



Situation and Needs Assessment of Transgender People in Three Major Cities in India

DRAFT REPORT PREPARED BY

Research and TRANScend Project Team, The HumSafar Trust

Submitted to

Sapiient India, Under TRANScend Project

*Project TRANScend
Pilot Phase (June 2017 – March 2018)*

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Chapter: 1 Introduction

Background

In the wake of the 2014 NALSA Supreme Court decision, transgender communities in India have been given an unprecedented level of legal support and recognition. The NALSA decision has called not just for an end to gender based discrimination against Transpersons but also for increased social, political, and economic inclusion. From the development of transgender welfare boards to the reservation of seats for Hijras in universities and government jobs, there has been an increased emphasis on amending the historic exclusion of gender minorities in India. More recently, the Lok Sabha and Rajya Sabha have approved versions of a bill directed to protect the rights of transgender persons in India. Yet, the growing emphasis on producing more recognition and opportunities for transgender communities in India has not attended to the difficult and precarious situations that many Transpersons face. Transgender community's unequal access to basic services like Aadhaar, PAN cards, and changes of identity proofs post transition. Moreover, the Humsafar Trust's organizational experiences shows that despite the growing interest in hiring transgender candidates for various jobs many are not yet qualified enough to successfully merit employment. The structural limitations that Transpersons face have been very well documented; there is little data about the educational qualifications and socioeconomic backgrounds of the transgender community in India. It is therefore hypothesized that pervasive under-education and systematic discrimination in bureaucratic settings prevents many trans persons from making the most of the favorable NALSA ruling.

However, it is crucial for us to formally and systematically assess the current status of Transpersons in India. We believe that beyond legal and anecdotal documentations of violence and discrimination, there is little data to formally surmise the plight of transgender persons. While some studies have endeavored to take a census or calculation of the number of Hijras and Transgenders in India (UNDP 2011), these studies do not give us additional information on indicators related to socioeconomic or educational conditions. Thus, we propose to develop a research study to ascertain the current needs of transgender persons as well as to begin building a more expansive archive of data about transgender populations that can be useful for research, policy, and future fund raising opportunities. This research proposal comes as part of our TRANScend project funded by a Gurgaon based corporate organization the Sapient India, through which we are proposing to develop the capacities of transgender people across the country.

Literature Review and Contributions

Pre-existing research on transgender persons in India (and South Asia more broadly) has centered its primary academic attention on the lives, livelihoods, and life worlds of Hijras. This work often emphasizes one of three thematic areas: health, culture and religion, or expanding theories of gender identity to incorporate 'thirdness' as a gender construct. Where health is concerned, there has been significant scholarly attention devoted to Hijra sexual behaviors and risk factors for the transmission of HIV and other STIs. This work focuses significant attention on the biomedical lives of Hijras as well as their potentiality as vectors of transmission (eg. Lai et al. 2016, Hernandez et al, 2006, Pina et al 2015, Shaikh et al, 2016, Chakrapani et al 2011, 2017). The second body of literature emphasizes the roles that Hijras have played in culture and religious traditions over time. This literature emphasizes religious practices within Hindu and Islamic traditions (Reddy 2005, Hossain 2012, Agoramoorthy and Hsu 2015) as well as the roles that gender non-conforming persons have held within ritual practices over time. This literature also considers more everyday practices such as *mangti*, *badhai*, and the sociological structures of Hijra kinship and social organization, such as the gharana system. More recent turns in this area of Hijra studies have emphasized the roles of musical performance, dance, and language itself as avenues for Hijra presentation, cultural legibility, and social acceptance (Ramberg 2014 and 2013, Roy 2014, 2016a, and 2016b). This vein of literature emphasizes the modes through which gender non-conforming persons have used ideas of culture, religion, and sociality to broker forms of visibility and recognition that translate into power and social standing. Lastly, a smaller pool of literature has centered Hijras within feminist debates about gender to make a case for deconstructing binaried notions of gender (male and female) to consider third gender as a disruptive of cisgender and hetero-patriarchial ideas about gender identity (Cohen 2005; 1995, Hall 2013; Nanda 1999, Lal 1999, Dutta 2012, Goel 2016, Saria 2015). This work is somewhat aligned with bodies of literature that explore the cultural and religious dynamics of Hijra culture, but is much more invested in making theoretical contributions to gender studies as well as feminist studies and analysis.

While there has been a growing interest in gender non-conforming and transgender subjects in India as well as studies specifically dedicated to trans men (Bahadur, et al 2016), there remains an overemphasis on trans women (specifically Hijras) in the existing literature and research. It is our belief that we must incorporate more diverse narratives and accounts of transgender life in India in order to capture the experiences of the numerous transgender and gender non-conforming people who do not fit into or participate in Hijra/gharana life. Moreover, existing literature has been dominated by an emphasis on health, religion and culture. There have been few studies that have attempted to ascertain the socioeconomic markers of exclusion that shape the experiences of gender non-conforming and transgender individuals. It is our belief that this study will positively contribute to the emerging discourses on transgender rights by providing qualitative and quantitative data about the situation of transgender persons beyond the medical framework and bring social wellbeing aspect in the forefront.

Study Objectives

Our research project will extend beyond the existing data on transgender populations, which is mostly centered on either legal issue, Hijra culture, or health related issues such as HIV prevalence and access to SRS. There is very little baseline data about the needs, backgrounds, or current predicament of transgender populations in India, especially beyond health related data. Specifically, there is minimal information on the kinds of socioeconomic and academic needs that transgender populations have.

We aim to diminish this gap by developing a needs assessment to ascertain community needs as well as develop more reliable data on the various transgender communities based in at least three big cities Bangalore, Delhi and Mumbai.

The proposed research therefore aligns with the first objective from our project proposal to Sapient, **Objective 1: Pilot a Transgender Needs assessment focused on educational and socioeconomic needs.**

Chapter: 2 Study Methodology

Methods

In the current research mix methods viz qualitative (in-depth-interviews) and quantitative (structured survey) were used to explore a variety of information.

Role of Community Consultation and Community Advisory Board

A community consultation was organized prior to starting this project in the month of July. During this consultation, a Community Advisory Board comprising members who identified themselves as Hijra or TG woman or man were taken on board to give inputs on the study as well as whet the study tools. The quantitative and qualitative tools of the study were thoroughly discussed with the community members. Suggestions of the community members pertaining to certain categories of questions were incorporated in the study.

Tool of the Study

Two tools were prepared for the quantitative and qualitative research. Quantitative tool was designed as a structured survey, which was focused on the community specific information that needed to be captured. Qualitative guidelines were in the form of open questions, which allowed participants to express freely on the issue, and allowed researchers to probe further.

Study Participation Eligibility

There were following eligibility criteria to participate in the study:

- Participant had to be of 18 years of age
- Participant identified themselves as transgender – trans man or trans woman or Hijra
- Participants could give free consent to participate in the study

Sampling & Coverage

The partner CBOs carried out a TG size estimation exercise for Bangalore, Delhi and Mumbai during the training program. This size was based on the reach and access of the partner NGOs. These NGOs mapped out geographical locations, which had TG/Hijra people either working or living in them, and also provided a rough estimate. Each city was different in terms of location, for example Delhi had 'Deras' where a Hijra guru lived with 'chelas' and controlled certain geographical territories. Bangalore had

`Hamams' (bath houses) as well as Hijra homes in colonies. Mumbai had `Chawls' residential blocks in either slums or residential areas where the community members lived. The partner CBOs created a city map on which these locations were marked and the participants were drawn from these locations. As transmen are hidden and are not organized and visible like transwomen hence this exercise was limited to Trans women and Hijras. The sampling of the research was purposive, CBOs contacted participants on the mapped out geographical locations and included in the survey based on the eligibility criteria. Snowball technic was used to contact Trans men.

The coverage of study is presented below:

Table: 1 Study Coverage

City	Transwomen	Transmen
Bangalore	103	2
Delhi	94	20
Mumbai	152	5
Total	349	27
Total Coverage	366	

Training Program

Partner CBOs created 1-2 member team for the data collection. A total of 12 researchers were trained in Mumbai in a three-day training program. The training topics were as follows:

1. Background and importance of research, current research study
2. Basic concepts of qualitative and quantitative research
3. Ethics of Research
4. Informed Consent meaning, importance and techniques of implementing informed consent
5. Survey and Interview techniques
6. Survey questionnaire
7. Communication skills
8. Field Supervision

Research Ethics

Following principles of research ethics¹ served as a guide to the research study:

1. **Respect for Persons** recognizes the capacity and rights of all individuals to make their own choices and decisions. It refers to the **autonomy and self-determination** of all human beings; acknowledging their **dignity** and **freedom; protection of vulnerable groups such as those with limited education, the**

¹ Rivera Roberto, Borasky David, Rice Robert, Carayon Florence-Research Ethics Training Curriculum- Family Health International

poor, those with difficult access to health services and women and finally the informed consent.

2. **Beneficence** recognizes that the risk to a person participating in research study must be weighed against the potential benefit to the participant and the importance of the knowledge to be gained. In any case, all risks should be kept a minimum. Protecting the participant is more important than the pursuit of new knowledge, the benefit to science that will result from the research and personal or professional research interest.
3. **Justice** recognizes that the researcher's obligation is to distribute equally the risks and benefits of participation in the research study. Recruitment and selection of research participants should be done in a equitable manner. The principle of justice forbids placing one group of people at risk solely for the benefit of another. As with the principle of respect for persons, there is a need to protect vulnerable groups, including the poor and those with limited access to health services.

Fieldwork

Fieldwork for the research took place in the month of October and November. Three field supervisors conducted a pre research briefing and also monitored the fieldwork by conducting spot checks. In some places forms were rejected on account of informed consent not being signed. After the forms were received, each form was thoroughly checked, coded and sent for data entry in excel. Qualitative data was sent for transcription.

Data Analysis

Two analytical software SPSS for quantitative data and NVIVO were utilized for qualitative data analysis. In the report the data is presented as combined data for three cities (overall) and city wise. City wise data is calculated based on the total number of people answering from that city and overall data calculated on the combined data of the three cities.

Limitations of the Study

The study is location specific viz Bangalore, Delhi and Mumbai hence its' findings may not be generalizable. Also, the sampling, which is purposive in nature, may merely represent a fraction of a population even from a particular city therefore the study is at best indicative in nature.

Chapter: 3 Demographics

Although this study has convenient sampling, the investigators have tried to capture the diverse TG/Hijras during the study. This chapter encapsulates the demographics of the study population. From this section onwards, the data of transwomen and transmen has been separately presented due to later being small in number.

Age

Age is an important demographic indicator from the skill building and livelihood perspective or even for long term planning for the future of the community members. The median age of transwomen across three cities was 28 years and 23 years for transmen. However in a small sample of transmen in Bangalore, the mean and median age was higher, 41 years.

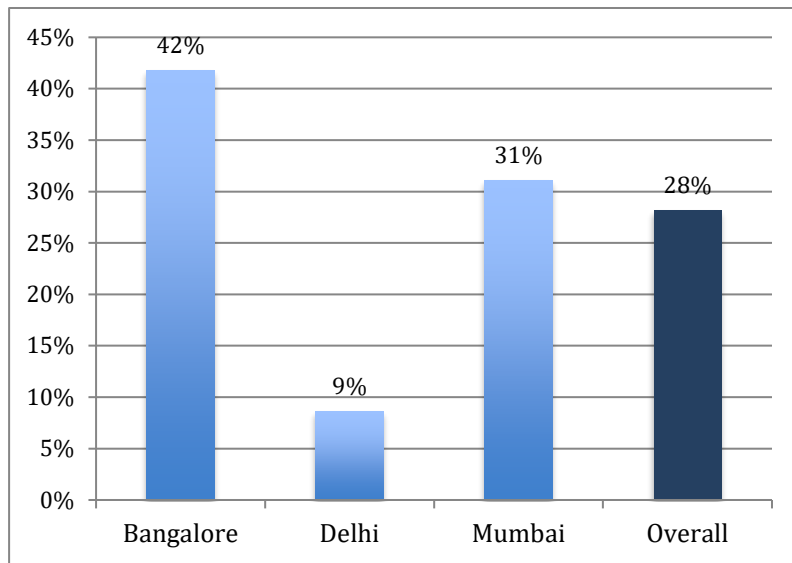
Table: 2 Age Of Study Participants

City	Transwomen (N=347)		Transmen (N=27)	
	Mean	Median	Mean	Median
Bangalore	33	30	41	41
Delhi	27	26	22	22
Mumbai	30	29	27	23
Overall	30	28	25	23

Mobility

Mobility in search of educational and livelihood purposes is a common occurrence in an individual's life. In case of TG persons, mobility could happen in search of acceptance, community support as well as security offered by anonymity in a bigger cities. For this study, mobility was measured as 'having lived in multiple cities'. Overall 28 percent transwomen had lived in multiple cities. Just 11 percent Transmen reported having lived in different cities. Bangalore reported highest number of participant (42%) and Delhi reported lowest (9%) number of participants who had lived in multiple cities.

Figure: 1 Mobility of Transwomen

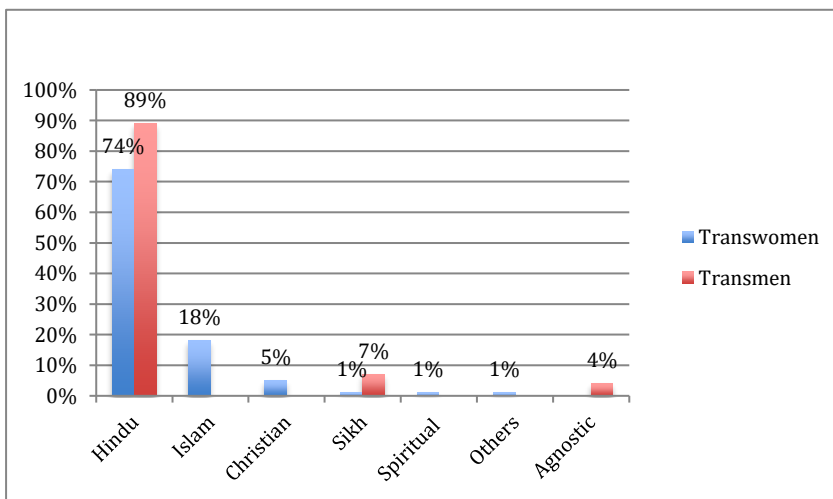


N= 344 (TW), 27 (TM)

Religion

In case of both transwomen and transmen, a majority of study participants were followers of Hindu religion (74%) followed by Islam (18%) and Christianity (5%). There was at least one participant each who followed Jainism and Buddhism as well as one each who were spiritual and agnostic (Figure: 2).

Figure: 2 Religion Of Participants

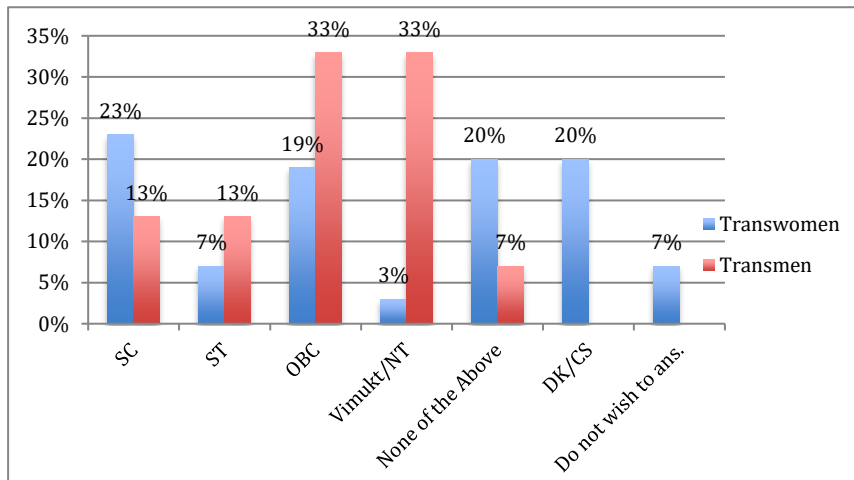


N=349 (TW), 27 (TM)

Social Group

On the question of whether the participant belonged to any social group, of transwomen only 7 percent participants did not wish to reveal. Of those who revealed, transwomen belonged to SC (23%), ST (7%), OBC (19%) and notified tribe (3%) making it a little over half the participants to be belonging to any social group. From among transmen and 13 percent belonged to SC, 13 percent to ST, 33 percent to OBC and notified tribe 33 percent categories (Figure: 3).

Figure: 3 Social Group



N=332 (TW), 15 (TM)

Chapter: 4 Socio-Economic Indicators

There are several socio-economic indicators that give an overall picture of the situation of Transgender persons. These are not just income and occupation but also range of other indicators such as arrangement of stay to the type of housing debts, social entitlements and property ownership. In case of trans persons, even accessibility to public places is an indicator as these have an impact on the overall quality of life. In this section, socio-economic indicators reveal the socio-economic situation of transwomen and men in three key cities of India.

Living Arrangement

Hijras have a 'guru-chela' tradition due to which they may live with their Gurus and or Chelas. In that sense, they have a family formed by community ties. However all transwomen may not be a part of Hijra system and may live separately. Some transwomen may or may not have a Reet and yet live with their families. Findings revealed that Bangalore had the highest number of participants (67%) living with their Guru and/ or Chelas, followed by Mumbai (47%), where as Delhi has maximum number of transwomen living alone (38%) and living with their family (37%) compared to other cities (Table: 3).

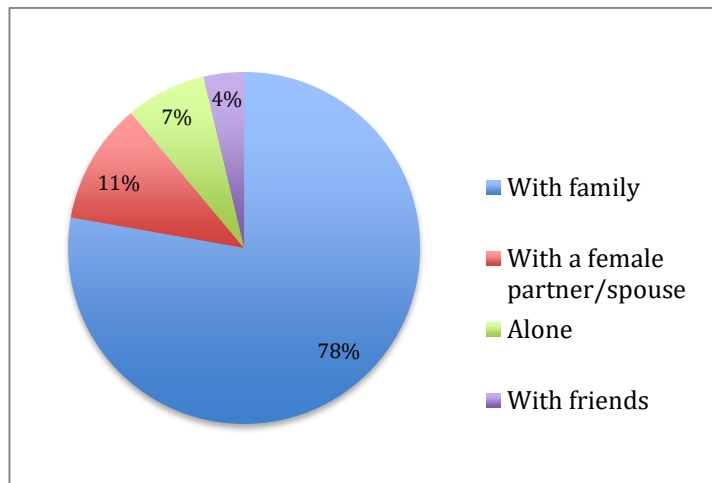
Table: 3 Living Arrangement Of Transwomen

Living Arrangement	Bangalore	Delhi	Mumbai	Overall
With Guru and/or Chelas	67%	13%	54%	47%
Alone	17%	38%	19%	23%
With family	12%	37%	16%	17%
With a male partner/spouse	5%	4%	8%	9%
With friends		6%	3%	3%
With a female partner/spouse		2%	1%	1%
Total	100%	100%	100%	100%

N=348 (TW), 27 (TM)

Since Transmen do not have any community system, a majority of them lived with their families (78%), partners (11%) and alone (7%) (Figure: 4).

Figure: 4 Living Arrangement Of Transmen



N=27 (TM)

On an average at present 3-5 members were living in the house of Transwomen and Transmen (Table: 4).

Table: 4 Average Number Of Members In Participant Household

Cities	Transwomen	Transmen
Bangalore	5	2
Delhi	4	5
Mumbai	5	3

N=276 (TW), 25 (TM)

Housing

Situation of housing is vastly different in three cities of India. Overall only half the transwomen’s homes across three cities were located in a legal colony. Of these, Bangalore had maximum number of participants (72%) reporting house in a legal colony. Mumbai also had the largest share (39%) of participants living in the slums. Transmen however seemed to be in better position with 67 percent of them living in homes located in a legal colony (Table: 5).

Table: 5 Location Of Current Residence

Housing Location	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
In a legal colony	72%	84%	13%	49.1%	67%
Jhopadpatti/Juggi/Slu	8%	5%	39%	20.7%	
In a basti/chawl	1%	4%	32%	15.2%	4%
Registered society	10%	3%	7%	6.9%	26%
In an illegal colony	6%	2%	10%	6.6%	
Hammam/ Brothel	4%			1.1%	
Others		1%		0.3%	4%
Total	100%	100%	100%	100%	100%

N=348 (TW), 27 (TM)

Overall 65 percent transwomen and 93 percent transmen live in a pucca house with a pucca roof and floor. Of the three cities, Mumbai participants reported lowest on this type of housing (Table: 6).

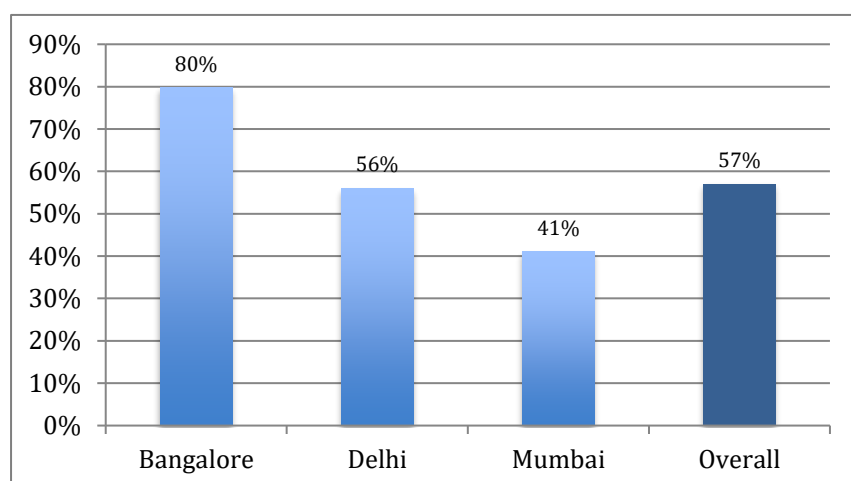
Table: 6 Type Of House

House Type	Transwomen			Transmen	
	Bangalore	Delhi	Mumbai	Overall	Overall
A Pucca house with a pucca roof and floor	73%	90%	44%	65%	93%
A semi pucca house where either the roof or floor is kaccha (mud or metal sheets)	25%	4%	41%	27%	7%
Kaccha house	1%	5%	14%	8%	
Others			1%	0%	
Don't Know / Can't Say	1%	1%		0%	
Total	100%	100%	100%	100%	100%

N=349 (TW), 27 (TM)

On the indicator, 'whether they have a kitchen with permanent fitted gas and water supply', overall 57 percent Transwomen replied in affirmative. Bangalore fared the best with 80 percent participant reporting this and Mumbai lowest at 41 percent (Figure: 5).

Figure: 5 Have A Kitchen With Permanent Fitted Gas And Water Supply



N=314 (TW), 26 (TM)

Overall 50 percent transwomen and 96 percent Transmen reported having bathroom and toilet inside the house. Use of public facilities and/ or in the open was the highest in Mumbai (Table: 7).

Table: 7 Sanitary Facilities

Facilities	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Bathroom and toilet inside the house	58%	67%	34%	50%	96%
Bathroom and toilet outside the house	34%	24%	13%	22%	
Either Bathroom or Toilet inside but not both	7%	9%	34%	19%	4%
Use public facilities and/or in the open			18%	8%	
No bathroom or toilet facilities	1%		1%	1%	
Total	100%	100%	100%	100%	100%

N=349 (TW), 26 (TM)

An overall 34 percent Transwomen and 63 percent Transmen had access to water supplied by the government. Nearly half the participants in Delhi received water supply from government sources, 36 percent, which was also the highest for Mumbai. Bangalore on the other hand had nearly half the participants getting their tap water from treated source (Table: 8).

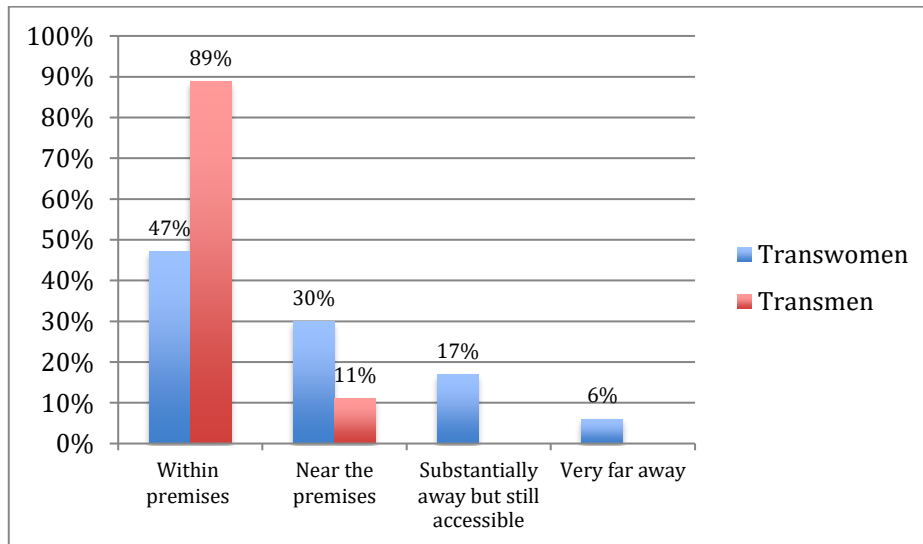
Table: 8 Water Sources Available

Water Sources	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Government Water Supply	17%	49%	36%	34%	63%
Get tap water from treated source	49%	18%	26%	31%	26%
Private Water supply	22%	17%	34%	26%	7%
Get tap water from untreated source	3%	7%	1%	3%	
Buy from Tankers	4%	3%	2%	3%	4%
Get water from covered well	2%	2%		1%	
Get water from uncovered well	2%	2%		1%	
Fetch water from Tube well	2%	1%			
Total	100%	100%	100%	100%	100%

N=348 (TW), 27 (TM)

Little less than half (47%) Transwomen had access to drinking water within premises. Transmen who mostly lived in legal colonies had better to drinking water (Figure: 6).

Figure: 6 Availability of Drinking Water

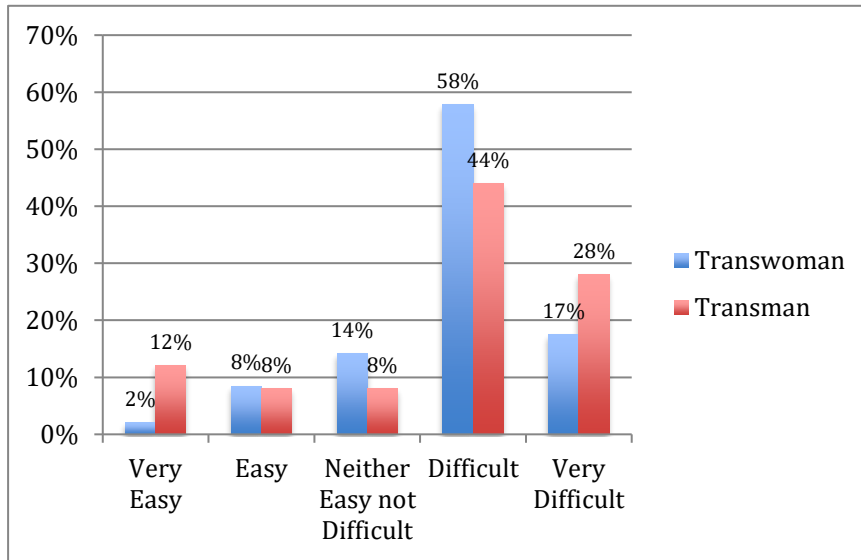


N=329 (TW), 27 (TM)

Renting A House

Overall 58 percent Transwomen and 44 percent Transmen found it difficult to rent a house across three cities (Figure: 7).

Figure: 7 Whether It Is Easy To Rent A House



N=332 (TW), 25 (TM)

During various community consultations, it has been often shared by the community members especially transwomen that they have to change their houses often. The data shows that Delhi (36%) was one city where transwomen had to change house more than twice a year. In Mumbai rental lease is usually for 11 months, hence a little over half the transwomen reported change of house once a year (54%). Bangalore seemed to be the best in terms of housing for transwomen, as they had to change house only once every 2-3 years (49%). Transmen were living in reported fairly stable housing situation (Table: 9).

Table: 9 Shifting Houses

Frequency of Shifting Houses	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Very Often (More than twice a year)	3%	36%	13%	16%	8%
Often (Every year)	23%	32%	54%	39%	8%
Moderately (Once every 2–3 years)	49%	23%	15%	27%	24%
Infrequently (Once 4–5 years)	15%	5%	7%	9%	8%
Very Infrequently (over 5 years)	10%	5%	10%	9%	52%
Total	100%	100%	100%	100%	100%

N=333 (TW), 25 (TM)

Negotiating Public Places

It has been observed and also shared by the community members that the common public views Transgender persons with fear (Trans phobia) as well as treat them disparagingly by sniggering, commenting and catcalling. It has been often cited by the community members that even if they are regular customers, it is difficult for them to negotiate public places.

As Table: 10 shows, 41 percent Transwomen and 33 percent of Transmen find it difficult to walk into a mall or market place to shop for clothes. Of all the cities, cosmopolitan city of Mumbai proved to be a place with maximum barriers with half the participants reporting difficulty in shopping. A majority of (37%) Delhi participants reportedly found easy to shop.

Table: 10 Ease Of Walking Into A Mall Or Market To Shop For Clothes

Ease of Access	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Very Easy	2%		3%	2%	11%
Easy	23%	37%	10%	21%	19%
Neither Easy not Difficult	31%	4%	24%	21%	19%
Difficult	38%	28%	50%	41%	33%
Very Difficult	6%	31%	13%	16%	19%
Total	100%	100%	100%	100%	100%

N=348 (TW), 27 (TM)

Shopping for utilities like daily vegetables, groceries are basic functions for any human being. Overall Transwomen's opinion was equally split between 'Easy' and 'Difficult' (34%). Overall Transmen found it easy to shop (37%) and Transwomen from Delhi found it easy to go about shopping for utilities (43%) compared to other cities (Table: 11).

Table: 11 Ease Of Shopping For Utilities At A Market Place

Ease of Access	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Very Easy	3%		1%	1%	11%
Easy	30%	43%	30%	34%	37%
Neither Easy not Difficult	34%	3%	17%	18%	19%
Difficult	31%	34%	37%	34%	26%
Very Difficult	3%	20%	15%	13%	7%
Total	100%	100%	100%	100%	100%

N=343 (TW), 27 (TM)

Going to a restaurant and a place of recreation was reported to be difficult across the cities with an overall 43 percent Transwomen reporting it (Table: 12). Transmen's perception was equally divided between 'Easy' and 'Difficult' (31%).

Table: 12 Ease of Going To A Restaurant/ Place of Recreation

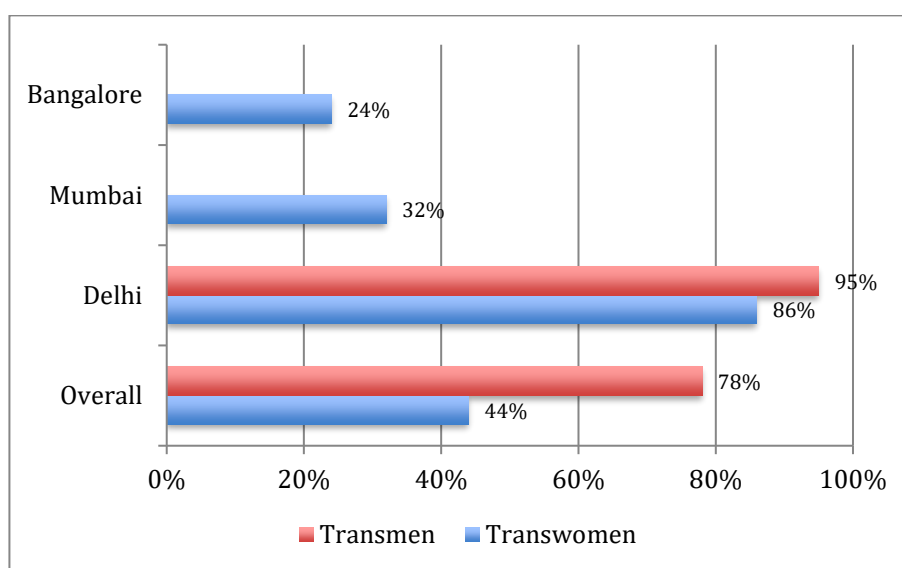
Ease of Access	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Very Easy	7%			2%	15%
Easy	20%	31%	15%	21%	31%
Neither Easy not Difficult	29%	5%	14%	17%	23%
Difficult	36%	47%	46%	43%	31%
Very Difficult	8%	16%	24%	17%	
Total	100%	100%	100%	100%	100%

N=346 (TW), 27 (TM)

Possession of Essential Documents

In case of Transmen and women, identity documents pose a serious challenge as these are usually in the name and sex as assigned at birth. A majority of Transmen (78%) and 44 percent of Transwomen did not possess a single document as per the gender identity. Situation in Delhi is particularly bad with 95 percent Transmen and 86 percent Transwomen not having a single document as per their gender identity (Figure: 8).

Figure: 8 Do Not Possess A Single Document As Per Gender Identity



N=348 (TW), 27 (TM)

Since there is an increased thrust in India on the identification, specially securing 'Aadhaar Card', it is important for the Transgender person in India to have this identification as it is now become a pre-condition for number of transactions like the mobile phone, bank account and other service provisions. Of those who reported possessing documents as per the gender identity, they mostly cited Aadhaar, Election and PAN card as per their gender identity (Table: 13). There was a gap between Transwomen and Transmen in terms of documents as per gender identity. There was a difference between three cities with Bangalore higher number of Bangalore transwomen reporting possessing Aadhaar (64%), Election ID (55%), PAN (50%), Bank account (50%) and Ration card (22%) as well as BPL Card (12%). Mumbai came second followed by Delhi, which was lowest in terms of community of Transwomen having access to documents as per gender identity (Table: 13).

Table: 13 Possession of Documents As Per Gender Identity

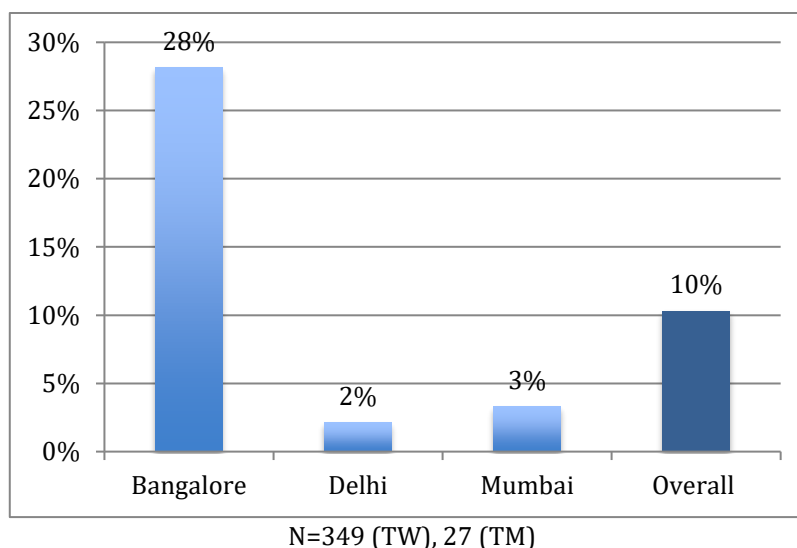
Documents*	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Aadhaar Card	64%	12%	43%	41%	19%
Election ID	55%	5%	41%	36%	11%
PAN card	50%	7%	31%	30%	19%
Bank A/c	50%	6%	8%	20%	19%
Ration Card	22%	2%	5%	9%	4%
BPL Card	12%			3%	
Passport	4%	1%	1%	2%	4%
Driving License	4%			1%	4%
Any Other			1%	1%	

*Multiple Responses N=348 (TW), 27 (TM)

Social Entitlements

As the data shows, only 10 percent of participants were using any kind of Social Entitlements (Figure: 9). Of these, a majority from Bangalore was using entitlement under Mythri scheme. Mythri is a Karnataka state scheme, which was launched in the year October 2013. It provides for a monthly pension of Rs. 500 for transgender people in the age group of 18-64 years having income of Rs. 12000 (Rural) and 17000 (Urban). Once a person crosses 64 years of age, becomes eligible for old age pension scheme. They are required to submit relevant documents including a certificate from the Department of Health and Family Welfare to prove their gender. In all just two transmen were utilizing any Social Entitlement which was Mythri scheme. Transwomen from Delhi and Mumbai were utilizing LPG subsidy.

Figure: 9 Participants Receiving Social Entitlements



Income and Occupation

Income data is usually known to be underreported by the participants. The data presented in Table: 14 below may or may not have been underreported. Transwomen in Delhi seem to be earning better than their counterpart in Bangalore and Delhi.

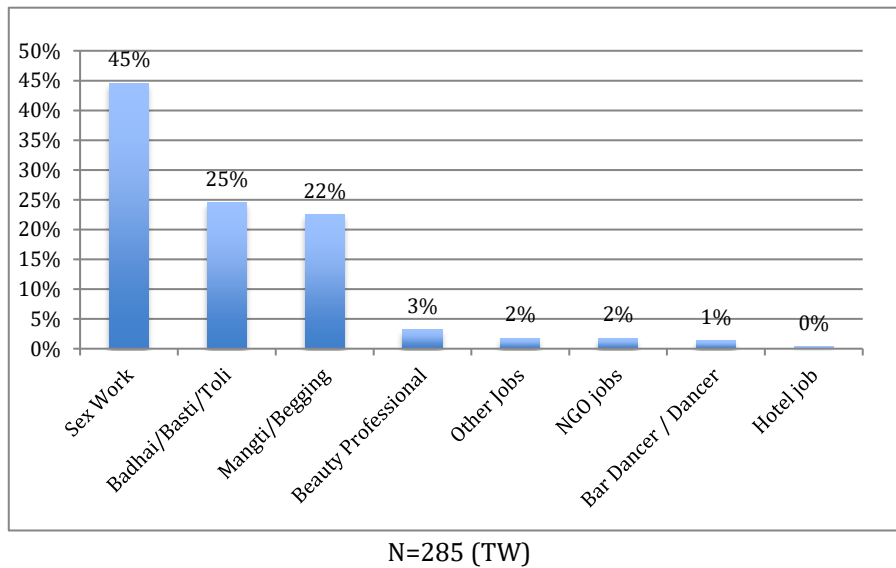
Table: 14 Income of Participants

City	Transwomen		Transmen	
	Mean	Median	Mean	Median
Overall	16698	12000	13857	15000
Bangalore	17995	10000		
Delhi	20394	20000		
Mumbai	13533	12000		

N=348 (TW), 27 (TM)

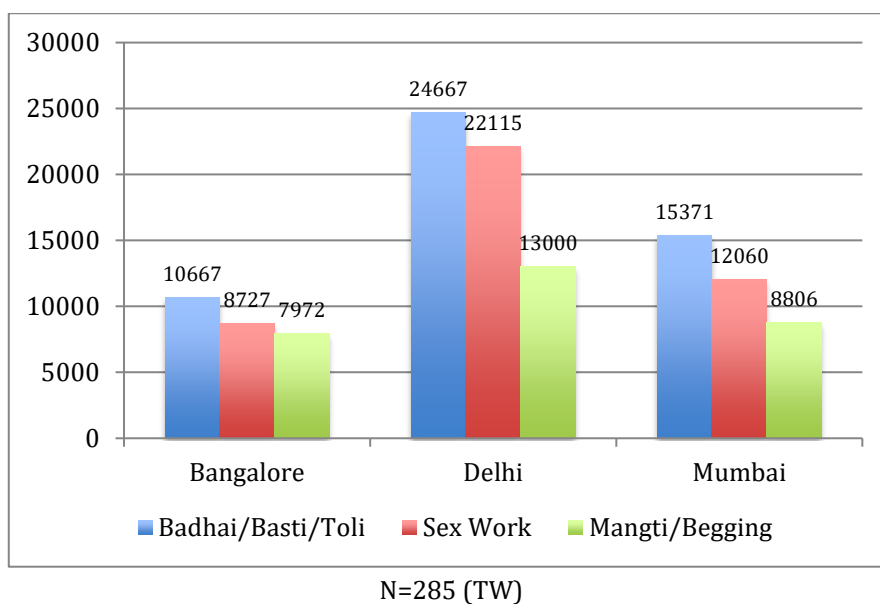
The most common primary occupation of Transwomen was Sex Work (45%), followed by Badhai/Basti/Toli (25%) and ritual begging or Mangti (22%) was the third most common primary occupation. Just 3 percent were in beauty profession followed by other jobs and NGO jobs (Figure: 10).

Figure 10: Primary Occupation Of Transwomen



A further analysis of top three primary sources of income across three cities revealed that Badhai/Basti/ Toli earned highest average income across, with Delhi Transwomen reporting highest average income (Figure: 11).

Figure: 11 Top Three Primary Sources of Income Across Three Cities



Data on secondary income revealed that if the income from three primary occupations was not adequate then Transwomen supplemented income by using the other occupations (Table: 15). For example if income from Badhai/Basti/Toli was not enough then they supplemented income with sex work. If Mangti income was insufficient, then they supplemented income by sex work.

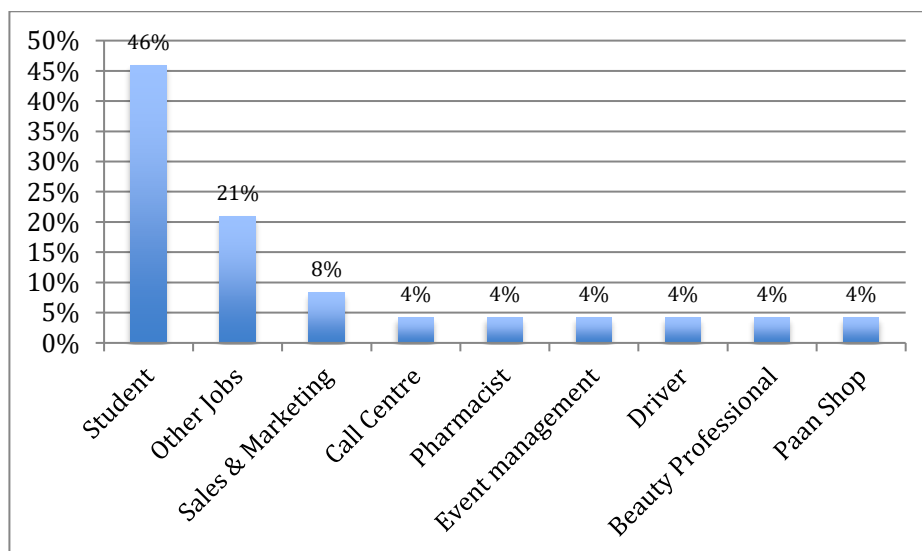
Table: 15 Secondary Occupation Of Transwomen

Occupation	% Participants
Mangti/Begging	48%
Sex Work	34%
Badhai/Basti/Toli	10%
Craft / Jewelry making	2%
Bar Dancer / Dancer	2%
Beauty Professional	1%
Other Jobs	1%
NGO jobs	1%

N=86 (TW)

In this relatively small sample of Transmen, little less than half of them were students and the rest were working in professions ranging from sales and marketing, call center, pharmacist, event management etc. (Figure: 12).

Figure: 12 Primary Occupation Of Transmen



N=24 (TW)

Occupation wise mean income from Primary occupation revealed professions like Pharmacist, and other jobs earned Transmen an average income of 20-21000 rupees where as a driver and beauty professional's salary was the lowest (Table: 16).

Table: 16 Income From Primary Occupation

Occupation	Mean Income
Pharmacist	21000
Other Jobs	20000
Sales & Marketing	15000
Event management	15000
Paan Shop	15000
Beauty Professional	10000
Driver	10000

N=24 (TW)

An analysis of monthly expenditure (Table: 17) of participants revealed that participants were living with their means and their expenditure did not exceed their income (as in Table: 14).

Table: 17 Monthly Expenditure Of Participants

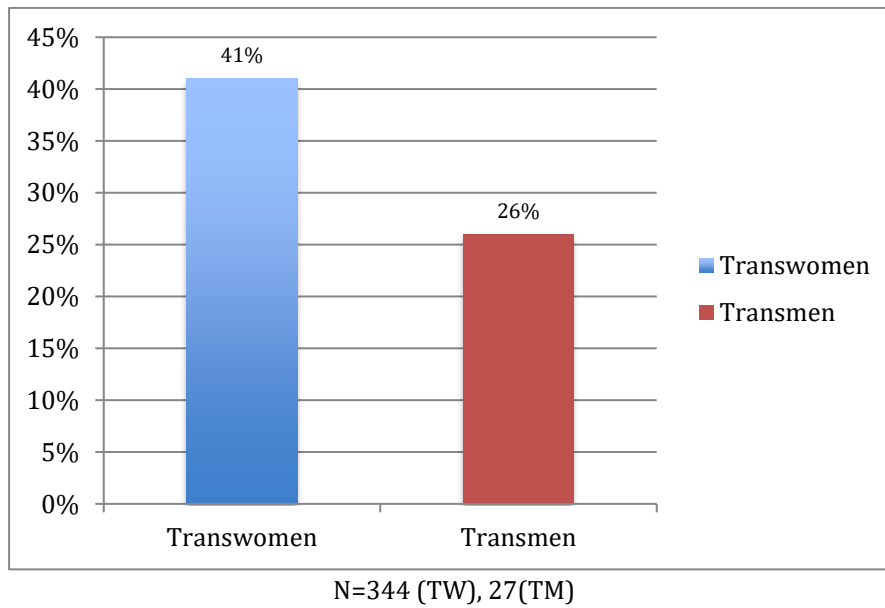
City	Transwomen		Transmen	
	Mean	Median	Mean	Median
Bangalore	9727	8000	15000	15000
Delhi	13115	12000	6125	5500
Mumbai	11625	10000	19250	21000

N=310 (TW), 13 (TM)

Debt

Debt posed a burden on the study participants with 41 percent Transwomen and 26 percent Transmen men reporting debt (Figure: 13).

Figure: 13 Currently Under Debt



Further analysis revealed that Bangalore Transwomen and Mumbai Transmen had the highest burden of debt at rupees one lakh and one lakh sixty thousand respectively (Table: 18).

Table: 18 Burden Of Debt

City	Transwomen		Transmen	
	Mean	Median	Mean	Median
Bangalore	148796	100000	50000	50000
Delhi	60579	40000	80000	50000
Mumbai	18042	10000	186667	160000

N=136(TW), 7(TM)

Data on reasons for debt (Table: 19) revealed that family emergencies and occasions (39% Transwomen, 71% Transmen) were the primary reasons for which participants had to borrow money. Participant related health reasons, and paying older debts were also reasons for debt. In case of Transwomen, they borrowed to fend for partner's emergencies and needs (16%) as well as for health related expenditure on their guru or chela (13%). SRS was reported to be another reason of debt for transmen (14%) and Transwomen (4%).

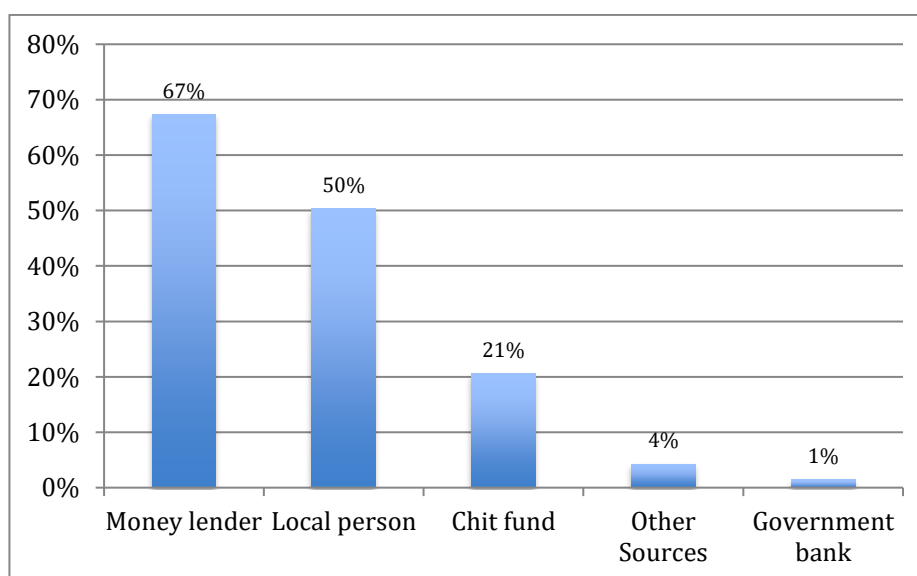
Table: 19 Reasons For Debt

Reasons for Debt	Transwomen	Transmen
Family emergencies and occasions	39%	71%
Health reasons (Self)	24%	29%
Paying older debts	20%	14%
Partners emergencies and occasions	16%	
Health reasons (Guru and /or Chelas)	13%	
Daily expenses	11%	
SRS, Transition reasons (Self)	6%	14%
Addictions and Narcotics	3%	
Legal Issues	1%	
Any Other	9%	14%

*Multiple Responses N=138(TW), 7(TM)

Participants borrowed from multiple sources (Figure: 14) of which government banks were the lowest (1%) and money lender (67%) were the highest followed by a local person (50%) and Chit fund (21%).

Figure: 14 Sources Of Borrowing



*Multiple Responses N=140(TW), 5(TM)

Familial Property Inheritance Status

Families may have a house; land and some other assets like silver and gold ornaments which sons typically inherit. The asset ownership status of participants revealed that the son logic failed Transgender people as little less than half the Transwomen (45%) and a little over half (52%) Transmen did not have share in anything at all. Not only this, both Transwomen (34%) and Transmen (7%) clearly stated that they have been disinherited. Of the remaining people who inherited or received anything, it was share in property, family land and gold and other asset (Table: 20).

Table: 20 Inheritance Status

Ownership Status*	Transwomen	Transmen
Share in nothing at all	45%	52%
None of this as I have been disinherited	34%	7%
Share in your parents property like house	12%	30%
Share in your family's land	7%	26%
Share in gold and any other asset	4%	19%

*Multiple Responses for those who have reported N=343 (TW), 27(TM)

Asset Ownership Status

Study participants were in possession of several essential assets, the most popular being Mobile Phone, TV and Almirah and Fridge, Washing Machine and Motor Bike (Table: 21).

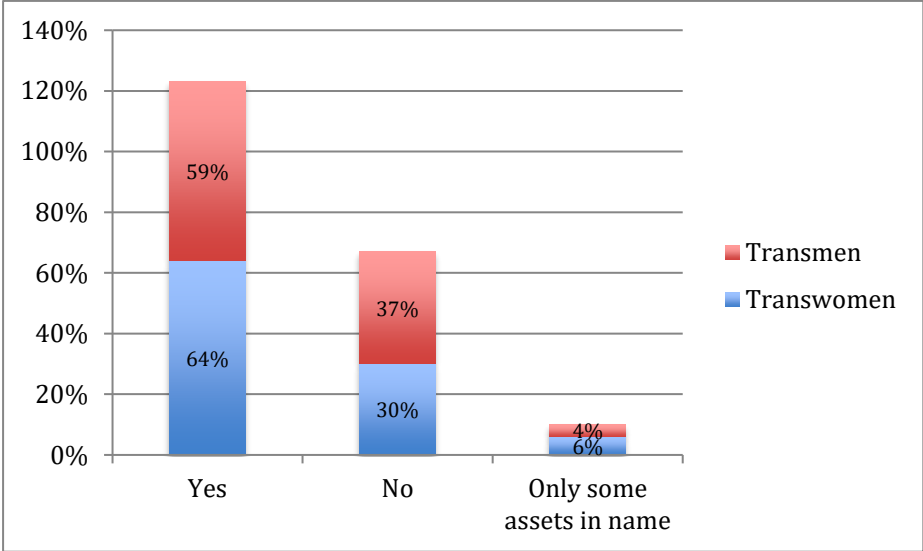
Table: 21 Possession Of Assets

Assets*	Transwomen	Transmen
Mobile Phone	89%	96%
TV	67%	67%
Almirah	46%	48%
Fridge	41%	56%
Gold Ornaments	21%	37%
Washing Machine	19%	44%
Motor Bike	7%	30%
Bi -Cycle	3%	15%
Any automobile	3%	19%
Car	1%	22%
None of the above	5%	4%

*Multiple Responses N=346 (TW), 27(TM)

These assets however were not entirely possessed by the participants (Figure: 15) as 64 percent Transwomen and 50 percent Transmen were having assets in their name.

Figure: 15 Whether Asset In Participant’s Name

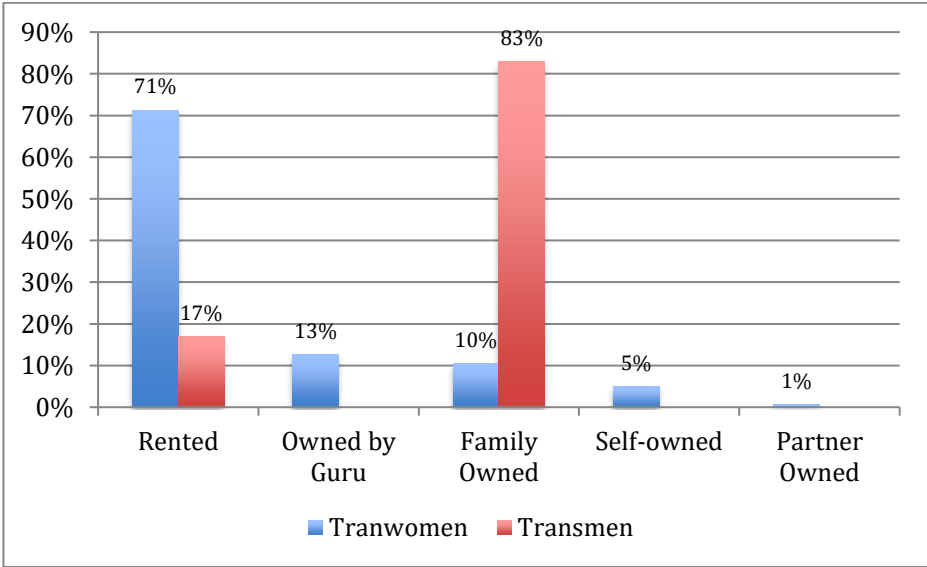


N=343 (TW), 27(TM)

Ownership Status of Current Home

A majority of Transwomen (71%) was living in a rented home and majority of Transmen (83%) lived in a Family owned place. Just 5 percent of Transwomen owned their current home (Figure: 16).

Figure: 16 Ownership Status Of Current Home



N=317 (TW), 24(TM)

Chapter: 5 Education and Skill Indicators

Considering the median age of India’s population is 27 years, with 28% of population in the ages 10-24 years, there is a renewed emphasis on Education and Skill building in India. Like everyone else in the country, Transgender youth too deserve to partake education and skill building initiatives however this may not be the situation. Existing level of education may in some way point to the lived experiences of Transpersons in education system. On the other hand skills provide traction to explore avenues of employment, other than sex work or begging especially for Transwomen. In line this section current level of education and skills of study participants are presented.

Education

Nearly one fourth of the participants were functionally illiterate. Just 17 percent had been educated up to primary level, 20 percent each were educated up to middle and secondary education, with 14 percent educated up to higher secondary level. In a way this totaled up to 96 percent of Transwomen who had no exposure to higher education in college. Transmen had education up to secondary (22%), higher secondary (30%), graduate (33%) and Post Graduate (11%) level (Table: 22).

Table: 22 Study Participant’s Level of Education

Level of Education	Transwomen	Transmen
Illiterate	10%	
Can read and write	4%	
Can just sign	10%	
Primary (completed 4th Std.)	17%	
Middle (Completed 8th Std.)	20%	4%
Secondary (Completed 10th Std.)	20%	22%
Higher secondary (Completed 12th Std.)	14%	30%
Graduate	4%	33%
Post Graduate	0%	11%
Diploma	1%	
Any other	1%	
Total	100%	100%

N=347 (TW), 27(TM)

Current Skills

While 31 percent Transwomen and 37 percent Transmen cited not having any skill, the remaining study participants had some kind of skill as categorized under the Ministry of Skill Development and Entrepreneurship (MSDE). Cooking and catering skills were commonly cited skill by Transwomen (36%) and Transmen (22%). More Transwomen

had skills in Beauty and Wellness Sector (15%) than the Transmen (4%). Transmen also possessed business (22%), retail (15%) skills (Table: 23).

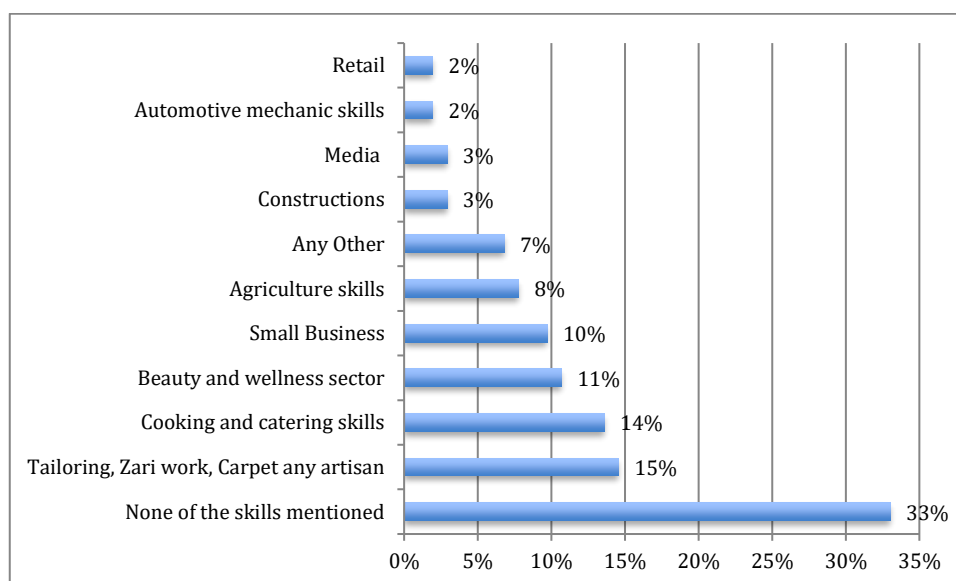
Table: 23 Skills Possessed

Skill Possessed*	Transwomen	Transmen
Cooking and catering skills	36%	22%
Beauty and wellness sector	15%	7%
Tailoring, Zari work, Carpet any Artisan	10%	4%
Agriculture skills	8%	4%
Small Business	6%	22%
Driving	4%	7%
Retail	3%	15%
Media	2%	4%
Constructions	1%	7%
Automotive mechanic skills	1%	
Electronics/Telecom/IT sector	1%	4%
Plumbing	1%	
Rubber/Coffee sector skill	0%	4%
Any Other	5%	11%
None of the skills mentioned	31%	37%

*Multiple Responses N=337 (TW), 27(TM)

We also analyzed this data city-wise for Transwomen in which we found that in Bangalore (Figure: 17), four top most skills possessed were artisanal viz tailoring, Zari and carpet making (15%); cooking and catering (14%), beauty and wellness (11%) and small business (10%).

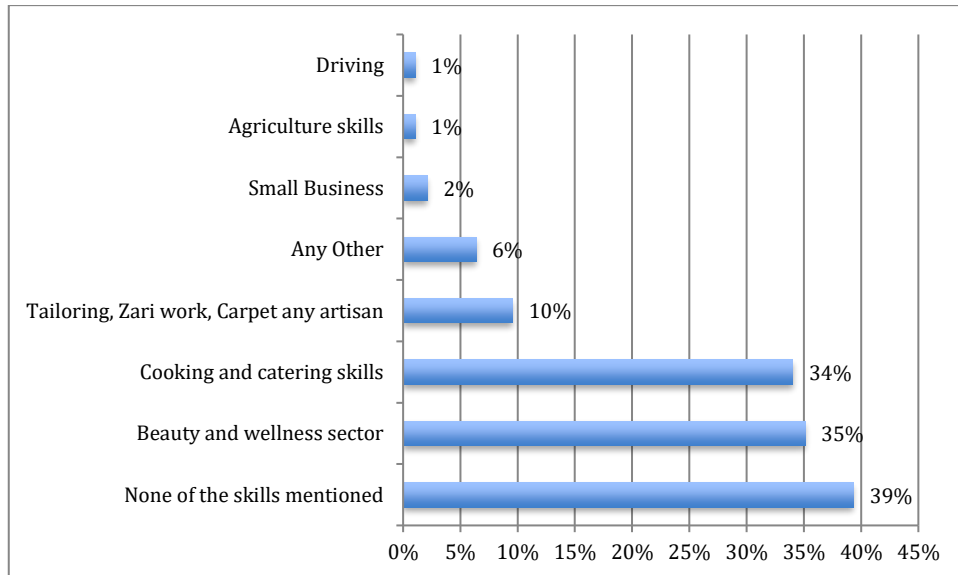
Figure: 17 Skills Possessed By Transwomen In Bangalore



*Multiple Responses

Top three skills of Transwomen in Delhi were beauty and wellness (35%), cooking and catering skills (34%) and artisanal viz tailoring, Zari and carpet making (10%) (Figure: 18).

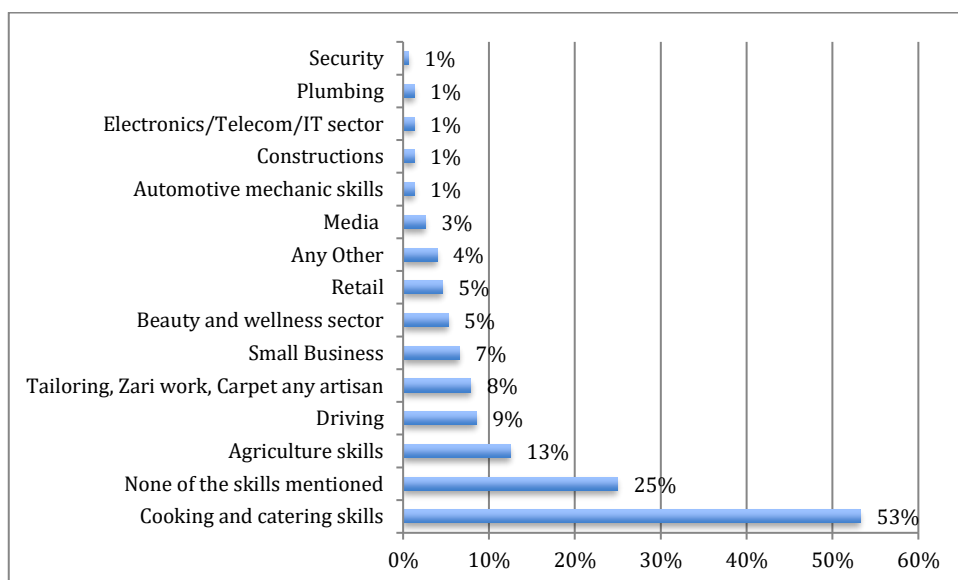
Figure: 18 Skills Possessed By Transwomen In Delhi



*Multiple Responses

Top four skills of Transwomen from Mumbai were cooking and catering (53%), Driving (9%), artisanal viz tailoring, Zari and carpet making (8%) and small business (7%) (Figure: 19).

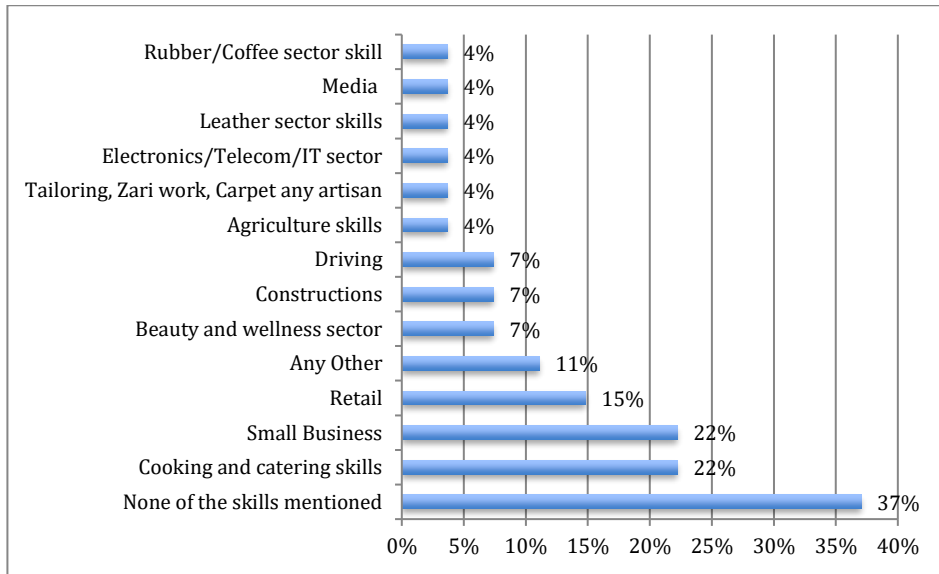
Figure: 19 Skills Possessed By Transwomen In Mumbai



*Multiple Responses

Although 37 percent said that their skills did not fall in any of the categories mentioned, Transmen cited some of the skills having potential for further opportunities. These were cooking and catering (22%), small business (22%), retail (15%) and beauty and wellness (7%) as well as driving (7%) (Figure: 21)

Figure: 20 Skills Possessed By Transwomen



*Multiple Responses

Chapter: 6 Health Status and Access

Health needs to be defined broadly in terms of not just diseases free condition but also physical and mental wellness that contribute to the quality of life of every individual. It also means that an individual has an easy access to the health facility and approaches it as a routine rather than a dire need. Sexual orientation and gender identity may impact the access to the health and thus have an implication on the overall health status. In this section findings regarding the health status of participants is presented that ranges from their general health to their concern regarding access and transition related services.

Health Status

While 39 percent Transwomen and nearly half the Transmen did not report any health issues, the rest had some health condition especially conditions that may be related to their transition such as bone density depletion (12%), side effects of hormone injection (2%) (Table: 24).

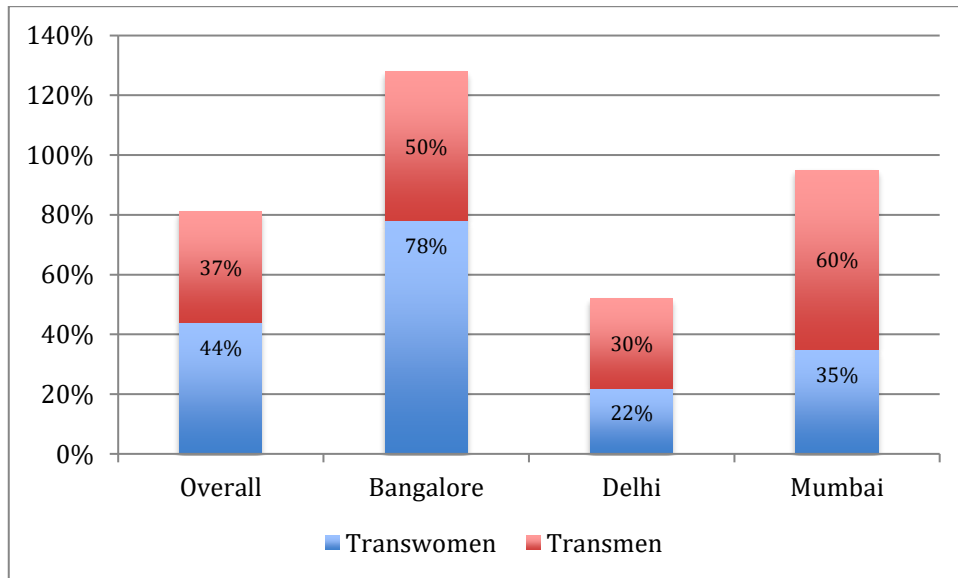
Table: 24 Current Health Condition Of Participants

Health Condition*	Transwomen	Transmen
	N=346	N=26
Bone density depletion	12%	7%
High Cholesterol and Obesity	10%	7%
Skin problems	10%	15%
High blood pressure	8%	
Dental conditions	8%	11%
High sugar/Diabetes	8%	
Any STI	7%	4%
Skin conditions/ diseases	5%	7%
Issues with vision	3%	15%
HIV	3%	
Diagnosed heart condition	2%	4%
Side effects of hormone injection	2%	15%
Diagnosed kidney conditions	2%	
Diagnosed liver conditions	1%	7%
Thyroid	1%	4%
Any other conditions	1%	
Ovarian Cysts		4%
Any Other	6%	
None of the above	39%	48%

*Multiple Responses

It is common for people to have a trusted, regular physician to consult in the event of sickness, however just 44 percent Transwomen and 37 percent Transmen did consult a regular physician (Figure: 27). As compared to Delhi and Mumbai, lesser number of Transwomen was going to a regular physician.

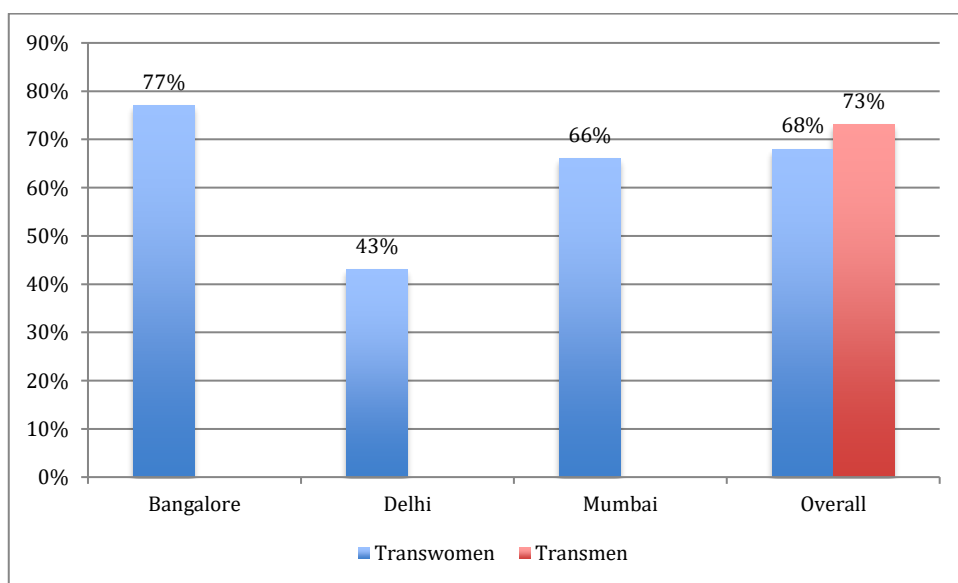
Figure: 27 Whether Consult A Regular Physician



N=345 (TW), N=27(TM)

A little over three fifth of Transmen and nearly three fourth of Transwomen went to a regular physician for a health check up in last three months, with Delhi being the lowest (Figure: 28).

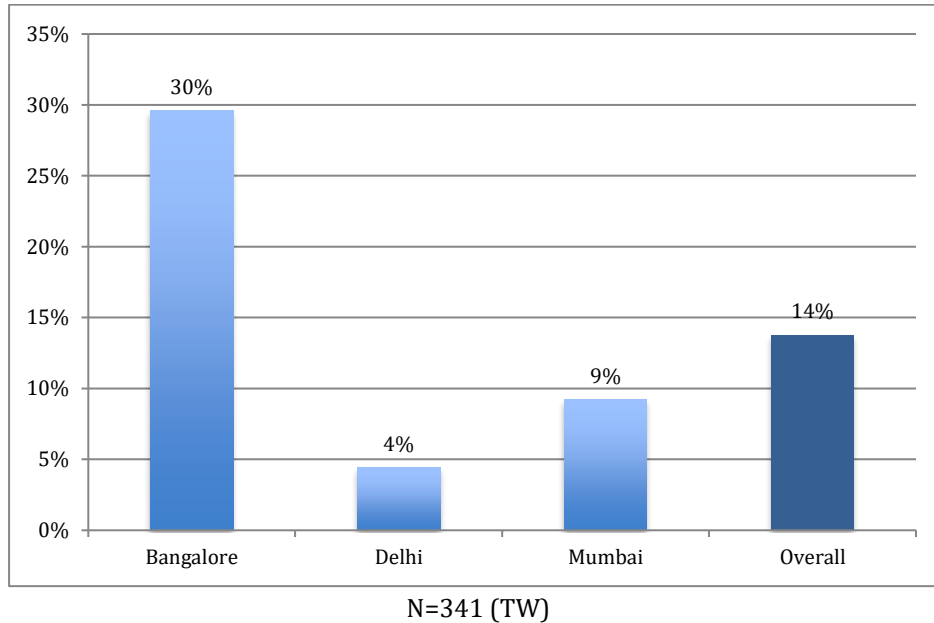
Figure: 28 Consulted Regular Physician For A Health Check Up In Last Three Months



N=165 (TW), N=11 (TM)

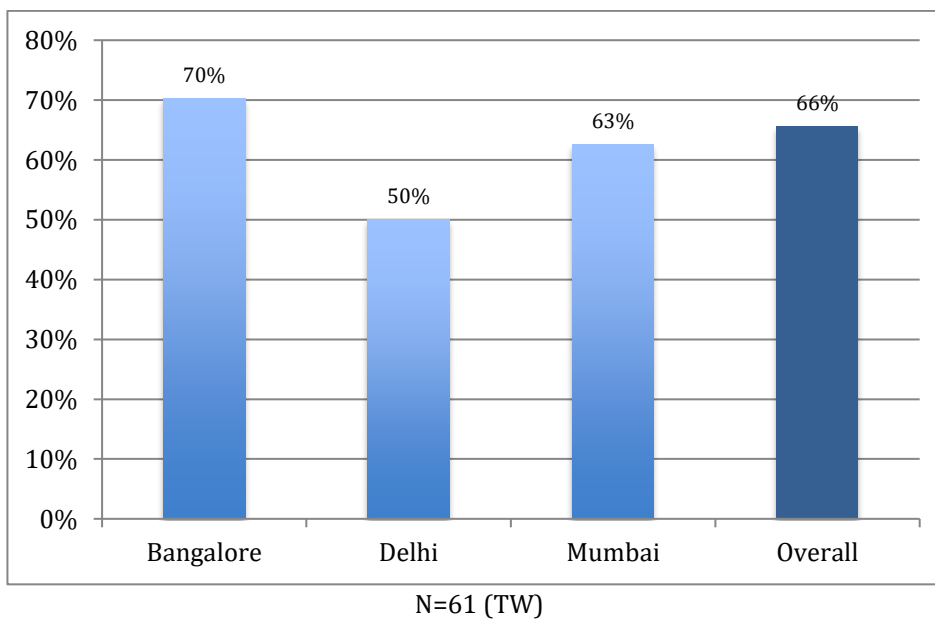
Dental health was a neglected area, with only 14% participants reporting having consulted a regular dentist, of which Bangalore (Figure: 29). Just two Transmen reported consulting a regular Dentist.

Figure: 29 Participants Consulting A Regular Dentist



Of those who consulted a dentist, 66 percent consulted one in last six months, with Bangalore Transwomen being highest (70%) among three cities (Figure: 30)

Figure: 30 Consulted A Regular Dentist In Last Six Months



Health care came with an expense hence both Transwomen (46%) and Transmen (59%) visited a government hospital closer to their house (TW 39%, TM 33%). Transwomen also consulted a trust or NGO based clinic (Table: 25).

Table: 25 Type of Facility Visited for Medical Check Up

Type of Facility Visited	Transwomen	Transmen
A government Hospital	46%	59%
A private Hospital close by	39%	33%
A NGO/Trust based clinic	30%	
A registered Private Doctor in vicinity	19%	74%
A private doctor elsewhere	8%	11%
Self medication/I don't see anyone	2%	
Any other	1%	

*Multiple Responses N=343 (TW), 27 (TM)

On the ease of seeking general health care, Bangalore (48%) seemed to be a better place compared to Mumbai, where as on Delhi perception on ease or difficult was divided (37% each). Overall for Transmen similar trend was observed (Table: 26).

Table: 26 Ease of Seeking General Health care

Response	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
Very Easy	5%	1%	3%	3%	7%
Easy	48%	37%	17%	33%	33%
Neither Easy not Difficult	24%	13%	26%	22%	26%
Difficult	18%	37%	47%	34%	30%
Very Difficult	6%	12%	7%	8%	4%
Total	100%	100%	100%	100%	100%

N=306 (TW), 27 (TM)

At the time of the study, one third of Transwomen and a majority of Transmen were seeking transition related guidance (Table: 27).

Table: 27 Participants Currently Seeking Transition Related Guidance

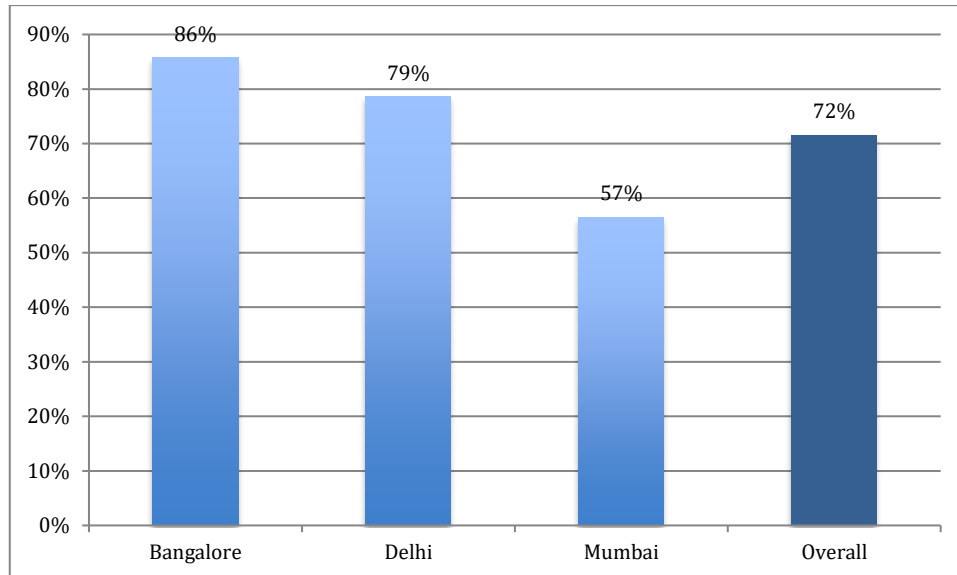
Cities	Transwomen	Transmen
Bangalore	44%	
Delhi	31%	
Mumbai	27%	
Overall	33%	

N=342 (TW), 17 (TM)

In this study, the current status of Nirvani (emasculation) was not asked, instead a question on whether they were currently seeking or intending to seek Nirvani related guidance was asked (Figure: 31). Barring those who already had completed their

transition as a Hijra or a Transwomen, rest answered in affirmative that they were seeking guidance (72%). Participants from Bangalore (86%) were highest reporting followed by Delhi (79%) (Figure: 31).

Figure: 31 Currently Seeking Or Intend To Seek Nirvani-Related Health Guidance



N=102 (TW)

Sexual reassignment surgery and/ or Nirvani came with financial implication, which were spread across different stages of transition. Both Transwomen (43%) and Transmen (50%) experienced financial barrier. Transwomen additionally mentioned fear of family (15%), lack of time (10%) and waiting for permission from Guru (10%) as barriers (Table: 28).

Table: 28 Barriers To accessing The Provider For SRS And/ Or Nirvani

Barriers	Transwomen	Transmen
Don't have the financial resources	43%	50%
Fear of my family	15%	
Don't have the time	10%	
Waiting for the permission from Guru	10%	
Health care provider failed to understand Trans person's health issues	5%	
Don't Know/ Can't Say	5%	30%
Any Other	13%	20%

N=40 (TW), 10 (TM)

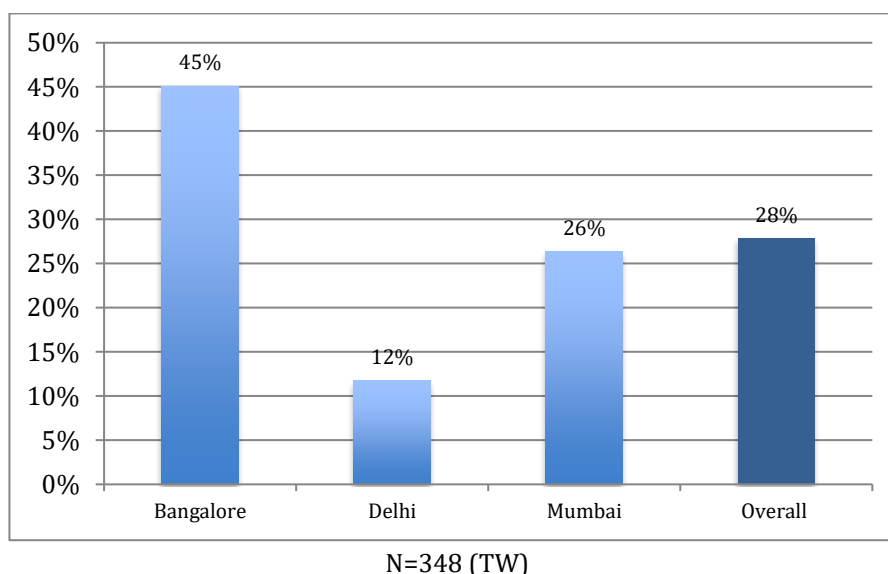
Chapter: 7 Experiences Of Violence

Due to the societal stigma and Transphobia, there are incidences of verbal physical harassment and violence against Transgender people. Some of the legal provisions such as beggar's and public nuisance act also prove to contribute to the experience of violence among Transgender people specially Transwomen. This section has findings of experiences of harassment and violence of study participants.

Experiences Of Transwomen

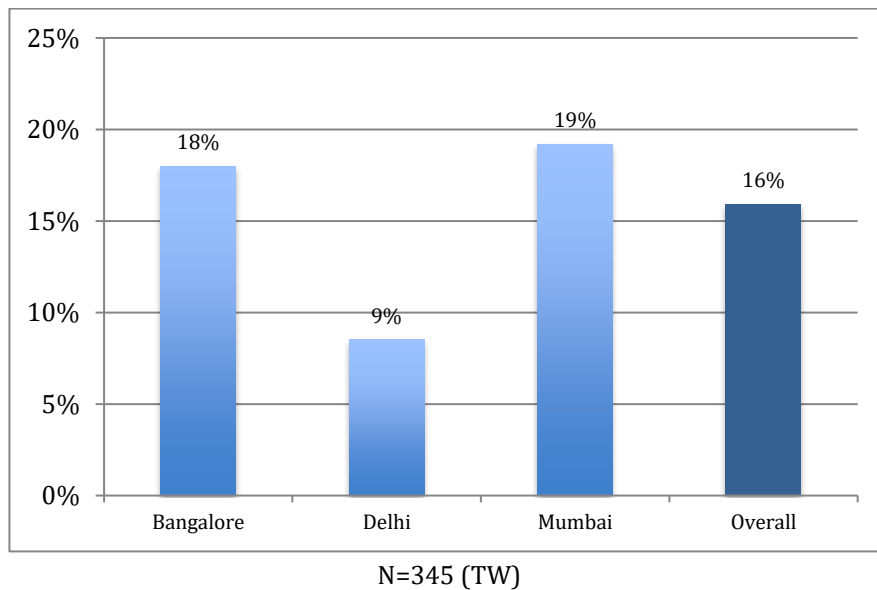
A little over one fourth of the Transwomen had to bribe the police to avoid arrest and or avoid harassment; of these higher number of cases were reported in Bangalore (Figure: 32).

Figure: 32 Transwomen Ever Bribed The Police To Avoid Arrest And/Or Harassment



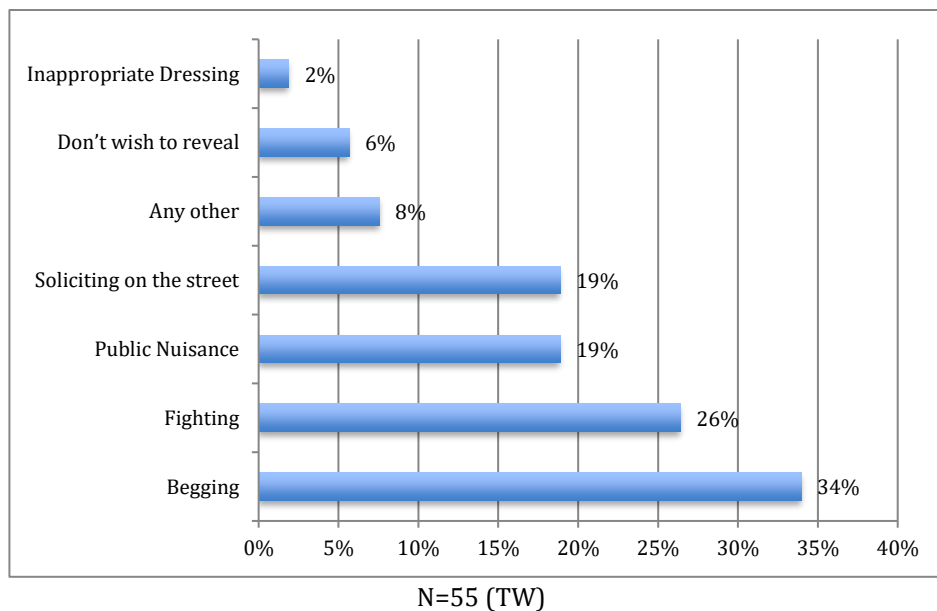
Overall 16 percent of the Transwomen were ever arrested and put behind bar with Mumbai (19%) leading in this (Figure: 33)

Figure: 33 Ever Been Arrested And Put Behind Bar?



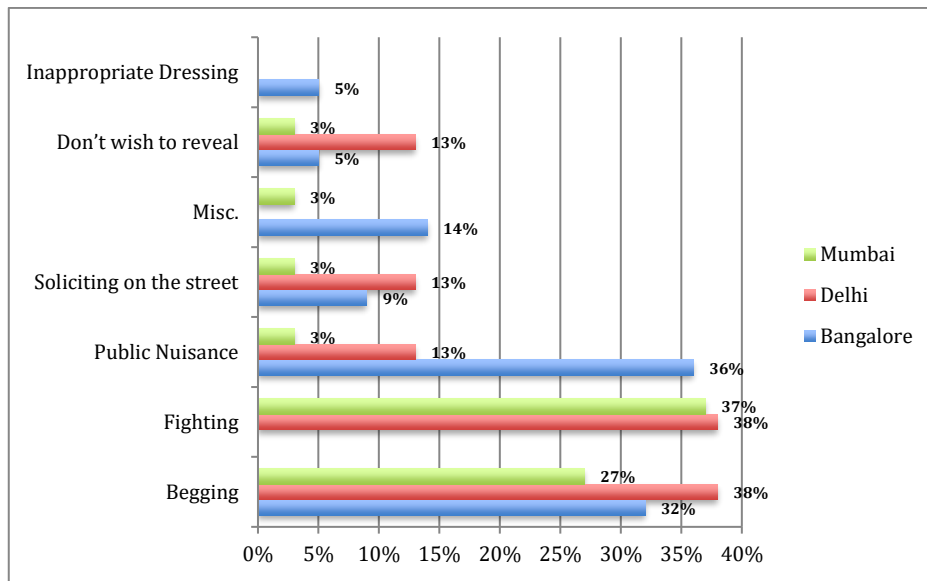
The reasons for arrest were begging (34%), fighting (26%), public nuisance (19%) and soliciting on the street (19%) (Figure: 34).

Figure: 34 Reasons For Arrest



The reasons of arrest across three cities were different; for example begging got Transwomen arrested in Delhi, fighting in Mumbai and Delhi and public nuisance in Bangalore (Figure: 35).

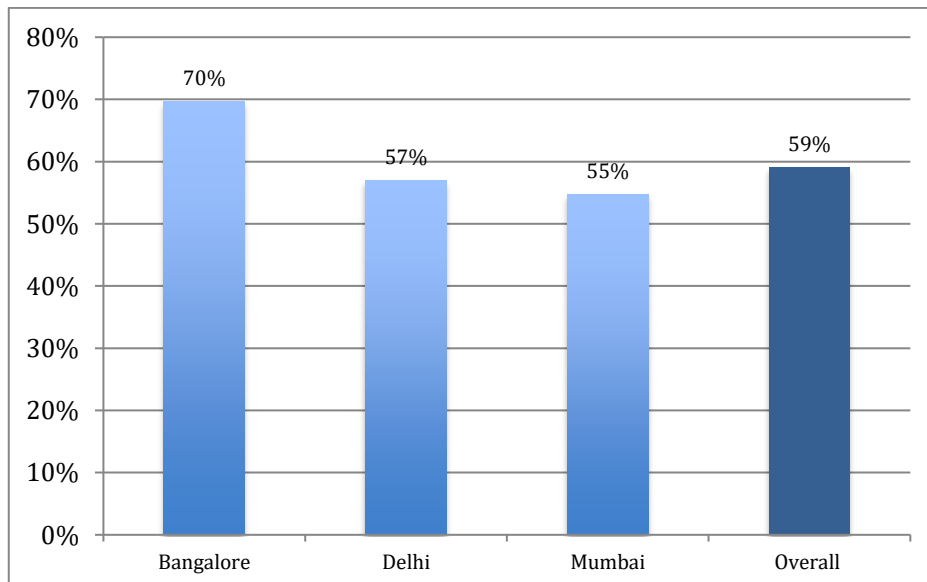
Figure 35 Reasons For Arrest Across Three Cities



N=55 (TW)

In this study, violence related question was related to all forms of violence for example physical beating, sexual assault, teasing, bullying, threat, blackmail and extortion, financial abuse and neglect. In the study 59 percent of Transwomen experienced violence of which highest reporting was from Bangalore (Figure: 36).

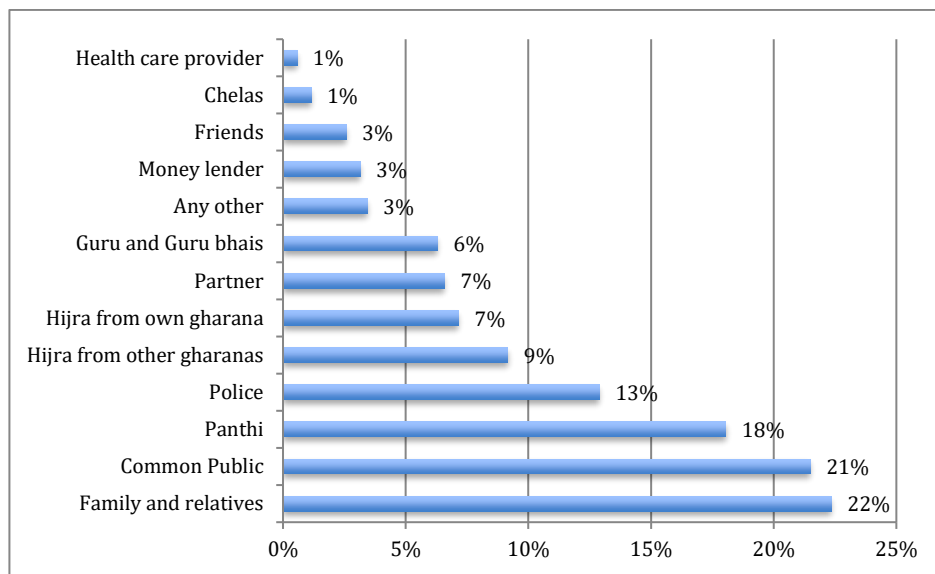
Figure: 36 Ever Experienced Violence?



N=320 (TW)

Across the three cities, most common perpetrators of violence were family and relative (22%), common public (21%), Panthi (18%), police (13%) Hijras from other (9%) and own (7%) Gharanas (Figure: 37).

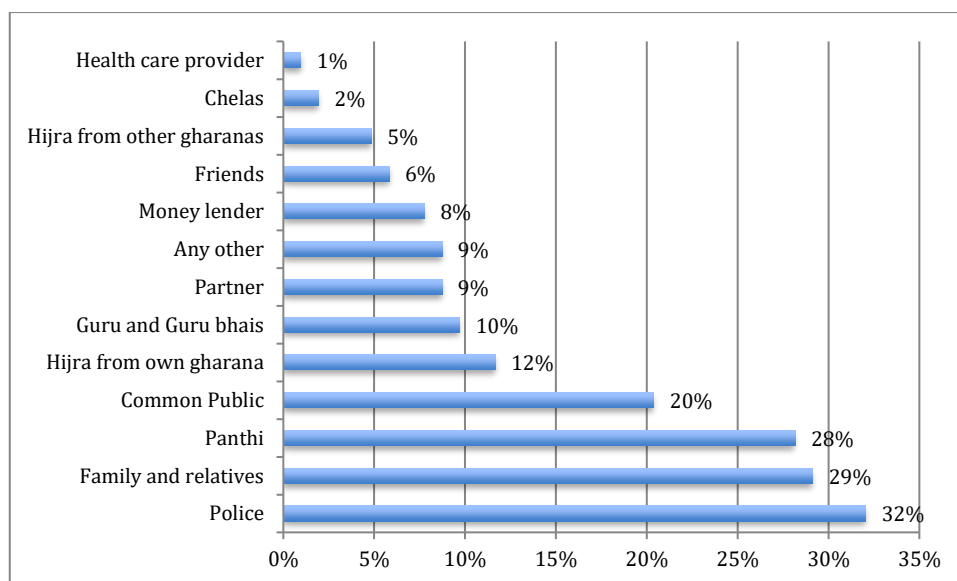
Figure: 37 Perpetrators Of Violence Against Transwomen Across Three Cities



*Multiple Responses N=320 (TW)

In Bangalore (Figure: 38) Transwomen experienced violence from police (32%), family and relatives (29%), Panthi (28%) and common public (20%).

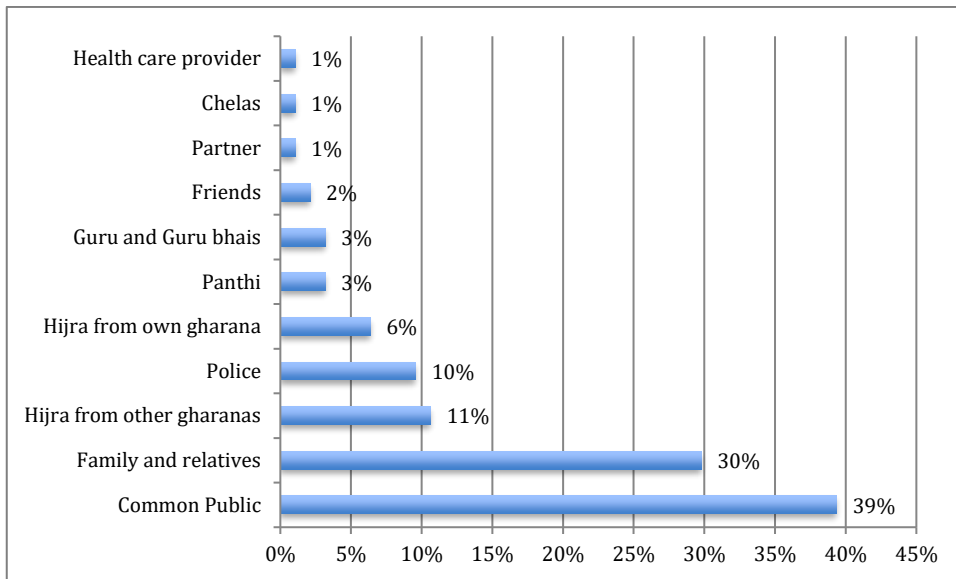
Figure: 38 Perpetrators Of Violence Against Transwomen In Bangalore



*Multiple Responses

In Delhi, Transwomen suffered violence from common public (39%), family and relatives (30%), Hijras from other Gharanas (11%) and police (10%) (Figure: 39).

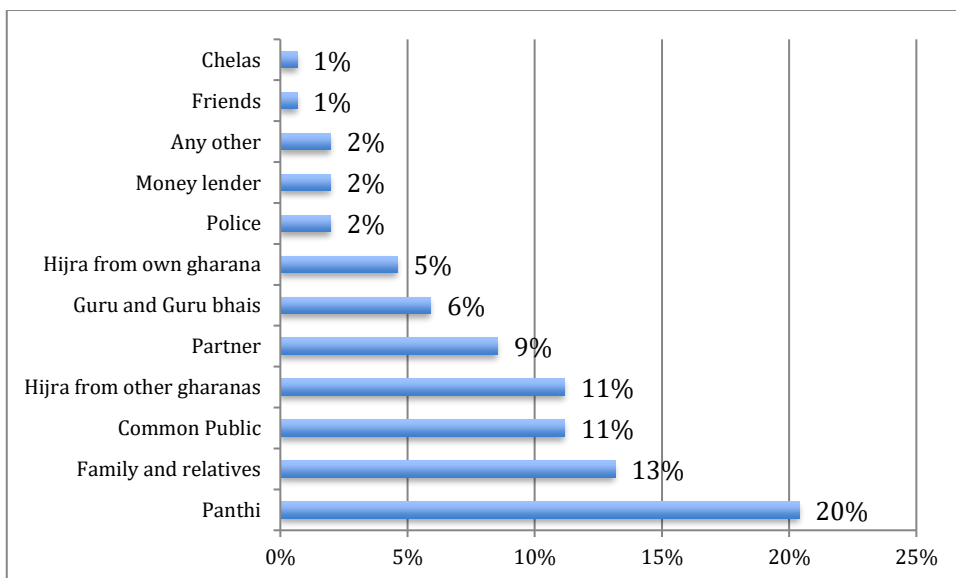
Figure: 39 Perpetrators Of Violence Against Transwomen In Delhi



*Multiple Responses

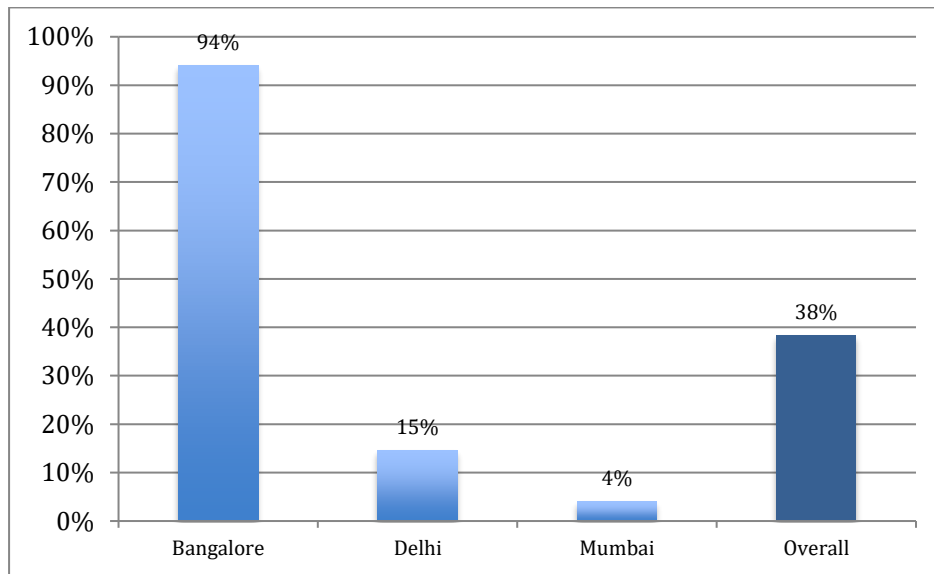
Transwomen from Mumbai suffered violence from their Panthi (20%), family and relatives (13%), common public (11%) and Hijras from other Gharanas (11%) (Figure: 40).

Figure: 40 Perpetrators Of Violence Against Transwomen In Mumbai



*Multiple Responses

Figure: 41 Transwomen Ever Sought Legal Recourse?



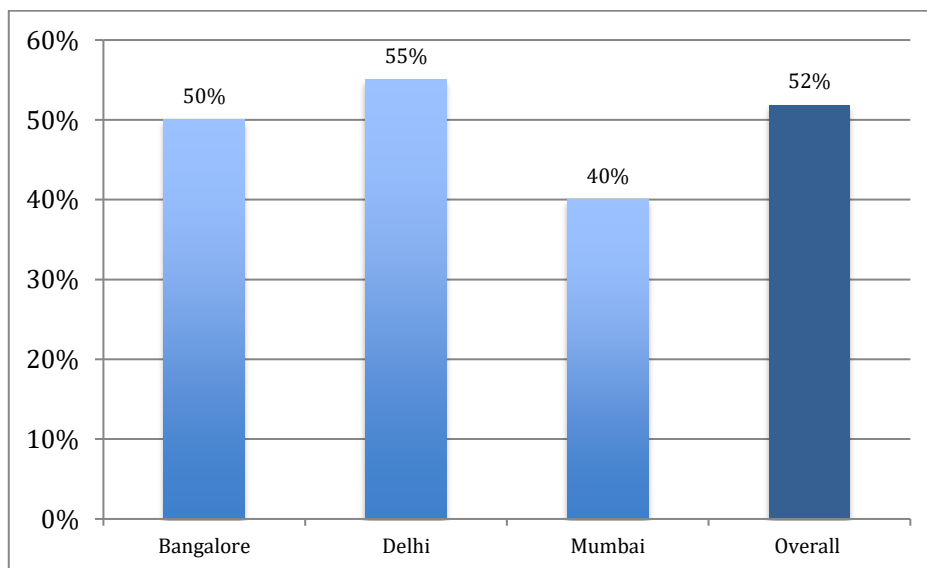
N=191 (TW)

Experiences Of Transmen

Bribe and Arrest

Just one transman reported being arrested and put behind bars. The reason that was cited for arrest was 'in appropriate dressing'. A little over half the Transmen experienced violence (52%)

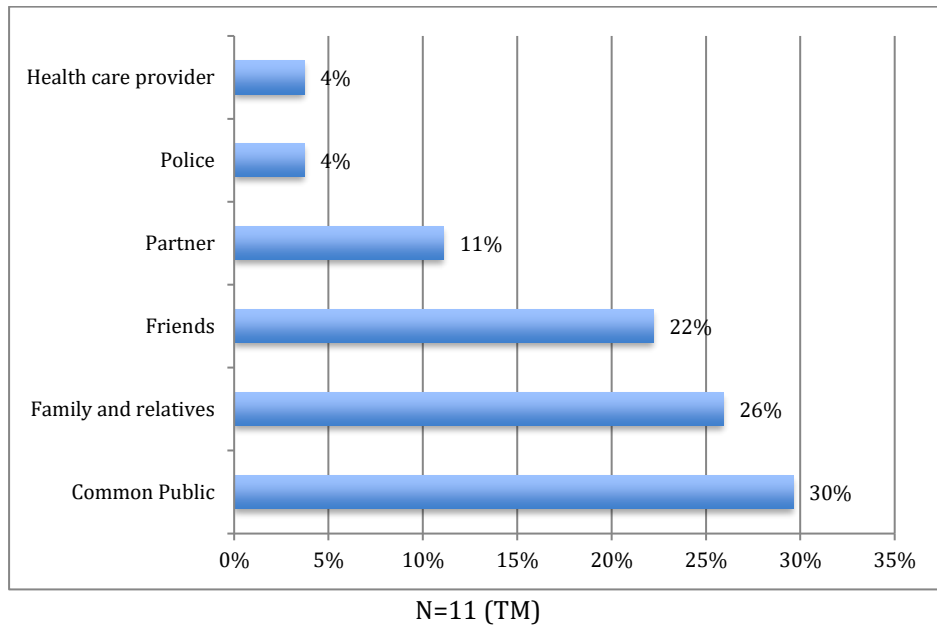
Figure: 42 Experienced Violence



N=11 (TM)

Transmen also experienced violence from common public (30%), family and relatives (26%) and friends (22%) (Figure: 43).

Figure: 43 Perpetrators Of Violence Against Transmen Across Three Cities



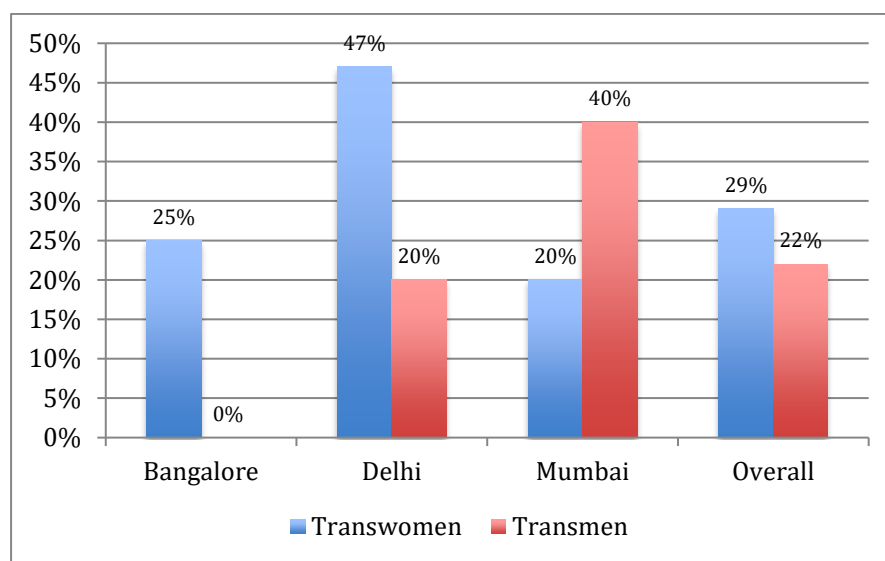
Chapter: 8 Experiences of Marital Pressure

In a heteronormative society like India, marriage is considered to be a natural as well as necessary step for begetting children, earning a respectable position in the society as well as for creating a support system. These societal norms dictate how an individual is perceived and thus there is a pressure on a male born or female born person to marry the person of opposite sex irrespective of sexual orientation. In this chapter, findings on experiences of marital pressure and outcomes are being discussed.

Marriage

Overall 29 percent Transwomen and 22 percent Transmen reported having experienced pressures to get married (Figure: 44).

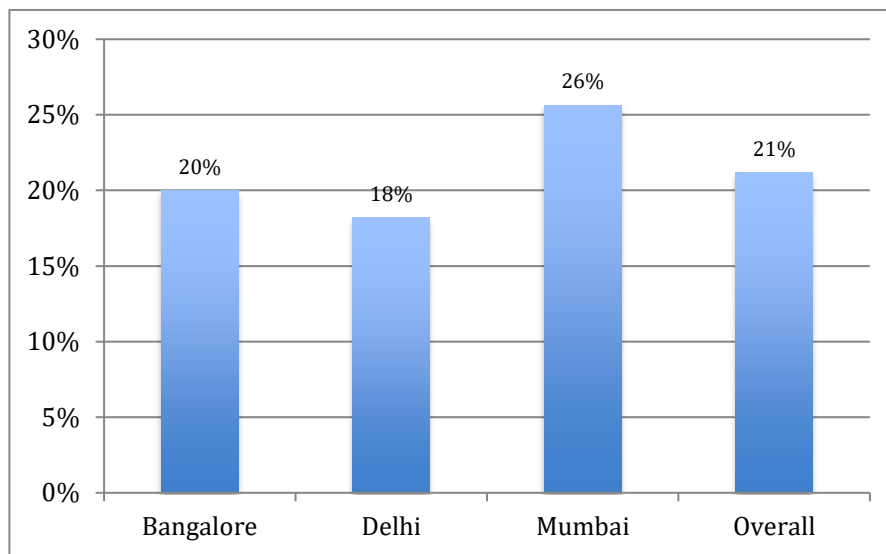
Figure: 44 Experienced Pressures To Get Married To A Man Or A Woman Based On Your Sex At Birth



N=346 (TW), N=27(TM)

While none of the Transmen yielded to pressure of marriage, overall 21 percent Transwomen married to a woman, as they were required to marry as per their biological sex (Figure: 45).

Figure: 45 Transwomen Married Due To Pressure



N=118 (TW),

The study participants had people dependent of them financially, which were overall parents (TW 50%, TM 26%), Guru (28%) siblings for Transwomen and men (19%), and chela (15%) and children (13%) (Table: 29).

Table: 29 People Financially Dependent On Participant

Dependents	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
My parent/Parents	44%	44%	61%	50%	26%
Guru	48%	48%	18%	28%	
Siblings	19%	24%	16%	19%	19%
Chela	20%	20%	6%	15%	
Child/Children	12%	7%	18%	13%	
Spouse	10%	13%	10%	11%	19%
Any other	5%	19%	1%	7%	48%

N=324 (TW), N=27(TM)

Chapter: 9 Identified Needs

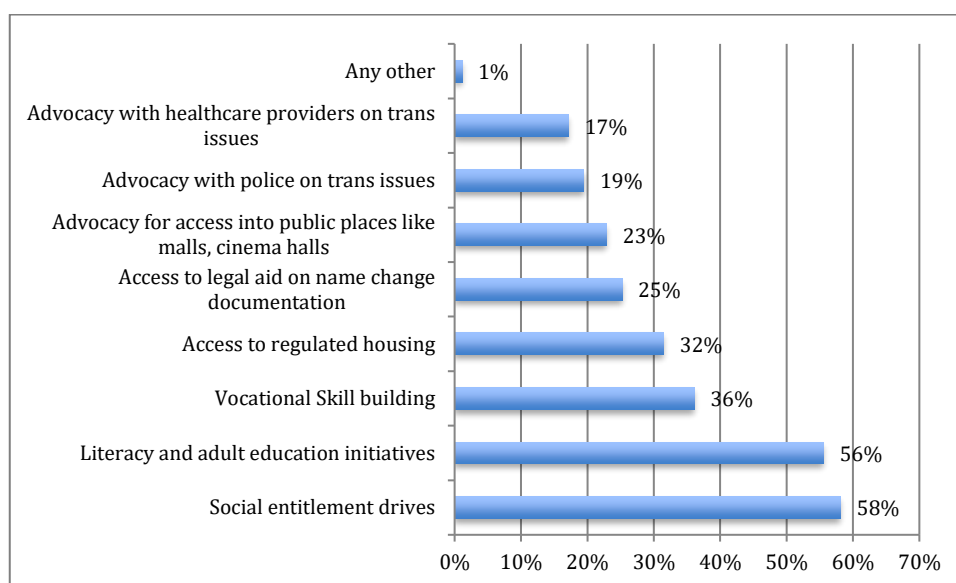
The first phase of TRANscend project was focused on advocacy and skill building efforts in a big way in the three cities. The research data was collected at the time when the project had just begun, and needs presented in this chapter provided guidance to the current project and will guide phase-2 of the project.

Transwomen

Needs

Transwomen across the three cities ranked their needs (1st or 2nd) as social entitlement drives (58%), literacy and adult education initiatives (56%), vocational skill building (36%) and access to regulated housing (32%) and several needs as represented in Figure: 46 below.

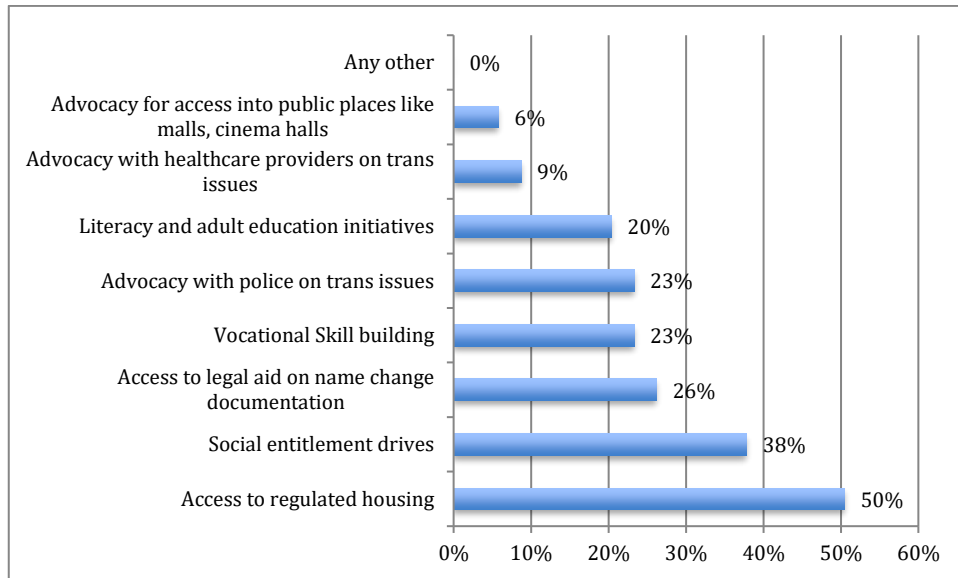
Figure: 46 Transwomen’s Needs Across Three Cities Ranked (1st or 2nd)



*Multiple Responses

Further citywise data analysis revealed several interesting trends in each city. For example Bangalore (Figure: 47) participants identified access to regulated housing to be their top priority (50%) as well as social entitlement (38%)

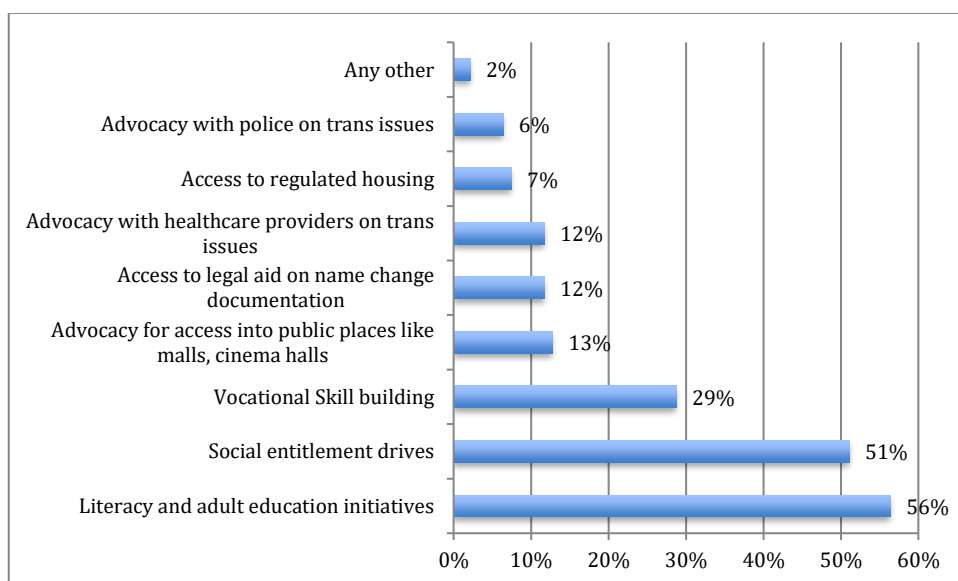
Figure: 47 Bangalore Transwomen’s Needs Ranked (1st or 2nd)



*Multiple Responses

Transwomen from Delhi (Figure: 48) identified literacy, adult education initiatives (56%) and social entitlement as their top priority.

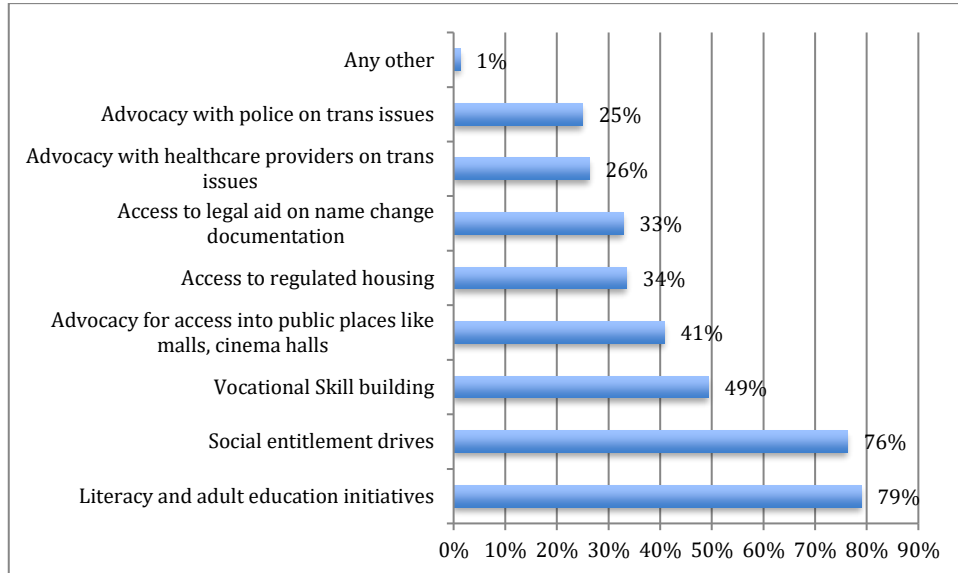
Figure: 48 Delhi Transwomen’s Needs Ranked (1st or 2nd)



*Multiple Responses

Mumbai Transwomen (Figure: 49) ranked literacy and adult education initiatives (79%) and social entitlement drives (76%).

Figure: 49 Mumbai Transwomen’s Needs Ranked (1st or 2nd)

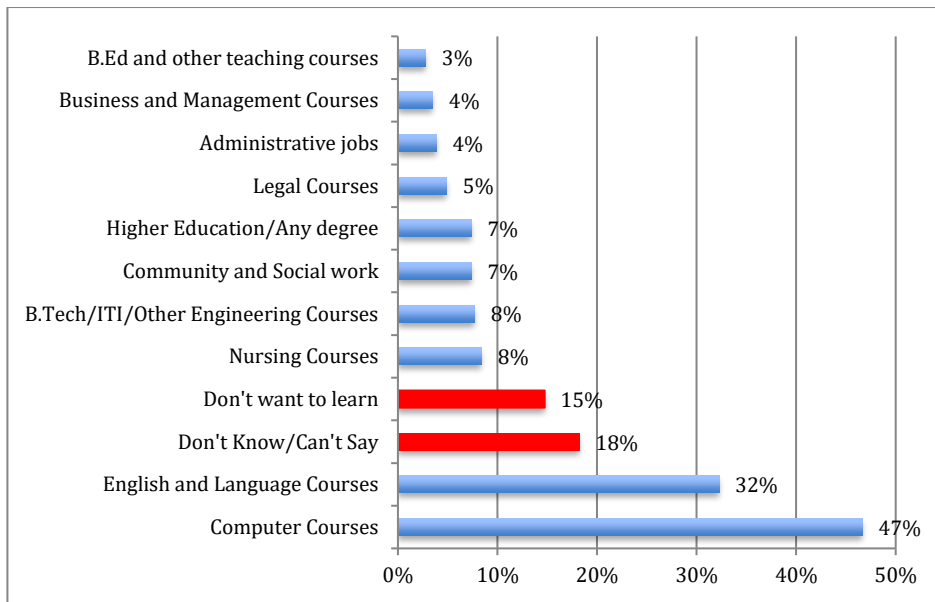


*Multiple Responses

Education

While 15 percent participants do not want to learn or don't know (18%), 47 percent have preferred computer courses and 32 percent have cited English and language courses overall (Figure: 50).

Figure: 50 Preferred Education Courses

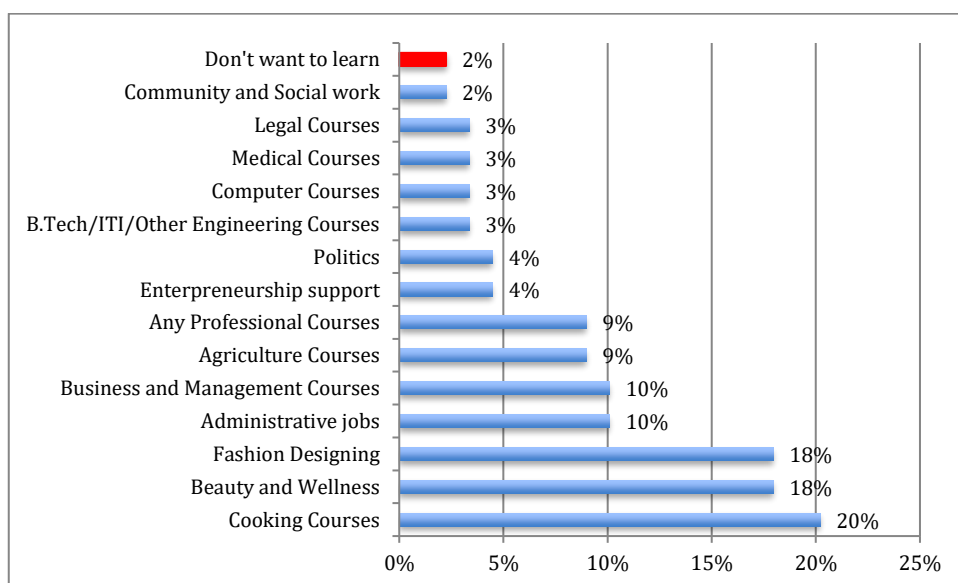


*Multiple Responses

Preferred Skill Building Courses

While skill building courses are aimed at providing job worthy skills, the assumption that everyone wants to learn and is capable may not be correct. As the data shows 2 percent transwomen don't want to learn and the top choices are cooking (20%), beauty and wellness (18%) and fashion designing (18%) (Figure: 51).

Figure: 51 Preferred Skill Building Courses Across Three Cities



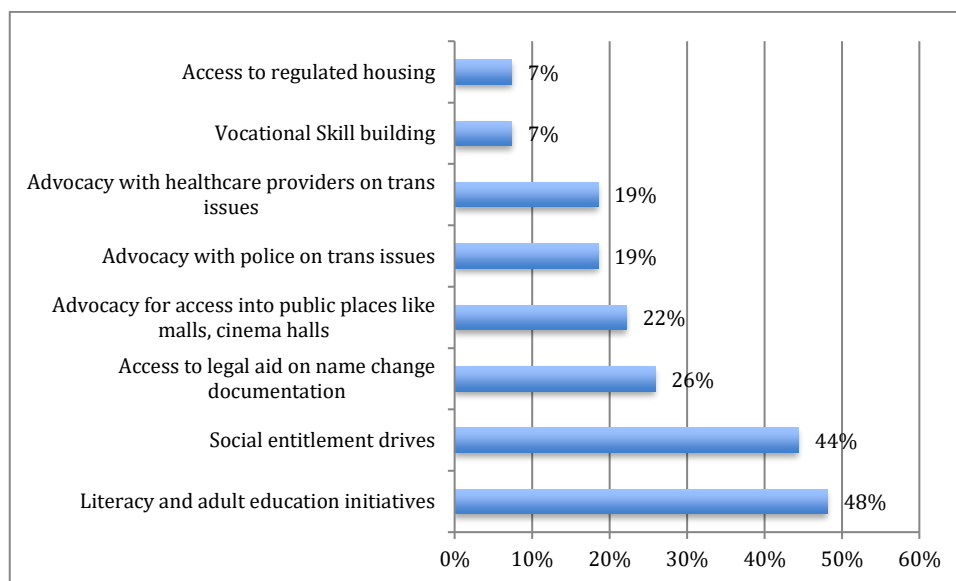
*Multiple Responses

Transmen

Needs

Transmen's needs were similar to that of Transwomen. Their needs were literacy and adult education (48%); social entitlement drives (44%) as well as access to legal aid on name change documentation (26%) (Figure: 52).

Figure: 52 Transmen's Needs Across Three Cities Ranked (1st or 2nd)

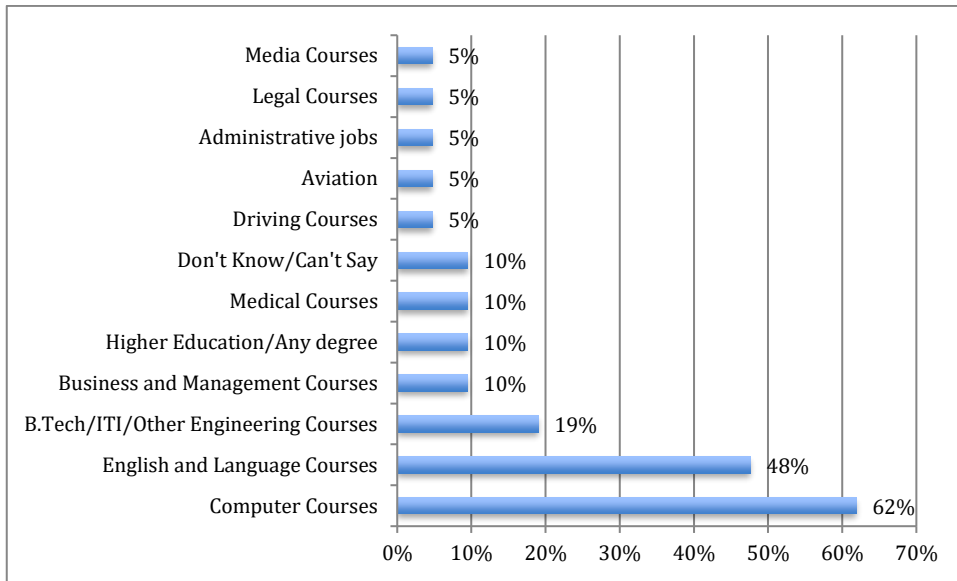


*Multiple Responses

Preferred Education courses

Transmen preferred (Figure: 53) computers (62%), English and language courses (48%) and technical courses (10%).

Figure: 53 Preferred Education Courses

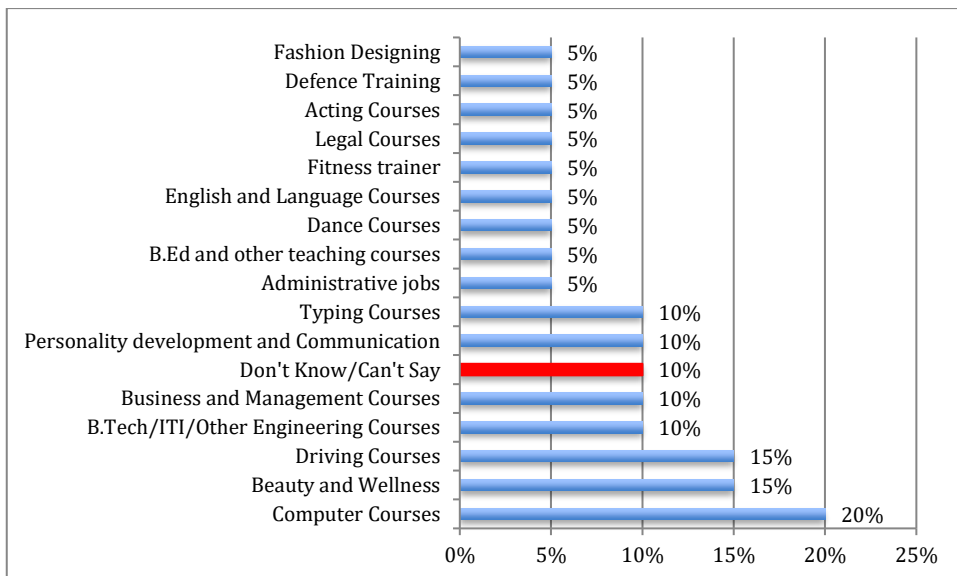


*Multiple Responses

Preferred Skill Building

Preferred skill building somewhat overlapped with the education (Figure: 54). Computer courses (20%) and beauty and wellness (15%) and driving (15%) and technical courses (10%) were cited.

Figure: 54 Preferred Skill Building Courses



*Multiple Responses

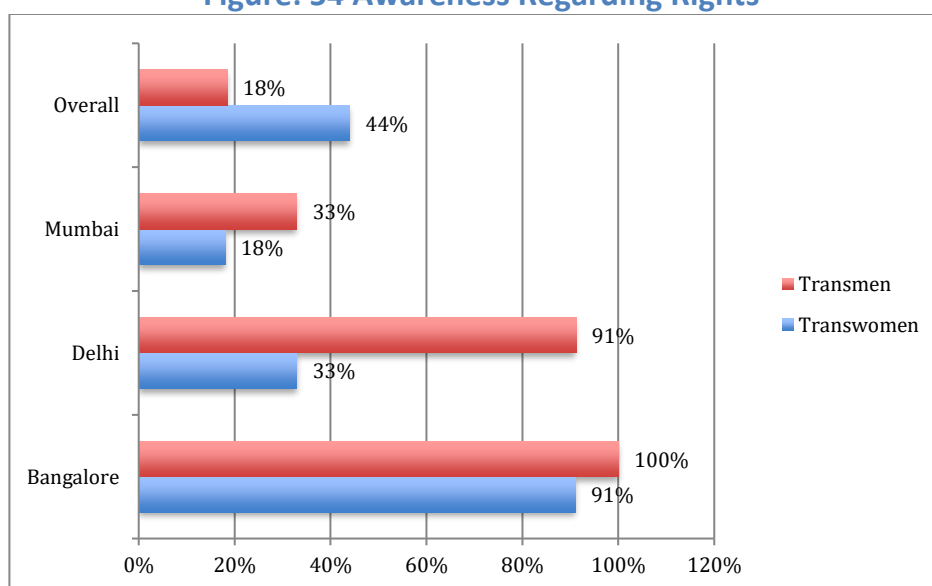
Chapter: 10 Rights Related Awareness

The constitution of India provides for inalienable fundamental rights to each and every citizen of India. In last couple of years, there is an emphasis on making citizens aware about their rights. The civil society organizations not only make them aware about it, but also help claim these rights. This is a parallel process, which begins with the awareness of the rights. In this chapter study participant's rights related awareness related findings would be presented.

Rights

Overall 44 percent Transwomen and 18 percent Transmen had awareness regarding their rights. The highest level of awareness was among the participants from Bangalore followed by Delhi. The lowest awareness among Transwomen was in Mumbai (Figure: 54).

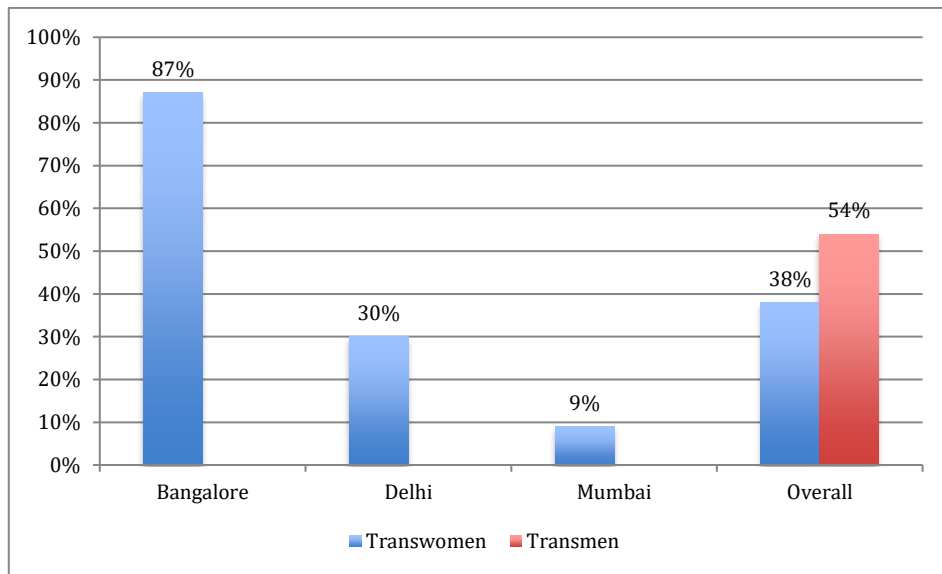
Figure: 54 Awareness Regarding Rights



N=349 (TW), N=26(TM)

Participants across cities (TW 38%, TM 54%) affirmatively said they had some of these rights. Bangalore participants had the highest affirmative response (87%) (Figure: 55).

Figure: 55 Participants Affirmative About Having These Rights



N=335 (TW), N=26(TM)

Participants were able to listed several rights (Table: 30), most common being right to vote (TW 28%, TM 36%), right to life (TW 25%, TM 14%) and right to freedom of expression (TW 7%, TM 36%). There were many rights all put together covered the full spectrum of fundamental and human rights.

Table: 30 Rights of People Listed By Participants

Rights	Transwomen	Transmen
Right to vote	28%	36%
Right to life	25%	14%
Right to equality	16%	
Right to education	12%	21%
Right to freedom of expression	7%	36%
Right to earn livelihood through basti, begging or sex work	6%	
Right to have legal documents in the preferred gender	5%	
Right to mobility within the country	5%	7%
Right over one's body	2%	
Right to express ones gender without stigma or discrimination	2%	
Right to information	2%	7%
Right to practicing or not practicing a religion	2%	
Right to safety and security	2%	
All fundamental rights	2%	
Right to accommodation	2%	7%
Right to freedom	2%	

Right to marriage	2%	7%
Right to property	2%	7%
Right over one's sexuality	1%	
Right to adoption	1%	
Right to health	1%	
Right to privacy	1%	7%

*Multiple Responses

Largely Transwomen perceived (83%) that rights were available to everyone but Transmen were divided between a yes and no equally (43% each) (Table: 31).

Table: 31 Whether Rights Are Available To Everyone?

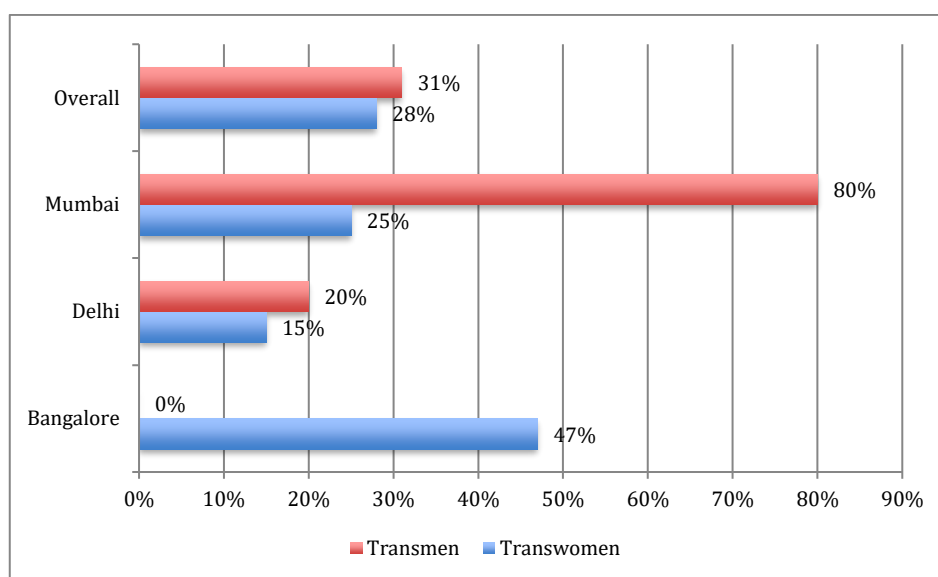
Responses	Transwomen	Transmen
Yes	83%	43%
No	11%	43%
Not For everyone	3%	
They are for everyone	1%	
Don't know	1%	14%
Total	100%	100%

N=90(TW), N=14(TM)

NALSA

NALSA judgment is one of the most important judgments the knowledge of which should reach out to the community. Only 28 percent of Transwomen and 31 percent Transmen were aware about the judgment. NALSA related awareness was highest among Transwomen in Bangalore (47%) and lowest in Delhi (15%) (Figure: 56).

Figure: 56 Participants Heard About The NALSA Judgment



N=342 (TW), N=26(TM)

On understanding of NALSA judgment, half the participants understood it to recognizing third gender (Table: 32) with highest knowledge being in Bangalore (58%).

Table: 32 Understanding of NALSA Judgment

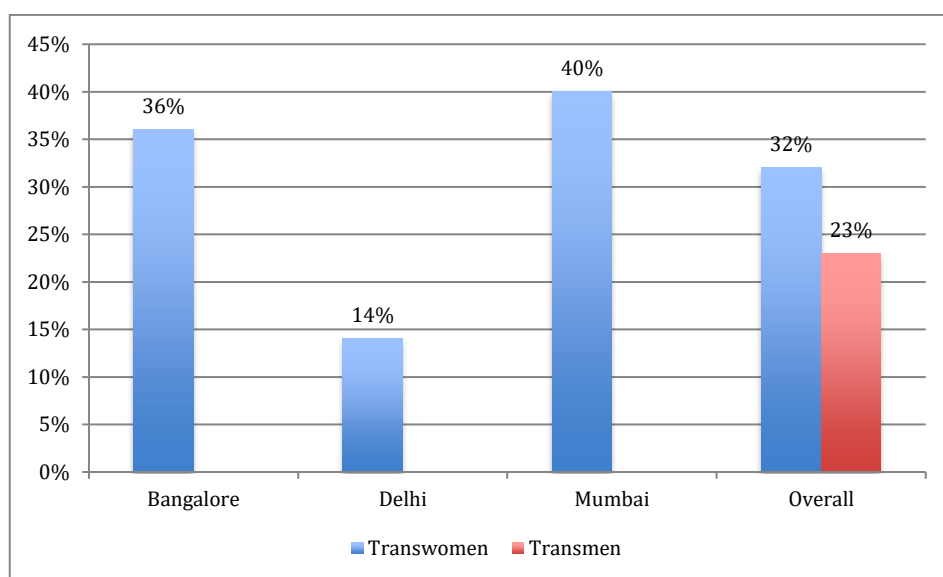
NALSA*	Transwomen				Transmen
	Bangalore	Delhi	Mumbai	Overall	Overall
It recognizes third gender	58%	50%	35%	49%	56%
It recognizes rights of people like us	25%	29%	35%	29%	33%
It is something about people like us	7%	21%	19%	13%	
Can not say exactly	11%		11%	9%	11%

* Multiple Responses N=108 (TW), N=9(TM)

TG Bill

TG bill has been put up in the Lok Sabha after being passed in the Rajyasabha. It is expected to put a system in place for identification and some of its' provisions may be debatable. This however is an important bill from the community's point of view as it has far reaching ramifications. In the study, only 32 percent Transwomen and 23 percent Transmen had heard about the TG bill with Mumbai being slightly better knowledgeable (40%) (Figure: 57).

Figure: 57 Participants Heard About The TG Bill



N=338 (TW), N=26(TM)

Table: 33 presents the participant's understanding of TG Bill of which 31 participant were not able to say exactly what it was.

Table: 33 Transwomen's Understanding of TG Bill

TG Bill*	Bangalore	Delhi	Mumbai	Overall
Says TG persons can not be discriminated any where	51%	15%	40%	42%
Can not say exactly	37%	8%	31%	31%
Recognizes rights of third gender	9%	38%	26%	21%
Says that gender does not have to match with sex assigned at birth	9%	15%	6%	8%
Says that to be able to call rights, TG persons will have to obtain certificate	16%	15%	2%	8%
Says offences against TG persons are punishable	9%		10%	8%
Says certificate will be granted by a district level committee	7%	8%	6%	7%

*Multiple Responses N=118(TW)

Chapter: 11 Discussion and Way Forward

Despite the findings presented in this document, the study has still had its limitations in terms of scale, scope, and depth of responses. While we have received some strong data points from participants in Mumbai, Delhi, and Bengaluru, the project is by no means a comprehensive or expansive picture of transgender life across India. Rather, the study points to potential trends and patterns that can be further elaborated and substantiated with additional research. Based on the data that we have collected and shared within this document, there are several points that emerge.

For transwomen who participate in the gharana system, it is a space of support that others, particularly transmen do not have access to. The gharana (or jamaat) system, stands as a larger network of care and support for transgender, specifically hijra, identified individuals. Through ritualized forms of relational practice, inscribed in the guru-chela system, transwomen participants in gharana culture receive a network of peers and elders that provide a range of ritual and social functions that have cultural, economic, and personal benefits. From shared sources of income to access to emotional support to circulating knowledge on transitioning, the gharana system affords its participants an additional layer of support that has a range of potential benefits. For those transgender persons outside of the system, particularly transmen, the lack of a gharana system signals the absence of a codified support system. This is not to suggest that it is the only possible support system. Rather, the gharana is perhaps one of the only consistent transgender run support systems aimed to *guarantee* support to its members.

Most transgender people may be falling out of the education system due to sexuality related stigma and discrimination. Transgender persons report higher experiences with bullying, violence, and discrimination, particularly during youth and adolescence. Transgender persons also have, generally low levels of educational attainment. It is possible that as students, transgender people are dropping out of the educational system because of the bullying and discrimination experienced in academic settings. This is a crucial point because it suggests the possible connections between sexuality/gender based harassment, low educational attainment, and eventual economic hardships later in life as result of dropping out.

The Transgender persons experience housing problems across the big cities. In larger cities, where renting is common and home ownership is expensive or difficult to manage, transgender persons report quite high levels of housing discrimination. It is crucial to note here that this may be another one of the study's limits because it was focused on three large urban areas with expensive real estate prices. That being said, transgender people reported difficulty finding landlords willing to rent to them or multiple situations in which they were evicted unfairly. These data points suggest that even when individuals are able to afford a living space that there are additional layers of discrimination that delimit their access to a home.

Personal identification documents that do not match. Participants in the study reported that many of their documents, such as passports, PAN, ration cards, voting cards and so on, do not match their personal gender. This signals both that the process of getting documents changed upon transition and that access to identification documents themselves are quite difficult to attain for persons who have transitioned or live in a gender that is not the one they were assigned at birth. Without these documents it becomes difficult for transgender persons to work, to avail necessary services, and to move freely and without harassment. Moreover, when transgender persons reveal documents with gender identifications that do not match their physical presentation, these encounters with law enforcement or public officials can quickly escalate into scenes of discrimination, humiliation, and public scrutiny for transgender persons. The absence of matching documents not only renders transgender persons as second-class citizens but also forces them to have their gender identities persistently questioned, which can be degrading and emotionally scarring.

There are barriers in seeking health care and the government hospitals are the main source of health care. Transgender persons are incredibly susceptible to discrimination within healthcare settings. From being misgendered to being placed in the incorrect wards, they face incredible issues in accessing basic health services. This fact has been well documented particularly among transwomen accessing services. Our study has found that transgender people across the board face a difficult time accessing services. Moreover, many are reliant on government hospitals as their primary places for getting medical services.

Unless there is a skill that can be monetized immediately, Transgender persons may be not be interested in it. While the last few years since the NALSA judgment has seen a growing interest in providing livelihood schemes for transgender persons, many of these schemes have been difficult to get community members to take up. Those schemes particularly designed for transgender women who participate in sex work and bar dancing, are difficult to get transwomen to take up in large parts because they are not as lucrative or income generating as bar dancing and sex work. Corporates and NGOs interested in developing programming to teach transpersons skills, especially those geared towards transwomen, will have to contend with the financial circumstances that compel them to participate in income generation schemes that work much more efficiently and quickly than skills building exercises can promise.

There is violence by Panthi or intimate partner violence, which could be the most complex issue to deal with. Intimate partner violence is a crucial piece of the violent encounters that transgender people, especially transwomen, face in the everyday. Panthis or male partners, inevitably play a large and contributing role in the various layers of violence that transwomen may experience. From physical and verbal abuse to economic extortion, violence at the hands of panthis produce tense and difficult situations for intervention. Enabling transwomen who are experience violence to recognize their relationships as violence is one challenge. Beyond that, special skills will need to be cultivated to encourage those experience intimate partner violence to seek help and walk away from difficult and toxic romantic situations.

Rights related understanding, specially understanding pertaining to TG Bill and NALSA is currently low and the knowledge of rights must be wide spread in the community. Despite the growing public discourses around rights and representation for the transgender community, particularly the recent legal interventions to protect transgender rights, there is still less knowledge about these different policy and legal decisions within the community. This suggests both that transgender people are not accessing the necessary information about what is happening on behalf of them at the highest legal echelons and that perhaps community members are not being fully included or consulted in policy discussions on transgender related issues.

Many Transpersons may prefer to undergo Sex Reassignment Surgery at some point of time in their life for which currently there are no protocols. Transitioning is a growing, and hotly contested practice within both the community and the medical field. When, how, and whether one should transition medically are neither concretely nor universally answerable questions. However, despite the growing demands for SRS (sex reassignment surgery) within Indian transgender communities, there is almost no formal information or training available to doctors to perform SRS. Those who can afford it go abroad to Thailand and other neighboring countries to receive proper treatment. Those who cannot not, risk reassignment with doctors that may not be adequately trained to handle the difficult procedures. Botched surgeries can lead to a range of physical issues that can eventually become life threatening. More adequate training is essential for Indian doctors, especially so that they may better guide patients on the appropriate steps to complete medical transitioning.

Even if Transpersons are out of the family, they have to bear financial responsibility of their families, siblings, guru-chelas as well as children. They also end up taking huge loans from the moneylender and local persons on higher interest rates. Though it is evident that transgender persons are often ostracized or exiled from their natal familial networks, they still bear heavy financial responsibilities. Within gharanas, transgender persons may be responsible for taking out loans or generating revenue to support their gurus, chelas, and other members of the community. This is especially true in times of crisis, such as hospitalizations or other medical emergencies. Moreover, many transwomen that may have spouses from previous or forced marriages must send remittances to villages or other cities to attend to spouses, children, and even family members. These pressures can demand that individuals take out loans in order to sustain regular income to others. These loans are often unfair and rarely in the interest of the borrower, incurring unfair and often exploitative interest rates.

Name of Police as perpetrator of violence is emerging across the cities. This as a system needs to be reached out. Police are increasingly named as perpetrators of harassment and violence against transgender persons across cities. This creates a precarious situation because there can be little to no recourse when police are those involved in the violence. Whom are transgender persons supposed to turn to if police are involved in their violation? More needs to be done to sensitize and train police to handle transgender persons and to work within the ranks of the police to stop harassment of transgender persons.

Way forward

There are numerous policy and programmatic prescriptions that could be made to ameliorate the situation for transgender persons in India. Based on this study as well as our intimate knowledge of the situations that transgender community encounter on a daily basis, we believe the following are some key suggestions that could be implemented to improve the social, economic, political, and physical well-being of transgender persons:

- There must be consistent efforts to mobilize and collectivize non Gharana Transwomen as well as Transmen for larger gains and community support.
- There should be more school and college based sensitization and advocacy efforts. Efforts to work with the UNESCO on the SOGIE issues may be explored as well.
- There is a need to consistently advocate with the housing boards for housing allocation as well as legal documentation support for house lease etc.
- HST can suggest path ways towards harmonizing and creating mechanism to deal with the challenge of the documentation.
- There is a need to engage in sensitization of the health care providers. Along with this, special training may be organized to build capacity on Trans health.
- Identifying needs of the community and motivating the community to go for further skill building can be done if a key motivator, a guru who can impress upon his chela to acquire a skill and support that initiative is identified and supported as a role model.
- Community based rights related awareness programs can be held in the three major cities with the help of CBOs. As whatsapp is a popular communication tool, whatsapp based awareness program can be designed.
- Regular counseling and community support may help curb intimate partner violence. Community based peers' capacity may be strengthened towards this purpose.
- Advocacy with relevant medical bodies to create SRS protocols will go a long way to support SRS practitioners, whose scientific treatment will benefit the community.
- At the community level financial literacy related work can be taken up by the CBOs.
- Advocacy with the police department on NALSA as well as TG rights can be taken up in order to curb violence and other forms of harassment.

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