is yet to ensure the means through which the exact number of Hijras can be ascertained. They are yet to receive Adhaar, election and Raton cards. State’s inaction has simply added to their sense of insecurity.

**Summary and Discussion**

Our society hardly recognizes any gender beyond the male and female dichotomy. Nothing seems more normal, unvarying, or appropriate as the existence of human beings into two biological sexes, male and female, and into two genders, masculine and feminine. This division of humans into two sexes takes place at birth, when sex assignment is male or female; such sex assignment is assumed to be permanent. Most modern discussions of the relationship of biological sex to gender presuppose that there are two genders male and female, founded on the two biological sexes but not all cultures share this essentialist assumption. Bringing together historical and anthropological studies, gender variation challenges the usual emphasis on sexual
dimorphism and reproduction, providing a unique perspective on the various forms of socialization of people who are neither "male" nor "female". The concept of sex and gender as a system of two opposing and non-changeable categories male and female; masculine and feminine is so both common sense and most social science. It is difficult for most of us even think about any alternative to this view of sex and gender. In GAD discussions gender is still often described as socially constructed, and sex as biological. The categorizing of all human beings as 'male' or 'female' is left unquestioned. However, this does not always fit with local realities. Throughout South Asia, communities of ‘Hijras’ are formed by intersexes people, and by transgender people who were born male, but do not identify as such, many of whom opt for castration. It has been estimated that there are a half to one million Hijras in India alone (Bondyopadhay, 2002). Yet, a cross-cultural perspective indicates that some cultures include more than two genders. Such alternative, or third gender roles, which are neither man nor woman have been described among the Omanis of the Saudia Arabian Peninsula (Wikan 1977); among many native American tribes (Williams 1986); in Tahiti (Levy 1973); and in New Guinea and among the Hijras of India (Nanda 1990). Alternate gender and sexual expression provides a new way to think about sex and gender beyond the conventional discourse of limiting it into the male-female, masculine-feminine paradigm. It requires a basic understanding of the cultural and historical contexts in which the gender schemata under question have evolved, become institutionalized, changed, and matured, for instance a Hijra, what criteria exist for the recruitment and legitimating of transgender or Hijras as individuals and as a category. How long have the Hijras been defined as such in the Kashmiri tradition?

Hijras of Kashmir define themselves as people who are neither male nor female. They regard themselves as people with a healthy sexuality, attracted towards men and prefer the passive role in the sexual activities. Some of them claim to have neither male nor female genitalia. All of them are uncastrated. Kashmiri society views them as asexual beings and are considered to have the elements of both genders. They are commonly believed by the larger society to be intersexes, impotent men, incapable of engaging in any sexual activity. They adopt female behavior, these behaviors include dressing as women, walking in a different style, wearing their hair long, plucking their facial hair, adopting feminine mannerisms, and taking on women’s name and using female kinship terms and a special feminized vocabulary. The Hijras are ‘outsiders and others’ in our
society although they are the part of this society and yet they are living a distinct social reality. They become ‘others’ in the society, which recognizes only two genders and are marginalized and socially ostracized for defying the gender norms. Hijras of Kashmir are expressing their identity to perform their role in the society, the role that is distinct yet never recognized by the mainstream society. Their identity in the society is neither male nor female. The impression management is a crucial factor for them to create and express their social as well as sexual life, which can be approached adequately by Goffman’s (1956) framework. Acquiring a Hijra identity is very ritualistic; it involves a series of the acts at individual level, which is generally covert, and the expression of the overt culture (including dress, talking and walking style and special body language). The macro level interaction that means interaction with custom, institution and culture, above all their symbolic ritual is performing which shapes their identity. In the larger society in the course of social interaction, they feel themselves different from others. Impression management is also crucial for them because of their Hijra identity. They only over communicate their identity in presence of other Hijra, but under communicate in presence of other people due to the fear of stigma.

The Goffman’s micro and macro level interaction framework helps to understand their behavior and the attitude of the Kashmiri society (which is largely conservative) towards that idiosyncratic ‘feminine’ behavior. The face-to-face interaction model is explicitly relevant for identifying the expression of Hijra identity (inherent categorizations) in Kashmir and the response of the society, to know the process of interaction and role performance. Again the polarization of meaning is adequately understood by the Goffman’s, (1964) “Management of spoiled identify” framework”. He portrayed the feature of all minority groups such as the Hijras of Kashmir share on significant characteristics: they are socially ‘abnormal; and therefore in danger of being considered less than human. Whether ordinary people react by rejection, by ridicule, discrimination, violence or by plain embarrassment, their main concern is with an individual’s deviance, not with the whole of his personality, they do not see the individual as a human being. Hijras have some symbolic interaction. Symbol, as with the three types of symbolic descriptions described in stigma, stigma symbols, prestige symbols, and misidentifies, assume a more abstract location in the communicative process, a reification of verbal cues. Hijras are in the category of stigma symbols. Goffman in his influential work stigma describes how social actors shape “spoiled” identities. Alternate or third-gender
roles are thus typically reduced to the illicit, immoral, or illegal margins of society. Hijras are also in such condition in our society. He also found stigmatized situations where normal and abnormal meet, and have the ways in which a stigmatized person can share up his precarious social and personal identity. Goffman argues that stigma is intimately associated with stereotype, and that both are related to the unconscious expectations and norms, which act as unseen arbiters in all social encounters. In such stigmatized situation, Hijra identity is deprived of certain social, economic, personal, and political privileges. Goffman, (1964) suggests that individuals with socially undesirable behavior or carry an undisclosed stigma are confronted with the problem of information management: whether to display or not to display; to tell or not to tell; to let or not to let on; to lie or not to lie; and in each case to whom, how, when and where. This is how the transgender identities are shaped and how the identity crisis becomes inevitable.

Hijra of Kashmir defines themselves as neither man nor woman but an idiosyncratic third gender. In some of the cultures, their sexuality is acknowledged and in some cultures, it is disavowed. Hijra classification may vary from culture to culture. Serena Nanda (1999) has done her fieldwork among Hijras of India. She marked Hijras as “neither male nor female” an institutionalized third gender role in India. In Kashmir Hijras are also identified as ‘neither man nor woman’ they also play a special role in the society they earn their living by some special activities. The existence of the gender variant individuals has been marked in every community. In Kashmir they are known as laanch (Bund 2013), Bakla in the Philippines, xanithis in Oman, sarrers in Kenya and Hijra, jogappas, jotgas, or shiv shaktis in South Asia. A study conducted in Bangladesh revealed that the community is located at extreme margin of exclusion having no socio-political space. This diminished their self-esteem and sense of social responsibility (Khan et al., 2009). The Hijra population in India is a closed group with a religious-cultural and rich historical background. The term Hijra is derived from the Urdu word meaning ‘impotent ones’ (Lal 1999; Basu 2001; Mukherjee 2004). Within the Indian context, the term Hijra is used for people who identify themselves as ‘neither man nor woman’, ‘kinnar’ (a Sanskrit term) or ‘third gender’ (Nanda 1996; Mukherjee 2004; Kalra 2011). They are also known as eunuchs, transvestites, hermaphrodites, androgynes, transsexuals, and gynemimetics and are also referred to as intersexed, emasculated, impotent, transgendered, castrated, effeminate or sexually anomalous or dysfunctional in Indian society (Lal 1999). Hijras are born biological male or intersex (in some cases) and
join the *Hijra* community at some point in their life and (may or may not) live with the *Hijra* community as *Hijras* for the whole life.

*Hijras* of Kashmir has a distinct culture and a unique life style. The *Hijra* family is matrilineal. As Revathi has mentioned that Hijras has evolved a culture of their own to enable them to exercise order and restraint and also to exercise their rights. Revathi in her autobiography ‘Truth about Me: A Hijra Life Story’ has mentioned similar kin relationship as is present in the Hijras of Kashmir (though not much organized) in the *Hijra* families of Delhi and Mumbai. There are mothers, daughters, granddaughters, great-granddaughters, and the milk daughters and so on. Similar structure of the *Hijra* family is discernible from the Autobiographical account of Laxmi Narayan Tripathi. According to Laxmi, “the Hijras are a family, the guru is the mother. Then there’s the dadguru who is the grandmother, and the purdahguru who is the great-grandmother. The guru and his chelas comprise family. A guru selects a successor and trains him. If a guru fails to choose a successor, the panch or the leaders of the seven-Hijra gharanas choose him. All crucial decisions are made by the panch. Its leaders are wise men who command the respect of the entire community.

Unlike the Hijras of India, the Hijras of Kashmir are not living in well-organized communities. They are living an invisible life but yet their culture is rich and the organization is more of less like the Hijras in South Asia. The entry in the Hijra community of Kashmir is very ritualistic as is case with the Hijra community of India. However, there is a lot of variation in the customs probably because of cultural differences. Hijras of Kashmir do not opt for Castration or hormone therapy however many of them expressed the desire to go for the body modifications. According to Serena Nanda (1999), Hijras lived in predominantly in the cities of north India, where they fixed the greatest opportunity to perform their traditional roles. The most significant relationship in the *Hijra* community is that of the guruma (master, teacher), and chela relationship. When an individual decides to join Hijra community, he is taken to Bombay to visit one of the seven major gurumas’ usually the guruma of the person who has brought him there. At the initiation ritual, the guruma gives the novice a new, female name. The novice vows to obey the guruma and the rules of the community. *Hijras* traditionally earn their living by collecting alms and receiving payment for performances at weddings, births and festivals. The *Hijra* role accommodates different personalities, sexual needs, and gender identities without completely losing its cultural meanings.
While the core of the positive meaning attached to the Hijra role is linked the negation of sexual desire, the reality is that many Hijras do, in-fact, engage in sexual activities. Because sexual behavior contrary to the definition of the role such activity conflicts for both the individuals and the community. Individual Hijras deal with the conflict in different ways, while the community as a whole resorts to various mechanisms of social control. The Hijra community is also referred to as Hijra jamaat. The Hijra jamaat is a properly structured top-down power-control hierarchical community system which mostly exists in the Western-and-North Indian states (and few eastern states also). Kalra (2011) has very well described the structure and hierarchy within the Hijra community. According to Nanda (2000) and Reddy (2006) there are various gharanas (clan/ houses) in the Hijra community, which have their own name. Each gharana has its own ancestor known as Naik/ Nayak who acts as head of the gharana, and under her are many gurus who have many chelas under them (Nanda 1996, 2000; Mukherjee 2004; Reddy 2006; Kalra 2011). The Nayak is the head of the gharana who is the primary decision maker and policy maker of the hijra community. This tree spreads and there is a web of chelas, natichelas (Granddaughters) under the same house. The term jamaat is an Islamic term (Reddy 2006). Hijra jamaat can be viewed as a typical example of local/ traditional village panchayat system seen in Indian villages. Thorner (1954), Mathew (2003), and Sharda (2010) highlight that the local/ traditional village panchayat system in Indian villages is a council of elders from the same village who function for the welfare of their village. These local/ traditional panchayat systems exhibited domination by the upper-class and upper-caste men on people from lower-class and lower caste background. The Hijra jamaat is no different from this local / traditional panchayat system as it has its own rigid jamaat norms, and any violation of jamaat norms leads to expulsion from the jamaat or payment of fine. Within the Hijra jamaat system, the guru is a guardian of her chela. Chelas earn and give full or partial amount of their earnings to their respective guru. The guru has the right to keep the entire amount (Nanda 1996; Mukherjee 2004) in return the guru provides food, clothing and shelter to the chela. Young Hijras get moral and emotional support from the community. Because of their feminine identity, Hijras follow matrilineal relationship like sister, aunt, niece, grandmother, granddaughter etc. amongst themselves (Nanda 1996; Lal 1999; Toumey 2008; Kalra 2011).

Revathi maintains that when a Hijra expressed desire to take on another as a chela, she had to place a request before the jamaat, which then takes the note of her wish and grants
it accordingly. There is no rule or law of land that guides Hijras, but Hijras have their own rules, culture, and rituals. The jamaat is their forum for mediating and pronouncing what is good and bad. Marginalized by mainstream society, denied a legal existence and dispossessed of their rights, Hijras turn to their community and its culture for comfort and for nurture. In the Hijra, community there is no high or low-Hijras do not observe caste or religious differences and there are Hijras from both poor and rich homes. (Revathi 2010: 62). According to Laxmi Tripathi, “Once one decides to become a Hijra, there is a christening ceremony, known as a reet, which he must undergo. It’s a bit like the janwa, the thread ceremony of the Brahmins. The rites are performed by the guru and the disciple is initiated. The charter of rules and regulations is explained to the aspirant. These concern little things like how a Hijra must walk, and how he must serve water to a visitor. While serving water, the glass must not be held at the top or the middle. Instead, the glass must be balanced on palms joined together. The pallu of the Hijra’s sari must not touch anyone as he moves around. One should not lie with his feet facing the guru. The guru’s clothes mustn’t be worn by the chela, nor should the latter utter his guru’s or gharana’s name. The Hijra should not talk back to his guru.

Unlike Hijras of India, the traditional occupations (match making and performance in marriage parties) of the transgender community of Kashmir are dying. They are not associated with badhai as is case with the Hijra community of India. Badhai has no cultural significance in the Kashmir; hence, it ceases to be a viable source of income for the transgender community of Kashmir. In India, Hijras are seen as auspicious creatures and in Kashmir they are seen as abomination. Most of the Hijra people in Kashmir are having no means of sustenance, some of them are engaged in match matching, singing, and dancing at marriage functions, a few are associated with domestic help and many are engaged in sex work. According to Serena Nanda, in India Most Hijras serve as badhai ritual performers at some point in their lifetime, conferring blessings, traditionally at weddings or birth ceremonies in return for gifts or financial reward. Badhai presents a performance mode where spiritual and social functions convene, and characterizes elements of Hijras' public performances that reappear in other contexts. More conventionally, at a wedding or birth ceremony, invited or uninvited, a group of Hijras enter decked in flamboyant female attire and makeup, announcing their entrance with their characteristic clap (teen taali, typical feature of Hijra community of Kashmir), accompanied by the drumbeat of musicians. Singing praises to the newly married couple
or to the parents of a newborn child, they herald virility and administer fertility blessings, through which, as Nanda explains, they "transform their impotent maleness and its associated lack of status into generative power through emasculation" (1999:32). These occasions, as Nanda elucidates, are "moments that involve sexual ambiguity": the birth ceremony may be surrounded by the unpredictability of the gender of a newly born child, and the wedding anticipates the uncertain sexual union and procreation of the newlyweds, apt opportunities for the intervention of the sexually ambiguous Hijras' performance (1986:40). In dance and with often bawdy gestural and verbal play, they bristle against conventional propriety and caricature traditional feminine behavior by provocatively teasing the assembled male guests with sexual innuendo. They issue warnings that if appropriate reparation is not forthcoming by audiences giving badhai (a gift of money, food items, or clothes), they will engage in potentially outrageous acts, occasionally exposing their genitalia (or lack thereof) but more commonly by hurling loud and embarrassing sexual abuse at reluctant patrons. Considered to hold special powers, as "sanctified hierophants" (Senelick 2000:27), they confer fertility blessings: a dua (prayer) "from Allah," but alternatively, if treated poorly, issue a bad-dua (lit. bad prayer or curse), which is considered to be especially unlucky. Inspiring both reverence and fear, they play upon their own supposed impotence, evoking an almost Freudian subliminal castration anxiety among their audience members. The transformation of one's biological sex as a source of supernatural powers echoes the magical features found in Hindu mythology.

The Hijras of the Kashmir were associated with the matchmaking and bacha-nagma since Mughal period. Hijras of Kashmir has a rich history and links with that of Hijras in South Asia. Evidence of Hijras in South Asia is thought to date back to Vedic sources, where there is evidence in the Satapatha Brāhamana (ca. 8th century BCE) of longhaired men, neither "men nor women," who were used in rituals (Roscoe 1997:74). Traces are also found in the Mahābārata (ca. 200 BCE-200 CE), where the hero Arjuna refuses the sexual advances of the celestial nymph Urvashi and is consequently punished to spend a year "as a dancer and destitute of manhood and [to be] scorned as a eunuch" (Nanda 1999:34; Buck and Triest 2000:141). In these texts, while the third gender is assigned low social status, in its alignment with ascetic sacrifice (by renouncing sex) it develops divine auspices. As such, Nanda notes that Hijras' "sacred powers are contingent upon their asexuality" (Nanda 1986: 35). The link between asceticism and self-castration is
evoked in representations of the great Hindu dancing Lord Shiva (of whom Arjuna is considered an embodiment [see Nanda 1999:30]). According to mythology, Shiva ripped off his linga (phallus), and in so doing extended his power to the entire universe - a symbolic enactment of castration transformed into generativity; asceticism into eroticism; and destruction into beneficence (Doniger 1973:131). Hindu Hijras are said to derive religious sanction through Shiva, and in particular, the worship of the mother goddess, embodied in Urvashi, but most prominently in Mata Bahuchara, who, as legend has it, cut off her breast, a self-sacrifice for her virtue as she was about to be attacked by thugs. Nanda argues that the sanctity of this goddess is "the source for both Indian Hijras' claim for their special place in society and the traditional belief in their power to curse or confer blessings on male infants" (1986:35). Pakistani Hijras, identifying with the state religion of Islam, do not draw upon this Hindu history, but rather trace their own history to the more recent khwajasaras (eunuchs) who are known to have enjoyed esteem in the Delhi Sultanate (1206-1526) and Mughal courts (1526-1 857). These eunuchs served prominently as political functionaries and harem guards, nerrorner sociopolitical and gendered mediation. However, they are associated neither with dressing as women, with dance, nor with ritual powers (Nanda 1999:23). Contemporary Pakistani Hijras attribute their special powers to bestow attribute fertility blessings and punishments to Allah, as a compensation for their own inability to bear children (Bobby 2008; Guriya et al. 2008).

In early Islam, eunuchs were entrusted with the guardianship of a number of epicentral sites, including the Prophet's tomb, and the Ka'bah. As Shahzad Bashir has pointed out, for more than eight centuries (ca. 1 100-1900) they had the role of guarding the tombs of a number of religious and political icons (2007:136). While this does not explain their magical function, the association with death, which persists among contemporary Hijras, who frequent Sufi shrines to commemorate the death anniversaries of mystical saints, suggests a link with the divine. The hijra Guriya claimed that the Sufi prototype of female sainthood and permanent celibacy, Rabia al-Adawiyya al-Qaysiyya of Basra (717-801), was an ancient Hijra (Guriya et al. 2008). Rabia al-Adawiyya shares a nexus with Mata Bahuchara, both being virtuous female celibates. Through the Pakistani Hijra (and some Hijras in South India, as noted by Reddy 2005), there are suggestions that the phenomena transcends a singular religious belief system, accommodating Hindu rituals into the dominant religious frame, aided by celibacy in some Sufic orders and eunuchs' Figure . In contemporary India, Hindu Hijras have also been known to convert to Islam (see Nanda 1999:42), and as Gayatri Reddy illustrates, it is a common procedure, after
inception into the Hijra community (2005:99-120). The political history of khwajasaras may account for this conversion, but requires further research. In only a few accounts we find the Muslim court eunuch engaged in dance. The son of Emperor Jahândâr (1664-1713) would dance kathak with his eunuchs (Khan 2000:49-50). The court eunuch was associated with a nonexistent sexual life but there is evidence that some enjoyed sexual relations with women (Findly 1993:66). Historically, the ritual performer and court functionary, and thus Hindu and Muslim trajectories of the figure, probably began to conflate under the collapse of the Mughal Empire when eunuchs relinquished their royal positions and were divorced from worldly ties. How this transition occurred, however, remains unclear and is in need of further research. Taking the threads from the historical account of the Hindu mythology and the Muslim courts, the history of the Hijra community of Kashmir can be contextualized. Despite the fact, that many Hijras in contemporary Kashmir continue to perform at weddings, and matchmaking their dancing role and the role as matchmaker is being eliminated due to the increased availability of female dancers, DJ’s and the growing trend of love marriages, information technology and social change.

In Kashmir, the entry into a Hijra family is not as complicated as is in the other parts of South Asia. Though the entry is ritualistic in nature marked with certain specific function like pan thawun, dupteh trawun and sether thawun. There is no significance of castration for the entry into the Hijra community of Kashmir. However, In the Indian context, we have mostly castrated Hijras, who perform the ritual by the traditional virtues. Castration is of utmost importance in the life of a Hijra that transforms their virtual appearance from being a man to a woman (Kalra, 2012). The process of emasculation is known as ‘Nirvan’ (Krishna, 2002) (Kalra, 2012) (Lal, 1999). In the process of castration male genitals are removed surgically by unqualified quacks (Winter, 2009) or in a traditional method performed by daima/ dai amma/ thaiamma (an older Hijra). In the traditional method no anesthesia is given. It is a common belief among Hijras that emasculation by thaiamma (in a traditional method) will make a Hijra more beautiful like a woman and thus the Hijras who perform the traditional practice of castration are valued and respected more (Chakrapani, 2009). However, because of unsafe and unhygienic non-surgical procedures Hijras develop post-operative urological complication. After the completion of castration, the Hijra/Nirvan is left to stay isolate for a period of 40 days and is not allowed to eat fruits or drink milk. At the end of the forty-day isolation period,
the nirvan is dressed as a bride, is taken in procession to a body of water and subsequently to a ritual involving fertility symbolism relating to marriage and childbirth, becomes a Kinnar and gets the power of the goddess. (Merretta, 2017). It is also believed that during the period of isolation the Hijra is not allowed to remove his facial hair and the traditional Hair pluckers within the community performs the ritual of plucking hair. Hijra gurus/born Kinnars are considered to be clairvoyant. It is believed that they are blessed with the power of foretelling the events. They can see their own sins and can also sense the evil activities of their disciples. This makes their disciples/chellas to be afraid that their clandestine plans would get known to their gurus, even without their disclosing them. It is believed that due to the powers blessed they can even foresee their own death. This ability to foresee their death is believed to be present only in born eunuchs/intersex. (Pallavi, 2016).

As mentioned earlier that the Transgender people of Kashmir has a well-defined sexuality, in other words sexuality is the base of Hijra identity. All the participants of the study expressed the desire to have sex with the men. They acknowledged that they are sexually attracted towards men. White (1974:195) states “The gender variance is frequently associated with sexual orientation, where it is thought that a person who is homosexual will identify with and express the gender opposite her or his sex; this is not always the case. Not all people who are homosexual will be transgendered, and not all transgendered people are homosexual. Transgendered individuals may be gay, straight, bisexual, or might not identify with a particular sexual orientation. Further, a person with a homosexual orientation might be gender variant, or they might engage in normative gender behavior. Transgender is a term used to describe individuals who have persistent and significant discomfort with their assigned gender”. Though it is clear from the fieldwork that most of the Hijras engage in homosexual activity, there has been controversy over the centrality of this activity in the institutionalization of the role in Kashmir. In his psychoanalytical study of high castes in a village in Rajasthan, Carstairs (1957) asserted that the Hijra role is primarily a form of institutionalized homosexuality that developed in response to tendencies toward latent homosexuality in India national character. Morris Opler (1960) contested both Carstairs’ evaluation of Indian character and his assertion that Hijra are primarily conceptualized as homosexuals or that they engaged on any sexual activity. Opler argued that the cultural definition of their role in Indian society was only one of performers. Sinha (1976), who worked in Lucknow in
North India, acknowledged their performing role, but treated Hijras primarily as homosexuals who join the community specifically to satisfy their sexual desires. Lynton and Rajan (1974), who interviewed Hijra in Hyderabad, indicate that a period of homosexual activity, involving solicitation in public, sometimes precedes a decision to join the Hijra. Their informants led them to believe, however, that sexual activity is prohibited by Hijra rules and that these are strictly enforced by the community elders. Freeman (1979), who did fieldwork in Orissa at the southern edge of North Indian culture, discusses Hijra as transvestite prostitutes and hardly mentions their ritual roles.

Even Carstairs informants, among whom the homosexuality of the Hijra was well known, defined them as either drum players at the birth of male children, or eunuchs, whose duty was to undergo castration. In parts of North India, the term for effeminate males who play the passive role in homosexual relations is jenanas (woman); by becoming a Hijra, one removes oneself from this category (see also Lynton and Rajan, 1974). In Kashmir, the passive partners in sexual acts of MSM are known as moorat and the active ones are known as poatch. Like India, a covert homosexual subculture exists in Kashmir as well. This homosexual subculture exist in some of the larger cities in North India (Anderson 1977), but persons who participate in it are not called Hijra. In fact, as in other cultures (Carrier 1980; Wikan 1977) men who play the inserter role in sexual activities between men have no linguistically or sociologically distinguished role. Unlike western cultures, in the names by which Hijra are called, such as kojja, in Telegu (Anderson, 1977) or potee in Tamil, are, unlike the term Hijra, epithets used derogatorily to men a cowardly or feminine male or homosexual. According to my research, androsexual activity is widespread among Hijra, and teenage homosexual activity figures significantly in the lives of many individuals who join the community. As Sinha’s (1967) interviews also indicate, those Hijra who engage in homosexual activity share particular life patterns before joining the community. Typically, such individuals liked during childhood to dress in feminine clothes, play with girls, do traditionally female work, and avoid the company of boys in rough play. In lower class families, the boy’s effeminacy is both ridiculed and encouraged by his peers, who may persuade him to play the inserted role for them, possibly with some slight monetary consideration. At this stage the boy lives with his family, though in an increasingly tense atmosphere. He thinks of himself as a male and wears male clothing, at least in public. As his interest in homosexual activity increases and his relations with his family become more strained, he may leave home. In
most cases, their families make serious attempts to inhibit their feminine activity with scolding, surveillance, restrictions, and beatings, so that the boy finally has no choice but to leave.

There are two modes of sexual relations among Hijra in Kashmir. One is casual prostitution, the exchange of sexual favors with different men for a fixed sum of money, (the Nanda’s observation about Hijras in India is also valid for the Hijras of Kashmir [Nanda, 1999, pp-226-238] ) and the other is ‘having a giry’a’. Hijra do not characterize their male sexual partners as homosexual; they quite explicitly distinguish them as being different than homosexual. Having a husband is the preferred alternative for those Hijra who engage in sexual relations. Many of my informants have, or recently had, a relatively permanent attachment to one man whom they referred to as their husband. They maintain warm and affectionate, as well as sexually satisfying and economically reciprocal (sometimes moorat is seen bearing the financial burdens of her poatch), relationships with these men with whom they live, sometimes alone, or sometimes with several other Hijra. Hijras in Kashmir have a good demand from the men who generally identify themselves as ‘straight’.

Transgender community of Kashmir continues to be a marginalized section of the society. They are living a pathetic life full of discrimination, abuse, and violence. Having no Programme or scheme for their welfare is further pushing them towards various socio-economic frailties. A study by a team from the National Institute of Epidemiology among 60,000 transgender people across 17 states, including Tamil Nadu, found that a large proportion of them receive no support from their biological family. The team held group discussions and interviewed community leaders to study the social support system available for them. The meetings revealed that the biggest perpetrators of violence against transgender people were police and law-enforcing authorities. Worsening the plight of Transgender further, the Law Makers have left no stone unturned to humiliate and disgrace the Hijras. Since the society and the state have kept them at bay and didn’t provide them any option of receiving the formal education either due to the expulsion from families that leads to economic constrains or due to the harassment and bullying faced in schools for not confirming to the expected social gender role, the only option for them is to sing, dance and beg. (Puri, 2008) and (UNDP, 2010) highlight that Hijras/transgender are booked under Section 268 IPC (causing public nuisance particularly at Signals) or under Section 294 (Obscene Acts and songs- incase the person refuses to give
The complaint is also registered under Section 269 and 270 Act (likely to spread infection), or under the Bombay Police Act, 1951. (Puri, 2008) Further mentions that Hijras are booked under the public nuisance (Sections 268 and 290 IPC) and Sections 7 and 8 of the Immoral Traffic (Prevention) Act of 1956 and these criminalizes Hijras soliciting having sex in public places and not under Section 377 (UNDP 2010). There is no stringent action taken against rape on a transgender and many of these sexual assaults goes unreported and unaccounted. In a few cases if the Transgender/Hijra approaches the police station they are held responsible for the act, with the result the Transgender stop reporting such crimes and face the humiliation silently.

**Conclusion**

Hijras of Kashmir are a subculture; they have a distinct language, customs, and a different lifestyle. Due to their different gender and mannerism, they find themselves on the peripheries of this Muslim majority society. The transgendered Hijra community of Kashmir has evolved to form a unique subculture within Kashmiri society, existing alongside the ubiquitous heterosexual family. This subculture has been clandestine about its customs and lifestyle. Hijra is the only visible gender and sexual minority, which is often subjected to a lot of harassment, discrimination, and violence. Hijras of Kashmir comprises a publicly institutionalized subculture of male-bodied female identified people. Although they have existed as a culturally recognized third gender for a very long time, it is only recently they have been legally recognized as a third gender in India
Chapter-6

Hijra of Kashmir: The Stigmatized Social ‘Other’

“Being visible should never leave anyone feeling vulnerable….a voice of closet”

The visibility of a person’s gender expression, which is against the dominant genderist and biocentric societal context, shapes the experiences of the people with the diverse gender identity. Therefore, it is the expression of the gender and its visibility, which determines the position of the people in a particular social context. It also determines the treatment they receive from the society. A key concern within this research work is to understand the experiences of the people who identify themselves as having a distinct gender identity beyond the normative gender-framework. It explores various problems faced by Male to Female (MTF) transgender or the Hijra community of Kashmir. The various aspects of their life has been thoroughly studied which included their perspectives related to their identity and acceptance, abuse, lower socio-economic profile, harassment, love relationship and dependency. This chapter will address the ways in which the gender identity influences the quality of the life. However, particular attention is paid to the pervasiveness of discrimination, harassment, and violence. The study analyses the complex ways in which transgender women experience hostile environment; in terms of abuse, neglect and discrimination at various fronts in family and society. The multiple complex deep rooted problems of this community were studied thoroughly using a qualitative approach. The MTF transgender or the Hijra (as they identify themselves) community of Kashmir faces multiple socio-economic problems. In this section of the study the diverse but very much related experiences are explained to understand such problems that this community faces.

Gender Identity versus Birth Sex: A Huge Feeling of ‘Incompleteness’

The non-confirmation of their gender, which is exhibited by the negative messages they receive all, creates confusion to them about their self-image and identity. Participants reported that they were often told that their attitude and behavior resemble girls and are in contrast with the boys. Gender identity has always been a source of confusion and frustration to them. Many of them play a dual role in this gender binary society in order to avoid stigma and discrimination. They wear female clothes while visiting peers or
while performing on a marriage ceremony. However, they wear male clothes and adopt male style in their families or whenever they have to visit their relatives. Their feminine side is frequently disavowed, ignored and largely ridiculed. In such situations identity crises becomes inevitable.

All the informants reported that living two lives often created identity crises. It has never been easy for them to accept what they are. The informants reported that they were persistently trapped in a cycle of shame and guilt while accepting their gender identity. When they accept themselves, the way they are then the society does not accept them at all.

“I am the one who is living the absolute torment of occupying a body that never coordinated with who I am inside. It is never easy to accept what I am? Am I a man? A woman or what? But I am sure that I am a human being, I see, feel and react. I have emotions. Agar khodayan mard te zanaaneh yaetchie banawih telih kaem banaiew aiess. Soun aasun agar galti chi telih chi so khodai senz galti. Sanih aasnuk kus chu kosoorwar kraal ha kinih baaneh, banawan woul ha kinih bandeh? [If God created only men and women then who created us? If we are mistakes then undoubtedly we are God’s mistakes. For my existence who is to blame, potter, or the pot; creator or the creation?]. We acknowledge that we are different and don’t fit in the ‘hetero-normative’ roles but that surely doesn’t make us less than a human”. (Reshma, Participant 2)

The identity crisis is quite discernible in the account of the participants. Most of them revealed living dual life. Participants also reported feeling frustrated because of the inability to reconcile with the assigned gender. The ‘feminine’ feelings were suppressed initially and later became the source of frustration.

“It is like I have ze zidagi [two different lives] - two sets of friends, two sets of stories; everything split rather unequally to fit into ‘abnormal’ and ‘normal’”. (Roshni, Participant 9)

As far back as primary school I remember playing with dolls and dressing in girl’s clothes in secret. I also remember feeling upset that girls wore skirts and boys did not. I always wanted to be a koor [girl], this feeling frustrated me as I failed to reconcile with my assigned gender. I thought
maybe it is like an itch that needs to be scratched, maybe if I do this thing once, maybe if I let myself wear girl’s clothes that will be enough. I could rukawun [thwart] this queer urge and be “normal” Soon. Hah! What a silly thing to tell myself. I thought that if I punished myself, I would not want to be this way anymore. If I demonized my transness – if I were cruel enough and I was patient – I could chase it away and it would never come back. (Santy, Participant 7)

Most participants revealed having the feeling of being different. Inclination and the affinity towards the ‘womanly’ things was felt at a very tender age in the formative years. The female psyche was in conflict with the male body.

“I feel I was always alag [different]. When I was in fifth class, I realized I was more connected with girls. Mostly boys of my age would play with other fellow males, they would play cricket and would take interest in ‘mardoon’ wali cheezay [manly activities] and show dabaaw [dominance]. Here I was but always different, soft natured, playing with girls, playing with dolls, kitchen sets, applying makeup and wearing my mother’s scarf and jewelry. I was more comfortable in behaving as a girl and that’s when I was made to realize that I am different- a social outcast”, (Yasmeen, Participant 22)

“When I was growing, in my formative years I could sense of bardash e naebaer [uncontrollable] womanliness. I was feeling like I am all a female imprisoned in a man’s body. I was apprehensive would the society ever receive me the way I am. I yearned to be known as a woman and felt the agony at being considered a man. I questioned why Allah had chosen me for this kind of torture, why He could not have created me either male or female?. All the time I was confused and lost.” (Fareeda, Participant 23)

Many of the participants expressed the desire to act, behave, and dress like women but keeping in view the hostile attitude of the society they suppress their desires. They felt incomplete and helpless because of the inability to express themselves and to live the way they desire. All the participants reported to have a female name, which they acquired during the process of coming in terms with their sexuality and gender identity.
Participants expressed immense contentment when they cross-dressed and exhibited feminine mannerism. The expression of the feminine mannerism invited a lot of ridicule, discrimination, and violence as a result these feelings were suppressed to a considerable level.

“I kept the feminine side of me hidden even more because it upset my parents. I kept myself as busy as possible, but the feelings never went away. Though secretly, I chose a female name when I was about 17 years old. I wanted to be 'me', and my given male name did not have a female version. When I was 19, I wanted to tell everyone especially my parents that I am a transgender, tell them about my true feelings, the overwhelming joy I felt when I dressed like a girl. I wanted to tell them that it is not my fault; I am not manhoos [an abomination], Almighty created me this way. I wanted to tell them that I am sorry for being a coward, but I failed miserably.” (Ruby, Participant 26)

“My urge to become a woman was getting mazboot [stronger] inside me. The day I first dressed like a girl was a moment of great joy for me. In the garb of a girl, I could express all those female feelings, which I otherwise had to suppress. I stuffed cotton inside the bra to make my chest big. In the floral kurta-shalwar, with the kohl lined eyes and painted lips I was all a woman. I was feeling all a bashful woman, blushing in virgin pride. I looked at myself in the mirror and felt a glow of pride. I was looking like a woman. It seemed to me that my earlier male form had left and in its place was a woman. I felt jubilant. Then I was tortured for being who I am and I stopped cross-dressing. My body and my soul was always in conflict.” (Rani, Participant 8)

“I used to love to wear the clothes that my mother used to wear — her jewelry, her makeup. That is something, which used to extremely enthral me. Society never wants to see a man in the woman’s attire. They believe it is a threat to their social order. However, I have undertaken a long and strenuous journey, rejecting my biological sex, and opting to become a Hijra — that is my true identity.” (Simran, Participant 3)
Most of the participants revealed that they are looked down upon by their family members and relatives because of the feminine mannerism they exhibit. This makes them feel that there is something wrong in their mannerism and possibly results in low self-esteem. There is a strong sense of worthlessness, dejection, and low self-esteem in the participants. They are trapped in the cycle of shame and guilt.

“The reality of being a transgender is that, sometimes, it does not begin as a splendid epiphany, a relief, a moment of clarity. For me, it began in the chorreh chaepih [darkest part of the closet]; not quite believing that it was possible to be happy and to be transgender. Over the course of the formative years of my life, I could feel my gender kicking and screaming whenever I looked in the mirror. It made demands and held me hostage: my gender wanted girl’s clothes, and my gender wanted me to live like a girl, and my gender wanted all the girly things including a boyfriend. I dissociated from it because I did not want to believe that the urge to transition was my own. It was a circus of denial, of finding new ways to khaerij karun [invalidate] my transgender identity.”

(Sanah, Participant 17)

“It was the sweetest kind of torture, where you both desperately want and intensely despise something – a tazaad [contradiction] that I found myself repeating every time. The denial waxed and waned until it gave way to guilt. As I attempted to respect my true and real feelings, put on make-up, and stole inner wears from my cousins, the person who stared back at me in the mirror started to resemble my mother in ways that scared me. I thought about what she might think, now that this person she called her son looked more like her daughter, like the spitting image of her in her reckless teenage years. I thought about what the people I loved might think if they knew what I was doing secretly, if they knew I was—well, in their words—a “cross-dresser.” Yet, here in front of the mirror, I was all a girl, every bit of me. Yet, feeling sorry for who I am?

(Begum Jan, Participant 16)

“It sometimes feel like a run-on string of apologies – I’m sorry for being this way, I’m sorry for disappointing you, I’m sorry for your expectations,
and I’m sorry for mine. When my tongue grew tired of apologies, and my heart grew tired of pretending, I tried to negotiate – I tried to find ways of being trans at a more convenient time, in a less committal way. After the denial and after the guilt, I tried bargaining – because being trans is that it’s all the stages of museebat [grief], sometimes all at once. You’re losing who you were told to be to become what you really are, and sometimes that hurts. And when you keep your queerness a secret, every “he” and every “his” and every “son” is a reminder that you are only the sum of the lies that you tell, and that you’ve all but vanished.” (Saida, Participant 19)

“There is a kind of depression I never knew until meh chachih pannih zangeh[ I clipped my own wings] because I was afraid of being seen. It is that sometimes we are our own destroyers, we are our own killers, we are our own mutilators – sometimes we cause ourselves more pain than anybody else, because from the time that we were young we were told, sometimes quietly and sometimes loudly, that we weren’t meant to exist this way. At first, I only knew how to hurt because I thought that people like me were supposed to hurt. When you exist in a society that tells you that who you are is galat [wrong], the violence enacted on you is justified (generally religion is justification), and at first, it feels perfectly natural nafrat karen [ to hate] yourself because you were groomed for this stage, for this act, for this spectacle. More times than I care to admit, I said to me, “You’re disgusting, you’re wrong, you’re naabkaar [worthless].” (Raunak, Participant 10)

“At times I sit alone and bemoan my existence; I question myself, and question my creator. I mourn my transgender self-image. I lament the fact that I cannot have a family like rest of men have, I cannot have children like rest of women have. I wonder what God has made me, why has God made me at all…” (Azeezi, Participant 14)

The participants largely reported that their feminine side has been completely denied or ignored. They are always forced to behave and act like a man. Transgender behavior and sexuality is in conflict with their biological sex. Thus, informants reported that conflicts
related to their identity have reduced their human dignity and self-concept, which resulted in non-acceptance of gender identity in most of the cases.

**Neglected by Family and Rejected by Society**

Transgressing the prescribed gender ‘norms’ at a very tender age i.e., preference of a transgender for female attire, makeup and household work fundamentally has a negative impact on their general well-being. Family members did ridicule and strongly oppose their feminine behaviors during the late childhood and adolescence. Parents and other family members expected them to portray ‘masculine’ image. When these boys did not confirm to the approved gender roles and continued to exhibit feminine mannerism, they encountered various types of negligence, discrimination, humiliation, and abuse. The development of these boys as transgender smudges the family ‘image’. All the participants reported discrimination, humiliation, and violence for expressing their feminine mannerism.

> “Till a particular time in my life, I tried to be a man, I tried to act the way my family wanted me to, but my zanana [feminine] soul was not in correspondence with my mardana [masculine] body. I felt too alienated. All the time my soul would remind me that it is in a wrong body. When I accepted myself, I was discriminated, alienated harassed by my family members. The society never accepted me. The street harassment that the people of my community face is not describable.” (Shabnum, participant 1)

> “I was beaten, humiliated, harassed, and mocked. I was harassed to a level that I left my home for good. A sense of isolation and a need of social support drove me close to the Hijra community; I decided to live within a community of like-minded souls who are like me.” (Bilquees, participant 21)

> “I think I was probably ten years, studying in fourth grade. I would go to the school with the girls from the mohalla. I played only girls games. I loved to do the garech kaem [daily chores]. I helped my mother in the kitchen, sweeping and cleansing, washing vessels. In the garb of a girl I could express all those female feelings which I otherwise had to suppress. My father would tease me, call me names. Neighbors would laugh at me
and the older boys would ridicule me by calling me chakka [faggot/effeminate boy]. I was emotionally blackmailed and asked to make a pledge that I will never do that again…….[sighs]. I am teased and bullied on the streets. All I want is to live a life being true to myself, with a little dignity.” (Tanu, Participant 13)

“We Hijras have long been discriminated against in jobs, housing, education, and health care. The taunts from family and relatives, the mockery by friends and neighbors left me bruised to a level that I found no option but to leave the home. However, the problems did not end with that finding a place on rent was equally painful.” (Najma, Participant 20)

The family did not accept the feminine behavior of the participants. Many participants revealed that they were forced by their respective families to act ‘macho’. They were blamed for ‘disgracing’ the family name. Most of the participants revealed that their families never accepted and recognized them. They are often isolated by the families and discriminated because of their gender identity. Finding no dignified place, free from abuse and discrimination in the family, they left their homes and many revealed that they were simply disowned by their families and forced to leave the home. Family members, especially the male family members (fathers, uncles, and brothers), often verbally and physically abuse participants. They humiliate them by using the derogatory labels. This makes them feel inferior, diminishes their self-confidence, and reduces self-esteem. Participants reported discrimination in terms of nutrition, recreation, mobility, education and other facilities necessary for the development.

“When my parents came to know about my gender, I wasn’t allowed to go out; I wasn’t allowed to play with either boys or girls. I was confined to my home only, and I was forced to leave my studies.”(Soni, participant 4)

“During my childhood, my parents ridiculed and scolded me, and at times beat me. I was not given the proper food, my siblings would get more share. I was kept confined in the solitary room for weeks. I tried to act how I was expected to, but I failed at it miserably. I failed every time to behave as a man, because I never was one. Everybody would humiliate me, they would call me Gandhu or Chakka [Faggot]. I wanted to tell people that it’s not my fault for being the way I am, I wanted to tell them
being a transgender is not a choice. I wanted to explain them I cannot be a man, because my soul is not at peace. I wanted to tell the boys of my locality not to tease me because I too am a human and I too get hurt when you call me names, make faces. But I couldn’t do anything, I couldn’t explain anything to anyone, I just accepted it as my fate.” (Rani, Participant 8)

“Transgender in Kashmir do not get the recognition and acceptance in the society and the rejection from the family is what troubles most. Our social mobility is restricted and we are not allowed to mingle freely with other children around. When my gender was not expressive I was allowed to attend school and receive the formal education; however things changed when they came to know that I am a transgender.” (Iram, Participant 5)

“I was fourteen when my family members threw me out of the house because I acted and behaved like a ‘koor’ [girl]. They thought my birth had brought ‘zillat’ [shame] to the family. I was not allowed to continue education but my other siblings were allowed to do so. I was denied the property share. First they harassed me verbally, then physically and ultimately I was shown gate” (Shabnum, Participant 1)

“Once when my brother saw me wearing the female clothes. He shut me in the room, grabbed my hair, and started beating me with an iron rod. He began hitting me carelessly, shouting that he wanted to murder me. The blows were coming hard that it cracked my skull. The blood was gushing out; I was beaten on my legs, arms back. He hit me till he was tired.” (Rozy, Participant 24)

“I was thrashed ruthlessly, humiliated mercilessly, and made to suffer like anything. My mind and body was bruised. I would often ask Allah, why must I feel pain like this? Why must you put me through this trial? I was blamed for degrading the izzat [honor] of the family. I would be discussed and gossiped about. They made me suffer like hell, no one feels our pain. Only a Hijra knows another’s feelings, agony, loss, and anguish. Be chas
tang amech, be gaches wanih marnie [I feel burdened by the sorrows of life. I don’t want to live anymore].” (Bilquees, Participant 21)

“My brothers used to beat me a lot, I was left to myself in a room, and whenever I would act effeminate I was disgraced and humiliated, my maternal uncle used to beat me most, he strongly denounced my identity and would ask me to act and behave as a man, which I never was. They say I am a disgrace and an abomination.” (Reshma, Participant 2)

“I was just fourteen years old when my father and brother threw me and my mother out of the house. They thought my birth had brought disgrace to the family. My father and my brother first harassed me. At one point, they even assaulted my mother and me. When we were in Srinagar, neither my father, nor my brother turned up. I was taking care of her alone. I had no money. Whatever I spent during that time was all I collected by begging. We are living on the fringes of society since times immemorial. Most of us are thrown out just because our families are not able to understand us. We are also human beings and deserve respect” (Shabnum, Participant 1)

“They laid some rules for me. I was not to roam around the village, nor was I to take part in public gatherings. Moreover, I was not to hang around with men, talk to them, or go out with them. I felt fear, shame, and confusion.” (Fareeda, Participant 23)

“I tried to hide this fact from family. They somehow came to know about it and asked me to leave studies. I was shocked. It was no fault of mine. I wanted to study. We are being considered freaks, unable to gain acceptability in society like others do, just because we are born in a way that is considered ‘abnormal’. We are always ill-treated by society, by the law enforcers, shackled by the archaic laws, looked down by our own families, have no means of earning a living. This is our position in the society. ……..” (Raunak, Participant 10)

Neighbors often see transgender as a sign of shame. They assume that having friendship with the people from transgender community would tarnish their image and would negatively affect their societal status. This actually dissuades them from mingling with
them and isolates them further. Community attitude towards transgender people often forces families to take a hostile stand against the transgender children. All the participants reported severe street harassment.

“I am facing violence at my home, at school, on the streets. Many of the times, I go to the market I am stared at and the manner I am teased is pathetic. But then we can’t ever live if we fear being harassed. Or dare express ourselves.” (Roshni, Participant 9)

“Men, women and even children laugh at us, heckle us. People have mercy for a blind, handicap. If someone has experienced some problem, they are cared by the family and by outsiders. However, when it comes to us. We are not considered humans.” (Nabla, Participant 15)

“For the people I am a thing to be looked and laughed at, an oddity a comic figure. I am facing humiliation and abuse. We are stigmatized like lepers.” (Rozy, Participant 24)

“We are socially ostracized, pushed to the wall; hence, we are living an invisible life. We don’t participate in public functions and social gatherings. We don’t dare to go to the market fearing the street harassment. We prefer to remain inside our homes.” (Yasmeen, Participant 22)

“My neighbors never treated me ill, they show a great regard and respect for me, but in public spaces it gets very difficult, luk chi asih wuchit thokih chenaan [people at times spit when they see us], and that’s very painful, I wonder at times, if that’s not the same God who have created all of us”. (Reshma, Participant 2)

Family members felt very uncomfortable with effeminate behavior of their children, especially when the family receives negative and disgusting reaction related to the feminine attitudes and behaviors of their children. The negative response from the largely conservative society like Kashmir; influenced families, which prompted them to take the hostile roles. The informants were profusely beaten, subjected to various forms of cruelty to discipline them, their mobility was restricted and behavior highly regulated. All the participants in the study reported that they have faced discriminatory and abusive attitudes at their family as well as society. Taunts from neighbors and relatives created
such an unpleasant situation where parents felt offended and humiliated. The feminine attitudes were condemned, discouraged and disowned. The disapproval was initially raised by the society and ultimately espoused by the family. The participants being feminine males reported being de-valued, dis-owned and dis-loved in families and ridiculed, hated and discriminated by society. They experienced and received discrimination as compared to their ‘normal’ siblings in terms of food, education, recreation, affection and other opportunities, which are essential for their wellbeing.

Hostile Environment at Schools

The participants encountered a hostile environment in schools because of their behavior and attitudes. They often experienced taunts, abusive treatment and loneliness. The ‘girlish’ attitude of the participants was reduced to the matter of jokes and humiliation. The participants revealed that they never find a safe and secure place in their respective schools. Participants reported verbal, physical, and sexual abuse in educational institutions. Lack of support from family and bullying in school has minimized the chances of receiving the formal education. The feminine traits of transgender always become the laughing stock for the students as well as teachers. They are being harassed and thus ostracized for not confirming with the gender roles. Many of the schools even deny the admission to the transgender students.

“Whenever I used to go to school, I always had to face the criticism from my friends and teachers. They mocked me by saying, “he is a ‘laanch’ (transgender), Amis chi griay (He is effeminate) na chi zanaan na mohniu (He is neither man nor a woman)”. He cannot sit or play with us. They never accepted me and always used to taunt me. Often I found myself sitting in the corner in the classroom or in the playground. Then I decided to quit schooling.” (Santy, participant 7)

“Students, teachers, and the non-teaching staff giggle at me as if I am an alien. They find opts to touch me unnecessarily. It hurts when they leers at me”. (Roshni, Participant 9)

“I was raped by my classmates, harassed for years. I approached the administration for assistance but they turned deaf ears and in turn told me not to behave effeminate. Then I left the studies for good.” (Iram, Participant 5)
Participants reported being victims of teasing and harassment. Sexual harassment from fellow students is common. They are often teased and labeled using derogatory names. Some participants also reported facing sexual harassment from the teachers.

“He (school teacher) would pinch my cheeks and butts, kiss me and hug me. He would open his zip and would ask me to press it. It was nauseating..... My parents thought since I behaved like a girl and get teased for being a trans it is better not to send me to school.” (Fancy, Participant 11)

“I was harassed often at school, for acting like a girl, for doing women’s work, and on the streets too, was terrorized often. I was bullied by my classmates they would call me laanch [transgender]. Yih boozith ous me dil ghamzad gachaan [My heart would sink at these words].” (Fareeda, Participant 23)

“I am harassed and ridiculed because I talk like a girl, I act like a girl. I hold my body bashfully like a girl. I am bullied for not being bold like a ‘man’. My friends stripped me so they could see what I am holding between my legs. I cried in hysteria and the other boys laughed at this.” (Rozy, Participant 24)

“At school, I was scared of the big boys. As they were always on outlook for me. They had spotted me from the others. Whenever I walked past them. They would screech at me, call me names, squeeze my cheeks and buts; they would also finger my butthole. I was fed up being teased and scared of the harassment. My grades started declining, as I was not going to school regularly.” (Ruby, Participant 12)

“Because of harassment and hostile attitude at school I was not able to concentrate on my studies. I failed in the eight-class examination and never went to school again. There were some who sniggered and some others who winked. Some would call names and others would approach for sex. I felt anxiety, dread, and great sadness and decided never to go to school again.” (Dazzy, Participant 6)

Majority of the participants failed to get a safe place with acceptance at school. Unable to bear the hostile environment at school most of them became reluctant to continue
schooling. Teachers made fun of them, abused them verbally and some of the participants claimed that they were sexually abused by their male teachers and non-teaching staff. Ultimately, they could not continue with the schooling, which diminished the opportunities for white-collar jobs.

**Sexual Harassment as a Perpetual Threat**

Most of the participants revealed that their first sexual experience had at the age of 10-14. The initial sexual interaction developed with male members especially cousins, neighbors, teachers or anyone closely associated with the victim or his family. Mostly these incidents happened as a result of force. Many of them revealed that they were threatened not to disclose the incident and many of them revealed that they were even blackmailed. They revealed that initially they were unaware of the fact what was actually happening to them. Later, the continuous sexual abuse made them conscious of their feminine ‘personality’. Informants revealed encountering profuse physical and sexual harassment at home and extending to all spheres of life. The sexual abuse rendered them vulnerable to transmission of HIV/STI’s. They were abused at school which resulted in the discontinuation of studies. Abuse at home made them feel insecure, vulnerable and gradually they lost trust on relationships. Sexual abuse at workplace was also reported. In many cases where these transgender reported the act of sexual violence, they in turn were blamed and punished which posed a threat on their worth and self-respect.

“My neighbor repeatedly abused me sexually for six years. When I reported the incident to my parents, they shouted at me and accused me of disparaging the ‘izzatdaar’ [respected] neighbor. I was beaten mercilessly and then I decided to accept my fate. We bring shame and ill luck to our families. We are treated as ‘third’ class humans. We never maltreat anyone then why are we treated this way?” (Santy, participant 7)

“They often pinch my chest, run their hands over my bum, and do many objectionable things.” (Rozy, Participant 24)

“He followed me and caught me in the park, I felt trapped. He wanted me to have anal sex with him. He hurled abuses and forced me into the act. When I screamed in pain for help. He shut my mouth and then forced his penis in my mouth I vomited. The skin around my private part was abraded and I was bleeding.” (Yasmeen, Participant 22)
Participants reported sexual harassment even at workplaces.

“Once at the shop where I was working, a group of people who were also working there tied me with a rope. They stripped off my clothes and left me naked for half an hour. That day, when I returned home, I was completely depressed to the extent that I attempted suicide by consuming poison. I thought there was no reason to live. When I returned home from hospital, I was told to vacate the house.” (Soni, Participant 4)

“I was dragged into the room after I finished the performance at a marriage function; they stripped me, taunted me, and raped me.” (Bilquees, Participant 21)

Being the victims of profuse physical and sexual abuse, the transgender of Kashmir are losing self-esteem and a hope of ever having a decent, secure and dignified life. They become desperate, involve in risk taking behavior and adopt various negative coping strategies.

**Struggle for Livelihood**

Participants reported the inability of getting a decent source of livelihood because of lack of education, non-confirming life style, and the lack of acceptance by the mainstream society. The participants who are working reported verbal, physical, and sexual abuse and discrimination at their respective work places. Many of them are involved in *manzimyaras* (match making), and *natchun te gaewun khandran paeth* (performing in marriage ceremonies). Traditional occupations of MTF transgender community of Kashmir are diminishing in many ways.

“*Laanch nagmeh* (performance by TG’s on marriage) is being replaced by DJ’s (Disco Jockey) and moreover, now a days who asks for match makers as ‘paanie karun’ (love marriage/marriage by choice) is becoming a trend. We are literally forced to beg. In the context of absolute misery many of us are being forced to sell sex.” (Shabnum, Participant 1)

“We have depleted carrier options and fewer financial opportunities. Now matchmaking has become difficult for us due to information technology, cell phones, Facebook, marriage bureaus etc. DJ’s are taking our place. No one is ready to employ us, not even for the pity jobs. We are
just left to beg.” (Azeezi, Participant 65)

“We cannot work, because we are not literate, we have no skills, and our professional identity is also sinking with changing trend.” (Dazzy, Participant 6)

“Transgender in rest of India go for Toli Badayi, they sing and dance at occasions of celebration of marriage and birth, which is a source of income for them. But here in Kashmir, we don’t have such culture. Even our much-abated profession of matchmaking and singing is dying.” (Bilquees, Participant 21)

“Those who visit are usually drunk and can afford only up to hundred rupees. They are usually rough and violent. They won’t mind placing burning cigarette on my body to enjoy my discomfort. I didn’t want to do the sex work but have no option left.” (Soni, Participant 4)

“While performing in the marriage functions, some men make dare to touch us, some pass lewd comments and some sexually abuse us. At such moments, I feel desolation and wonder that people could be this way. How could we ever hope to make a living? We don’t have a dignified work to do.” (Bilquees, Participant 22)

“I believe I could have achieved much in life but my low educational qualification acted as barrier. Many like me who are not much qualified are struggling hard to earn a decent living. I approached a private firm for a job of a peon, they categorically refused. I never want my gender to determine my profession and then this society [sighs]. I had no option but to sell my body....” (Iram, Participant 5)

“We are not chiefly involved in flesh trade as is true with the Hijras living in other parts of India. We do not even go to traffic signals or roam around in evening to make money. However, there are many among us who are forced to opt for sex work, as being unskilled they have no option left.” (Azeezi, Participant 14)

“We have no option left we are dependent beings. Begging and sex work is not worth having and worth striving for. I personally do not at all concur to be dependent only on the help of guru. This guru-chela system
is also exploitative.” (Tanu, Participant 13)

“The only thing I was always deeply in love with is singing, singing for me was my only passion, but my family strongly disapproved, justifying it as a womanly activity. I used to bunk my classes and go with my other fellow transgender to sing at marriage parties without telling my parents. When my younger brother got married, I sang in front of the guests and danced in my effeminate grace. Since then I started making my living this way. Now it is hard to make a living by singing only. I live along with my mother and sister-in-law and her 4 children. After the death of my brother I have been taking care of them, though I wanted to run off to live my life, but I gave up the thought and preferred to take care of my orphan nephew and nieces. I have found solace in this. I work for them; I live for them with the hope that they will be my support in my old age. Our main occupation is to perform at weddings, or many of us are engaged in matchmaking and other paltry and menial occupations. Nevertheless, can these odd jobs fill our stomachs? Obviously not, and so we supplement our earnings by begging or by performing sex work.” (Reshma, Participant 2)

“The transgender in Kashmir due to many socio-cultural disabilities are not given a chance to pursue their education that minimizes their chance of earning a decent living. We have no option left but to sell our bodies. Even if we work, we have to face a lot of violence particularly sexual violence.” (Nabla, Participant 72)

“They were upset about my work. No one from the family had ever sung or danced in the marriage functions. And here I was wearing lehanga and dancing. They considered it odd. I was given two options; I had either to leave it, or leave the house. I decided to leave the home. Now I am earning enough to fill my stomach. I have everything except my family. I want to spend rest of my life with my parents but it seems impossible.” (Bilquees, Participant 21)

“We can never expect that the shop owners will ever appoint us as salesperson. They do not hire us at all, and in case they do, we end up
being humiliated and harassed. In worst cases sexual exploitation also takes place or they take away all our wages. None of our member is in government jobs or even in private sector” (Saida, Participant 19)

Most of the participants desire to be involved in any employment, the work which could fetch them stability, dignity and security in the society. Some of the participants work as sex workers and often have to face any kind of harassment ranging from sexual harassment to blackmailing and extortion. These Transgender Sex workers have scanty knowledge about condom, HIV and Sexually Transmitted Diseases. They are being exploited by the clients, assaulted and beaten by the goons and drug addicts at cruising places. They never report the incidents of violence keeping in view the hostile attitude of the mainstream society. They are also not aware of their legal rights.

Struggle for Shelter

In a hetero-patriarchal society feminine behavior exhibited by males usually becomes a source of diverse trauma. The informants reported living two lives, that of being a male and a female. They were discouraged by the family and relatives to exhibit their feminine behavior. Despite being very much attached to the family a transgender is practically alone. Most of the informants tried to get attached to the family but experienced rejection and were disowned by their family members. They always failed to find a secure place at their homes. The extreme physical, verbal, psychological and sexual abuse forced them to leave home. For some the decision of leaving family was finalized when they were already associated with some of the friends who had left the families. But for many who left they were not associated with anyone and are continuously struggling to find a safe and affordable shelter.

“My father would often say “you are a curse to this family. Because of you the marriage of your elder sisters is becoming uncertain. Tem chi bozaan atih chu laanch te thokeh chakaan che chalaan [whosoever comes to marry your sisters, get to know there resides a transgender and rejects the proposal]”. I was often locked in the room whenever any guest visited the home. I was never part of any wedding of my relatives. I did not exist in my family then I decided to leave for good. Leaving home is easy but finding a shelter is very difficult” (Fareeda, Participant 23)
“My family did not support me so I left home before forty years. Now I am living on a rented accommodation. The escalating rent and my inability to pay it because of poor health is increasing the tension between me and my landlord. He often threatens to throw me out.” (Nabla, Participant 15)

“When I left home, I did not know where to go. I tried to find a room on rent; I was shocked to know how reluctant our society is to even rent out a room to a transgender.” (Bilquees, Participant 21)

“Asih chine wanans asih gaech bangleh te gaadih bas kal choorih thawneh khatreh thoda jai [we are not aspiring for the luxurious bungalows and cars but a small place to hide our head to live with dignity].” (Santy, Participant 7)

“I was disowned by my family and forced to leave home. I moved to Srinagar without any support and money in the pocket. I had to beg for months and sleep under open sky. I was not provided opportunity to receive formal education and had no skill to sell in the market. I was absolutely naïve with the help of my Guru I managed to get a room on rent.” (Simran, Participant 3)

“As soon as I left home, went to Srinagar finding work and place to live was really a tall order. Everything started getting complex all because of my gender. It was excruciating to find work and place. After twenty days of sleeping on the threshold of a shrine, I was able to get a job of a waiter in a dabha. However, the issue of finding a place remained. One of the Hijra spotted me in the shrine and after facing a lot of difficulty, she helped me in getting a rented accommodation. Since I was disowned by my family, so I started living with my Guru till I became independent. It was good to have someone who could understand you well, and accept you the way you are.” (Nabla, Participant 15)

“I was disowned by my family and forced to leave the house. I was also denied the property share. Since then I am moving from one place to another in search of shelter. Even if we find a place to live on rent the distress of paying the rent on time haunts.” (Raunak, Participant 10)
“We are often being told to vacate the place because someone else is paying double the rent. We are being harassed and told that non-local workers are paying four hundred per head and we will keep them. We are being told to behave properly. Without any reason we are forced to vacate the room. Then where to go.. We keep on wandering from one place to another.” (Saida, Participant 19)

“As soon as I left home, I landed into the atmosphere of exploitation and vulnerability. I thought now I am free from the shackles of fiefdom and subjugation but I was wrong. Triumphed over the choices available to me, I began to dress like a female, moved to Srinagar to find a place to live. The unexpected barriers and hostility shook me once again when I could not find a place to live. While finding no one around who cared, I was very shattered. No one was ready to provide me place on rent. Then when I was about to commit suicide my own community came to rescue.” (Soni, Participant 4)

In order to be fit psychologically, sexually, and socially at the certain instances it becomes mandatory for them to invent such support systems where they can vent off their repressed feelings. They leave families and start living on rent. Getting an accommodation on rent for MTF Transgender in Kashmir is not easy. Rarely house owners provide them rooms only if they ‘behave properly’. In most of the cases they fail to pay the rent on the prescribed times because of the lack of livelihood sources and are most of the times rendered homeless. Shelter is always an unending search for a security, safety, and dignity.

**Physical Health Issues**

Most of the physical health issues are associated with the unsafe sexual practices (MSM) and the vulnerability to Sexually Transmitted Diseases. Almost all the participants admitted that they are sexually active. Having least awareness about safe sex, transgender of Kashmir are highly vulnerable to HIV AIDS and other venereal diseases hence, they can be considered as a High Risk Group. The prevalence of HIV/AIDS among transgender in Kashmir is unknown. They don’t go for the screening of STD’s fearing stigma or because of no awareness about safe sex and STD’s. Since, transgender community of Kashmir is already socially ostracized, availing services related to safe sex
like counseling, condoms, and screening becomes extremely difficult. Among the 24 participants, only five have knowledge about the STDs and safe sex. No transgender have information about ICTCs (Integrated Counseling and Testing Centre) and the related treatment plans in case the person is infected. No respondent has ever gone for the HIV screening or the screening of other venereal disease.

Poor housing and inadequate nutrition has drastically affected the health of the transgender community of Kashmir. Moreover, the constant harassment, violence, and discrimination have resulted in the poor health. The ailments like hypertension (n=12), diabetes (n=7), arthritis (n=5), Upper Respiratory Tract Infection (n=4), Urinary Tract Infections (n=5), physical numbness (probably due to somatization) (n=14), skin infections (n= 3), GIT infection (n=2) were also reported.

“I do engage in anal and oral sex however I don’t practice safe sex. If we go to a chemist and ask for a condom, he would ridicule us.” (Soni, Participant 4)

“I have knowledge of condoms but have never used it. My partners do not like it. So I mostly avoid. None of us use. Though we know unprotected sex can cause infections. I have never gone for screening, because I don’t know where to go, besides it’s considered very derogatory, and I don’t want another tag.” (Dazzy, Participant 6)

“While the social and the psychological concerns among transgender are endless, a matter of concern that holds the prime importance is the Health of transgender. However, there are certain voices in support of our social issues. However very limited discussions take place with respect to the health of transgender especially the sexual health.” (Santy, Participant 7)

“Unfortunately, the maximum transgender population of Kashmir does not have proper knowledge of safe sex and the one who knows do not practice it, due to poor awareness. Our health department has also failed to sensitize and aware our community about the related risks.” (Shabnum, Participant 1)

The NGO claiming to work on MSM involving transgender has not been able to reach to the Hijra community of even Srinagar, not to talk of the rural areas. In addition, no efforts have been made by the government health department to hold awareness and
disseminate information on MSM and the related STD’s that makes the population more vulnerable. The old age, poor housing, inadequate nutrition, and the constant physical, sexual, and psychological violence are escalating the health issues of this community. Diminishing chances of securing decent life standard pushes them to the unending cycle of frustration and helplessness.

**Mental Health Status**

Participants report many causes of anxiety and tension that disturb their sense of wellbeing. Being Hijras, they have to deal with enormous social and personal pressure while trying maintaining the semblance of normalcy in the hetero-normative society. Their present is marred with losses, regrets, and ordeals of the past whereas their future is full of uncertainties and apprehensions. The source of traumatic stress is their exposure to traumatic events like sexual abuse, persistent physical, verbal, and emotional abuse, discrimination, stigma, and alienation. The continuous experience of harassment, discrimination, and violence gives way to psychological distress. The common complaints of such distress includes sleep disturbances, suicidal ideation, irritability, palpitations, restlessness, risk taking behavior (especially unprotected sex), nightmares, flashbacks, feelings of anger, humiliation, frustration and revenge, memory loss, headaches, feelings of loneliness etc.

“Yeh woh dard hai jo na marnay deta hai na jeenay [It is such a pain which neither kills one nor let him live]. The taunts, harassments and the indifferent attitude of the people you trust and love most kills. Its consequences reach far beyond jismani dard [immediate physical pain]. The zillat [humiliation] and guilt associated with such abnormal and gair insani [inhuman] treatment can’t be explained. Sometimes I curse my existence.” (Saida, Participant 17)

“The zehni pareshani [mental anguish] escalates to the level that I desire to kill myself. I get annoyed easily and don’t find any reason to live.” (Yasmeen, Participant 22)

“The memories of that distress are still alive in my dreams. I often have nightmares and flashbacks. Jism pe khaye hue zakhm hum bhool gay, Rooh pe khaye hue nahi bhooltay……. [I reconciled with the wounds of the body. But my soul still remains bruised……]. I am still struggling with
my broken sleep. The memories of my past are haunting me like anything. The continuous bouts of anxiety are now the integral and inseparable components of my life. The persistent nightmares are harrowing. My past is not letting me move on. Sometimes I feel like I should commit suicide.’ (Iram, Participant 5)

“The humiliations, which I suffered throughout my life, are haunting me in my memories and dreams. I get agitated easily and perspire a lot. A small noise distracts me. I have many palpitations and often get restless. I feel worthless, trapped in a cycle of shame and guilt.” (Fancy, Participant 11)

“I feel vilest when I think of that shameful episode when I was stripped and kept stark naked for hours. Then my mood becomes bitter and irritated. I am frustrated because I can’t marry a man. I feel alone.” (Rozy, Participant 24)

“Hamesha ik anjaan sa dar laga rehta hai [There is always an unexplained fear].” (Reshma, Participant 2)

“When psychological distress escalates I become violent; my friends fall prey to my aggression and frustration.” (Begum Jaan, Participant 7)

“Jism ke zakhm bhar jaate hai magar yaadein rehti hai [Wounds of the body seal but memories die hard].” (Nabla, Participant 15)

“I am not able to forget anything; it is chasing me all. It is alive in my dreams and haunts me in my real life. I will never be able to live a normal life…….” (Roshni, Participant 9)

“Pareshanie chum naal woulmut [Wretchedness has enveloped me]. I have memory loss and recurrent headaches. Every night I have to struggle with my broken sleep; sometimes I get early in the midnight and fail to fall asleep again. The memories of the sexual abuse do not fade. I am not able to do physical work as I am emotionally and physically numb.” (Tanu, Participant 13)

‘Jismik zakhm ma in barneh, roohken zakhman kya kareh? [The wounds of the body may seal, what about the wounds of soul?]’. (Sanah,
Participant 17)

“My parents took me to a lot of peers [faith healers] and a lot of darghas and psychiatrists to make sure that I sort of come back to what I should be. That was really humiliating and painful process. I was told to behave more "manly," cut contact with girls who were a feminizing influence and wear male clothing. I was accused of bringing shame to the family name. Masculinity was forcibly imposed on me, in a way they disciplined me to masculinity. I had to do abide by the norms of masculinity for years. I used to watch myself, how I walk, how I talk, how I behave, how I dress up, just to hide my sexuality, just to fit into the heterosexual world. There was a kind of incompleteness; my soul and body were in conflict. I attempted suicide...........” (Soni, Participant 4)

From the above narratives, it is evident that psychological distress is common among the participants and for a substantial number it is of clinically significant degree. Most of the participants show the severe symptoms of Post-Traumatic Stress Disorder (PTSD). It is noteworthy that Soni (Participant 4) and Sanah (Participant 17) attempted suicide whereas the feelings of worthlessness, guilt, and insecurity are persistent in many participants.

The fact of the matter is that the Hijras have to face numerous challenges including stigma in the society. There are many reported symptoms consistent with the impact of trauma, with a majority of the participants having poor psychological health. Some of the participants are on treatment for various psychiatric disorders most commonly depressive and anxiety disorders. The various socio-economic pressures together have psychological effects on Hijras that largely go unaddressed. In order to have the deeper understanding of the psychological issues of transgender participants it was mandatory to evaluate it using a quantitative tool.

Observations

The discrimination, violence and stigma, and poor living conditions took a heavy toll on the mental health of participants. The identity crisis and societal rejection pushed them towards various socio-economic frailties, which led to various psychological complications. They often feel psychological breakdown, which leads to uninterrupted stress, depression, anxiety, and perpetual trauma. A persistent state of fear, anxiety,
depression, and alienation is common in participants. The study revealed that all the participants during the course of time developed the psychological distress. It was also revealed that they apprehend uncertainty and insecurity in their life, which is the reason Hijras, remain in the state of fear, threat that often leads to panic attacks. The participants are living in chronic sense of uncertainty, where there is no hope of returning to the normality. Hyper vigilance is the common outcome of the uncertainty in their lives. It was observed that most of the participants feel socially alienated and stigmatized. Moreover, Hijras feel depersonalized and a sense of de-realization, due to the hostile attitude of the society. The Hijra identity is full of powerlessness, worthlessness, and hopelessness. They feel surmounted by the negative attitudes, which are generally unusual and unrealistic. It was observed that the participants are experiencing a series of psychological downfall, which immensely affected their actual and normal physical, mental, and social aspects of life, which is quite evident in the disturbed patterns of sleep, flashbacks, sadness, loss of appetite and nightmares. As they are unable to cope with unexpected instabilities, they are undergoing emotional turbulences resulting in fear psychosis, anxiety, depression, suicidal ideation, and mood swings.

It was also learned from the field that the traumatic experiences in the life of Hijras have created problems in the normal psychological performance in day-to-day life. The persistent problems identified during the study were irritability, less efficiency to do the routine work, abusive and reckless behavior, self-defeating behavior, aggressive and difficult behavior, anxiety and tension. The development of self-harming behavior or suicidal ideation was also observed in the participants. The feelings of worthlessness, betrayal, shame and guilt, hopelessness and persistent socio-economic problems can be attributed to the suicidal ideation. Certain negative coping strategies were also present in the participants like smoking, drinking, unprotected sex, and risk taking.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Range</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal (0-9)</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Mild (10-13)</td>
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<tr>
<td>3</td>
<td>Moderate (14-20)</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Severe (21-27)</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Extremely severe (28+)</td>
<td>0</td>
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<td></td>
<td>Total</td>
<td>24</td>
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</tbody>
</table>
Depression is a state of low mood and aversion to activity that can affect a person’s thought behavior, feelings and sense of well-being. People with depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed, or restless (DSM-5). The above table reveals that three participants have no symptoms of depression, ten have mild symptoms, nine have moderate symptoms and two participants have severe symptoms of depression.

Table 6.2: Subscale Anxiety

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Range</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>1</td>
<td>Normal (0-7)</td>
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</tr>
<tr>
<td>2</td>
<td>Mild (8-9)</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Moderate (10-14)</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Severe (15-19)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Extremely severe (20+)</td>
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</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying. These disorders affect how we feel and behave, and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life. Anxiety is considered a problem when symptoms interfere with a person’s ability to sleep or otherwise function (Medical News Today, 2013). From the above table it is being inferred that two participants have no symptoms of Anxiety, ten participants has mild symptoms of anxiety, eight participants have moderate symptoms and four have severe symptoms of anxiety.

Table 6.3: Subscale Stress

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal (0-14)</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Mild (15-18)</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>Moderate (19-25)</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Severe (26-33)</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Extremely severe (34+)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>
Stress is a state of mental tension and worry caused by the problems experienced by an individual in his life work etc. Mental stress is a form of stress that occurs because of how events in one’s external or internal environment are perceived, resulting in the psychological experiences of distress and anxiety (Lazarus & Folkman, 1984). Mental stress is often accompanied by physiological responses (Cacioppo, 1994). Above table indicates that two participants have normal symptoms of stress, nine participants have mild symptoms, nine have moderate symptoms of stress, two participants have severe symptoms of stress, and other two have extremely severe symptoms.

It is quite evident that the most of the participants show the symptoms of Post-Traumatic Stress Disorder. It is also noteworthy that the tendency to somatize is high. All the participants complained of bodily weakness, pains, etc. Transgender people face unique challenges based solely on their gender identity.

**Love and Sex Relationship**

Most of the participants described love relations with male partners. In many cases, it is reciprocated positively as the man treats ‘her’ like a woman. The love relationship constitutes the most important aspect in the life of a transgender. Most of the informants admitted some kind of love relationship and their helplessness in living a normal life with their beloved.

_The feeling of falling in love was awesome. Everything changed and I thought this is the end of all the sufferings, now I will be able to live my whole life with 'him'. But it was a mere dream. We knew the prospectus of our relationship; we knew society would never accept us. We were together for six years. Then I told him to marry a woman and move on. We are not destined to meet in this world. One of the ways of expressing love is having ‘sex’. But it is very unfortunate that mainstream people consider us as asexual. This is not the case. We have sexuality, we are attracted to men. There is a give and take in our sexual relationships. It is about seeking and giving pleasure”_ (Simran, Participant 3)

“Taem weches be, te me wuch su, asih gow miyul [He looked at me, I looked at him and we fell in love]. My heart would skip a beat on seeing his cherub face. I would then want to be with him throughout my life, fall in love with him repeatedly. But….. but then I knew our future. I knew in
our society people are never going to accept all this.” (Bilquees, Participant 21)

“The feelings men incite in me are awesome. The young men draw me towards them. What if we dare to fall in love with someone, who should want to marry a Hijra?” (Shabnum, Participant 1)

“Having the anal sex for the first time was very horrible. It was painful. That time I was having no information related to condom and sexually transmitted diseases. I always wanted to become a woman marry the person of my choice and only have sex”. (Ruby, Participant 12)

“He was very demanding, he would ask for money repeatedly. Whenever I refused to give money, he used to torture me.” (Rehana, Participant 18)

“Aware of the fact that he is married and his status is quite high, he cares for me like his own. He visits often and shares his feeling with me. It has been eight years since we are in relationship. His family once came to know about our relationship. He had an altercation with his wife but to my utter surprise, he left his wife and maintained the relationship with me. I understand the pain of losing a family, therefore I requested him to go back and patch up with his wife. Our relationship is less sexual and more emotional. We have a soulful connection; he provides me care and love.” (Bilquees, Participant 21)

“I am aware of the high court ruling which decriminalized homosexuality in India and in a way legalized the same sex marriage. Then the Supreme Court ruling recriminalized the same sex relations. It was a big blow to the LGBT community of Kashmir. It broke my back and shattered my dreams. Pity the nation, which even in the modern times hold onto the savage beliefs. This conservative country still regards homosexuality as a criminal offense. The colonial-era law known as "Section 377" makes gay sex a crime in India and is also used to target the Hijra community.” (Sanah, Participant 17)

“Section 377 has been used to threaten and blackmail members of the Hijra community, many of whom are forced into the sex trade to survive.” (Begum Jaan, Participant 16)
“He used me as he desired, treated me viciously, and left me with the bite marks on my body, as if I was bitten and abandoned by the mad stray dog.” (Rani, Participant 8)

“My God! Just once…. May I look at him and he looks at me….and I close my eyes forever.” (Reshma, Participant 2)

The moorat (transgender) is often seen bearing the financial burden of ‘her’ poatch (male lover) with the hope of continuing the relationship. Because of various social obligations these relationships disappear. The love relationship between a ‘moorat’ and ‘poatch’ ends up with heart breaking incidents. Some of the informants reported suicide attempt after break up. Finally a transgender has hardly anyone to love or live with. In the hetero-normative Kashmiri society, male-female sexual and marital relationships are mandatory because of various socio-cultural aspects. The sexual relationship with a transgender is considered prohibited under socio-cultural, legal and religious frameworks. Any sexual act other than ‘peno-vaginal sex’ which doesn’t revolve round the ‘reproductive’ logic is considered illegitimate. It was also noticed that the participants are aware of the uncertainty of the nature of their love relationships.

Old Age and Death

Old age is most probably the worst phase in the life of a transgender. This is most problematic for them as they were either disowned or snatched ties with their families. For a transgender working in old age is not possible. They could not return to their families instead choose to struggle against the illness, poverty, poor health and isolation. Old age is full of challenges for a transgender.

“When I was young I fought all the glitches and the hard situations that life brought into account. Now I am old and have no means of sustenance. I can’t work now. The only way to keep the pot boiling is to ‘beg’. Even that becomes difficult because of poor health.” (Nabla, Participant 15)

“It gets very hard to manage even for my food; I have to pay the rent also and don’t have any resources. Our families disown us and deny the share in the property, for civil society and Government we don’t exist.” (Saida, Participant 19)
“I am suffering from many health complications. My poor health has consumed me as termites consume wood and this old age and dependency is adding to the miseries” (Azeezi, Participant 14)

“One of our community members died on a roadside, dogs were feeding on his corpse. Next morning the Mohalla people came to know and then the issue of burying the dead remained. No one was allowing burying the body in the graveyard, as we do not have the ownership of graveyards.” (Shabnum, Participant 1)

“Government should come up with some welfare schemes for transgender, especially for those who are in their old age. We do not have any children who will look after us. The stakeholders should establish Transgender welfare board in the state so that we too will have a space to speak for our rights” (Santy, Participant 7)

“The state has also failed to rehabilitate us, provide reservations or skill based vocational training to us, or arrange special allotments exclusive for us, so that we can at least have some standard of living. Neither the state nor NGO’s and not even the religious bodies have ever bothered to talk about our rights. I am in such a phase of dependency where I need a support, economic as well as psychological. I cannot work I am old”. (Saida, Participant 19)

“They never looked for me and I never contacted them, we are all alone that’s how we lived and that’s how we will die, in an absolute stage of dependency, desperation and desolation. Even though a social Activist for our welfare and rehabilitation has filed a case, the report is eating dust in State Human Rights Commission.” (Bilquees, Participant 21)

“The poor family and community response is further adding to the existing miseries of Hijra people especially in old age. Society and families have totally excluded us, harassment and stigma continues to remain associated with our lives. The official apathy has worsened our plight as the authorities have failed to formulate a policy for the welfare of transgender. In such circumstances, the transgender of Kashmir are living a very miserable life while the social acceptance is yet a distant
dream. We work hard to earn to make a living, some of us beg some do
sex work and this is how we live when we are young. In old age, we do not
have any support; we are not able to work or to beg.... Does that mean
we shall die of hunger in old age?” (Sanah, Participant 17)

Most of the participants live a life of discrimination, abuse, and humiliation. Death
brings end to everything except the sufferings of this lot. Death in most of the cases
brings another problem as the dead body of a transgender is not being buried normally.
The critical multiple societal and religious beliefs act as a barrier in conducting normal
funeral of a transgender person. The dead bodies are refused to bury in the graveyards, as
transgender do not have the ownership of graveyards, a precarious issue in Kashmir.

**Summary and Discussion**

The crisis and the distress associated with coming to terms with the gender identity and
sexuality was reported by all the participants. The sex and gender, which was assigned to
them, is the source of frustration as the assigned gender and sex is not matching their
gender identity. The critical element of distress associated with the gender identity is the
presence of clinically significant symptoms. Gender identity has always been a source of
confusion and frustration to them. Many of them play a dual role in this gender binary
society in order to avoid stigma and discrimination. Their feminine side is frequently
disavowed, ignored, and largely ridiculed. In such situations identity crises becomes
inevitable. Saravanakumar and Sreemuralidharan (2015) highlights the various personal
issues that the transgender community encounter while coming to terms with their
gender identity and sexual orientation. Much like coming to terms with one’s identity as
lesbian, gay or bisexual, coming to terms with one’s identity as a transgendered person
often involves a tremendous inner struggle for self-acceptance. The major personal issues
include shame, fear, and internalized transphobia and homophobia, disclosure and
coming out, adjusting, adapting, or not adapting to social pressure to conform, fear of
relationships or loss of relationships and the self-imposed limitations on expression or
aspirations. (p. 165).

The process and the journey of the self-acceptance are very excruciating. Participants
reported the feelings of worthlessness, shame and guilt, low self-esteem, stress, and a
perpetual identity crisis. According to Paranthaman (2015), mental state of the
transgender people is affected by the extent to which transgender identity is incorporated
in social relationships and supported or not supported by relationship partners. Informing a long-term sexual partner or spouse about one’s trans identity is often associated with interpersonal turmoil, especially if the relationship was formed on the basis of a non-transgender identity (Brown 1998). Informing parents about transgender identity is described as critically important (Parker and Barr 1984). The failure of parents to acknowledge the legitimacy of this identity is viewed as an obstacle to achieving a sense of self-acceptance among the transgender persons. Keeping the secret about one’s transgender identity from others may, in itself, contribute to emotional distress (Cole et al. 2000). On the other hand disclosing emotionally significant aspects of one’s self-concept to others has long been suggested as contributing to mental health. Even if a transgender identity is revealed to others, a failure to act upon it in the context of the relationship may negatively affect mental health. Behavioral expressions of transgender identity, such as cross-dressing may produce a sense of well-being., this was nicely demonstrated in a study by Blanchard and Steiner (1985). In a sample of 55 trans women, a scale of ‘social reorientation’ based on reported cross-dressing and roleplaying in four contexts, was strongly associated with fewer depressive symptoms. Even if others are aware of transgender identity, and this identity is acted upon in the context of the relationship, a failure of relationship partners to respond in terms of this identity may be disconcerting. A reciprocation of transgender identity may contribute to mental health. If relationship partners respond in terms of a transgender identity (identity congruence), the content of this identity is critical. It may vary from ridicule and devaluation (identity rejection) to acceptance, positive reinforcement, and behavioral reciprocation (identity support). This type of behavioral response (rejection versus support) is seen as critically significant for the wellbeing of the transgender people (Paranthaman 2015).

Participants reported that the coming out process has been very agonizing for them as is also authenticated by the various research studies conducted globally. The process of coming out for LGBT individuals is a difficult developmental process that may not be solidified until well into the individual's adult years. The process of coming out to self and to others is often defined as a progression of coping with identity struggles, awareness of one's sexual preferences, and eventual acceptance of one's sexual identity (Fassinger 1991). In addition, to transgender individuals the process involves not only sexual identity, but also the challenge of acceptance of being differently gendered. The two most prominent and widely accepted theoretical schools on sexual identity
development within the psychological literature are Essentialism and Social Constructionism as explained in the chapter two of the book. Essentialism is greatly influenced by the biological model, suggesting that one's sexual orientation is innate and the individual of a sexual identity is faced with the challenge of going through several stages, to ultimately accepting who they have been all along (Mosher 2001). In contrast to Essentialism, Social Constructionism theory suggests sexual minority members must cope with and adjust to the dominant, heterosexual, culture of society. These theorists are less concerned about the etiology of sexuality and place more importance on the social context and contingencies of coming out to oneself and society. Constructionists believe individuals of a sexual minority create common defenses to deny, minimize, negate, or ignore evidence suggesting they are non-heterosexual (Mosher 2001).

Two prominent LGBT identity development models have attempted to describe LGBT identity development. First, Cass (1984) described coming out as a lifelong process of exploring one's sexual Orientation and LGBT identity and sharing it with others. This model involves six stages beginning with identity confusion, in which a person becomes conscious of and labels same-sex feelings or behaviors. While in this stage, the individuals experience inner turmoil related to their sexual identities and rarely discloses those feelings to others. The individuals then begin to compare their identities to others and often consider that they are bisexual. During the third stage, identity tolerance, these individuals begin to contact other LGBT individuals and develop stronger feelings of not belonging with heterosexuals. Not until stage four, identity acceptance, will these individuals develop positive opinions about other LGBT individuals and truly accept their own self-identity. Then, during the next stage, identity pride develops and LGBT individuals often become angry at heterosexuals and their organizations which have devalued them for being different. During this stage, the combination of anger and pride often influences them to become activists for LGBT rights. Finally, during the sixth stage, identity synthesis occurs. At this point, much of the anger towards heterosexuals has diminished and the persons begin to integrate their sexual identities into other aspects of their personalities, perceiving fewer differences between themselves and heterosexuals. In contrast to Cass’ model of LGBT identity development, O’ Augelli (1994) identified six interactive processes, which occur, but not in stages, during identity development for LGB individuals. This model views transgender identity development as significantly different. The first process of "exiting heterosexual identity" involves
recognition that one is not heterosexual. Another process includes "developing a personal LGB identity status," which involves challenging the internalized beliefs about what it means to be lesbian, gay, or bisexual. During the process of "developing a LGB social identity," a support network of people who know and accept them as LGB is created. Additionally, the process of disclosing their identities to their parents is a particularly difficult developmental challenge: this is referred to as "becoming a LGB offspring." Also, these individuals often have few LGB role models who are in committed relationships, which makes the process of "developing a LGB intimacy status" more complex than for heterosexual individuals. Another step in the developmental process, which many LGB individuals never take due to fear of losing employment or housing, is "entering a LGB community," which involves varying degrees of activism and commitment to social and political action within the LGBT community. The two aforementioned models differ in their approaches to defining LGBT identity development; Cass' model involves stages, whereas D' Augelli proposed a lifespan, developmental approach. Interestingly, both models discuss LGBT equal rights activism as an integral part of identity development.

Research by Peters (2003), found that in their youth, lesbians and gays are rendered virtually invisible by the cultural assumption that homosexuality begins during adulthood. Commonly, heterosexual youth explore their other-sex attractions but lesbian, gay, bisexual, and transgender (LGBT) youth hide their sexual feelings during their struggle for self-acceptance. Unlike individuals from ethnic and cultural minorities, most LGBT youth have few role models and often lack a sense of group identity that would foster self-acceptance of being different (Peters 2003). The combined operation of the various societal institutions and mechanisms, which bear down upon the affected person, constructs a mindset wherein the person begins to think of himself as dirty, worthless, profane and vulgar. The invisibility and silence, which surrounds the existence of sexual and gender minority lives and worlds produces its own order of oppression, creating in many the impression that they are the only ones ‘cursed’ with such desires in the world. The process of self-abuse in some people leads to cycles of depression and self-rejection, leading to suicidal ideation.

Participants reported negligence, discrimination, humiliation, abuse, and violence because of their trans-gender identity. According to a study conducted by Aijaz Ahmad Bund (2013) on the MTF Transgender or Hijra community of Srinagar (N=100), the
transgender community of Kashmir face unfairness in every aspect of life be it employment, legal recognition, access to social resources including decent life standard and education. The non-conformity, to their prescribed gender roles makes them vulnerable and often leads to verbal and corporeal abuse at the hands of their parents, siblings and other family members. The intimidating environment even prevails at schools and other educational institutions, which almost certainly force them to leave studies in order to avoid mocking and harassment, which leads to mental trauma. In India, a study conducted by the National Institute of Epidemiology among 60,000 transgender people across 17 states showed that 60% of transgender said that they faced some kind of harassment. According to a NACO (2011) survey, 41.2 per cent transgender/ Hijra were not accepted by their family members due to their gender status, 75.2 per cent of the respondent’s family mentioned that the transgender/ Hijras status was not accepted and as a result they were forced to leave their parents’ house, because of this 48.8 per cent were drop-outs between 6th -12th standard, and 18.4 per cent remained illiterate. (NACO Report, 2011).

According to Human Rights Watch, Transgender people routinely report that they are humiliated and harassed when it becomes evident that their appearance does not match the gender marker on their official documents. They are deprived of access to jobs and housing and other facilities, which they could otherwise have enjoyed. Male to Female (MTF) transgender face multiple difficulties, such as barriers to health care access, insufficient social support, gender discrimination and are highly vulnerable to a wide array of mental health problems, such as depression, anxiety and suicidal ideation as well as HIV/AIDS and substance abuse (Joanne. et al. 2004). The intolerance that most of them experience personally, veraciously, and/or through the media contributes to their internalized fears (Green 2004). According to Kenagy (2005), Transgender people face a multitude of challenges that may adversely affect their health and wellbeing. These include experiences of discrimination and stigma that contribute to feelings of shame, anxiety and depression (Ellis 2002) as well as reduced educational and employment opportunities (Operario and Nemoto 2005).

For many transgender people, the experience of social marginalization may manifest in access barriers to health and social services (Namaste 1995). Trans people appear to experience high levels of hate crime and hate incidents. Morton (2008) found that 62 per cent of respondents had experienced transphobic harassment from strangers in public
places who perceived them to be trans: mostly this had taken the form of verbal abuse but 40 per cent had experienced transphobic threatening behavior, 17 per cent had been physically assaulted and 4 per cent had been sexually assaulted. Whittle et al (2007) also found that a majority of respondents had faced harassment in public spaces. They noted that ‘73 per cent of respondents experienced comments, threatening behavior, physical abuse, verbal abuse or sexual abuse while in public spaces’. Trans people were reluctant to report such incidents to the police for fear that they will not be treated fairly, appropriately or with respect (Whittle and Stephens 2001).

According to khan et al (2009) Gender incongruity is the basis of inequality and inequity in social and developmental indicators. Many government and non-government sectors have taken a gender-sensitive approach in their organizational culture to reduce physical, sexual, organizational and gender-based harassments. Nevertheless, gender is considered from a deficit perspective of male and female. In most cases, gender is meant as a woman’s issue, and gender-based harassment means abuses committed by men against women. Gender-equality policies of most organizations primarily focus on interest of female staff and do not recognize the transgender people. The findings of the study signify that most deprivations in the lives of Hijra are grounded in non-recognition of a Hijra as a separate gendered human being beyond the male-female dichotomy. This has prevented them from positioning themselves in the greater society with human potential and dignity. The study suggests that gender can be taken as a core variable of social exclusion as gender-based deprivations and alienations often trap every human being in different times and spaces. Social exclusion on the basis of gender in the lives of Hijra draws attention in social policy dialogue, particularly in the era of ‘gender’ when not surprisingly we limit our analysis of gender-based deprivations with the male-female dichotomy. The understanding of gender-based inclusion and exclusion is developed in the context of segregation into seemingly obligatory sex and gender-roles: males as agents of power to impregnate females and agents of economic and political productions, and females as agents of reproduction, child-rearing, and serving men as subordinate. In this polarization, although marginalization of women is widely acknowledged in most societies, they are not, however, excluded. The Hijra, neither male nor female, who are distorting normativity, are located outside the bipolar gendered society. Thus, Hijra are extremely excluded, particularly because of moralistic standpoints regarding gender and sexualities of the mainstream society where diversity is synonymous with deviation and
Hijra of Kashmir: The Stigmatized Social ‘Other’

deprivation. Social Exclusion Framework is increasingly used in highlighting the issues and problems faced by disadvantaged and disenfranchised groups. It provides a multidimensional and dynamic framework that focuses attention on both the causes and consequences of social disadvantage. Social Exclusion Framework is seen as having particular salience in addressing the barriers to meeting the Millennium Development Goals, particularly where these relate to exclusionary social relations and institutions. Adapting the Social Exclusion Framework to Hijras/TG women, one can understand how TG communities have been excluded from effectively participating in social and cultural life; economy; and politics and decision-making processes. This section uses this framework to illustrate the multiple forms of oppression faced by Hijras/TG communities. (UNDP 2010)

The participants encountered a hostile environment in schools because of their behavior and attitudes. They often experienced taunts, abusive treatment, and loneliness. The ‘girlish’ attitude of the participants was reduced to the matter of jokes and humiliation. The informants revealed that they never find a safe and secure place in their respective schools. Participants reported verbal, physical, and sexual abuse in educational institutions. Many of the schools even deny the admission to the transgender students. In the year 2015, Mian Haji Saria, filed a PIL against a private institutions for not admitting the transgender child in the school, however the status of the PIL is unknown till date (Greater Kashmir, Dec 5, 2015).

James, T. Sears. (2007). in the book ‘Lesbian and Transgender Issues in Education Programs, Policies and Practices’ draws our attention towards the taunts that adolescent transgender in particular face. The words like faggot, queer, sissy etc. are common comments passed to transgender. This name calling practice intends to harass a person. This book examines policies affecting LGBTQI youths within academic communities. Thus reflects upon their own experiences as youths in LGBTI community and addresses areas of law and society that affected whether or not they had been in comfortable environments to learn. Studies have also acknowledged that transgender youth, live, work and attempt to learn in constant fear of physical harm including verbal abuse at school (Remafedi 1987) that eventually would lead to psychological suffering and anguish (Garnets, Herek, & Levy, 1990; Hunter 1990). School officials who perceive children and adolescents as gender variant target them as individuals to be closely monitored for ‘acting out’ behaviors. Gender variant boys will likely to be mercilessly
teased for not being rough and tumble (Mallon and Decrescenzo 2009). Teasing and harassment are also something that most transgender youth must endure, and can take the form of violence. As with family, pressures at school lead to further isolation of transgender youth (Davis 2009). In the schools, homophobia ranges from overt bashing of students who are identified as, or believed to be, gay or lesbian, to opposition by school officials and parents to teach sexual education thoroughly in health curricula. Furthermore, self-reports indicate that 94% of high school students hear antigay comments, including "faggot" or "dyke," in their schools at least sometimes (Peters 2003).

The small amount of evidence available suggests that transphobic bullying exists and legislative protection for trans people in schools is inadequate. In one study, 75 per cent of trans respondents experienced problems in school (Keogh et al 2006). Trans people faced problems similar to those they may encounter within the workplace: respondents ‘felt isolated and needed to stay “in the closet”; they experienced harassment from teachers and other students; they had been prohibited from using or expelled for using the “wrong” toilet facilities, and their institutions did not have trans acceptance policies’. There appear to be differences according to whether trans people are male to female (MTF) or female to male (FTM). Whittle et al (2007) reported that 64 per cent of FTM people had experienced harassment or bullying and 44 per cent of MTF people had experienced harassment or bullying from staff or pupils. Violence against and harassment of actual or perceived LGBT youth in U.S. public schools has been a long-standing concern (Lugg 2003a; Sears, 1993; Stewart, 2001). Historically, public schools have been the “enforcer of expected norms regarding gender, heteronormativity, and homophobia” (Lugg, 2003a, p. 113), allowing peer to peer, teacher-to-student, and administrator-to-student harassment, and discrimination to exist (Lugg, 2003b; Stewart, 2001). Schools are not safe harbors, for it is estimated that students hear twenty-five anti-gay slurs in school each day, and when hearing these remarks, 97% of teachers make no effort to intervene (Carter 1997).

Most of the participants reported sexual violence. The initial sexual interaction developed with male members especially cousins, neighbors, teachers, or anyone closely associated with the victim or his family. Mostly these incidents happened as a result of force. Many of them revealed that they were threatened not to disclose the incident and many of them revealed that they were even blackmailed for keeping it a secret. The
sexual abuse rendered them vulnerable to transmission of HIV/STI’s. They were abused at school, which resulted in the discontinuation of studies. Abuse at home made them feel insecure, vulnerable and gradually they lost trust on relationships. Sexual abuse at workplace was also reported. In many cases where these transgender reported the act of sexual violence, they in turn were blamed and punished which posed a threat on their worth and self-respect. A report issued by the Bandhu Social Welfare Society, which facilitates sexual and reproductive health services for sexual minorities in Bangladesh, noted that 64% (n=124) of MSM in that country reported some type of persecution from police. Group rape by police or gangsters (so-called mastaan) was common for MSM and kothis (term for receptive MSM), and 87% of respondents said that they were sexually assaulted because they appeared feminine.

According to a UNDP study in the year 2007 on MSM and Hijras (n=75) 46 per cent reported forced sex, 44 per cent physical abuse, 56 per cent verbal abuse, 31 per cent blackmail for money and 24 per cent threat to life (UNDP, 2010). In the NACO (2011) report 57 per cent respondents mentioned that they have faced violence from police, anti-social elements and others while in their profession. There are incidents of gang rape and domestic violence, clients force aravani sex workers for unprotected sex and some physically assault them after the sex act. Many of these violent episodes and violation of transgender rights go unreported (NACO Report, 2011). In a study, Problems faced by Hijras (Male to Female Transgender) in Mumbai with reference to their health and harassment by police, Anitha Chettiar has mainly highlighted the harassment faced by the transgender of Mumbai by police. Anitha in her study mentions that the Hijras in Mumbai face regular harassment and the rape and forced sex by policemen. In an instance, she has mentioned about a transgender who was consecutively raped by 12 policemen and then thrown out of the railway compartment. At the workplace, transgender workers remain victims including retaliation, over threats, unfair discipline, and limited career opportunities (Myres 2000).

Informants reported the inability of getting a decent source of livelihood because of lack of education, non-confirming life style, and the lack of acceptance by the mainstream society. The informants who are working reported verbal, physical, and sexual abuse and discrimination at their respective work places. Many of them are involved in match making and performing in marriage ceremonies. Traditional occupations of MTF transgender community of Kashmir are diminishing in many ways. Most employers deny
employment for even qualified and skilled transgender people. Lack of livelihood options is a key reason for a significant proportion of transgender people to choose or continue to be in sex work - with its associated HIV and health-related risks. Recently, there have been isolated initiatives that offer mainstream jobs to qualified TG women such as agents for Life Insurance Corporation of India (UNDP 2010). Trans people continue to suffer restricted opportunities, discrimination and harassment at work despite the existence of anti-discrimination and equalities legislation. They have been found to be in jobs that are below their skills and educational capacity and appear more likely to work in lower-paid and insecure employment in the public sector, or to be self-employed. There is evidence that they may also experience greater debt and difficulty paying bills, which trans people have linked to their gender identity (Equality and Human Rights Commission Research report 27, Trans research review 2009). Gagne and Tewksbury (1996: 1998) found that many MTF individuals who disclosed their gender identity at work were fired, demoted, pressured to quit, and subject to harassment by coworkers. If they remained on a job during a transition, they were pressured to have a rapid, complete, and convincing feminine presentation. They also found that MTF people who lived full-time as women were vastly underemployed. Clements-Nolle, Marx, Guzman, and Katz (2001) found that FTMs had more education and a higher income than MTFs. Eighty-one percent of FTMs had obtained money in the past 6 months from part-or full-time employment, but only 40% of MTFs had obtained money that way.

Participants reported that they always failed to find a secure place at their homes. The extreme physical, verbal, psychological, and sexual abuse forced them to leave home. For some the decision of leaving family was finalized when they were already associated with some of the friends who had left the families. But for many who left they were not associated with anyone and are continuously struggling to find a safe and affordable shelter. Anji (2015) opines that the homelessness is one of the major problems of transgender people. When a transgender person comes out to his/her parents, usually, they are pushed out of their homes. Sometimes, unable to bear the violence and abuse from the family, they run away from home in search of people like them. If other transgender family accepts them, they are lucky and can be the part of the family and live in their homes. Otherwise, they have to find a rented house. The public do not give their rented homes to such people because of the fear, hatred and misconceptions about the lifestyle of transgender people, almost 95% of the house owners turn down transgender
people. (p 237-238). Trans people may be particularly at risk of housing crisis and homelessness arising from transphobic reactions and harassment by family, neighbors and members of their local community. Morton (2008) reported that 25.4 per cent of respondents had to move out of their home due to transphobic reactions. There were no housing services specifically addressing the needs of trans people and access to housing services was not monitored in relation to trans status or gender identity. Trans people fear disclosing their identity to housing officers for fear that they will not be treated with dignity and respect. The result can be that they do not receive the housing services that they need or receive a service inappropriate to their needs (Equality and Human Rights Commission Research report 27). Most transgender people face coercion and/or violence from their family and/or community. Some choose to leave, while others are thrown out of homes, villages, or communities. With little or no financial support from the family and skills to get jobs, transgender people live in poverty.

Most of the physical health issues are associated with the unsafe sexual practices (MSM) and the vulnerability to Sexually Transmitted Diseases. Almost all the participants admitted that they are sexually active. Having least awareness about safe sex, transgender of Kashmir are highly vulnerable to HIV AIDS and other venereal diseases hence, they can be considered as a High Risk Group. The prevalence of HIV/AIDS among transgender in Kashmir is unknown. They do not go for the screening of STD’s fearing stigma or because of no awareness about safe sex and STD’s. Since, transgender community of Kashmir is already socially ostracized, availing services related to safe sex like counseling, condoms, and screening becomes extremely difficult. Among the 24 participants, only five have knowledge about the STDs and safe sex. No transgender have information about ICTCs (Integrated Counseling and Testing Centre) and the related treatment plans in case the person is infected. No respondent has ever gone for the HIV screening or the screening of other venereal disease. Poor housing and inadequate nutrition has drastically affected the health of the transgender community of Kashmir. Moreover, the constant harassment, violence, and discrimination have resulted in the poor health. The ailments like hypertension (twelve participants), diabetes (seven participants), arthritis (five participants), Upper Respiratory Tract Infection (four participants), Urinary Tract Infections (five participants), physical numbness (probably due to somatization) (four participants), skin infections (three participants), GIT infection (two participants) were also reported.
A study conducted in a Mumbai STI clinic reported very high HIV seroprevalence of 68% and high syphilis prevalence of 57% among Hijras. In Southern India, a study documented high HIV seroprevalence (18.1%) and Syphilis prevalence (13.6%) among Hijras. A study conducted in Chennai documented high HIV and STI prevalence among Aravanis: 17.5% diagnosed positive for HIV and 72% had at least one STI (48% tested seropositive for HSV-1; 29% for HSV-2; and 7.8% for HBV). Published data on sexual risk behaviors of Hijras/TG women are limited but available data indicate high-risk sexual behaviors. The available information from the Integrated Biological and Behavioral Assessment (IBBA) survey 2007 conducted in select districts of Tamil Nadu, reported that, among Hijras/TG, the condom use during last anal sex with commercial male partners and 81% with non-commercial male partners is 85% and 81% respectively. Also, the survey documented low level of consistent condom use among Hijras/TG women: 6% with commercial male partners and 20% with non-commercial male partners. Hijras/TG communities face several sexual health issues including HIV. Both personal- and contextual- level factors influence sexual health condition, access to, and use of sexual health services. For example, most Hijras/TG are from lower socioeconomic status and have low literacy levels that pose barrier to seeking health care. Consequently, Hijras/TG communities face some unique barriers in accessing treatment services for STIs (UNDP 2010).

Transgender across the globe are subjected to outright violence, however it is not the only threat to the lives of transgender people, they are as much as 50 times more prone to health complications especially STDs than the population as a whole, in part, because stigma and discrimination create barriers to accessing health services. Many studies has been conducted in the United States, Canada, and Europe that have found high rates of suicide attempts among transgender people, which is a response to systematic marginalization and humiliation. (Human Rights Watch, 2017). Hijras face discrimination even in the healthcare settings. Often, healthcare providers rarely had the opportunity to understand the sexual diversities and they do not have adequate knowledge about the health issues of sexual minorities. Thus, TG people face unique barriers when accessing public or private health services. Barriers in accessing HIV testing, antiretroviral treatment and sexual health services have been well documented. Types of discrimination reported by Hijras/TG communities in the healthcare settings include: deliberate use of male pronouns in addressing Hijras; registering them as 'males'
and admitting them in male wards; humiliation faced in having to stand in the male queue; verbal harassment by the hospital staff and co-patients; and lack of healthcare providers who are sensitive to and trained on providing treatment/care to transgender people and even denial of medical services. Discrimination could be due to transgender status, sex work status or HIV status or a combination of these (UNDP 2010). Guevara, L.A in the report —*The Hidden Epidemic: Transgender Women in the Latin America and Asia*— tries to draw our attention towards the vulnerability of transsexual women to HIV. According to UNAIDS, AIDS Epidemic update, 2007 the prevalence rate of HIV for transsexual women in India is 42%. The multicentre study from same year in Argentina puts the transgender prevalence rate of HIV at 35%. The report further adds the statistical report regarding HIV, AIDS prevalence in transsexual women, and puts various recommendations for strengthening organizations of transsexuals to divulge their problems. Most Hijras are not under any life or health insurance schemes because of lack of knowledge; inability to pay premiums; or not able to get enrolled in the schemes. Thus, most rely on the government hospitals in spite of the reality of the pervasive discrimination (UNDP 2010).

Participants report many causes of anxiety and tension that disturb their sense of wellbeing. Being Hijras, they have to deal with enormous social and personal pressure while trying maintaining the semblance of normalcy in the hetero-normative society. Their present is marred with losses, regrets, and ordeals of the past whereas their future is full of uncertainties and apprehensions. The source of traumatic stress is their exposure to traumatic events like sexual abuse, persistent physical, verbal, and emotional abuse, discrimination, stigma, and alienation. The continuous experience of harassment, discrimination, and violence torture gives way to psychological distress. The common complaints of such distress includes sleep disturbances, suicidal ideation, irritability, palpitations, restlessness, risk taking behavior (especially unprotected sex), nightmares, flashbacks, feelings of anger, humiliation, frustration and revenge, memory loss, headaches, feelings of loneliness etc. According to a study conducted by Aijaz Ahmad Bund (2013), among the transgender community of Srinagar, Twenty percent of the respondents illustrate the symptoms of Major Depressive Episode; fourteen percent respondents show the symptoms of suicidal ideation. Eighteen percent respondents demonstrate the symptoms of Panic disorder. Eighteen percent of the respondents show the symptoms of the Social Anxiety Disorder. Twelve percent of the respondents show
OCD symptoms. Forty eight percent of the respondents illustrate the symptoms of PTSD whereas zero percent of the respondents show symptoms of Psychotic Disorders. The mental health of the respondents depicts low standard and it is advisable to deal the problems professionally (Bund 2013).

Kumar and Sulochna (2015) are of the view that depression, suicidal tendencies, lack of social support, frustration and violence related stress is some of the mental issues faced by them, which need to be addressed. Most transgender people, especially the youth face great challenges in coming to terms with one’s own gender identity, which are opposite to that of the gender identity and the role imposed on them based on their biological sex. Shame, fear, internalized transphobia, disclosure, and coming out, fear of relationships or loss of relationships and self-imposed limitations on expression or aspirations are also the mental challenges faced by TG community. Mental health needs of Hijras/TG communities are barely addressed in the current HIV programs (UNDP 2010). The effects of heterosexism, discrimination, social and legal inequities, rejection, social isolation, brutal intimidation, and horrific violence have detrimentally impacted the mental health of this community. Many LGBT youth and adults have higher incidences of stress-related psychological disorders; these are most likely because of these experiences with oppression. More specifically, these include depression, anxiety, and substance use (Meyer 2003). However, despite the powerful negative social factors acting on these individuals, many of them, as well as the larger community, have demonstrated resilience in the face of adversity.

Zimmerman and Rappaport (1988) investigated the mental health needs of LGBT youth and found at the time of intake for seeking youth programs, LGBT youth had the following problems: 72% reported family problems, 53% reported coming out issues, 47% experienced internalized homophobia, 47% were socially isolated, 54% suffered from depression, and 44% had low self-esteem. One of the factors contributing the most often to LGBT youths' distress regarding their sexual identities is social isolation. These youth are often isolated from each other (socially), from accurate information about homosexuality (cognitively), and from their feelings and emotional supports (emotionally) (Hetrick and Martin 1987). Moreover, compared to heterosexual youth, LGBT youth have higher incidences of anxiety, depression, substance abuse, and suicide as a result of distress from social stigmatization (Rivers and D'Augelli 2001). A meta-analysis by Meyer (2003) also showed that lesbian, gay, bisexual, and transgender
populations have higher rates of stress-related psychiatric disorders. More specifically, as compared to heterosexuals, LGBT adults have higher incidences of anxiety, depression, and substance use. The research also found that among the LGBT adults who reported more stress-related disorders were those who felt more discriminated against or stigmatized by their sexual orientation, who attempted to hide their sexual identities, or who had fewer gay and lesbian social supports. Many LGBT youth and adults have higher incidences of stress-related psychological disorders; these are most likely because of their experience with oppression. More specifically, these include depression, anxiety, and substance abuse (Meyer 2003). Seil (2004) found that a disturbingly large number of transgender people have other mental health diagnoses; 37.2% of all transgender patients in his study had secondary diagnoses other than substance abuse and GID. Also 32.1% of the study had a positive history for drug and alcohol abuse (Seil 2004).

Most of the participants described love relations with male partners. In many cases, it is reciprocated positively as the man treats ‘her’ like a woman. The love relationship constitutes the most important aspect in the life of a transgender. Most of the informants admitted some kind of love relationship and their helplessness in living a normal life with their beloved. A review of recent psychological research has disqualified some of the most raised concerns regarding same-sex relationships. More specifically, it has been found that: 1) individual partners of same-sex couples are as happy and satisfied with their relationships as heterosexual partners, 2) many same-sex couples have stable relationships, and 3) the factors that predict relationship commitment, relationship stability, and relationship satisfaction are similar between same-sex and heterosexual couples. Furthermore, it may be unfair to compare the relationship stability of these two groups when considering same-sex couples have fewer social supports and less public recognition of their relationships (APA, 2004a). Moreover, the American Psychological Association (APA) issued the following statements in the "Resolution on Sexual Orientation and Marriage" (2004a), after reviewing the research on relationships, discrimination, and mental health concerns: Therefore be it resolved that the APA believes that it is unfair and discriminatory to deny same-sex couples legal access to civil marriage and to all its attendant benefits, rights, and privileges; therefore be it further resolved that APA shall take a leadership role in opposing all discrimination in legal benefits, rights, and privileges against same-sex couples; therefore be it further resolved that APA encourages psychologists to act to eliminate all discrimination
against same-sex couples in their practice, research, education and training; therefore be it further resolved that the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding sexual orientation and marriage and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations. In addition to promoting legalization of same-sex civil marriages, the American Psychological Association has also issued a resolution on sexual orientation, parents, and children, which further supports equal rights for lesbian and gay individuals and opposes discrimination based on sexual orientation (2004b). They report that there is no empirical support that lesbian mothers and gay fathers are unfit parents, based solely on their sexual orientation; however, there is scientific evidence that lesbian and gay parents are as likely to provide healthy, supportive environments for their children as heterosexual parents (Tasker and Golombok, 1997; Patterson 2000; Annesto 2002).

Old age is most probably the worst phase in the life of a transgender. This is most problematic for them as they were either disowned or snatched ties with their families. For a transgender, working in old age is not possible. They could not return to their families instead choose to struggle against the illness, poverty, poor health, and isolation. Old age is full of challenges for a transgender. As opined by Prema D. transgender communities face a variety of social security issues. Since most transgender run away or are evicted from their home, they cannot expect support from their biological family in the long run. Subsequently, they face many challenges especially when they are not in a position to earn (or has decreased earning capacity) due to health concerns, lack of employment opportunities, or old age. Some of the important issues and concerns faced by transgender communities in relation to social security include lack of livelihood options, exclusion from political participation, and lack of specific social welfare schemes and the barriers to use existing schemes. Social welfare departments provide a variety of social welfare schemes for socially and economically disadvantaged groups. However, so far, no specific schemes are available for Hijras except some rare cases of providing land for Aravanis in Tamil Nadu. Recently, the state government of Andhra Pradesh has ordered the Minority Welfare Department to consider ‘Hijras’ as a minority and develop welfare schemes for them. Stringent and cumbersome procedures need for address proof, identity proof, and income certificate all hinder even deserving people from making use of available schemes. In addition, most Hijras/TG communities do not
know much about social welfare schemes available for them. Only the Department of Social Welfare in the state of Tamil Nadu has recently established 'Aravanigal/Transgender Women Welfare Board' to address the social welfare issues of Aravanis/Hijras. No other state has replicated this initiative so far (UNDP, 2010). A qualitative study by Hahm (2010) has shown the human security of Hijra in Pakistan and how the insecurities could be overcome. The fieldwork shows that the main factors, which influence human security of Hijra, are age, location, family wealth and gender which are very much linked with each other. Regarding age issue, the study revealed that young Hijra is more secure in economy through traditional work and prostitution while old Hijra depend on young Hijra or begging.

Conclusion

The term “transgender” is generally used to describe those who transgress social gender norms. Transgender is often used as an umbrella term to signify individuals who defy rigid, binary gender constructions and who express or present a breaking and blurring culturally prevalent stereotypical gender roles. Anyone with this identity faces immense problems at various fronts. Male to Female (MTF) transgender face multiple difficulties. These gender variant youth have higher incidences of stress-related psychological disorders; these are most likely because of their experience with oppression. More specifically, these include depression, anxiety and substance abuse. The intolerance that most of them experience personally, veraciously, and/or through the media contributes to their internalized fears. Transgender, popularly known as Hijra in south Asia and Laanch in local parlance, is the idiosyncratic third gender that does not identify within the conventional categorization of male and female. Hijra community of Kashmir is the sexual and gender minority that is living an invisible life. Their life is marked with humiliation, harassment, discrimination, and violence. They are not living a dignified life and are socially excluded and moreover financially deprived. The problems for the transgender starts as soon as the person tries to identify the impulses by knowing about the sexual and gender identity. The question “Who am I?” is from where the identity crisis start and the problem accentuates when there is no familial and societal support. From the very beginning, the Transgender are discouraged to show their feminine aspect and are forced to behave as a man. They are time and again forced to believe that they are social misfits. They are treated very differently than rest of their male siblings in the family. Moreover, considering them as a reason of shame and humiliation, their mobility
is restricted. Their feminine traits are questioned and neglected, which leads to the higher rate of psychological issues. They face discrimination, and violence. They are always looked down upon by their families, peers, relatives and neighbors for exhibiting and expressing feminine mannerism. This makes them feel that there is something wrong with them and eventually results in low self-esteem. Transgender people are forced to not express the feminine behavior. They are also blamed for bringing shame to the family name and honor. Families lack the understanding that the behavior of a transgender is quite natural and immutable; they are often disciplined to manhood. The family members never recognize Transgender identity. Parents of transgender youth often isolate them and prevent them from receiving opportunities significant for their development, which are otherwise easily available to non-transgender siblings. They are discriminated mostly by the male members of the family. They are either disowned by the families and forced to leave the home or they themselves exclude themselves and leave home voluntarily. Most of the times they are also harassed, humiliated, and violated at school. They leave studies for good because of the hostile environment at the schools. They face verbal, physical, sexual, and emotional abuse at schools. Depression, suicidal tendencies, lack of social support, negative coping strategies like smoking and drinking, risk taking behavior etc., stress and anxiety are some of the mental health issues faced by them and needs to be addressed. The transgender of Kashmir unlike rest of South Asian do not live in a Hijra Community, and mostly ends up living alone in rented rooms, with no one at their side, which makes their life more miserable. The socio- economic problems like no property ownership, low economic status or monthly income, poor housing, lower education level, high physical, sexual and verbal abuse, no ownership of voter card; ration card, poor physical health status, less family support, hostile attitude of community etc. and unsatisfactory psychological health are common major problems in transgender women of Kashmir. They face discrimination on social grounds. However, the discrimination varies from one situation to other. Majority of the transgender in Kashmir are abandoned by their families and stigmatized by the community. The Transgender in Kashmir faces almost the similar issues as those of Hijras in other parts of India, the discrimination by family, religion and lawmakers have put them at the lower strata and thus making them vulnerable to multiple issues. Considering them impotent and asexual their sexual rights and health is always ignored. Religion and article 377 are constantly used as a means to exploit their rights. In Kashmir, we have only the non-operative Transgender who do not opt for either
castration or Sex Reassignment surgery, hence the health problems faced by them is mostly related to MSM. Since the Transgender are categorized into High Risk Groups, therefore they are vulnerable to STD’s. There is very limited awareness about the Safe sex Practices like using condoms, avoiding oral sex and about the diseases like HIV, AIDS, and STDs among the TG community of Kashmir. Since the transgender in Kashmir do not receive the formal education due to harassment in school and other socio-economic disabilities like lack of familial support, they are least aware about the sexual health and related aspects. In addition, the number of NGOs working for MSM and Government programs is very limited in Kashmir; therefore, they are at much higher risk of being infected. The transgender community does face several health issues but poor socio-economic status and low literacy levels act as barriers to seek proper health care. Transgender in Kashmir has been performing the work of matchmaker since ages. However, with the changing times, they see no prospectus in this profession, the younger generations prefer choice marriages to arranged ones. Being unskilled, the transgender of valley do not have any other source of income. Apart from match making, the other known much abated profession of this community is singing and dancing. The trend of Bacche Nagmeh in Kashmiri marriages was the only major source after match making; now it is again not in demand. Living an invisible and a marginalized life, the transgender in Kashmir have no stable source of income. Having no access to the labor market they are forced to go for sex work, which is further socially excluding them and making them vulnerable. They are denied the share in property, hence the transgender living alone find it difficult to arrange for their rent, food etc. Transgender in Kashmir are fighting at various fronts, a continuous battle with their own self and with the society. Despite living in a locality or a community, they are invisible. The various phases of life of a transgender are challenging and excruciating. The tendency of being attracted towards men brings them humiliation and rejection. They are dying for the want of love, for the inability to find a match and for the inability to live with their partners. Old age is challenging for them as their families already abandon them. Old age is full of penury, poor health, inability to work and dependency. What remains the much bigger concern for a transgender is old age. With aging and no economic security, the transgender in Kashmir finds it too hard to manage even for the food. The transgender in Kashmir are rejected by the society and neglected by the state. They are subjected to extreme harassment and stigma throughout their life. The indifferent attitude towards the transgender, the street harassment, the discrimination, and the violence are the major
indicators, which determine how intolerant our society is towards such people. The religious leaders and other stakeholders prefer to remain silent to the plight of this community; they do not utter a single word when the rights of this community are infringed. The study reveals that the MTF transgender community of Kashmir is persistently subjected to various institutional injustices. The cycle of oppression starts from birth and continues until death. The life of a transgender in Kashmir is full of abuses, humiliations, and discriminations. The cycle of injustice starts from the home, school, community, takes through work place, marriage, love life and ends with old age and death. In the human rights approach, it is important to address their issues and safeguard their various rights including the rights related to gender and sexuality. Thus, a paradigm shift is needed where any kind of intervention fosters security and protects their basic human rights. It is recommended that intervention for the wellbeing of the transgender community of Kashmir must be initiated by the Governmental and Non-Governmental organizations jointly. The ultimate target of any such intervention should be a conducive environment where the citizenship, gender, and basic human rights of transgender community are guaranteed. It can be concluded from the study that the intervention of the problems of transgender women need the individual, community, and policy level approach.
Chapter-7

Social Work Intervention with Hijras of Kashmir

This section is premised on two facts. The first is that Transgender community constitutes an oppressed group and second, that it is possible for social work to deliver a competent non-oppressive practice to individuals and the community to address their issues. The oppression of the LGBT community is made concrete through discriminatory legislation that impact on them directly, and by individual, group and institutional prejudice against them and physical assault. The present study shows that the MTF transgender/Hijras of Kashmir face multi-dimensional problems, which include social, economic, psychological, and legal, and any intervention, which is proposed to be done with this group, should be able to take into account the various systems within the social environment, which have a direct or indirect bearing on their lives.

Human societies are not impeccable. Social problems arise that involve societal solutions, and human needs ascend that must be gratified. The welfare of individuals is endangered when customary development processes are interjected by personal crisis, paucity, joblessness, poor health, and poor education. Societies are compromised when inequality, discrimination, and other forms of social injustice prevail. Social work is a professional service based on knowledge and skills to assist the persons or the groups to gratify their wants and helps in eradicating the shackles, which thwart the people from attaining the best of which they are capable. The resolution of social work offers the vision, direction, and inspiration for addressing social problems for deciphering interpersonal conflicts, and meeting human needs. Development of the quality of life in the human condition is recommended as an unequivocal goal of the profession. Upholding adaptive functioning in the connection between individuals and social institutions is central to the purpose of social work. According to Werner Boehm (1958), "Social Work seeks to enhance the social functioning of individuals, singularly and in groups, by activities focused upon their social relationships which constitute interaction between individuals and their environments. These activities can be grouped into three functions; Individual restoration of impaired and social resources, and capacity, prevention provision of social dysfunction." The National Association of Social Workers (USA) in 1958 defined social work practice as a "Constellation of value, purpose,
sanction, knowledge and method." The working definition identified three purposes of social work practice.

1. To assist individuals resolve or minimize and groups problems to identify arising out and of disequilibrium between themselves and the environment.

2. To identify potential areas of disequilibrium between individuals or groups and the environment in order to prevent the occurrence of disequilibrium.

3. In addition to these curative and preventive aims. To seek out, identify and strengthen the maximum potential in individuals' groups and community.

One has to keep in mind that the social work intervention has a distinction of being an attempt to induce and bring change in the lives of people for whom the intervention is planned. Furthermore, the source of knowledge for intervention is not only the experiences but the broad range of studies bearing on the problems induced change which are made use of by the social worker (Briar and Miller 1971:173-174). The focus of social work intervention thus is on the interaction between humans and their environments. Social workers may direct change strategies towards individuals or towards the environment and at other times towards the interaction of individual and environment. In all cases, these strategies are directed towards changing the nature of the person situation interaction. Social workers focus on problems in three areas; problems and needs associated with (i) tasks involved in life transitions (ii) tasks in using and influencing elements of the environments (iii) obstacles that impede both these (Compton and Galaway 1979). A profession involves practice-doing something with a high degree of skill. The skills are based on a reserve of knowledge that has been organized into an internally consistent body of theory. Added to this, values and ethics direct the differential application of skill. The practitioner's skill lies in the judicious selection of theories that are appropriate to the problem to be solved. It is this possession of knowledge, together with the capacity to organize and apply it differently to individual situations that marks the profession from other occupations. Acknowledging the diverse and varied nature of the problems of the client system and the wide variety of practice settings and types of clients it is not possible to identify a single social work practice framework that is superior to all. It is important that whatever the practice framework it should be based on social work values and generate success (Sheafor, Horejsi 1994: 47-48).
As is case with the other professions, social work too uses the knowledge and theory from the diverse disciplines. Most of the social work theory is being borrowed from the psychology, sociology, psychiatry and economics. The practice of the social worker is largely guided by the patterns of the interaction between human beings, problems in these interactions which contribute to the social dis-functioning. The social worker must be aware of one's own self which enables the practitioner to be aware of and to take responsibility for their own emotion and attitudes as they affect their professional functions. Theory base is mandatory for the practice of any profession. The issue debated most by practitioners and academicians is whether theory is really related to practice. In other words the practitioner is always asking whether a strong theoretical base is a necessary component to effective therapy. Some are even of the opinion that theory is unimportant and counterproductive to good practice. To them effective treatment consists of a warm understanding and respectful reaching out of one human being to another. Quantifying, analyzing, testing and experimenting are labeled as ‘scholarly endeavors’ and are disregarded and even looked on with suspicion (Compton and Galaway 1975). Whereas, Turner's (1974) view that it would be cynical to speculate that there is no influence of theories on practice but it would also be naive to imply that practitioners consciously, deliberately and consistently formulate their interactive strategies from a specific conceptual base. An open approach is advocated. A person must develop a firm theoretical base but in the process also keep all options and alternatives open. This will provide a greater and richer opportunity to develop linkages and integrative structure that are already emerging. Such an approach would also provide richer opportunities for our clients (Turner 1974). In a society like ours, practitioners have to use a mix of approaches while dealing with the clients. No one model can be regarded as a standard ideal model. The present study shows that, the Hijras of the Kashmir has multidimensional problems, which include social, economic, and psychological problems. Any social work intervention, which is to be proposed to be done with the Hijras, should be dynamic in the sense that it should take into its ambit various social systems, which have the direct or indirect bearing on their wellbeing. This section will evaluate all the basic theories of social work and will subsequently see their applicability in addressing the problems of this community.

Social Casework: The Psychosocial Approach

Psychosocial approach emphasizes on perceiving and understanding the individual in the
social context. The problems of Hijras of Kashmir are deep rooted, complex and multilayered, which categorically involves social and psychological aspects. This approach involves theories of social psychology. It involves analysis of problems, explanation of the problems, process of change and reflexivity. It is an attempt to mobilize the strengths of the personality and the resources of the environment at strategic points to improve the opportunities available to the individual and to develop more effective personal and interpersonal functioning (Hollis 1997). The study shows that Hijras of Kashmir are going through severe psychological distress due to the trauma they are facing every day. They are living in a constant limbo due to the identity crisis, harassment, and violence. The social worker need to work on enhancing the positive coping mechanisms of trans community and offer emotional support to them to alleviate their sufferings. Social workers can use counseling technique to provide psychological support to Hijras and it can help in giving a vent to their colossal grief. Counseling is a process, which takes place in a one-to-one relationship between an individual beset by problems with which he cannot cope alone and a professional worker whose trainings and experience have qualified him to help others reach solutions to various types of personal difficulties (Hahn and Maclean; Nayak, 2002). The problems of Hijras are multifarious and persistent; they are facing an unresolved loss.

The term ‘psychosocial’ has been used to refer to a number of theories, which combine concern with psychological development and the interaction between the individual and the social environment (Lindsay 2013: 9-10). Effectiveness in the psychosocial approach depends on the clients’ confidence in the worker as an expert or, particularly in persuasion and active interaction, as a person of authority (Hollis 1964:237). A psychosocial approach can be useful in any situation where there is significant emotional agenda. With its emphasis on the development of ego strength, it may also be appropriate for use with the people who have personality disorders, who lack confidence or have problems asserting themselves (Lindsay 2013).

Services provided by relief organizations have been in the form of psychosocial interventions. These interventions fall within the ambit of primary wellbeing of the social structures. The term psychosocial underlines the dynamic relationship between psychological effects (e.g. emotions, behaviors, memory) and social effects (e.g. altered relationships due to death, separation, family and community breakdown), each continually influencing each other. Psychosocial interventions aim to enhance the
abilities of survivors of abuse (Hijras in that case) to cope with the demands of their social world that has been shattered by abuse and stigma. Psychosocial proponents uphold that Complex Emergencies (CEs) impact on a population capacities is not reflected solely or primarily in terms of established psychopathology. This approach upholds that while resources are depleted across many domains, three in particular reflect psychosocial well-being: human capacity (i.e. skills, knowledge, capabilities), social ecology (social connectedness and networks) and culture and values. Psychosocial proponents focus on bolstering resources in these domains in order to enhance the individuals and communities. Psychosocial approaches usually focus on directing their services towards vulnerable groups or those with special needs. These are individuals with specific characteristics that place them at risk for developing psychological distress and social disability and who have the potential of being neglected, abused, and stigmatized by their society, limiting their capacity to access humanitarian relief. The psychosocial emphasis on vulnerable groups, however, should not preclude an appreciation of the mental health impact of mass violence on all members of an affected population. Depression, identity crisis, social exclusion and stigma, social withdrawal, and loss of skilled labor all serve to degrade available human capacity, as do less tangible impacts such as a reduced sense of control over events and circumstances (the characteristic typical to Hijras of Kashmir). Events and conditions also frequently lead to wide disruption of the social ecology of a community, involving social relations within families, peer groups, religious and cultural institutions, links with civic and political authorities etc. The deep rooted, complex and multi layered problems of Hijras suggests that psychosocial interventions can be defined as actions that support the engagement of individuals, families and communities with the demands of mainstreaming the gender and safeguarding the human rights of the individuals who don’t fit in the gender binary. In practical terms, psychosocial interventions for Hijras or the LGBT community may involve the actions that typically:

1. alleviate human suffering by creating a conducive environment and enabling a change for self-acceptance, enhancing human development and capacity,

2. provide protection to those especially vulnerable to the harassment, discrimination and violence/or
3. Promote community rehabilitation (increasing economic and social development). The framework suggests a number of domains within the affected community with respect to which interventions might be targeted (e.g. human rights initiatives with respect to the domain of culture and values; mental health programs targeting enhancement of health and well-being within the domain of human capacity; restoration of social linkage to support the socialization of children).

These suggest a number of alternative routes to influencing the psychosocial well-being of a community and its members. Research on the concept of resilience (e.g. Haggerty et al. 1994) has until recently, provided the major evidence base for such interventions. Resilience refers to the capability of individuals or communities to withstand demanding circumstances. Best practice in interventions in relation to the Hijras of Kashmir will be developing such resources that promote resilience and is very much centered on the process of identifying needs, and supporting local processes of engagement, rather than producing resources that are not relevant to local coping strategies.

**Person Centered Approach**

The person centered approach views clients as being fully capable of attaining their own growth potential. However, it recognizes that this can only occur when conditions are favorable (Lindsay 2013). Rogers shared Maslow’s ideas of self-actualization which Maslow (1943) defines as the:

“*desire for self-fulfillment [sic], namely the tendency for him [the individual] to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming* (Rogers 1975: 380).”

Rogers argued that when a person is denied acceptance and positive regard from others-or when that positive regard is given only on condition of behaving in particular ways they take on board a view of themselves based on that experience- that-‘I am not a worthwhile person’, ‘I am only lovable when I do what others want’. Consequently, they lose their sense of ‘self’ and what their own experience means for them. This then becomes an obstacle in their journey to reach their potential (Lindsay 2013). Rogers believed that an individual could recover their potential for growth through the relationship with the counselor. In relation with the intervention for the Hijras of the
Kashmir Person centered approach can have wide applicability across a range of client groups (Hijras and their families with diverse problems) and settings. It can form the basis of work with individuals, families, groups and communities. It can inform work which is of supportive, pedagogic or practical nature.

Although the person centered approach focuses on individual changes it is not unresponsive to structural inequality and issues of power and oppression (Lindsay 2013). It does not involve working directly for the social change but as Mearns and Thorne (2007:217) argue, characterized by the deep understanding and personal honesty, provokes not only distress but sometimes rage at the rampant injustices and shameless hypocrisy that all too often characterize our political and social environment. The approach for them is politically radical...a constant opponent to the societal influences of social control over the individual... working with the whole person and...oriented towards the goals of that person rather than the agenda society has for the person. The solutions to the problems of the Hijras demand an unconditional positive regard and complete empathy. Shulman (1992) suggests that we can communicate empathy by displaying understanding of the client’s feelings which involves indicating through words, gestures, expression, physical posture or touch (when appropriate) the worker’s comprehension of the expressed effect (p126). The person centered approach is thoroughly positive, being part of the humanistic tradition that affirms the dignity and worth of all people. It is non-judgmental. It places the worker and the client on an equal footing, thereby encouraging a partnership approach based on equal respect. All experience is of value. The clients are the experts on their own lives and emphasis is placed on their inherent potential to find their own way through.

Crisis Intervention

The social worker needs to understand the fact that when the transgender identity is marked with the social rejection and the vulnerability. This identity is stigmatized in the society. The constant ridicule, harassment, discrimination, and violence pose a sense of insecurity in their lives. The torture, less livelihood avenues, curtailment of various fundamental freedoms and living an insecure life always leads them to extreme conditions of stress. The constant victimization of the Hijras leads to the crises at various fronts. Any intervention for the crisis management needs to be done with precision and great professional ability. The intervention approach to be adopted needs to be helpful for Hijras to cope the trauma. Crisis intervention approach has been suggested by the
researcher for the Hijras of the Kashmir keeping in view the persistent victimization, inability to reconcile with the gender identity, tenacious grief, and loss.

The purpose of the crisis intervention approach is to address the special needs and concerns of a client in an acute, psychological crisis. The intervention is applicable whenever the functioning of an individual or family has been suddenly or unexpectedly impacted by some personal loss or tragedy. It is to be used during the first four to six weeks period following the event that precipitated the crises. With an emphasis on providing, a focused time limited intervention to the client system who is not able to function because of the personal crisis (Sheaford, Horejsi and Horejsi 1994:69). Crises intervention approach is to address the special needs and concerns of a client in an acute, psychological crisis. The intervention is applicable whenever the functioning of an individual or family has been suddenly or unexpectedly impacted by some personal loss or tragedy. The crisis theory states that it is important for people to resolve their crises situations and experiences in order to cope with new developments and crises. If individuals are unable to resolve their earlier crises, they become more vulnerable to inability to resolve new crises. Individuals who learn new skills to resolve their crises are on the other hand strengthened in coping with future crisis situations (Aguilera 1998).

Parad and Parad (1990) explains this intervention concerned with the psycho social functioning of the client system during the period of disequilibrium in order to address the immediate impact of a stressful event and to help mobilize the psychological capabilities and social resources of person directly. Human beings have considerable capacities for handling or dealing with difficult situations. It is only when such difficulties assume significant proportions and people do not have appropriate resources, personal, emotional, social, spiritual or physical, to deal appropriately with stressful circumstances or events that they become involved in crises. Difficult or stressful events do not by themselves result in crises. Crises are actually determined by the responses of individuals to specific stressful circumstances or events and their responses to them. Crises develop only when individuals perceive specific events to be significant and threatening, try to handle such events with their usual coping strategies without success, and are not able to use other alternatives (Aguilera 1998). Behavioral and psychological experts perceive crises to be akin to states of psychological disequilibrium. Individuals experiencing crises are likely to experience a range of emotions like feelings of apprehension, anxiety, fear, guilt and helplessness. Other indicators include alterations in
Social Work Intervention with Hijra of Kashmir

eating and sleeping patterns, activity and energy levels and ability to concentrate. People in crises are also commonly known to suffer from depression and withdraw from social intervention. Social work experts argue that whilst the majority of crises run their course or reach some semblance of stability within one or two months, it is necessary for skilled intervention to take place to strengthen the coping mechanisms of individuals. The failure to do so will result in the existence and continuance of crisis associated behaviors, even as the opportunity for change will be forgone (Nash, et al. 2005).

People in crisis often have little by way of solutions and are receptive to external help and assistance. The provisioning of skilled intervention by social work practitioners during the occurrence of the crises can result in opportunities for individuals experiencing crisis to learn new skills, achieve beneficial behavioral change, and regain stability. Individuals who have been able to successfully cope with crises are strengthened by such experiences and can use their skills in future times of difficulty (Roberts 2000). Crisis intervention is essentially a professional response that is limited in terms of time and is used to assist individuals, families, and groups. Social workers aim to assess the openness of individuals experiencing crises to learning of new skills and mechanisms for coping. They also help individuals in reducing their feelings of helplessness, isolation, and distress and use social resources to help in restoring individuals to their prior functional levels, as soon as practically possible (Hepworth et al. 2002). Such social work intervention is done through "listening, validation, acceptance, normalization, reassurance, education, advocacy and brokering resources" (Nash, et al. 2005). Crisis intervention can be specifically segregated into 7 stages, namely (a) establishment of communication and development of feelings with individuals that circumstances can become better, (b) assessment of situation, (c) exploration of available strengths and resources, (d) goal setting with the use of such strengths and resources, (e) implementation of plan, teaching of new skills and mobilization of other support if required, (f) evaluation and adjustment of the plan and (g) follow up and termination of relationship (Hepworth et al. 2002).

**Advocacy**

Advocacy is defined as a key concept in social work practice. It is defined as exerting influence on behalf of organizations and groups within legal power and political structure. Advocacy involves either an individual or group, or their representatives, pressing their case with influential others, about situations which either affect them
directly or, and more usually, try to prevent proposed changes, which will leave them worse off (Soloman 1985). The act of advocacy has a tremendous scope of helping the client system, which has been neglected by anyways from receiving various services and amenities that are being withheld unfairly. The present study has strongly highlighted the various issues and concerns of the client system which it could not address on its own, for such issues the advocacy can play a very important role. While addressing the issues of Hijras of Kashmir, advocacy as an intervention has a great scope as it involves all the aspect that are needed to be taken into consideration while addressing their problems most of them are not able to negotiate with the varied needs and resources that are to be addressed by the external institutions and the fact is that they don’t have any control over them. Theorists like Gilbert and Specth (1976) have identified two types of advocacies one they refer as case advocacy and the other is class advocacy. The type of advocacy which involves the social worker working with and on behalf of the individuals or families so as to assure that they are in receipt of services and benefits to which they are entitled and receive them in a dignified manner is a case advocacy. The class advocacy has a wider scope and involves the social worker to promote and induce changes in policies, practices, or laws that influence all persons in a specific class or group. Often this type of advocacy is referred to as social action. In the context of present study and the issues involved which demand social work intervention both type of advocacies can be employed as the client system has a plethora of problems which require the integration of both types. The social worker while advocating for the client system needs to understand the importance of target system of advocacy which may include, individuals, agencies, public officials, courts, legislatures and divisions of government. The tactics should also vary as per the targets of advocacy, which requires a thorough understanding of organizations structure and working and also the sound understanding of various policies (Rothman 1991). It is also important that social workers should be able to understand whether the context and situations allow for advocacy or not and what is to be advocated and the strategy to be adopted (Sosin and Caulum 1983). Advocacy needs the full trust and faith of client system on the social worker who is performing the role of an advocate for it. While considering advocacy interventions it is very important that the social workers should strictly observe the clients right to self-determination. If client system does not wish to assert their rights, social worker should respect their wishes. Similarly when the social worker is implementing the advocacy actions he/she should bear in mind that it involves a certain amount of strain and tension which can...
have negative impact on the intervention. Social worker should discuss the possible outcomes and leaving the final decision to the client. In case of client system in the present study which is very much prone to stress and other socio-economic burden the social worker should assess the situation and check whether it justifies the assertive action or not.

Social Action is the process of confrontation. It is used when other methods of social work like group work and community organization fail to meet the needs of the clientele group. When the resources are in the hands of a few people and they dictate their own terms and conditions, when power equation is imbalanced and rights are denied to a particular section of the community, social action comes into play. It aims at equitable distribution of resources and power among different stakeholders. Social Action is used for mobilizing masses to bring about structural changes in the social system. It is an organized effort to change or improve social and economic institutions. It encompasses movements of political reform, industrial democracy, social legislation and social justice. The techniques proposed by Hepworth and Larsen 1993 can be used for tackling the issues of Hijras. It involve, Conferring with other agencies, Appeals to Review Boards, Initiating Legal Action, Forming Inter-agency Committees, Providing Expert Testimony, Gathering information through studies and surveys, Educating Relevant Segments of the Community, Contacting Public Officials and Legislators, Forming Agency Coalitions, Organizing Client groups, Developing Petitions and Making persistent Demands.

Certainly on both a micro and macro level, and encompassing direct and indirect action, the scope of advocacy in practice is broad (Brandon and Brandon 2001). While addressing the problems of the Hijra community in Kashmir, advocacy as an intervention has an immense scope as it involves all the aspects that are needed to be taken into consideration while addressing the issues. The crucial issues, which are directly linked with the recognition and rehabilitation where the state institutions have a stake, can be mobilized through the advocacy.

Some of the Models of Advocacy Intervention, which can be used, with the Hijras of the Kashmir are:

- Self-Advocacy: whereby an individual or group represents their own needs or wishes. Includes collective action (collectivism) via community development groups, civil rights groups, and trade unions. Essentially self-advocacy is where
an individual or group campaigns or advocates to have their own voice heard or their own needs met.

- **Citizen Advocacy**: whereby a citizen (lay person), represents the views, and asserts the rights of another disempowered individual.

- **Legal Advocacy**: advocacy within a formal legal context, which is usually contractually and/or financially constrained.

- **Issue-Based, Expert, or Case Advocacy**: professional advocacy work with individual clients or small groups to help promote their perspectives, and/or articulate their wishes and feelings.

- **Peer Advocacy**: Advocacy offered to an individual from within their peer group; i.e. from an individual with comparable experiences, such as the support offered to clients with mental health difficulties from some mental health client groups (Adapted from Forbat and Atkinson, 2005 and Wilks 2012).

Advocacy oriented practice essentially encompasses those approaches which embrace and involve client empowerment, specifically, creating supports to enhance functioning and fostering identity and control (Freddolino et al. 2004:119). These are approaches which have as their aim, the growth of a client’s capacity to make their own voice heard and to proactively have their own needs met. Wilks (2012:41), highlights that the key goal of social work is to find a route to a set of circumstances whereby clients are enabled to speak for themselves. Effective advocacy demands a meaningful and appropriately employed combination of knowledge, skills and sensitivity (Watson 2006).

**Task- Centered Work**

The task-centered approach to social work has become an increasingly popular model of problem solving approaches because of its emphasis on time-limited, focused interventions where tasks are clearly defined, problems are prioritized, and clients are encouraged to build their capacity and confidence by achieving agreed goals (Mccolgan 2013). According to Wilson (Wilson et al. 2011) the core elements of task centered approach are:

- Problem exploration

- Identifying and agreeing the target or selected problems
Agreeing the goals

- Drawing up an explicit agreement
- Identifying a task or tasks needed to address the problem
- Carrying out the task(s)
- Evaluating and termination

This model can be used to address the problems of the Hijras of Kashmir at numerous levels. The applicability of this model can be drawn in a series of stages as:

a. Clarification of Problems Experienced: In this first stage, the careful exploration of the problems faced by the Hijras of Kashmir can be done. However, Beresford (2000) is adamant that to avoid being tokenistic, social workers should include client’s perspectives, knowledge and analysis of their situations. Wilson et al (p123) emphasize the importance of empathy as the basis of developing relationships between clients and social workers. Working with the Hijras would use empathy to acknowledge the sufferings they are experiencing in their life. Social worker needs to develop a proper rapport and a relationship with the clients. Duffy (2006) suggests this relationship is central to the helping process: to understand how service users actually feel about the social work process is important, how it impacts on them on every level and what we can do to make the process as supportive as possible (p37).

b. Identification and Prioritization of Agreed Problems to be focused on this is probably the most important phase of the work because it is mandatory to explore in detail the problems of Hijra community and their motivation to solve them. In the socio-political context of Kashmir this step may involve many stakeholders however; the principle of self-determination needs to be followed in letter and spirit.

c. Establishing Verbal or Written Agreement about Goals and Tasks: After the identification and prioritization of problems the goals and the strategies to obtain the goals need to be framed.

d. Defining Manageable Tasks to be Undertaken, Time Scales for the Work and Agreement about Responsibilities: Tasks need to be broken into the achievable steps with well-defined time scale. Cree and Myers (2008) points out, in the
interests of promoting service users’ capacity… there will be an expectation that the service user will have a major role in deciding on and undertaking the tasks (p94). Therefore, the key issue is that Hijras role in decision-making is crucial. A common tendency that arises when using the task centered approach is that the worker assumes too much responsibility for defining the tasks. Wilson et al. (2011) contended that the experience of using a task centered approach should leave the satisfied user more capable of solving subsequent problems without help (p 369).

e. Working through Each Defined Task and Reviving Work on a Regular Basis: This includes tasks for the clients (Hijras) and the tasks for the social worker separately and may involve other people. This may be achieved through the role plays or role reversals. Nelson-Jones (2005:199) suggests that rehearsal skills can promote changes in communication through role reversal, which helps the client to step into someone else’s world, or through a process of mirroring, where the client sees themselves as others see them.

f. Taking Stock of Progress and Agreeing Outcomes: A primary goal of task-centered work is to ensure that the process of undertaking defined tasks achieves progress and illustrates to the service user that they themselves have the capacity and ability to find solutions to their problems. However, this is not to suggest that the process always result in successful outcomes. Achieving and sustaining change is often influenced by external factors as well as internal motivation. Cree and Myers (2008) make the point that as the approach is premised on the motivational impact of deadlines (p.95) the focused nature of the work promotes the client’s independence.

According to Mccolgan (2013) Task-centered work is a popular method of intervention in social work practice. It does not depend on any complex theory, is down to earth, makes sense and is easy to understand in its application. Any practice that is based on a mutuality of understanding of the nature of the social work contract is likely is to be more successful in outcome. It concentrates on the client’s own conception of their difficulties as the key to reaching a solution. It has the potential to create equality between the worker and the service user. Task-centered work promotes empowerment and is also anti-oppressive insofar as the client is encouraged to take control of their own life. People’s strengths are assessed and therefore self-esteem is enhanced, as are skills in
problem solving.

**Cognitive Behavioral Approaches**

Cognitive Behavioral Therapy has a wide interventional applicability in relation to the social work practice. Cognitive Behavioral Therapy (CBT) is concerned with the thoughts, images, beliefs and attitudes that we have (our cognitive process) and how these impact upon and influences our behavior (Lindsay 2013:76). According to Scott and Dryden (2003) Cognitive behavioral practice is underpinned by knowledge about how we learn and can be divided into four main areas:

1. **Increasing Coping Skills:** Scott and Dryden (2003) suggest that coping skills have two components. The first related to the cognition- what the person tells themselves- and the second concerns their behavior. The best known intervention for the improvement of the improvement of the coping skills is the stress inoculation training developed by Meichenbaum (1985), which focuses on both the cognitive and behavioral levels. Stress is seen as resulting from the interaction of the individual and the environment. Consequently both need to be changed.

2. **Problem-solving:** The most commonly used problem solving method has been developed by Nezu et al. (1989). Clients are encouraged to work through the following six stages of problem solving.
   a. Problem orientation-that is, recognizing the existence of a problem
   b. Defining what the problem is
   c. Generating as many possible solutions to the problem as possible
   d. Choosing the solution most likely to be effective
   e. Planning how to implement the solution
   f. Reviewing progress. If the chosen solution has not worked, another is chosen, implemented and reviewed.

3. **Cognitive Structuring:** Within social work practice cognitive restructuring is probably is the best known form of CBT. Jehu, Klassen and Gazan (1986) suggests the following main components in the cognitive restructuring approach:
   - Identifying beliefs, for example around the topic of concern;
   - Recognizing and identifying cognitive distortions, usually those that
are contributing to the formation or continuing existence of the problem;

- Finding and substituting cognitive distortions with more accurate and helpful beliefs

4. Structural Cognitive Therapy: These first three approaches, coping skills, problem solving and cognitive restructuring, have been criticized for focusing only on surface-structural issues, directed towards the identification and modification of problematic self-statements and behavior. Structural cognitive therapy, on the other hand, is concerned with deep structures (Liotti 1986 cited in Scott and Dryden 2003). Liotti suggests that cognitive structures exist at three levels

I. Core level beliefs are those beliefs, usually formed during childhood, that we accept as ‘givens’, that is immutable ‘truths’, about ourselves or the world: ‘the world is a safe place’, ‘I am a person of value’, but which are tactically held.

II. Intermediate level beliefs are those beliefs we have about the world and ourselves which are held explicitly and which we can and do verbalize.

III. Peripheral level beliefs are those that determine our plans of action and the problem-solving strategies we develop individually and use on a daily basis.

Cognitive Behavioral Therapy (CBT) can be largely used as an interventional approach while dealing with the problems of the transgender or the LGB community of Kashmir. The thoughts, beliefs, attitudes and the perceptions which the Hijra people hold about themselves can be targeted through this approach and subsequently altered into more rational and logic attitude towards life. Problem solving attitude and development of the positive coping strategies can be inculcated in the Hijra people by administering this approach.

**Group Work**

Lindsay and Orton (2011:7) define group work as, “a method of social work which aims, in an informed way, through purposeful group experiences, to help individuals and groups to meet individual and group needs and to influence and change personal, group,
organizational and community problems”. While dealing with the problems of Hijras group work as a social work practice can be helpful in following ways:

- People with similar life experiences, situations, and problems can be a source of support to each other: Hijras who have had a particular damaging and fruitful experiences and who are experiencing very difficult situations often are excluded from the mainstream society. Coming together and sharing a common group can be helpful in many ways as they will realize that their situation is not unique. As it is said that ‘collective grief leads to collective healing’.

- Group-work can be empowering: A group being a social support system can be very helpful in development of positive coping mechanism, a common voice, a platform to give vent off to the repressed feelings and a sense of collectiveness. Thus, the group work as a social work practice can act as a tool of empowerment to the Hijras of the Kashmir.

- Groups offer opportunities for giving and receiving help: This advantage arises out of the fact in groups can offer support, advice and suggestions. A vast range of experience can be brought to bear on problems and situations. It is also important to realize that it can be as beneficial to have opportunities to give help, as it is to receive it.

- Groups offer opportunities for social comparison: The problems of the Hijras of Kashmir are complex and diverse often marred with the identity crisis, feeling of being worthless, full of discrimination, stigma, and violence. Hijras in the groups may find themselves exposed to new ideas and beliefs. They may find themselves exposed to the expression of feelings that they may share but would never dare to express themselves. Button (1997) suggests that groups have the capacity to hold ‘big feelings’ such as shame, terror and rage. He suggests that a common factor thwarted expression of big feelings is the sense of being unmet, unheard or unseen. Many survivors have that experience. An important function of the group can be for these feelings of the Hijras to be met, heard and seen by a number of people in a safe and valued way.

- Groups offer learning opportunities: The group work as a social work intervention practice for the Hijras of Kashmir can act as a platform of learning. The learning as a process through groups is a core objective of the many groups’
interventions. The trans people can learn basic life skills, employment skills, capacity building, problem solving attitude and self-help. Group members will have the opportunity to learn from each other. A group will provide opportunities for acquiring information about how one’s behavior is experienced and responded to by others. A group will offer opportunities for trying out new behaviors.

Community Based Rehabilitation

Mass awareness and sensitizing people about the issues of the transgender community is the need of the hour. Taking the basis of community work as an intervention practice of social work this can be in the form of intensive workshops dedicated to identifying and assessing viable economic opportunities, vocational training resources, and pathways to self-reliance. A successful vocational rehabilitation project requires baseline information, based on an objective labor-market assessment of the skills, aptitudes, intentions and expectations of beneficiaries. Adequate guidance, awareness and counseling must be given to Hijras in choosing vocational training Programmes. Their skills especially dancing, singing, makeup and other related skills need to be identified and channelized in a proper way. Embracing them in the traditional cultural Programmes like band-pather could be considered. Kashmir has a rich resource base in terms of handicrafts, carpet industry, floriculture, horticulture etc., such resources present potential economic and employment opportunities for the rehabilitation of the Hijra community. Government and Non-Governmental agencies should guide trans people to position themselves strategically for these opportunities. Trades, entrepreneurial training and education programs have been identified to address the rehabilitation of this community. Keeping in view the indigenous resources of Kashmir areas such as general artisanship, building and construction, environmental management, agriculture, transportation, information technology, creative arts and entertainment, and tourism has been identified. It becomes obligatory for Government and Non-Governmental institutions to set up training centers. The strategy that needs to be adopted in the rehabilitation program is that the training institutions shall incorporate entrepreneurial skills for the various courses to give the Hijras the option of self-employment after the completion of their training. In addition, the training vendors/institutions need also be responsible for the boarding, feeding and general wellbeing of the participants that are sent to their facilities. The formal as well as informal education needs to be imparted to the them. Schools need to be sensitized to
have a transgender policy. Identified vocational courses on the bases of interest of Hijras are considered pertinent in the economic empowerment phase by setting Business Start Up - Small & Medium Enterprises (SME). Another quick activity that should be provided is health and psychological screening. It is evident from the results of the study that the Hijras suffer immensely in terms of physical and psychological health issues. To facilitate their developing of strong social roots and a sustainable rehabilitation, it is imperative that they must be cleared of these physical and mental health issues to live normal life. Housing and resettlement opportunities should be provided to the Hijras who have migrated due to various socio-economic insecurities or who are abandoned by their families. It is nonetheless important for rehabilitation Programmes to build in guidance and counseling services, entrench the principles of ecumenism and restorative justice in the communities. This should aim at inculcating the sense of Prudential’s, victim empathy and active citizenship in the Hijra community.

Involving communities in the design and delivery of services is essential for the rehabilitation of Hijra community of Kashmir. The primary focus is on human rights issues. The reduction of stigma, marginalization, and prevention of unnecessary harassment is important to address at the community level. There has to be the provisions for the accessibility to quality education and health care. Drawing on existing community strengths including the capacity of the family, community leaders, and traditional healers to provide support and care is important. Designing interventions to maximize social and work functioning in the Hijra people and the promotion of strategies that, as far as possible, integrate the person back into society; and ensuring that the service has immediate, measurable benefits while at the same time building a model that is sustainable and ultimately integrated within broader primary services for mitigating loss. There is an international consensus that the welfare services should be located in the communities they serve. The established principles are that the service needs to be a) accessible (close to where people live); b) equitable (allowing access by all those in need irrespective of wealth, influence or location of residence); c) acceptable (the community must feel that the service is welcoming, culturally sensitive, responsive and interacts with them in a respectful and dignified way); d) safety conscious, evidence based and offering good quality care; e) cost-effective; f)logistically practical (that is, issues of transport, availability of medications and other aspects of infrastructure support can be provided); and g) accountable in its activities to the local community and to the health
authority. Involving staff, local leaders, family of the transgender people and other interested groups in designing and shaping the service promotes community awareness and a sense of local ownership. Active community involvement in turn helps to reduce fear, stigma, and a sense of alienation among the Hijras and ensures that services are responsive and accountable. A key principle in developing countries is that the family is the greatest asset in caring for the disadvantaged sections of the society. Traditional families tend to be more accepting and responsible for their family members. Activities should include educating the family and wider community about the need of mainstreaming the gender diverse populations with the aim of de-stigmatizing sufferers, normalizing the experience of receiving services, giving families a sense of confidence in re-integrating affected persons into the community by facilitating their return to active roles (work, school, etc.). Community-based reintegration services are relatively inexpensive to establish. The community rehabilitation is essential for the reintegration of Hijras. It aims in Restoration of public, civic and religious institutions that provide social order and meaning to affected populations.

This may involve special provision for Hijra people who may otherwise be unable or ill equipped to actively engage in community processes of recovery. Activities need not necessarily be directed at mental health and psychosocial needs. Often, practical concerns can more valuably bring people together, and help build confidence and hope. Too often needs are assessed, without an awareness of the strengths and capacities of affected populations. This sets intervention off on the wrong foot, not taking into consideration the current ways that people are using to deal with their difficulties (and seeking to bolster these). Assessment should thus address existing coping mechanisms and strategies, and how these may be supported. This will include resources drawn upon from the informal and popular sectors, such as religious ceremonies and traditional healers. Rehabilitation of gender diverse people should not be seen as an individual issue, but once understood and addressed at the community level. Active use should be made of existing social groups and networks to identify needs, and mobilize response to them. Human rights protection and creating an environment, which is favorable, will usefully serve to promote rehabilitation and reintegration of Hijras in the society. Connections between such activities should be actively encouraged. The services may also include support for means of addressing needs at the community level, facilitation and participatory skills, psycho-educational inputs and, where appropriate, knowledge of
paths for advice and referral. Participatory evaluation methods should be used alongside any more quantitative evaluation measure. Measures are required that are valid for use within a particular locality for the purposes of identifying needs (and resources) and evaluating outcomes.

**Motivational Interviewing**

For the transgender people, who have the tendency of identity crises and self-defeating behavior or who are using negative coping strategies motivational interviewing can be very fruitful. The interventional sessions with the Hijra people for preparing them for a positive change will be crucial in setting the scene and approach to the work. The practitioner has to avoid the stereotypical interactions and confrontational-denial trap. Listening reflectively is a key skill in motivational interviewing. The practitioner has to adopt a problem-change approach and it is important that the client be facilitated to elicit self-motivational statements. Then the goals for the change and the strategies to be adopted are to be followed.

Motivational interviewing has been described succinctly by Miller and Rollnick as a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence (2002, p.25). Ambivalence is a key concept in motivational interviewing as it prevents people from making the changes they desire. Motivational interviewing is a method and style of practice, initially developed for working with addictions and substance abuse, but has been found to be effective in work with a variety of clients’ situations, from parenting issues to work with sex offenders (Marshall 2005). Motivational interviewing is an effective way of helping people to address current or potential problems, particularly clients who are reluctant to change. It is intended to resolve ambivalence, create a dynamic for change; it can be brief and can also be a pre-requisite for longer term therapeutic work. In relation to the working principles, it is worth emphasizing that the change remains the responsibility of the client (Miller and Rollnick 2002). Related to the development of the motivational interviewing has been the ‘trans-theoretical’ model of change developed by DiClemente and Prochaska (1998). It suggests six stages that people go through when undergoing a change:

I. Pre-contemplation: at this stage you have not even thought of changing and may be happy where you are, or have simply not considered that the change is
possible

II. Contemplation: you are thinking about change and part of you wants to change but another part of you wants to stay as you are.

III. Decision: you have decided to change and are going to do something about it. You may still have some ambivalence but you are going to make an effort to change.

IV. Action to change: you undertake work to bring about the change you want. This might be a Programme of action, getting information, making choices, or doing things differently.

V. Maintenance: at this stage you are maintaining your new behavior. Often at first through a conscious effort, later it becomes your unconscious habitual behavior.

VI. Lapse: sometimes called relapse, but this feels too much like failure. However, lapse is not always failure, only a stage in learning process

Motivational spirit is the style of practice with the client and the workers disposition towards them. It is different from the techniques employed and comes from within the practitioner. The spirit is in essence a counseling style and part of the therapeutic relationship (Marshall 2005). Wahab (2005) termed it as an availability and willingness to be present enough with the client, to glimpse their inner world (p.48). The practitioner using motivational interviewing does not engage in punitive or coercive fashion to argue with the clients that they have a problem. Instead, the qualities required of the motivational interviewer, such as empathy, self-determination, dignity and the respect appear to have particular significance in producing behavioral change and sustainable outcomes (Miller et al. 1980).

**Family Therapy and Systemic Approaches**

According to Compton and Galaway (1979), a system is usually thought of as a whole consisting of interdependent and interacting parts or as "a set of units with relationships among them". Buckley (1971) describes a system as "a complex of elements or components directly or indirectly related in a causal network, such that each component is related to some others in a more or less stable way within any particular period of time". The interrelationships of the components create a whole that is greater than the sum of its parts. Because of the wholeness of the system, a change in any part affects the
system as a whole and all of its parts. Drawing on the conception of systems theory by
the biologist Ludwig Von Bertalanffy, therapists in the 1940’s began to see families as
open systems-engaged in transitional processes. They became interested in noticing
interactional patterns and the relationships between the parts of the system. General
systems theory states that a system is a whole and that its component parts can only be
understood as functions of the whole system (Bertalanffy 1968). Bertalanaffy built on the
idea of circularity to provide a theoretical base for biological systems and recognized that
patterns develop when elements of a system interact. Gregory Bateson (1972), an
anthropologist, provided much of the intellectual foundation of the emerging field of
family therapy because of his ideas and studies of pattern and communication, influenced
by the study of cybernetics in engineering and mechanical systems. The word
cybernetics was coined by Norbert Weiner, to mean the science of communication and
control in man and machine. Cybernetics and system theory presented a significant
challenge to the existing psychiatric orthodoxy whose roots at that time were firmly in
the psychodynamic realm (Bateson 1972, 1979, Watzlawick et al. 1967). Bateson
brought to the field the idea that, if you were to intervene in a human system, you needed
to become aware of your influence and impact upon it.

Family being an institution which proves as the fundamental support system for the
people in distress can be largely harnessed for the intervention of the Hijras of the
Kashmir. Family therapy has a lot of scope in the context of the present study. Working
with the individual member (Hijra) in the family may provoke change in that individual
but the family reacts in a way to accommodate that change which leaves the family
system as it was. The main ideas emanating from the strategic family therapy are that
change can be brought about by altering the family’s attempted solution to a problem, the
focus on being the presenting symptom. The belief here is that if the symptom can be
removed (first order change) then the family will reorganize itself differently and more
lasting change may follow (second order change). Strategic therapists hold the view that
families generally manage to negotiate their own life transitions but can stuck at
transitional points on the life cycle. For example, when previously tried solutions do not
appear to work the difficulty may become intensified by the family’s efforts to control it
and thus the solution actually becomes the problem (Cathy Jayat as cited by Lindsay,
2013). The strategic therapist is interested in how the family organizes itself around the
symptom. The therapist adopting a position of neutrality or emotional distance is seen as
important here and the therapist is the ‘expert’. Strategic therapists often take the view that there is natural resistance to change where homeostasis (ability of the system) is threatened (Haley 1973).

Salvador Minuchin (1974) led the way in the development of structural therapy which highlighted the importance of structural organization within the context of both the family and wider society. Within this approach clear boundaries regarding family roles and sub-systems are seen as important, as is case with the Hijras, where problems are having a personal and a social context usually starting from the family only; blurring of boundaries is seen to raise power imbalances, unhealthy cross-generational coalitions, and unhelpfully facilitate the development of enmeshed or detached relationships. In common with strategic approaches is the belief that problems occur at transitional points in the life cycle and the focus is also on the present. The structural school believed that families develop structures and rules to organize family roles and functions (Lindsay 2013). Minuchin (1974) believed that when boundaries are diffuse, enmeshment will occur, or when they are rigid, disengagement between family members will occur. The structural therapist’s goal is to restructure the family and create conditions which give rise to greater flexibility (Hayes 1991).

The Milan associates (Palazzolli, Prata, Cecchin and Boscolo) consistent with Bateson’s (1979) ideas began to see change as evolutionary and became more interested in the idea of observing systems which emphasize the observer’s inclusion and participation in the system and includes such concepts as therapist attention to self, recursivity and the social construction of reality (MacKinnon and James, 1987b, p.90). Milan Associates reminded us that we cannot make people change, but we may create little perturbations in thinking and introduce ideas of ‘difference’ that may encourage the stimulation of change within the system (MacKinnon and James, 1987a, p.90).

**Brief Solution Focused Therapy**

Solution focused therapy came about as a consequence of the work of a team led by De Shazer and Berg, at the Brief Therapy Center in Milwaukee, during 1980s. the team discovered that clients often made significant positive change following conversations about their preferred future, whether much attention had been paid to the nature of their problems or not. Furthermore, when clients came up with the ideas about problem
solutions, sometimes these were related to problems and sometimes not. It seemed that the more they focused on problems, the more and greater problems they discovered, but when they focused on solutions, the more solutions materialized. De Shazer, Berg and the team realized that workers could play a part in helping clients focus on solutions—hence solution focused therapy. Technique does not make a therapist solution focused. It is the quality of the relationship underpinned by solution-focused values which makes someone genuinely solution focused (O’Connell 2007:389). The values of the solution focused therapy involve attempting to establish a relationship based on equality in which the client is recognized as expert on their life. The worker’s role lies in creating an environment in which it is possible to facilitate and encourage the client to find their own solutions. This involves the active listening, feeding back positively on the client’s abilities and successes, but also keeping the conversation to a solution focused agenda as far as possible (Lindsay 2013).

Brief solution Focused Therapy is a client centered approach; this therapy can be used as an intervention theory for the Hijras of Kashmir in a number of ways as

- The focus of the social worker will be on attending carefully to the story of Hijra people and on finding the solutions of their problems. The need for the negotiation may be emphasized with them, not only in ensuring that their individual definition of their problems is elicited, but in ensuring a commitment towards change in specific areas like rejection by family and society, surmounting trauma of the discrimination and violence, feeling of worthlessness, harassment at various fronts.

- This approach will reduce the dependency in the clients (Hijras) as it is the client who is actually working on the solutions.

- It can be broadly applied and is useful for dealing with wide range of problems and goals. Depending on the client the work can be completed over a relatively short period of time. A major advantage of this intervention therapy for the Hijras of the Kashmir is that it is cost effective method of treatment.

**Integrative and Eclectic Model**

Eclecticism involves selecting the best or most appropriate ideas or techniques from a range of theories or models, in order to meet the needs of the client. Integration refers to somewhat more ambitious enterprise where the counselor brings together elements from
different theories and models into a new theory or model (McLeod 2003: 217). Eclectic approaches do not depend on vertical consistency but must be consistent horizontally. Integrated approaches are both horizontally and vertically consistent (Lindsay 2013). The integrated approach focuses on the transactions of individuals and their environment in the constant state of reciprocity with each shaping the other. This model is more consistent with ecological approach. This model of social work involves casework, group work and community organization (Goldstein 1973). It consists of role induction phase, when the focus is directed towards the clarification, development and assumption of the client role concurrent with the identification and evaluation of the problem. Core phase is that juncture when the change system is stabilized, emphasis is placed on problem solving capabilities, and efforts are directed towards resolution and change. Ending phase is the terminal phase of service wherein resolution of the problem is achieved and evaluated. For the complex problems of the Hijra community of Kashmir, the integrated approach is more advocated. Along with the community support model the integrated model is expected to show some positive responses. Generalist social work provides an integrated and multileveled approach for meeting the purposes of social work. Generalist practitioners work with a variety of human systems—societies, communities, neighborhoods, complex organizations, formal groups, families, and individuals—to create changes that maximize human system functioning. This means that generalist social workers work directly with client systems at all levels, connect clients to available resources, intervene with organizations to enhance the responsiveness of resource systems, advocate just social policies to ensure the equitable distribution of resources, and research all aspects of social work practice. The generalist approach to social work practice rests on four major premises. First, human behavior is inextricably connected to the social and physical environment. Second, based on this linkage among persons and environments, opportunities for enhancing the functioning of any human system include changing the system itself, modifying its interactions with the environment, and altering other systems within its environment. Generalist practitioners implement multilevel assessments and multi method interventions in response to these possible avenues for change. Third, work with any level of a human system—from individual to society—uses similar social work processes. Social work intervention with all human systems requires an exchange of information through some form of dialogue, a process of discovery to locate resources for change, and a phase of development to accomplish the purposes of the work. Finally, generalist practitioners have responsibilities beyond direct
practice to work toward just social policies as well as to conduct and apply research. For the present study, Generalist Approach of social work is appropriate as the problems faced by Hijras are multi-dimensional. With its wide scope of intervention the problems of Hijras can be addressed as it works with a variety of human-societies, communities, formal groups, school, religion, family and individual level.

The various levels of generalist intervention are:

- **Micro level intervention** involves working with individuals separately, in families, or in small groups to facilitate changes in individual behavior or in relationships. Individuals often seek social work services because they have trouble with personal adjustment, interpersonal relationships, or environmental stresses (Dubois 1999). Changes at this level focus on creating changes in individual functioning. Workers also may plan to initiate modifications in clients’ social and physical environments to achieve changes at micro level. The psychological, physical and social problems of Hijras can be addressed at micro level through social casework, counseling, social group work practice. Psycho analytical and psychosocial approaches are widely used in addressing the problems of clients in this approach.

- **The midlevel of social work intervention** represents work with formal groups and complex organizations. Various Governmental and Non-Governmental agencies come under this heading (Dubois 1999). Work with formal groups include working with teams and, interdisciplinary taskforces, service clubs etc. with midlevel intervention, the focus of change is on the groups or organizations themselves. Effective midlevel work requires skills in organizational planning decision making, and conflict negotiation. The institutional intervention through services is done at this level.

- **Macro level intervention** includes working with neighborhoods, communities and societies to achieve a significant change. Macro systems practice reflects the social reform –the pursuit of a desirable change to improve the quality of life. This approach believes more in activism—community mobilization, organization and social action are the key components of this approach. At macro level social workers help resolve intergroup tensions and community problems by initiating social action and social change. Their attitudes include activities such as
economic development, legislative action and policy formulation. The socio-political problems of the Hijras can be addressed through this approach. The community-based rehabilitation is important for the welfare of the Hijra community. The revival of local *Mohalla* (community) Committees is essential for the community rehabilitation of Hijras.

Generalist social work provides an integrated and multileveled approach for meeting the purposes of social work. Generalist practitioners work with a variety of human systems—societies, communities, neighborhoods, complex organizations, formal groups, families, and individuals—to create changes that maximize human system functioning. This means that generalist social workers work directly with client systems at all levels, connect clients to available resources, intervene with organizations to enhance the responsiveness of resource systems, advocate just social policies to ensure the equitable distribution of resources, and research all aspects of social work practice. The generalist approach to social work practice rests on four major premises. First, human behavior is inextricably connected to the social and physical environment. Second, based on this linkage among persons and environments, opportunities for enhancing the functioning of any human system include changing the system itself, modifying its interactions with the environment, and altering other systems within its environment. Generalist practitioners implement multilevel assessments and multi method interventions in response to these possible avenues for change. Third, work with any level of a human system—from individual to society—uses similar social work processes. Social work intervention with all human systems requires an exchange of information through some form of dialogue, a process of discovery to locate resources for change, and a phase of development to accomplish the purposes of the work. Finally, generalist practitioners have responsibilities beyond direct practice to work toward just social policies as well as to conduct and apply research. For the present study Generalist Approach of social work is appropriate as the problems faced by Hijras are multi-dimensional. With its wide scope of intervention the problems can be addressed as it works with a variety of human-societies, communities, formal groups, family, and individual level. Generalist social workers look at issues in context and find solutions within the interactions between people and their environments. The generalist approach moves beyond the confines of individually focused practice to the expansive sphere of intervention at multiple system levels. “In this process, all social work methods—traditional and innovative—are
utilized, singly or in combination, to meet reality needs and to alleviate stresses in ways that enhance or strengthen the inherent capacities of client systems” (Brown 1982). In generalist social work, the nature of presenting situations, the particular systems involved, and potential solutions shape interventions, rather than a social worker’s adherence to a particular method. The view of generalist social work is like the view through a wide-angle lens of a camera. It takes in the whole, even when focusing on an individual part. Workers assess people in the backdrop of their settings, and interventions unfold with an eye to outcomes at all system levels. Activities of generalist social work practice fall broadly into three related functions—consultancy, resource management, and education (DuBois and Miley, 2008; Tracy and DuBois, 1987). Within each function are associated roles that explicate the nature of the interaction between clients and social workers at various system levels. These roles define responsibilities for both client systems and practitioners. Interventions designed within this model cover the range of issues presented to generalist social workers by clients at all system levels.

Through consultancy, social workers seek to find solutions for challenges in social functioning with individuals, families, groups, organizations, and communities. Within the roles of the consultancy function of social work, workers and clients confer and deliberate together to develop plans for change. Practitioners and clients share their expertise with one another for the purpose of resolving personal, family, organizational, and societal problems. Consultancy acknowledges that both social workers and client systems bring information and resources, actual and potential that is vital for resolving the issue at hand. As a collaborative process, consultancy draws on the knowledge, values, and skills of social workers and clients to clarify issues, recognize strengths, discuss options, and identify potential courses of action. As consultants, social workers empower clients by respecting their competence, drawing on their strengths, and working with them collaboratively to discover solutions. These consultancy activities cast workers into the roles of enabler, facilitator, planner, and colleague. In the present study it has been observed that Hijras are at a disadvantaged position, due to which their overall functioning is hampered, social workers as consultants can help in boosting their morale and involve them actively in finding solutions to their problems.

As enablers, social workers engage individuals, families, and small groups in counseling processes. An enabler encourages action by engaging in a helping relationship, framing solutions, and working for constructive and sustainable change. In other words, enablers
are change agents who “use varying approaches in order to provide the conditions necessary for clients to achieve their purposes, meet life challenges, engage in their natural life development processes, and carry out their tasks” (Maluccio 1981:19). In the context of work with groups, social workers enable supportive interactions among group members to facilitate problem solving. As enablers, practitioners consult with individual and family client systems to improve social functioning by modifying behaviors, relationship patterns, and social and physical environments. Hijras face lot of problems due to their physical and social environment in which they are living, relationships often sour up after the families come to know about their gender identity.

Facilitators activate the participation of organizational members in change efforts. By facilitating group processes, social workers encourage competent group functioning, stimulate intra group support, observe group interaction, offer constructive feedback, and share information about group dynamics. As facilitators, social workers enhance linkages within organizations and help them counteract apathy and disorganization (Pincus and Minahan 1973). In this role, practitioners may even target their own agency settings to increase the cooperation of staff and ensure the effectiveness of social service delivery. For the present study, social workers as facilitators can bring all the Hijra community together and make them participate to bring an effective change.

As social planners and community organizers, social workers understand community needs, recognize gaps and barriers in service delivery, and can facilitate a process for community-based or social change. Social planners use research and planning strategies to collect data systematically, explore alternative courses of action, and recommend changes to community leaders (Barker 2003). Techniques for planning include needs assessments, service inventories, community profiles, community inventories, environmental scans, and field research to understand social problems and develop innovative solutions at the macro level. The intervention involves social worker to assist communities in planning to resolve community problems and provide health and human services, which are most required while dealing with the issues of Hijras.

In the resource management function, social workers stimulate exchanges with resources that client systems already use to some extent, access available resources that client systems are not using, and develop resources that are not currently available. Resources are sources of power and provide the impetus for change at any system level. Resources are found within individuals, in relationships, and in social institutions. Resources are not
gifts bestowed by social workers. Instead, both social workers and clients play active roles in managing resources. Clients, as resource managers, take action to explore existing opportunities, activate dormant supports, and assert their rights to services. Social workers bring the resources of professional practice—the value imperative of equitable access to societal resources, the broad knowledge of the availability of resources, and a repertoire of skills to access and develop resources. Resource management is empowering when it increases the client system’s own resourcefulness through coordinating, systematizing, and integrating rather than through controlling or directing. Social workers as resource managers function in the roles of advocate, convener, mediator, activist, and catalyst.

The professional mandate of the social work profession, “to help people obtain resources,” lays the foundation for the roles of an advocate. For the present study social workers as brokers, can link Hijras with available resources by providing information about resource options and making appropriate referrals. Competent brokers assess situations, provide clients with choices among alternative resources, facilitate clients’ connections with referral agencies, and follow up to evaluate their efforts. As advocates, social workers act as intermediaries between clients and other systems to protect clients’ rights. Frequently, advocates function as spokespersons for clients in the bureaucratic maze of governmental structures. Advocates intervene with social service delivery systems or policy-makers on behalf of clients. Circumstances often press social workers to take on advocacy roles because the rights of social service clients have often been abridged.

Social workers often serve as conveners and mediators with formal groups and organizations to coordinate resource distribution and development. Conveners promote interagency discussion and planning, mobilize coordinated networks for effective service delivery, and advocate policies that promise equitable funding and just service provisions. As conveners, social workers use networking strategies to bring together diverse representatives to address collective goals such as in the examples of community task groups, interagency committees, and United Way panels. When controversy or conflicts of interest arise, social workers as mediators use their skills for negotiating differences and resolving conflicts. Conveners-mediators ally service providers in identifying service delivery gaps and encouraging proactive interagency planning, activities that are central to prevention efforts in social work.
Generalist social workers are in positions to identify societal conditions detrimental to the well-being of clients—a view that informs the social worker as activist. According to Barker (2003), social activists alert the general public about social problems or injustices and garner support to alleviate these conditions. Social activists mobilize resources, build coalitions, take legal actions, and lobby for legislation. They create just social policies as well as initiate new funding or funding reallocations that address their identified priority issues. Engendering community support, activists empower community-based efforts to resolve community issues, redress social injustice, and generate social reform.

As catalysts for change, social workers team with other professionals to develop humane service delivery, advocate just social and environmental policy, and support a worldview acknowledging global interdependence. Through professional organizations, social workers lobby at the state and federal levels and provide expert testimony. As catalysts, social workers initiate, foster, and sustain interdisciplinary cooperation to highlight client, local, national, and international issues.

The social work function of education requires an empowering information exchange between a client system and a social work practitioner. Mutual sharing of knowledge and ideas are central to the educational function. Educational processes at all system levels reflect partnerships of co-learners and co-teachers. Collaborative learning presumes that client systems are self-directing, possess reservoirs of experiences and resources on which to base educational experiences, and desire immediate applications of new learning. The education function of social work respects the knowledge and experience that all parties contribute. Functioning as educators involves social workers in the activities of teaching, training, outreach, and research and scholarship.

The teaching role in social work empowers client systems with information to stimulate competent functioning in all domains of living. Through teaching strategies, social workers strengthen clients with information to resolve current issues and to prevent other difficulties from emerging. To affirm clients’ existing knowledge and skills, social workers select collaborative learning strategies to implement educational activities. Educational exchanges may occur in structured client–worker conferences, in formalized instructional settings, or in experiential exercises such as role plays. Social worker as a teacher helps in developing the client’s interpersonal effectiveness, ability to access resources and take informed decisions which is very important for improving the conditions of Hijras.
As educational resource specialists for formal groups, trainers make presentations, serve as panelists at public forums, and conduct workshop sessions. Sometimes, trainers are organizational employees; at other times, organizations contract with social workers to provide specific training experiences. Effective trainers select methods and resource materials based on research about adult education, attitude change, and learning modalities. Successful training strategies require a careful assessment of staff-development needs, clear goals of what the organization seeks the ability to convey information through appropriate training formats, and a concrete evaluation process.

In outreach roles, social workers inform a variety of audiences about social problems, describe social injustices, and suggest services and policies to address these issues. Workers disseminate information to inform the community about public and private social service organizations, thereby enhancing service accessibility. At the macro system level of community and society, the outreach role supports the prevention of problems. Increasing awareness of such issues as poverty, health care, disease control, stress, suicide, infant mortality, substance abuse, and family violence leads to early intervention and stimulates support for preventive actions. Using mass media, distributing posters and leaflets, conducting mailings, staffing information booths, and engaging in public speaking all bolster community members’ awareness about programs and services.

The social work Code of Ethics (NASW 1999) specifically describes how professional knowledge and scientific research form the basis for practice. The Code of Ethics obligates social workers to contribute to the profession by conducting their own empirical research and sharing their findings with colleagues. Professionals also critically examine the social work literature to integrate research findings with their practice. Social workers contribute to and draw on research related to human behavior and the social environment, service delivery, social welfare policy, and intervention methods. In practice, social workers interweave the functions of consultancy, resource management, and education. For example, in addition to counseling, consultancy may involve linking clients with resources and teaching them new skills. Similarly, even though education is identified as a separate function, educational processes are inherent in all other social work activities as well. Rather than compartmentalizing these roles, this trilogy of social work functions provides an organizing schema for generalist social workers to construct and integrate multifaceted interventions.
The term “transgender” is the state of one's gender identity and does not infer any specific form of sexual orientation. Transgender people transgress the gender roles, the non-conformity to the binary gender roles leave them in a state of identity crises. The term Transgender is used for the people who do not identify themselves as, with their assigned social and biological sex and hence transgress the social, cultural, and biological norms. People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies but feel as though they have been born into the “wrong body.” People who have intersex conditions have anatomy that is not considered typically male or female. Most people with intersex conditions come to medical attention because doctors or parents notice something unusual about their bodies. In contrast, people who are transgendered have an internal experience of gender identity that is different from most people. Besides, Transvestites, people especially those with the proclivity to dress as women are similar to many intersex people who identify themselves as feminine. Eunuchs because of their being castrated experience sexual impotency are like many hermaphroditic people. Consequently, there is a considerable amount of overlap among these terms. However all these gargonistic and notional differences are peppered with reductive and heterosexists nuances and are therefore redundant to the sexually ‘different’. They have instead divined an umbrella term "transgender’ to subsume all these diverse categories. However, among all the groups, transgender are the ones with the identity crisis of identifying themselves as a male or a female. Being different from the mainstream and breaking the heteronormative rules, transgender are subjected to multiple forms of violence and injustice starting from the family itself. On one hand where people claim to be educated, tolerant, and emancipated, yet this section of society has been the victim of institutional injustice, rejection being one of the most critical crimes against them. Outright violence is not the only threat to the lives of transgender people across the globe; they are as much as fifty times more likely to acquire HIV than the population as a whole, in part, because stigma and discrimination create barriers to accessing health services. There are high rates of suicide attempts among transgender people, a response to systematic marginalization and
humiliation. Trans people are particularly vulnerable to domestic violence. The violence can be verbal, physical, and sexual. In many countries they are not recognized as a third gender, transgender people are arrested under laws that criminalize same-sex conduct. However, In recent years, transgender people around the world have made tremendous strides toward achieving legal recognition. The right to recognition as a person before the law is guaranteed in numerous human rights treaties, and is a fundamental aspect of affirming the dignity and worth of each person. However, even in countries that allow for people to be recognized in the gender with which they identify, the requisite procedures may subject applicants to humiliating and harmful treatment. Transgender people routinely report that they are turned down for jobs and housing when it becomes evident that their appearance does not match the gender marker on their official documents. Transgender children and young adults face abuse in school settings ranging from sexual assault, to bullying, to being forced to attend a single-sex school or wear a uniform based on the gender marker assigned at birth. Absent identity documents that match their gender presentation, transgender people who seek health care are subjected to invasive questioning and humiliation. Where transgender identities are criminalized, access to health care is even more troubled. Simply moving from one place to another can be a dangerous and humiliating experience for people whose documents do not match their expression. The stakes are high, particularly for international travel, and range from fraud accusations and exposure to intense scrutiny and humiliation. The lack of basic recognition before the law impedes access to recourse for crimes, a significant problem for a population exposed to shockingly high rates of violence. Carrying documents that do not match appearance can mean abuse gets even worse when trying to report it to authorities. Laws prohibiting same-sex conduct are also used to arrest and otherwise harass transgender and gender non-conforming people—regardless of the fact that gender identity has no direct correlation to sexual orientation or sexual behavior. Despite the efforts by few countries, the journey for the rights of Transgender is a long run while the harassment and violation of their rights is at peak. While the notion of binary gender and the hetero-normative rules has suppressed their voice, the battle for the identity has added to their miseries. The rejection from family and society and the institutional injustice has kept no option for the Transgender community.
Major finding of the Study

- The unique lifestyle and mannerism of the Hijras, which is not fitting in the prescribed and perceived gender norms becomes the source of discrimination, harassment and violence, hence they are socially ostracized and becomes ‘other’. They claim to be neither male nor female and are placed at the extreme boundary of social exclusion because of various social and economic frailties.

- Transgender community in Kashmir is physically, verbally, and sexually abused. Extreme social segregation declines their self-worth and sense of social responsibility. Accessibility to various social, cultural, educational, and legal services is extremely classified for anyone with this identity in Kashmir. They are considered ‘abnormal’ and eventually become ‘outsiders’ in the mainstream.

- Deprivations, alienations, and hostilities encountered by transgender of Kashmir, since early childhood is so intense and extreme that, at some point, finding no other social space, they exclude themselves.

- In local discourses, the word “laanch” means a helpless and powerless impotent male. Unlike India where Hijras have a bit of social acceptance, in Kashmir they are a stigmatized, socially marginalized, and economically impoverished people.

- Hijra of Kashmir defines themselves as people who are neither male nor female but an idiosyncratic third gender. However, they align themselves with the feminine identities. Hijra kinship patterns and characters in the family revolve around feminine roles. When a person is introduced into the Hijra family, they are always renamed and given female names. MTF transgender or Hijra in Kashmir are of three types:- Khunsi, Zanaan Laanch, Mard Laanch or Pant Laanch.

- Sexuality is central to Hijra individuality. Most of them exhibit a strong desire of having sex with men and to have a permanent marital relationship with their giriyas (male lovers).

- The Hijra family symbolizes power in function and structure; it is an accurately designed top-down hierarchical community system. It is a matriarchal family with grandmothers, mothers, daughters, sisters, and the aunts in the group. At the apex of this hierarchy lies the naien (grandmother) who is also the Guru and in
charge in the family, followed by her is koor (daughter) who is also Chela, the one she has been accepted as a daughter during a prescribed ceremony. There are benih (sisters) as well as maaseh (aunts) in the family. The hierarchical guru-chela system is present in every family; each family has its own guru.

- A Hijra becomes a guru based on age, seniority, wisdom, and leadership qualities. There is no male role inside a Hijra family. The Hijra family is an open group; the entry in the group is ceremonial. All the members within the family follows the norms as demarcated by the group and rigorously have to stand by the directions of Guru. They have a distinct code of demeanor in accord with which Hijras ought to act.

- The new entry in the family is extensively celebrated in a ritualistic way, which is to some extent common to the Hijras of North India. The associated Hijra families are invited and the feast of wazwaan (local cuisine) is served to the guests. Duptech Trawun and Sether Thaawun are two common rituals of the Hijra community of Kashmir.

- Hijras of Kashmir are found to speak a language that they term as ‘laancheh farsi or Hijra farsi’. This is an arcane language, though the Hijras of Kashmir speak Kashmiri and Urdu they tend to converse among themselves in this language. Most of them do not reveal the existence of such secret language to the outsiders but they are quite often seen communicating in the same language in the presence of outsiders.

- Hijras of Kashmir is a greatly religious community. Most of them perform religious rites on a regular basis.

- Hijra’s traditional occupation revolves around manzimyaras (match making) and natchun ‘te’gaewun (singing and dancing in marriages). Most of them are seen doing trivial jobs. Remarkably, unlike many other socially disadvantaged groups Hijras are not found to have expanded their livelihood securing approaches or strategies.

- Lack of support from family and bullying in school has minimized the chances of receiving the formal education.

- They are living dual life hence the identity crisis becomes inevitable.
- Transgender in Kashmir are highly stigmatized and harassed by the family as well as by the community. Breaking the discourse of gender in a heteronormative society is considered deviant, especially in the society like Kashmir where cultural and religious dominance prevails over everything. In such a context, it becomes very difficult for the transgender to live a normal life. All the respondents claimed about the disapproval of their Trans role by their families, which included verbal abuses as well as physical abuse.

- The violence and harassment starts from the family itself. Most of the transgender are forced to leave their homes and are denied access to their share of property. There is no tolerance and acceptance from the families.

- The harassment and bullying at public spaces is the daily experience of this community.

- Facing the extreme harassment from family and society, transgender confine themselves to limited spaces. They do not visit public spaces fearing harassment and humiliation. They do not go to mosques fearing the disapprovals. They avoid going to school facing the bullying by other male classmates. Hence, they live an invisible life in the society.

- Perpetual sexual harassment is the common experience.

- Shrinking livelihood options is forcing them to sell sex. They often encounter violence perpetuated by their client, police, and other people.

- Most of them articulate their love for their giryas and the helplessness of not marrying their partners.

- They do not have awareness about the condom and Sexually Transmitted Diseases. This makes them vulnerable to venereal diseases including HIV.

- The mental health issues include Depression, Anxiety, stress, feelings of worthlessness and guilt, somatization, PTSD, suicidal ideation, OCD etc.

- Like rest of the states of India, Jammu and Kashmir do not have a State Transgender Welfare policy. Being in the minority, the transgender of Kashmir are not provided any kind of statutory provisions or reservations to mainstream them. They lack proper housing, access to educational and health institutions. With state lacking the welfare board for transgender, the humiliation and
harassment faced by them goes unnoticed. While the issues are multiple, the grave concern remains in the old age, where they have no support. In the absence of any pension or old age fund exclusive for transgender, they face lot of economic issues when they are not in a position to earn for themselves.

- Old age is most probably the worst phase in the life of a transgender. This is most problematic for them as they either were disowned or snatched ties with their families. For a transgender, working in old age is not possible. They could not return to their families instead choose to struggle against the illness, poverty, poor health, and isolation. Old age is full of challenges for a transgender.

Transgender people experience the stigma, prejudice, discrimination, and extreme hostility known as ‘transphobia’ on a daily basis. Although gender non-conforming experience can be traced across history, and the successful social and medical transition of transsexuals is well documented since the middle of the twentieth century, it is only in recent years that this has emerged in the public discourse. Unfortunately, most in our society have little or no understanding of the profound discomfort some may feel in trying to conform to rigid gender roles assigned to them by virtue of their physiology. Similarly, ignorance and insensitivity prevails regarding the debilitating distress that accompanies body dysphoria, and the damage done to those left without access to medical and social transition. In Kashmir, the issues faced by the transgender are numerous and multi-faceted. They are ignored while forced to live as social outcasts. In such a situation where the transgender are forced to live a marginalized and socially ostracized life, there is a grave need to make the society gender inclusive. There is a need to advocate for the rights of transgender, and sensitize the masses about the issues faced by them. The socio-economic issues faced by transgender need to be address at both the policy and the community level. The state policy for the welfare of transgender needs advocacy for implementing it and for establishing the Transgender welfare board in the state. The transgender abandoned by their families need to be taken care of, while there is a grave need to arrange vocational trainings for them. Since most of the transgender face the psychological issues due to rejection and separation, there is a need to establish counseling centers for transgender that will address their psychosocial issues. Social workers thus have the responsibility to understand and appreciate the full range of differences that exist among human beings and to explore any and all prejudices that result in oppressive and unjust treatment towards transgender in Kashmir. It is incumbent
upon the social work profession to embrace and explore this domain of human variation and help educate the public in a manner that mitigates stigma and supports the rights of transgender, transsexual, and gender non-conforming individuals that will ultimately help to make the society gender inclusive.

Preamble to the constitution mandates justice—social, economic, and political equality of status. Thus the first and the foremost right transgender are deserving of is the Right to Equality under Article 14. Article 15 speaks about the prohibition of discrimination on the ground of religion, caste, sex, or place of birth. Article 21, ensures right to privacy and personal dignity to all the citizens. The constitution provides for the fundamental rights to the equality and tolerates no discrimination on the grounds of sex, caste, creed, or religion. The constitution also guarantees political rights and other benefits to every citizen. Despite such laws in the constitution of India, the other sex (transgender) continues to be ostracized.

**Recommendations**

Multiple issues are faced by the transgender community of Kashmir which makes it obvious to address these problems. Some problems require immediate solutions such as introducing transgender specific social welfare schemes. Some problems need to be addressed on the long term basis like changing the hostile attitude of the general public and increasing proper knowledge about this community. There is an immense need to ensure protection of human rights reflected in policies and laws, change in attitude of the Government and Non-Government actors, general public and health practitioners.

- Implementation of stigma and discrimination reduction measures through mass-media.
- Any work for the wellbeing of the transgender community of Kashmir must fall in the ambit of human rights framework
- Formulation of Transgender inclusive and transgender specific schemes to address the basic needs of this community.
- Development of social and legal initiatives (e.g., public education and legal protection) in reducing the stigma and discrimination.
HIV intervention Programmes should take into its ambit the mental health counseling, crisis in relation to suicidal ideation, harassment, support following physical and sexual violence, drug abuse etc.

Formal and non-formal educational Programmes.

Vocational and training Programmes for livelihood opportunities.

Easy access to basic civil rights such as access to health and public services, right to vote, right to contest elections, access to quality education (free from discrimination and harassment), inheritance rights and marriage and adoption.

State should immediately conduct survey to determine the exact number of transgender community in Kashmir.

Implications for Gender Mainstreaming and Social Justice

For mainstreaming gender and ensuring social justice, it is important to address the issues of the gender and sexual minorities. It is mandatory to have a gender inclusive approach at the grassroots level and as well as policy level. Several issues like rehabilitating, combating stigma, discrimination, harassment, and violence and reintegrating the gender and sexual minorities in the society need to be addressed. NGO’s should be involved in the rehabilitation and reintegration of gender and sexual minorities. There is no welfare Programme or scheme for mainstreaming this community in Kashmir.

The present study has an implication for the gender mainstreaming and the social justice. It aims at transforming gender power relations and norms, through working at individual, group and community level through campaigning programming, advocacy, research to facilitate the gender and sexual minorities of their own voice and agendas, thus reiterating commitment to right based development and putting gender and sexual variants at the center of development. Gender justice is a human right; every gender and sexual minority is entitled to live in dignity and in freedom, without any fear. Gender justice is indispensable for development, for having an inclusive society to achieve human progress. This work prioritizes gender justice and LGBT rights, recognizing its centrality transforming the lives of the transgender in particular and LGB in general. Strengthening the Hijra’s agency and space is an essential precursor to achieving gender equality as well as political, social, economic, cultural, and environmental security.
Integrated and coordinated approach in the planning and implementation of the intervention plans for gender justice is need of the hour. These Programmes should be tailored to the specific needs of the gender and sexual minorities, should reflect their different political, social, economic, and educational backgrounds, and should cover the topics such as accommodation, education and training, economic activities, medical and health issues, psychological assistance and legal and civil matters. Governments, United Nations agencies, international and local non-governmental organizations should participate actively in planning and implementation of vocational training Programmes.

**Implications for Social Work**

The broader gender discourse understanding espoused in this study has significant implications for the profession of social work. Social work needs to take action in three main areas: policy, research, and practice in order to address the issues of gender and sexual minorities. Largely, psychosocial problems of gender variant people particularly Hijras can be mitigated through effective social work intervention. Through increased and effective practice, policy, advocacy, and future research, social work can expand current understanding of working with the gender and sexual minorities.

What implications does this study have for social work, specifically for social work practice, education, and research? It is noteworthy that Social work has a rich theoretical base, which can be used to address the issues of this community. Historically, social work has contributed to the oppression of LGBT both at an individual and collective level. As a profession, it has added to and propagated ideas pathologizing homosexuality and variance in gender.

**Practice**

It is important for social work to look at its own values and beliefs and ensuring Anti-Discrimination Social Work Practice. Competent practice is needed to address the issues of LGBT community, as there is a link between oppression, discrimination, and incompetent practice. There is an immense need to link the theory and practice. The non-judgmental attitude of social workers while dealing with such clients is also important.

**Education**

The social work profession has to develop a strong theoretical base related to the various aspects of gender justice, gender mainstreaming, and rehabilitation of gender and sexual
minorities. LGBT issues should be essentially an integral part of BSW and MSW curriculum. This means that not only does social work have an obligation to education those in social work training, but they do also educate those outside of social work as well.

**Research**

There is a paucity of social work research related to LGBT community especially in South Asia. This study is an attempt to highlight the need for additional research in this field. Many aspects of the problems of LGBT issues like domestic violence, expression of sexuality, societal construction of such identities etc. are still at the neophyte stage and there are many, many areas that must be explored to fully understand the various dimensions of issues of gender and sexual minorities.

**In Summary**

Hijras striving to construct positive autobiographical narratives for themselves face barriers at every level of their social life. These barriers are virtually insurmountable by individuals with few resources. Social work has a special commitment to help this section of the society overcome social barriers to the pursuit of happiness and standard satisfying life. It behooves the social work profession to take into account the problems of gender and sexual minorities and to address these needs at every possible level.


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