

Challenges Faced by Transgenders in Uttarakhand: A Qualitative Study

Dr. Raminder Kalra¹, Anushka Sharon Dayal²

¹ Professor, Holy Family College of Nursing, Okhla Road, New Delhi, India
Email: raminder.kalra[at]gmail.com

²M.Sc Student, Holy Family College of Nursing, Okhla Road, New Delhi, India
Email: anushkadaya188[at]gmail.com

Abstract: *This qualitative study was aimed to assess the challenges faced by transgender in the society. Research question addressed were 1. How does it feel living within in the society, 2. What are the challenges faced by transgender in the society, 3. How do transgender community handle these challenges faced. The study employed a phenomenological research design. An unstructured in-depth interview guide was developed, including trigger questions. This research was carried out at Dehradun, Uttarakhand. Participants included Hijras/Kinnars from Dehradun. Sample size was based on saturation of data which was achieved after interviewing 7 transgenders. Participation in the study was entirely on voluntary basis. Data was collected through in-depth interviews which were audio recorded and transcribed. The data was thematically analysed from which themes, subthemes and categories emerged. Demographic data shows out that out of 7 transgender 5 were between the age of 25-34 years and one each of 19-24 years and 35-44 years of age. 3 were graduates and 2 had primary education and 2 had secondary education. One of them was self-employed and 6 of them were unemployed, Badhai was their source of income. All were unmarried and were Hindu. All the 7 participants were intersex at birth and express primarily feminine/female as their felt gender. Out of 7 participants only one participant had sexual orientation as homosexual rest of them did not have any sexual orientation. Themes emerged from the study related to living experience within the society as transgender were born to sacrifice, positive change in society, blessed with divine powers, better adaptation, living as a segregated community. Themes related to challenges faced by transgender in the society were social prejudice, societal rejection, psychological issues, social issues & deprives of basic rights of citizen. Themes related to handling the challenges faced were learning from experiences, ritualistic behaviour, and motivation.*

Keywords: Challenges, Transgenders, Kinnars/ Hijras, Badhai

1. Introduction

A culturally distinct gender group, the Indian hijra community includes people of various gender identities and sexual orientations. This diverse group, which plays a significant role in Hindu rites, has been recognised historically for millennia. They have always been welcomed in events honouring births and marriages as a good omen. Anthropologists and sociologists have regularly studied the sociocultural features of hijras, but there is a paucity of information in health sector regarding them. Despite not claiming to have a substantial and genuine quantitative contribution, this work provides contributions to the disciplines of human sensitivity, sensibility, and conscientization. Nonetheless, my research, studies, and thesis aim to instil fundamental information in people's minds and strengthen their sense for transgender community.

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/or blurring of culturally prevalent stereotypical gender roles. Transgender may live full- or part-time in the gender role 'opposite' to their biological sex. In contemporary usage, "transgender" is described as a wide range of identities and experiences, including but not limited to: pre-operative, post-operative and non-operative transsexual people (who strongly identify with the gender opposite to their biological sex); male and female 'cross-dressers' (sometimes referred to as "transvestites", "drag queens", or "drag kings"); and men and women, regardless of sexual orientation, whose

appearance or characteristics are perceived to be gender atypical. A male-to-female transgender person is referred to as 'transgender woman' and a female-to-male transgender person, as 'transgender man'.¹

2. Background and Significance

Asian countries have centuries-old histories of existence of gender-variant males - who in present times would have been labelled as 'transgender women'. India is no exception. Kama Sutra provides vivid description of sexual life of people with 'third nature' (Tritiya Prakriti).¹

In India, people with a wide range of transgender-related identities, cultures, or experiences exist - including Hijras, Aravanis, Kothis, Jogtas/Jogappas, and Shiv-Shakthis. Often these people have been part of the broader culture and treated with great respect, at least in the past, although some are still accorded particular respect even in the present. The term 'transgender people' is generally used to describe those who transgress social gender norms.¹

Indian Census has never recognized third gender i.e., Transgender while collecting census data for years. But in 2011, data of Transgender's were collected with details related to their employment, Literacy and Caste. In India, total population of transgender is around 4.88 Lakh as per 2011 census. The data of Transgender has been clubbed inside "Males" in the primary data released by Census Department. For educational purpose, separate data of Transgender has been curved out from that.²

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The 'hijras' are generally considered to constitute a 'third gender', neither male nor female. Even in their own narratives, the hijras view themselves not simply as 'neither man nor woman', as the title of Nanda's (1990) ethnography on the hijras suggests, but also as deficient in terms of masculinity and not completely feminine. Instead of taking a place outside the female-male binary, the Hijras have created a life somewhere in between, one that is restricted by deep-rooted cultural constructions of femininity and masculinity.³

According to popular religious practice, they are believed to be endowed with special powers to confer fertility on newlyweds or new born children. According to tradition, they are expected to sing and dance at weddings as well as childbirth functions, and in lieu of their services they are rewarded with money, clothes, jewellery etc. Singing and dancing has a respectable status in the Hijra community; it gives them a sense of power as it reaffirms the fact that the people who asked them to sing and dance during the childbirth or any other functions, believe in their powers. The custom of hijras being called for dancing in weddings and childbirth is more prominent in the north, and therefore, sadly, the number of Hijras in the south who take to prostitute The highly populated country that India is, with several different castes, religions, languages, the hijra community becomes an almost invisible minority. Biases against hijras are prevalent in our society in all walks of life. They are not granted education in schools, colleges or universities. Over ninety percent of the hijras have not even completed their secondary education. Hence, they do not get jobs, and in the rare occurrence that they do get employed, the salaries they receive are minimal. Due to the harsh economic conditions, they resort to sex work and begging. Hygienic activities are not practiced by those who are in the flesh trade. Even though the usage of condoms is insisted by them to protect themselves as well as their clients from HIV/STD, the people involved in this trade are still prone to getting other diseases like skin diseases due to lack of hygienic and safe practices. Even in hospitals and clinics, many transgender and transsexual people are discriminated against, and not given the respect or dignity that every human being deserves.²

Most of the transgender and transsexual people live in slums. Even if they have the monetary power to rent a house, due to the misconceptions about their lifestyle, most people refuse to give them a house on rent. Contempt, hatred, and fear form a major part of the general impression about this unfortunate 'third gender'. Even in public places like bus stations, railways stations, theatres, temples, offices, malls, even in public toilets, hijras are abused.²

The context of marginalization

Imagine yourself in a situation where practically the entire world looks down upon you, a mere look at you is met with contempt, imagine a world where you do not even enjoy basic privileges like education, a job, a life. Imagine a world where not even your parents and siblings can accept you for who you are and choose to hate you for no apparent fault of yours. Imagine being beaten up every day by random men. Imagine being penetrated physically, mentally every day by random men. Imagine crying every day.

Welcome to the world of Hijras.³

Indian society is deeply divided along the lines of gender, caste, religion, class, language, education, all of which intersect with sexuality to create deeper divides and oppressions. While hijras are despised and treated with contempt in most societies, they are supposed to have a sanctioned place in Hindu society (especially in weddings, births and festivals) as a recognized 'third gender', accommodating gender variation, ambiguity and contradictions. There is an argument that says that unlike other sexual minorities such as 'bisexuals', 'gays' and 'lesbians' – all that largely remain closeted, the hijras overall are a visible force, and part of an organized community. Despite this supposedly elevated status amongst the sexual minorities, reality is starkly harsh. All over the country, in any part where the Hijras reside, their lives are physically, mentally and emotionally scarred by experiences of shame, dishonour and gruesome violence. In the contemporary scenario, it is not just the ambiguous gender but also the class dimension of the hijra and kothi community that has a severe impact on issues which the upper class so conveniently take for granted, such as access to education, employment etc. The violence that they suffer daily is something that no other community in this country faces.³

Anitha Chettiar (2015)⁴ conducted a study 'The Status of Hijras in Civil Society: A Study of Hijras in Greater Mumbai' to showcase briefly the socio-economic status of hijras and to understand the problems faced by them with specific reference to their health and the harassment hijras face due to the Police. An exploratory cum descriptive research design with a non-random purposive sampling including the snowball technique was adopted, to collect data from sixty-three hijras cross the districts of Mumbai and Thane from the state of Maharashtra, India. The socio-economic status was measured using the Kuppaswamy Scale (2005). Among the hijras, more than half of them belonged to the middle class and about forty percent belonged to the upper-lower class. Majority of hijras stated that they faced several health problems and also problems related to harassment, unlawful penalties, sexual abuse, violence and deprivation of human rights. They chiefly named the police including the traffic and railway police, as perpetrators of violence and abuse.

Srivastava Ankur, Patel Prachi, Daniel Elkan, Karkal Shama & Rice Eric (2021)⁵ conducted across-sectional epidemiological study with the aim to examine the association between gender transition status, sex work, family rejection and depressive symptoms among transgender women in India. Data was collected from a cross-sectional epidemiological study with transgender women from three states of India; Karnataka, Maharashtra, and Tamil Nadu (N = 1366). Multivariate regressions were used to examine the association between sex work status and gender transition and how gender transition, and sex work are associated with depressive symptoms. 70% of the sample reported being in sex work and over 82% endorsed taking some form of gender transition service. Those who reported being in sex work were significantly more likely to have undergone breast augmentation, hormonal therapy and gender affirming surgery. Those who reported ever being

married were less likely to report gender affirming surgery and were more likely to report hormonal therapy. Additionally, being in sex work, undergoing transition, leaving home because of sexual orientation, and being married were significantly associated with depressive symptoms.

Fatima Jabeen, Rabia Mahmood, Sadaf Mahmood, Abdul Sattar Ghaffari, Tariq Mehmood Bhuttah (2021)⁶ conducted a qualitative study to dig out the socio-economic challenges of the transgender and their living patterns in the district Faisalabad. The researchers remained successful to interview the 15 transgender individuals. The results showed that the reasons behind their marginalized status are lack of governmental support, lack of proper Education, Lack of Job Opportunities and Absence of Knowledge among the common people towards the transgenders.

The purpose of this study is to identify the lived experience and challenges faced by transgender in the society by previous interaction with them during their hospitalization and meeting them. Being a health care practitioner and encountering a transgender person without the rudimentary understanding could be challenging. While being a broad professional field, nursing does not cover the fundamental needs of the transgender community or sensitise us to their demands. Despite all the bills and rules that have been established for the LGBTQIA+ community, nursing lacks even the most fundamental understanding of the group.

3. Methods

Design of the study

A qualitative research design was employed to gather in-depth insights into the challenges faced by transgender individuals.

Sample

Snowball sampling was used to recruit seven participants from the transgender community in Uttarakhand. The inclusion criteria included (a) Transgender above 18 years of age (b) who are willing to participate in study (c) not having major physical/mental illness. Of the 7 transgender interviewed 71% were between the age of 25-34 years, 42% out of 7 were graduates and 28% had primary education and 28% had secondary education. One (14%) of them was self-employed and 6 of them were unemployed, for 85% of them Badhai was their source of income. All were unmarried and were Hindu. All the 7 participants were intersex at birth and express primarily feminine/female as their felt gender. Out of 7 participants only one participant had sexual orientation as homosexual rest of them did not have a sexual orientation.

Instrument

This research utilised in-depth face to face interviews to collect the data. An in-depth interview is an intensive investigative interview conducted and aimed at the study the respondents thought that emotion based on the interview guide. It deliberately aims to elicit unconscious as well as extremely personal feelings and emotions. It is a flexible method that allows new question to be brought up during the

interview. The unstructured interview consisted of three broad questions that were guided by trigger questions.

Procedure

The study was reviewed by the Ethical Committee, Holy Family Hospital New Delhi. The participants were subsequently given the participation information sheet in Hindi and English to read through and give their consent for participation. All the participants agreed to be part of the study after signing the informed consent form. Some of them were not able to read the consent where the researcher read for them.

The initial interviews rendered the establishment of rapport with the participants. The researcher probed into the participant's experience and the challenges faced within the society. The researchers observed the verbal and non-verbal cues of the participant during the interview. Certain areas needed probing to bring out more information and depth in the content whereas other areas were triggered to prove the emotions of the participant to bring out more vivid image of the experience. The researcher had to be cautious not to make participants feel uneasy and uncomfortable therefore the researcher adopted the therapeutic technique of 'using silence' in between to prompt the participant to disclose their feeling and emotion at their own pace and time.

Each interview lasted for approximately 20 to 30 minutes. Each interview concluded with a question 'do you have any other experience to share?' The participants were allowed to withdraw their consent any time during the study if they expressed any difficulty discomfort or uneasiness arose. Tape recordings the interviews facilitated a more accurate way of collecting the data.

Analysis

Thematic analysis⁷ was used for the analysis as, The in-depth interview was recorded in a voice recorder. The audio recording was transcribed into verbatim. The researcher then listened to the audio-recording again and again while reading the written transcripts of the interview to ensure the exactness of the data. The transcripts were read line by line, the incidents or facts were underlined and rewritten. Statements that were significant related to the phenomenon under the study were highlighted and separated. For ensuring the auditability, the statements along with the formulated meaning and the verbatim supporting it were given to guides. Discussion with the guides a literature reviewed, helped to ascertain themes and to understand the contexts in which it occurred.

The themes initially developed were verified and refined and rephrased as the data analysis gained momentum. Under the themes that emerged because of the analysis of the verbatim, sub-themes were put and under the sub-themes categories were put. Final coding was done against each significant statement. The final themes, sub-themes and categories were interpreted and discussed for further understanding.

4. Results

Under the three research questions following themes emerged :

4.1. Living within society as transgender

Born to sacrifice

the transgender have the feeling of being born to sacrifice as they have been deprived of parental love and are discriminated at workplace.

(Code C) "Neither us or our children were accepted by the family members, so we are each other's mother-father, brother-sisters and family members."

Positive change in society

The transgenders feel a positive shift in society towards them as being non discriminated at health care settings and being recognized as third gender.

(Code B) "In hospital there are doctors and nurses they are all well-educated. They know it all who and what are we, they call us make us sit, ask us about our problems and complaints, what we have all these we tell them, we get medicines and everything is ok."

Blessed with divine powers

The transgender see themselves blessed by divine powers as messenger of God and people born and spread love because of which they are called on the auspicious occasions for singing and dancing. (Code G) "it is our (Parampara and riti) ritual not from this time form the time of Lord Ram that in the society we'll have a respected name, who will respect us will get respected we'll sing and dance spread happiness and love, will do these things only throughout our lives, births or wedding we'll come and give blessings, be a part of the happiness."

Better adaptation

the transgender are in better adaption with the society as they are well accepted and adapted by community people. (Code A) "we give blessings, in their happiness is our happiness. We respect people and live respectfully too."

Living as a segregated community

The transgenders are living as a segregated community by strictly obeying to their leaders. (Code B) "We tell this to our young generation , we also have very educated peeps among us, like you, we also have people doing course , but our Parampara has to be done by everyone, this order has to be followed by each one of us."

4.2. Challenges faced by transgender in society

Social Prejudice

The transgender faced social prejudice in form of discrimination/stigma.

(Code D) "job and all it was nice but the looks judgement and comments even normal people get, we are still the trans people."

Societal rejection

The transgender faced societal rejection as there are low job opportunities for them.

(Code E) "it was not easy to work before but now , work is their not respect."

Psychological issues

The transgender have anxiety and fear and they are sometimes depressed.

(Code A) "we don't have anyone to support or take stand for us, you have your mom your dad and brothers, who will take stand for me I am on my own."

Social issues

The transgenders faced social disconnection from the society as a challenge.

(Code D) "We have been sacrificing from the start, first the family left us and guru took us with them. Still the society doesn't accept us."

Deprived of basic rights of citizen

The transgender were deprived of basic rights of citizen like getting married and live a married life.

Code A said : "we also feel sad, if we too had a wife , a husband she comes with 2 loaf of bread one we would eat , but this life is gifted to us what to do?"

4.3. Handling the challenges faced

Learning from experiences

The transgenders have adopted healthy coping skills by accepting their role in community to give blessing

(Code D) "I would like to say to young generation be it yours or mine do what you feel like, love what you love there are no boundary or border for anything educate yourself, learn and explore more. Things will get hard but you need to move forward."

Ritualistic behaviour

The transgenders have adopted rituals and respecting culture and society.

(Code B) "For us, our Mata rani, our guru, our worship, sing-dance along in happiness, following Lord Ram's order, this gives us the biggest strength our support is also that."

Motivation

The transgenders through inspirational messages and talks handle the challenges faced by them

(Code E) "Inspirational talks, videos are my support system, our guru-goshais, jagmaan these are my supports."

5. Discussion and Implication

This study identified the various themes reflecting upon the living experience , challenges faced and how transgender community overcome these challenges faced. Although all the participants painted a picture of health care professional as fully accepting of and properly trained to work with transgender patients but that was not same for the society.

Almost all the participants despite of being recognized as third and given all opportunities for education and job filling application, they expressed their ritual and responsibility towards the transgender community by maintain *the Parampara of Badhais* for generation today and future.

Not surprisingly being isolated and discriminated for so long by the society they don't want to live outside transgender

community maintaining appropriate distance from people outside their community making them living as a segregated community not willing or even think about living separately.

This study revealed the coping strategies used by transgender community to overcome the challenges that are all positive coping mechanism as their praying and ritualistic behaviour. Ignoring and forgiving people for misbehaving and getting motivated by their Gurus' teaching and available videos and literature based on motivation and positive thinking

6. Limitation

Due to restricted entry in the living residence of transgender community, the researcher could not interview them in their living setting. This was a qualitative study with a small sample size and hence generalization cannot be made. The present study focuses on transgender living in North region of India; therefore it remains unknown whether transgender of other regions differ in challenges faced.

7. Recommendation and implication for the practice

Nursing students should receive a basic education on gender, sex, and sexuality.

Being a transgender is a biological process that needs to be an integral component of nursing assessment and intervention. Transgender's physical, mental and psychosocial needs are different and should be considered while dealing with them as a patient.

Community as a whole should also be educated about the needs and basic knowledge and support required by transgender.

The nurse administrator must organize in-service education for the nurses working in community area about transgender and their health needs. The nurse administration must investigate the employment opportunities for transgender.

In nursing research, it is the responsibility of the nurse researcher to assess the health status and special needs of transgender to spread the awareness about the transgender in hospital and community.

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Author Profile



Prof. (Dr.) Raminder Kalra, RN, RM, MN Principal Cum Professor Holy Family College of Nursing, New Delhi



Ms. Anushka Sharon Dayal, RN, RM, M.Sc Student, Holy Family College of Nursing