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THE MARGINS**
**WHOSE BUDGETS?
WHOSE RIGHTS?**



THE TRANSGENDER QUESTION IN INDIA:
Policy and Budgetary Priorities

PRAXIS

About Praxis

Praxis - Institute for Participatory Practices is an NGO specializing in participatory approaches to sustainable development which aims to enable excluded people to have an active and influential say in equitable and sustainable development. Praxis is committed to mainstreaming the voices of the poor and marginalized sections of society in the process of development. This stems from the belief that for development to be sustainable, the process must be truly participative.

Praxis acknowledges that 'participation' is not a technical or a mechanical process that can be realized through the application of a set of static and universal tools and techniques, but rather a political process that requires challenging the existing power structure. Thus, for Praxis, the community is not seen as an object but rather as an agent of change. It endeavours to work towards participatory democracy through social inclusion, public accountability and good governance. The primary focus is democratization of development processes.

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United Nations Entity for Gender Equality
and the Empowerment of Women

The transgender question in India: Policy and budgetary priorities

The transgender (TG) community is one of the most marginalized social groups in the country. Historically subjected to structural violence, the TG community continues to face widespread stigma and discrimination at the hands of their own families, society and even the State. Despite some recent progressive measures by the government, the community's social mainstreaming and access to rights and entitlements remains shrouded in challenges. This Briefing Paper attempts to put in perspective the struggle for transgender rights in India. It builds on a study of TG women in the state of Tamil Nadu to highlight the challenges faced by the community in the absence of legal safeguards for their physical safety, well-being and financial security. The performance of the Tamil Nadu Transgender Welfare Board is evaluated as a case in point to assert the need for dedicated institutional mechanisms and policy frameworks that recognize the rights and agency of India's TG community. In addition, some critical questions including the need for greater accountability from families along with institutions that continue to discriminate and stigmatize the TG community, and for policy deliberation on the larger identity question are discussed.

INTRODUCTION

Transgender communities have existed in all parts of the world, with their own local identities, customs and rituals. They have been variously known as ‘*baklas*’ in Philippines, ‘*berdaches*’ among American Indian tribes, ‘*xaniths*’ in Oman and ‘*serrers*’ in Africa (PUCL-K, 2003). They are diverse¹ on several counts and include male to female transgender, female to male transgender, those who have undergone sex reassignment surgery (SRS), those who have not, some who identify themselves as heterosexual, some who identify themselves as homosexual and others who are multi-sexual. Besides physiological differences and gender aspirations, caste and religion constitute important dimensions that influence the identity of the community (Reddy, 2006).

In India, the term commonly used for the TG community is *hijra*. Aravanis is a term used for ‘male-to-female transgender’ who undergo genital modification through SRS or perform *nirwaan* which is a traditional mode of castration. They live in communes, known as ‘*jamaats*’. The nomenclature *kothi* is used for those who adopt a feminine role in same sex relationships, but do not live in communes as *aravanis* or undergo SRS/*nirwaan* (PUCL-K, op. cit.).

A rough estimation of gays, lesbians and transgenders in India is 70 million, of which the TG population is six to seven million. Another estimate pegs the TG population between 0.5 to 1 million (NACP IV, 2011). The lack of uniform and reliable data on the numbers and condition of the transgender community remains a pressing issue. Their historical neglect is captured poignantly in the words of an *aravani*, who shared that:

*“(while) government conducts a census of wild animals to ensure their well being and documents whether they are extinct or not, we (transgender) are not even considered worthy of that”.*²

It must be noted that the government has taken some noteworthy steps to address this issue, including, addition of the third gender as an option in the 2011 Census and recommendation to conduct an enumeration of the TG population in the Twelfth Five Year Plan (12th FYP).

¹The transsexual and transgender diversities in India include *hijra*, *kothi*, *jogappa*, *khusra*, *kojja*, *aravani*, *khwaaja sira*, *pavaiyaa*, *napunsakudu*, *maada*, *thiru nangai*, *ali* (term is now considered derogatory) and *durani*.

²Participant in a focus group discussion conducted in Thiruvallur.

CONSTITUTIONAL SAFEGUARDS AND POLICY INTERVENTIONS BY THE STATE

The Constitution of India accords to all its citizens, equality before the law (Article 14), freedom of speech and expression (Article 19[1]) and the right to a life of dignity (Article 21). Moreover, discrimination of any kind, restriction of any activity or denial of access to public places and goods and discrimination for employment opportunities on the grounds of sex, is strictly prohibited by the Indian Constitution, as laid down in Articles 15 (1), 15 (2) and 16 (2). Article 15 however, specifies that a sex based non-discrimination clause should not prevent the State from introducing special provisions for women and children.

What the Constitution however does not specify, are special provisions for the TG community akin to those for women and children. Noting this gap, the Union and some state governments have introduced measures for TG groups, mostly related to provision of identity documents, access to healthcare, housing rights and employment guarantee.

Some of the milestones with regard to according legal recognition to the TG community include the introduction of category 'E'³ in passport applications by the central government in 2005 (Narain, 2009); the inclusion of the community as a third gender category in the 2011 census; and as part of the Backward Class category⁴ in Karnataka in 2010. Furthermore the National Legal Services Authority (NALSA) has granted TGs the status of a marginalized group.

A 2012 order of the Election Commission of India relaxed conditions for TGs, with the addition of '*chela*' (assistant) or '*Guru*' (teacher) in the voter registration form. Registration of the *Aadhaar card*⁵ has a column specifically for TGs along with male or female. The National AIDS

³The Government of India has introduced the category 'E' for eunuchs in addition to the two options of male (M) and female (F) in passport application forms. Although, the move has been appreciated by the TG community, it is widely believed that the term 'Eunuch' does not capture all categories within the TG community.

⁴The State Backward Classes Commission of Karnataka recommended the inclusion of TGs as a Backward Class category in 2010, after petitions were filed by organizations working with TGs such as Karnataka State Sexual Minorities Forum (KSMF) and those funded by Karnataka Health Promotion Trust and Karnataka State AIDS Prevention Society.

⁵The *Aadhaar* is a 12 digit number issued by the Government of India through its implementing vehicle, the Unique Identification Authority of India. The number serves as a proof of identity and address for registered individuals and enables their access to government and non- government services.

Control Programme (NACP) III has distinguished the TG community as a distinctive category within the 'Men who have Sex with Men' (MSM) population, along with sex workers and injecting drug users as groups at highest risks (NACP, 2006) of contracting HIV.

Some state governments have also taken noteworthy measures, to enable the TG community access their rights and entitlements. Foremost amongst which are the steps taken by the Tamil Nadu Transgender Welfare Board (TGWB). The Government of Maharashtra has recently announced the setting up of a board for the development of the TG community which would work towards ensuring property rights, providing identity cards, enabling access to education, healthcare, employment and opening up of an arts academy⁶. Similar discussions for setting up welfare boards have taken place in Gujarat (The Indian Express, 2012) and Karnataka (The Hindu, 2010).

The 12th FYP has also suggested some critical measures which if implemented can provide a new vigour to State policy on TGs. Line ministries have been directed to support the TG community to access education, housing, healthcare, skill development, employment opportunities and financial assistance (2012: para. 23.71). The important task of determining the number of TG persons in India and mapping their socio-economic status to design policies that aim at improving their living conditions has been entrusted to the Ministry of Social Justice and Empowerment (MoSJE) and the Ministry of Statistics and Programme Implementation (ibid.).

While there have been several noteworthy policy measures in the recent past, there still remain gaps in the current policy discourse apropos of the larger identity question of the TG community. Given the fact that the TG community is extremely heterogeneous in nature, complex questions emerge: should a male to female transgender person be accorded the same status and rights as those born as females?; should a transgender person abandoned by a dominant caste family be included in the backward class category? There remains lack of clarity on who should be entitled to compensation in the case of an accident or death of a transgender person - the family or the commune? Equally important are concerns around whether a disabled TG person should be counted amongst 10 per cent of the

⁶The announcement was made by the Chief Minister of Maharashtra, Prithviraj Chavan on October 3, 2013, at a convention for transgenders, which was held in Mumbai. The convention was organized by the Women and Child Welfare Department, Government of Maharashtra; NGO Astitva and United Nations Development Programme (see Sonawane, 2013).

world's population, which lives with disability, or among the 5-10 per cent who make up the transgender population? Analysis of schemes and programmes which target TGs reveals that these issues remain largely unaddressed.

Besides the identity question, the TG community continues to be faced with poor access to education, healthcare, legal aid, employment and quality housing related facilities. These are in turn reflective of structural barriers and ideologies of oppression – of patriarchy, capitalism, caste – the core anchors of which are the state and society (UNDP policy brief, 2010).

THE STUDY

This Briefing Paper aims to understand the multi-dimensional nature of problems faced by the TG community. It draws from a study on '*Intersectionality frameworks to track budgets for transgender communities*⁷', conducted by Praxis in Tamil Nadu. The pioneering efforts made by the state government, including the creation of a Transgender Welfare Board (TGWB) to mainstream the TG community, provided the rationale for selecting Tamil Nadu. Recommendations based on findings from the field as well as a review of policies and budgets of TGWB have been summarized at the end. The study adopted a mixed methodology (comprising secondary research and primary data collection) to: (a) document the various forms of discrimination, exclusions and violations of rights faced by *aravanis* in India; and (b) analyze policies, budgetary processes and commitments made towards the community (refer Annexure I for details on methodology).

TAMIL NADU TRANSGENDER WELFARE BOARD: A PIONEERING INITIATIVE

In a country, where addressing the needs of TGs as a larger community and *aravanis* as a targeted group remains a peripheral issue, the Government of Tamil Nadu has taken unprecedented steps to mainstream the community in all its social welfare initiatives. These include: constitution of a sub-committee to study rehabilitation of TGs in 2003; awarding certificates to TGs who underwent computer training in 2004; and provision for housing of *aravanis* under the *Indira Awaas Yojana* in select districts such as Kancheepuram and Vellore.

⁷The study was undertaken by Praxis, a non-profit organization which facilitates participation towards democratisation of development processes. It focused on transgender women (male to female) and hence the issues discussed, analyzed and presented in the Briefing Paper are principally relevant for transgender women in Tamil Nadu.

Such small yet significant measures coupled with a long drawn civil society campaign, laid the path for the formation of the country's first Transgender Welfare Board in the year 2008.

The TGWB is mandated to design and implement schemes meant primarily for the welfare of TGs, with a focus on employment generation, housing, health and education (refer Box 1 for details). Schemes funded by the Board comprise grants for self-employment, higher education and funds for a short stay home for destitute TGs. In addition, integration with existing social welfare schemes such as *Indira Awaas Yojana*, government organized Self Help Groups and distribution of land *pattas* is facilitated. The Board is also entrusted with creation of a database on TGs; facilitating admission of TGs into government run schools and colleges; and providing free SRS in select government hospitals and ration cards for TGs. Seats have also been reserved in colleges and universities for members of the community.

Composition of the Transgender Welfare Board: The Minister, Social Welfare Department, Government of Tamil Nadu is the President of the Board. Official members include the secretary and director of the department of social welfare and nutritious meals, representatives of departments of law, finance, higher education, medical education, employment and training, state women's commission, women development corporation, human rights and social justice commission and senior police personnel. Eight representatives of the TG community are included as non-official members of the Board and there is one member from the NGO sector. The district social welfare office is responsible for implementing the schemes at the district level. Conceptualization of the schemes takes place at the state level under the aegis of the Board's President and official members. Non-official members play an advisory role and make suggestions based on their interactions in the field.

Box 1: Select provisions under the Tamil Nadu TGWB

- Issuance of ID cards, ration cards, health insurance cards, Voter IDs, house site *pattas*, etc.
- Pension scheme for destitute TG persons
- Bank loans and subsidies for Self Help Groups
- Bank loans and subsidies for income generation activities
- Grants for vocational and self-employment training
- Grants for short stay and housing facilities

TG respondents' interface with the Tamil Nadu TGWB: According to transgender representatives of the Board, most schemes were inadequately implemented. 75 per cent of the 522 respondents surveyed had obtained the TG identity card. A mere 1 per cent had successfully obtained educational support from the Board and an equally small number of respondents had availed the short stay home facility. Only 2 per cent of the respondents had availed the self-employment schemes initiated by the Board and 12 per cent received destitute support. The insignificant number of respondents who had benefited from schemes of the Board raise serious questions about the outreach of these welfare schemes.

ANALYSIS OF BUDGETS UNDER THE TGWB, TAMIL NADU

An important aim of the study was to assess the financial resources available for the TG community. To obtain this information, an RTI was filed at the Tamil Nadu TGWB specifically requesting details of allocations and expenditures for different schemes of the Board for the period 2007 to 2013. Analysis of budget statements revealed two key reasons for the poor performance of schemes under the TGWB: firstly, low budget allocations; and secondly, even lower levels of utilization by the Board. For example, budgetary allocation for the Pension Scheme⁸ was Rs. 1.18 crore for 2012-13, of which only Rs. 35 lakh (approximately 30 per cent) was utilized. In 2011-12, Rs. 1 lakh was allocated for educational assistance, of which Rs. 48,250 was utilized. In the same year, only 56 per cent of the total funds allocated were utilized (refer Table 1 for details).

Other steps taken in the state, include bank loans of up to Rs. 15 lakh with 25 per cent subsidy for taking up income generation activities; educational assistance of Rs. 15,300 for transgender persons; approval of Rs. 13,380 for training in tailoring for TGs in Chennai; approval of a grant of Rs. 1,05,000 for a documentary film on TGs; distribution of Rs. 2.25 Lakh to the District Social Welfare Officer, Chennai for setting up a beautician course for TGs; Rs. 100 crore for group housing for 182 Transgenders in 10 districts; Rs. 1,06,810 towards staff salary and maintenance of the short stay home facility for TGs (to be run in Chennai by the government). Of this, the short stay home facility is not yet operational, and efforts to get clearance for the group housing facility in Chennai continue.

⁸This scheme provides a monthly pension of Rs. 1000 to impoverished members of the community who are over the age of 40 years. It was started in 2012.

In addition to the TGWB, the Chennai Municipal Corporation set aside Rs. 45 lakh in the year 2009 for a pilot project to build three lavatories for transgenders in the city. The Tamil Nadu AIDS Initiative in association with the Self-Employed Women's Association, Ahmedabad has launched a pilot health insurance scheme for transgenders and marginalized women (read commercial sex workers and destitute women) in Salem district of Tamil Nadu (The Indian Express, 2007).

Clearly from 2011 to 2013, the major chunk of budgets was allocated for economic welfare oriented activities, of which 55.45 per cent was utilized. Educational support from the Board benefited only one TG i.e. only 0.48 per cent of the total budget was utilized (refer Table 1 for details). As mentioned earlier, the focus of TGWB has primarily been on economic empowerment of transgenders. Although a significant area of intervention, it is not the only one. There is no mention of strategies to ensure integration of TG children and effeminate boys into their families and society. Measures towards sensitization of school administrations, curbing of stigma, discrimination and violence against TGs are also absent. The field survey established the importance of such interventions that remain completely missing from the current work plan of the Board.

Table 1: Budget allocation and expenditure by TGWB during 2011-13

YEAR	ITEMS	BUDGET ALLOCATION (IN RS.)	EXPENDITURE (IN RS.)	PHYSICAL AND FINANCIAL PERFORMANCE	
				Beneficiaries (No.)	Utilization (as percentage of total budget allocation)
2011-12	Education Assistance	1,00,000	48,250	1	0.48
	Issuing of TG ID card	Not Available	15,610	487	0.15*
	Economic activity	Not Available	55,44,875	442	55.45*
	Total (2011-12)	1,00,00,000	56,08,735	930	56.08
2012-13	Pension scheme	1,18,00,000	35,00,000	833	29.66

Source: Details provided by TGWB in response to the RTI filed by the study team

Note*: Utilization figures as provided by TGWB.

UNDERSTANDING TG ISSUES: VOICES FROM THE FIELD

This section of the Briefing Paper outlines the life trajectory of male to female transgenders or *aravanis* as documented in the study. Three stages of their lives are described, namely adolescence (between 10 and 18 years of age), adulthood (between 19 and 40 years) and middle & old age (beyond 40 years). It is important to recognize that the lived experiences of stigma, violence and exclusion faced by TGs differ at every stage. For an effective policy response, it is critical to understand these differences and accordingly design interventions to address the multiple layers of ostracism faced by the community across their life cycle.

Stage 1: Adolescence

All *aravanis* interviewed during this study, first noticed psychological differences between them and their playmates around the ages of 11 and 14 years. They preferred assisting their female friends and relatives in daily chores and chose to adapt to the dominantly perceived feminine roles over the more masculine ones.

Isolation within families: The field survey revealed the gross lack of understanding and support for adolescent boys wishing to adopt feminine gender roles. While there were instances of mothers extending support, patriarchal structures often left them incapable of providing financial aid or physical security. As a result, young boys would be coerced into following masculine gender roles against their wishes. Such instances created spheres of isolation wherein they found themselves sans any emotional support. The complete absence of institutional mechanisms for sensitization of parents and community members was noted by several *aravanis*.

Historical marginalization of the community added to their grievances. Instances of lack of empathy were routinely accompanied with violence. In the absence of parental support, respondents shared that as children they would become victims of sexual abuse by male relatives, teachers and supervisors. The lack of care and love in their lives would often be used by abusers as a tool to gain proximity and establish control.

Discrimination at schools: Participants stressed that harassment and stigmatization from schoolmates was a very common problem. Teasing, derogatory remarks, spreading of rumours about their sexuality, bullying, verbal, physical and sexual abuse by peers, students and teachers, especially male teachers were common occurrences. These often resulted in

Case Study 1: When families turn murderers

The absolute nature of social intolerance for digressing from predefined gender roles becomes apparent when a 27 year old *aravani* recounts how her decision as a pre-teen to cross dress and dance at a public event almost cost her, her life. *“I was 12 years old and cross-dressed to give a brilliantly received dance performance. My uncle (who was to become my father in-law as per community traditions) commented that he should have sought the hand of a girl and not a boy from my family. This infuriated my father who then not only beat me up, but disowned me and gave me a bottle of pesticide. I was ordered to kill myself before his return from the farm. I obeyed his command and would have certainly died that day had my mother not rushed me to a hospital.”*

aravanis' discontinuing their schooling. Complaints by teachers and classmates to parents of *aravanis* further intensified their isolation.

Such instances not only demonstrate the complete lack of understanding and sensitivity, but also point to the absence of necessary skills/tools amongst teachers to address concerns of TG students. Of all respondents, 58 per cent shared that they quit school due to discrimination and violence. However, more than 60 per cent reported that their siblings continued schooling, in a way indicating that failure to conform to traditional gender roles was the primary reason for dropping out of school.

The experiences of a 23 year old *aravani* from Madurai affirm the same. She was a victim of ragging in a boy's school, where she studied. She would be beaten with chairs and chased around the institute's field. Initially fearful of lodging a complaint, when she finally confided in her school management, she was humiliated by a teacher and asked why she bothered to educate herself when her life's vocation would involve sex work. She was subsequently asked to leave class.

Stage 2: Adulthood

By the age of 20 years, most *aravanis* in rural areas migrate to cities, where they start dressing like women and try to undergo SRS. Pressure of marriage, violence and rejection from family as well as expulsion from school are common reasons for running away from home. Those who enter higher education face greater discrimination. Professional courses like engineering and medicine are nearly impossible for TGs to access and so are co-educational institutions.

Case Study 2: Right to Education: not without discrimination

Aravanis in their interviews shared that their personal experiences made them understand why their community would 'choose' not to get educated. A 23 year old *aravani* narrates her tryst with education and how it ended in disillusionment and depression. *"I don't remember a single day when I sat at my desk and studied. I was always made to sit on the floor, because I wasn't considered an equal. The boys would pinch and touch me inappropriately. They'd call me awful names, such as "pondu", "pondugchetti", eunuch, "kandu", "baedi" among other things. I'd get beaten up ever so often. I complained to the teachers but they asked me to leave school, so I stopped saying anything."*

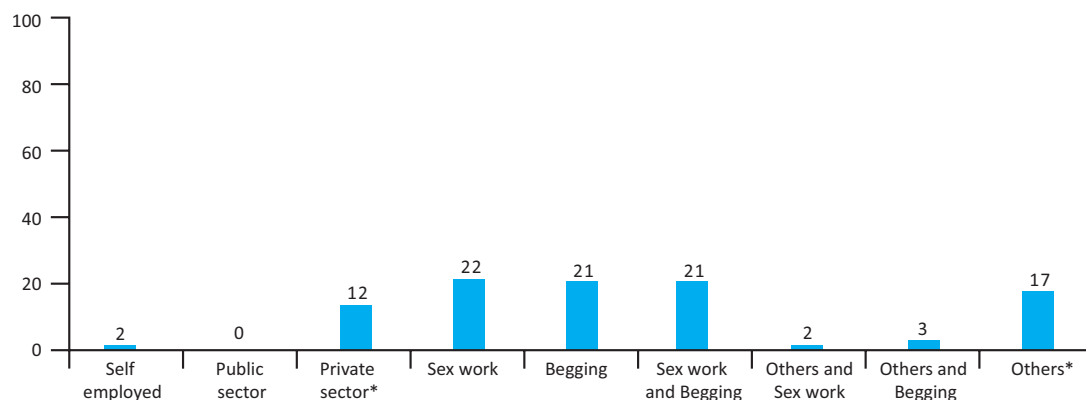
Illiteracy, unemployment and sex work: The lack of education leaves *aravanis* with very few options for seeking formal employment. In cases where they are trained, the stigma associated with their sexual identity dissuades employers from hiring them. In addition, barriers like absence of proper educational certificates, discrepancies between various sets of documents such as birth certificates and their status post the SRS, etc. reduce their chances of gaining formal employment. Those who get hired, face discrimination at the workplace. This takes the form of lower wages, longer durations of work and subjection to sexual harassment from colleagues. A 23 year old *aravani* from Madurai who worked as a school teacher was publicly humiliated and forced to resign when she refused the sexual advances of her male manager. The absence of explicit provisions under the *Vishakha* guidelines for *aravanis* makes legal recourse against sexual harassment at workplace all the more difficult for sexual minorities in the country.

Unskilled and uneducated, *aravanis* face the additional discrimination of being disowned from ancestral wealth. Currently, there is no legislation which supports their right to ancestral property. It is not surprising that majority *aravanis* prefer the safety of what they perceive as their own community even if it means engaging in sex work. To quote a TG rights activist:

"Manual scavenging becomes an occupation enforced on Dalits through the exclusion of access to other jobs; in a similar way begging and sex work are forced occupations for transgenders through exclusion from other jobs."

Living Smile Vidya as quoted in Sanhati, 2013

Figure 1: Occupation of transgender women
(Figures in percentage)



*Note**: Private sector includes jobs in NGOs and companies and 'others' includes domestic work, dance, drama, and work as shopkeepers, etc.

A significant proportion of those surveyed, indicated that sex work and begging constituted their major source of income (refer Figure 1). It is important to note that out of all the respondents, not one was employed in the public sector.

Low incomes and high expenses: Analysis of data on incomes revealed that *aravanis* in sex work and mendicancy earned more than those who were either self employed or worked in the private sector. The average monthly income of 52 per cent respondents was between Rs. 8,000 and 14,000. Only 1 per cent earned above Rs. 20,000, while 28 per cent earned less than Rs. 8,000. Several respondents also referred to uncertainty of income as they were employed in high risk jobs in terms of the health impact and stigma attached, for instance sex work.

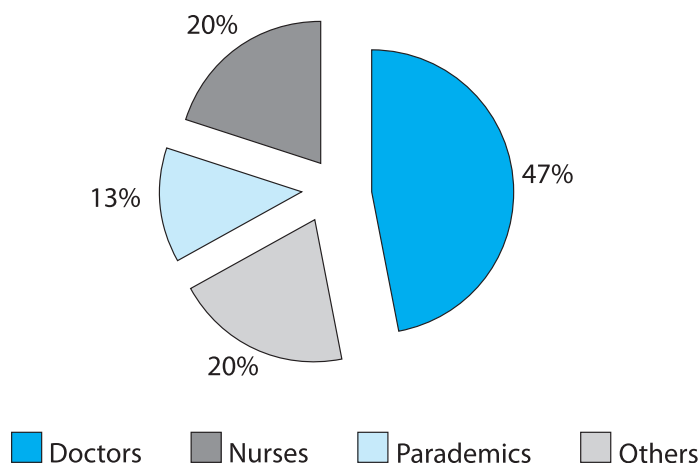
An assessment of their expenditure needs revealed that significant proportions of their incomes were spent on travel, house rents and rates for electricity and water. Respondents shared they were forced to hire private vehicles because of rampant harassment in public transportation and that inflated rates for rent, electricity and water were charged to them because of their TG identity.

Access to basic amenities: Though majority of respondents had ration cards and voter ID cards, they were deprived of the benefits of welfare schemes since they did not have BPL (Below Poverty Line) cards.

Healthcare: With regard to the community's health needs, respondents revealed that perceived association with HIV and AIDS was a major reason for discrimination by healthcare providers. Out of 124 cases of visits to various government hospitals, *aravanis* faced stigma, discrimination and exclusion in 68 per cent of the visits. Of these, 47 per cent were from doctors, 20 per cent each from nurses and others that included attendants, security staff, canteen staff, etc. (refer Figure 2). Discrimination ranged from refusal to provide services, delays, charging of excess money, verbal abuse and harassment and breach of confidentiality.

As far as the special health needs of *aravanis* were concerned, respondents shared that most hospitals lacked adequate skills or provisions to meet them. Interviews revealed that doctors often committed mistakes in SRS operations, impelling them to undergo additional surgeries. Medical expenses would invariably increase leading to indebtedness, which would then be supplemented by expenses on hormonal tablets and injections, silicon breast implant related treatments, laser treatments for hair removal, etc. Most *aravanis* interviewed in the survey ended up in a cycle of debt because of the money they owed their *Guru* and other transgender women for SRS. Government hospitals took a long time to process applications

Figure 2: Breakdown of discriminatory practices by health service providers

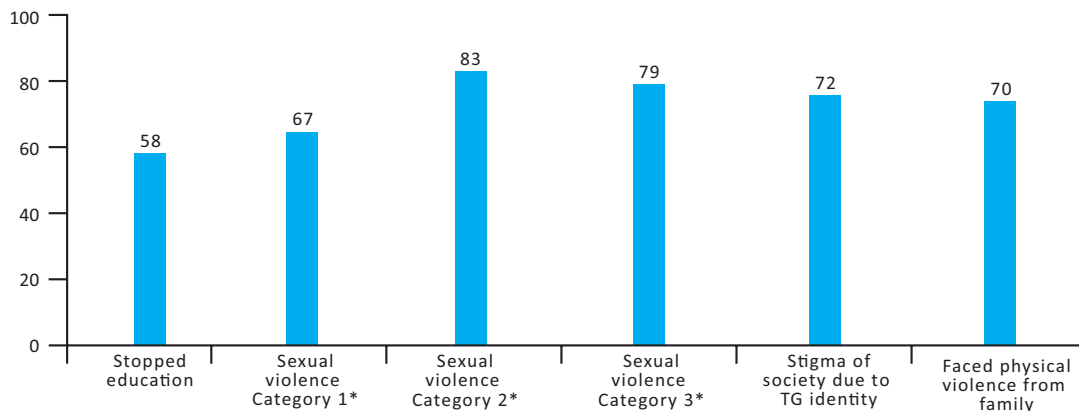


and required the consent of family which further complicated matters and dissuaded *aravanis* from availing subsidized facilities.

Everyday forms of violence and brutality: *Aravanis* faced constant violence, harassment and blackmail from the police. They were prone to verbal, sexual and physical abuse by policemen and faced immense difficulties in registering cases. Those involved in sex work were forced to regularly bribe officials. They were often implicated in false cases and put behind bars. Besides violence from institutions, *aravanis* suffered from occupational violence and abuse. Forced sex and rape at workplace were very common. Figure 3 presents data on stigma and violence faced by the sample. 70 per cent of the respondents faced physical violence from their family and 72 per cent reported that they faced stigma from society.

In Figure 3, sexual violence has been categorized into three types. Category 1 includes forced sex by partners and/or regular clients in the event when *aravanis* are either not physically well or when they suffer from mental stress and are not inclined to have sex. Category 2 includes rape by one or more than one man. Category 3 includes physical violence during sex work.

Figure 3: Experience of stigma and violence faced by *aravanis*
(Figures in percentage)



Besides violence at work and in society, *aravanis* are victims of legal discrimination which is best understood in the contexts of Section 377 of the Indian Penal Code (IPC)⁹, Section 46 of the Army Act, Section 292 and 294 IPC. These Acts translate into charges of obscenity and non-recognition of same sex unions and often result in extortion, illegal detention, abuse, outing (revelation of the sexual orientation of a person to his/her family resulting in ridicule and shame), rape in jails, etc.

Life in the *Jamaat*: *Jamaat* (community of *aravanis*) becomes the best available option in the face of continuing discrimination and violence from families and society. *Aravanis* join the group mostly in search of companionship, security, shelter, freedom of expression and access to health and other benefits. This matriarchal structure features an older *aravani* as a 'Guru' (or mother) and younger, newly initiated *aravani* as her *chela* (acolytes). There are elaborate rituals that mark one's entry into a *Jamaat* and acceptance as a *chela*. These rituals, with their mytho-religious underpinnings, bind them to a structure of kinship in which relationships, roles and duties are both implicitly suggested and explicitly performed. Among these duties is the tribute of money by *chelas* to *Gurus* which is earned from activities such as begging, sex work, or other forms of employment and obedience to community norms with regards to behaviour and dress codes. *Gurus* are expected to provide guidance, emotional support to young *chelas*, and advise about undergoing castration/*nirwaan* (Govindan et al., 2009). Historical evidence of transgender communities in India in temple carvings, the Kamasutra (Singh et al., 2013) and reference in religious canons (Sirajudeen, 2010) provides justification for present day rituals and practices.

Membership into the *Jamaat* is not without its set of problems and is often accompanied with pressure to engage in sex work, indebtedness and an absence of legally recognized grievance redressal mechanisms. Instances of repression were captured in the testimonies of a 42 year old *aravani* who confided that despite refusing to engage in sex work, she was forced into it as a condition for integration in the *Jamaat*. A 30 year old *aravani* talked about the high levels of hierarchy in *Jamaats* and how younger *aravanis* had little say in decision making or negligible financial control. Financial duress was reflected in the account of another 30 year

⁹Section 377 of the Indian Penal Code was introduced by the British colonial government in 1860 to criminalize 'carnal intercourse against the order of nature with any man, woman or animal'. For more information, please see Lawyers Collective, 2010.

Case Study 3: Unemployment, unsafe sex work, HIV risks and denial of healthcare: Vicious cycle for TGs

Majority TGs fear detection of HIV as leading to a life of seclusion and abandonment. 22 year old Madhu (name changed), a TG woman from Madurai explains why she no longer gets tested for the disease. She shares that “*I no longer have the courage. What if they say that I have HIV and AIDS? Where will I go? And how will I earn? I hope to die if I ever get detected with HIV*”. Madhu’s vulnerabilities are spelt clear by the fact that although aware about HIV and AIDS, she is unable to enforce the use of condoms by her clients. Worried about competing for sex work to earn enough to survive, and with no other employment alternatives to choose from, she is left with no option but to compromise on her safety.

old *aravani* who noted that the *Gurus* were aware of their collections from begging based on knowledge of collection areas, leaving them with no avenues to accumulate some of their hard earned money for personal savings.

Stage 3: Middle and Old Age (Beyond 40 years)

Beyond 40 years of age, transgender women were found to be physically debilitated due to SRS, hormone injections and silicon implantation and often other diseases which included diabetes, tuberculosis, sexually transmitted diseases, HIV & AIDS and hepatitis. Health problems resulted in large numbers dropping out from sex work. In some cases, the lack of employment opportunities forced *aravanis* to engage in more hazardous and unsafe sex work.

The absence of a support system to take care of transgender women during their middle and old age was noted in testimonies of TGs. Several respondents shared that with increasing migration, the traditional system of *chelas* looking after ageing *aravanis* was gradually disintegrating. Excluded from their community, abandoned by their biological families, failed by their *chelas*, with no or very little savings and no or very few employment options, *aravanis* at this stage of their life cycle found themselves completely abandoned.

MULTIPLE VULNERABILITIES: A LIFE CYCLE APPROACH

As captured in these testimonies, the life trajectory of *aravanis* is marked by very specific problems at every stage. It is important therefore to design policy interventions that

can respond to these specificities. During adolescence, some issues that require policy attention include: absence of support structures for boys wishing to assume the dominantly perceived roles of women; sexual abuse by relatives and neighbours; and harassment/abuse in schools and colleges. Similarly during adulthood, increased vulnerability on account of leaving their families; risks, dangers and stigma associated with sex work and begging; scarcity of employment opportunities and harassment and discrimination at workplace; police brutality; exploitation in the *Jamaat*; perils of SRS and its financial and health implications, etc. remain unaddressed. For aged TG women, some of the problems faced in youth cease to be important, even as several other issues emerge such as failing health, falling incomes, lack of savings and abandonment of a fundamentally different kind from what was experienced during adolescence. Through the various stages of their lives, what remains constant is the stigma and non-acceptance owing to their non-conformity to the gender binary system.

The multiple levels at which *aravanis* face discrimination across their life cycle is captured in Figure 4. Table 2 details out the different kinds of discrimination that *aravanis* face. Based on the focus group discussions, interviews and case studies conducted during the study, a nine point classification was created to map the range of discriminations suffered by *aravanis* through their lifetime.

Figure 4: Experience of multiple discriminations faced by TGs
(Figures in percentage correspond with description in Table 2)

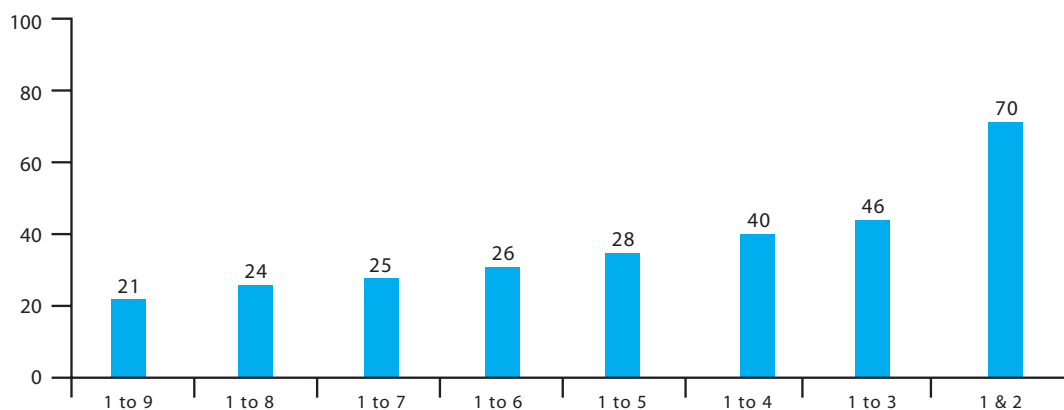


Table 2: Reasons for discrimination

Numbers in Order	1	2	3	4	5	6	7	8	9
Reasons for stigma	Begging	Sex Work	Dress Style	Effeminate Behaviour	Lower Caste	Low Income earning	SRS	HIV/AIDS	Skin hair

As depicted in Figure 4 and Table 2, about 21 per cent of respondents reported facing discrimination on account of all nine factors. More than half of the respondents (56 per cent) faced discrimination on account of factors 8 (HIV) and 9 (skin, hair).

This data reveal that TG women face **multiple forms of discrimination** (verbal, physical and sexual violence; harassment; refusal to provide services; false arrests; denial of share in ancestral property; denial of admission to educational institutions; victimization by teachers and fellow students and several others) in **multiple settings** (family, school, workplace, health care settings, public spaces including also the *Jamaat*) by **multiple perpetrators** (family members including parents and siblings, friends, school and college authorities, employers, neighbours, house owners, health service providers, police, clients and from their own community members) due to **multiple reasons** (effeminate behaviour, trans status, real or perceived association with sex work; real or perceived HIV status, dress code, physical appearance and others).

A few other issues merit attention. Discrimination faced by *aravanis* is not sporadic in nature. It is routine, 'everyday' and embedded in their daily lives. Unlike several other marginalized and discriminated groups whose invisibility often acts like a shield against stigmatization and discrimination, TG women's visibility (in terms of their physical appearance which makes it impossible to evade detection and recognition) becomes the reason for multiple discrimination in every walk of life. Worse still, being born in an affluent family or dominant caste, which otherwise works to the advantage of individuals, becomes a reason for further discrimination and violence in the case of *aravanis*. A respondent reported that rich families showed greater reluctance to accept TG children. Another shared that warrior castes would force their TG children to commit suicide rather than grow up. Non-acceptance in such cases was fuelled by concern for caste honour.

RECOMMENDATIONS

The recently released '*Report of the Expert Committee on the Issues Relating to Transgender*', 2014 makes some important recommendations to mainstream the TG community and bring about convergence in critical areas such as education, employment, healthcare and reduction of violence against the community (refer Boxes 2 and 3). This Report is an important milestone, and it will be critical to implement these recommendations to take the agenda of TG rights forward in the country.

Additionally, as testimonies of TG women gathered during the study highlight, there are a range of issues (which affects not just TG women but the entire TG community) that merit, a comprehensive and effective policy response. It is important to reiterate that the 'identity question' of the TG community is extremely complex and therefore requires a nuanced response. Any assessment of the discrimination suffered by TGs must necessarily be made along all axes of exclusion - gender, caste, class, religion, occupation, age, HIV status etc.

Box 2: '*Report of the Expert Committee on the Issues relating to Transgender*', 2014

Released in January, 2014, the report is an important step taken by the Central Government under the leadership of MoSJE. Mandated to make recommendations to mainstream TG rights through convergence of existing programmes, the report suggests focused measures to improve the human development indicators of the community and arrest discrimination and violence in their everyday experiences. It revisits definitional aspects of the TG question, compiles international best practices, and uses the inclusive growth and convergence approaches to explore education, employment, and healthcare opportunities for TG adolescents, youth and young adults.

Based on the findings of the study, a three-pronged strategy to mainstream the community is recommended. These include:

1. Legal and constitutional safeguards to prevent human rights violations of the transgender community and institutional mechanisms to address specific concerns of transgender people;
2. Proactive participation of TGs in all democratic spaces and systems, including participation in policies purported for their welfare; and
3. Enabling environment characterized by acceptance and respect for people with alternate sexual identities.

Box 3: Key recommendations of the Expert Committee

Suggested immediate measures

- Survey to ascertain the socio-economic status of transgender persons in the country.
- Umbrella scheme for transgender people consisting of (a) Scholarship scheme (b) Loan with 25% subsidy for taking up self-employment activities (c) Pension scheme for people between 40 and 60 years (d) Grant-in-aid to CSOs to provide vocational training.

Suggested long term measures

- Transgender declared as the third gender; certificate issued by the state level authority and acceptable to all authorities.
- Model of parents' support groups facilitated by the Centre for Counselling in Chennai and *Swabhava* in Bangalore replicated by government and civil society groups.
- Anti-discrimination policies instituted at the workplace and applied to the processes of hiring, retention, promotion and employee benefits.
- A law to prevent discrimination and atrocities against transgender people.
- Housing schemes for transgender people devised by Ministries of Rural Development and Housing & Urban Poverty Alleviation.
- Access to education of children of TGs through special provisions under the Right to Education Act; anti-discrimination cells in all schools to monitor any discrimination; and revision of Juvenile Justice Act to address concerns of children among transgender community.
- Policies on registration and admission of transgender people devised by public hospitals.
- National clinical guidance (standards of care) document prepared by Ministry of Health and Family Welfare.
- National Council for transgender people on lines of the National Council for Senior Citizens.
- Convergence with line departments by MoSJE.
- Media campaigns launched with the Ministry of Information and Broadcasting for public awareness on issues of transgender people.

Since the study focused on transgender women (male to female), the recommendations presented in this section are principally relevant for transgender women in Tamil Nadu. Following are a list of key recommendations:

1. Legal and constitutional safeguards to prevent human rights violations of the TG community and institutional mechanisms to address specific concerns of transgender people.

- Recognize transgender identity in all identity documents (such as ration card, passport, voter ID, pan card, *aadhaar* card), government policies and orders.
- Introduce legal reforms to ensure that TGs are entitled to their share in ancestral property.
- Include transgender women in the category of women in every government document (as well as the planning and budgets documents where women are referred to).
- Formulate policies which prevent abandonment of effeminate boys and transgender women by their families.
- Introduce stringent laws that deal with violence, harassment, discrimination against transgenders. Transgender women should be brought within the ambit of anti-rape laws of the country.
- Establish a complaint mechanism at the state and district levels to prevent abuse, torture and harassment by police and other service providers including public and private sector.
- Set up an accessible grievance redressal mechanism to address day-to-day rights violations of transgenders.
- Constitute a separate National Commission for Transgender Women.
- Constitute a National level Transgender Welfare Board with proportional representation of transgender women from different states. A Transgender Welfare Board in each state on the lines of Tamil Nadu Transgender Welfare Board should be set up. Appropriate mechanisms to ensure coordinated functioning between the state level boards and the national board should be introduced and adequate resources for effective functioning of Transgender Welfare Boards at the national and state level should be made available.

2. Proactive participation of transgender women in all democratic spaces and systems, including participation in policies purported for their welfare.

- Ensure TG representation and participation in decision-making bodies at all levels of administration, development programmes and departments and in monitoring of welfare and development programmes.
- Ensure eligibility of transgender women to contest in all democratic platforms (three tier *Panchayat*, legislative assembly and parliament).
- Strengthen Community Based Organizations of transgender women.
- Ensure that at least one seat in the legislative assembly of each state is reserved for transgender people.

a. Promoting employment

- Ensure reservation for transgenders in government jobs and provide incentives to the private sector to recruit transgender persons.
- Create and regularly update employment database for TGs by District Employment Officer and issue/endorse certificates of approval to the TG persons for jobs.
- Promote recruitment of TG persons in specific sectors such as police/traffic police and fire fighters, nurses, teachers, lectures, airhostess, community health workers, government bus drivers and conductors, railways ticket inspectors, railway catering service, Integrated Counseling and Testing Centre counselors, clerical staff in Transgender Welfare Board, etc.
- Provide loans for self-employment and to start SHGs; all procedures and formalities should be simplified for transgender persons to access services from financial institutions.
- Promote vocational training (tailoring, making sanitary napkins, computer, travel and tourism, catering etc.) to increase employment opportunities for TG persons.

b. Promoting health care

- Provide free Sex Reassignment Surgery for all aspiring transgender persons.
- Ensure that trained and skilled doctors and facilities are available in government hospitals at the regional (for cluster of districts) level in each state to deal with health care issues of transgender persons.

- Issue proper guidelines in government hospitals for SRS and silicon implants so that transgenders are not considered objects for medical experimentation.
- Address HIV related concerns of TGs in a holistic manner with due consideration for the transgender identity, life situation and culture.

c. Promoting education

- Ensure reservation of seats for transgender students in educational institutions including higher and professional education and financial incentives for institutions which admit transgender persons.
- Develop and incorporate appropriate material/themes on sexual minorities and alternate sexual identities, specifically on transgender issues in the academic curriculum from high school onwards. Material on sexual minorities should be introduced in teacher training courses.
- Provide counselling facilities in all schools for both parents and students. A grievance redressal mechanism linking schools with the State Transgender Welfare Boards for ensuring disciplinary action against institutions which discriminate against sexual minorities should be introduced.
- Provide vocational training and reservations in Industrial Training Institutes for extending support to TGs in order to increase employment opportunities for them.

3. Creating an enabling environment characterized by acceptance and respect for people with alternate sexual identities.

- Conduct programmes for awareness building and sensitization of all service providers in health, education, revenue department, *panchayat*, banking and other government departments towards the rights and entitlements of transgenders.
- Conduct campaigns and awareness generation programmes for sensitization of society towards transgender persons, their problems and rights
- Ensure positive projection of TGs in movies and serials to inculcate a positive mind-set among the general public.

SPECIFIC RECOMMENDATIONS FOR THE TRANSGENDER WELFARE BOARD OF TAMIL NADU

As discussed in this Briefing Paper, the Transgender Welfare Board in Tamil Nadu provides a remarkable precedent for others to follow. However, some gaps pertaining to implementation, budgetary allocation and monitoring, remain.

Discussions with *aravanis* in the state of Tamil Nadu have helped evolve a set of recommendations, with regard to the following:

1. Functioning of the TGWB

- Devolve the powers of the Board in equal measure to representatives of the TG community. At present, nominated members from the TG community are given only an advisory role.
- Conduct periodic evaluations of the Board to ensure accountability of members. In cases of non-implementation of the targeted schemes under the Board, provisions for replacement of incumbent members and strict action for non-performance should be made public.
- Ensure greater resource allocation for the day to day functioning of the Board.

2. Programmes/Schemes implemented by the TGWB

- Allocate funds for counselling services in all schools; sensitization and capacity building programmes in schools and government offices and for introducing measures such as grievance redressal mechanisms to curb police violence against *aravanis*. Periodic upward revision of pension amount for transgender persons who are above 40 years old should take place.
- Formulate programmes to address the needs of transgender persons above 40 years of age, especially in housing allotments, destitute support, and short stay home facilities.

CONCLUSION

“We need a world where our families no longer disown us, where society treats us as equal, and where governments guarantee our rights; a world that understands the transgender identity.”¹⁰

This Briefing Paper has demonstrated the urgent need for legal and constitutional safeguards to prevent human rights violations of the TG community as well as institutional mechanisms that can address the specific concerns of TG people. However, undoing centuries of discrimination that the TG community has faced, will require interventions at multiple levels, in multiple settings; key amongst which will be transforming prevalent attitudes about the TG community that continue to marginalize and invisibilize them.

¹⁰Interview with TG woman in Chennai.

ANNEXURE I: Methodology Note from study on 'Intersectionality Framework to Track Budgets for Transgender Community in Tamil Nadu'

Location: Tuticorin, Villupuram, Coimbatore, Erode, Madurai, Chennai, Kancheepuram, Thiruvallur, and Pondicherry districts in Tamil Nadu

Sample: Three steps comprised the sampling exercise.

In step 1, all 32 districts of the state were classified into seven segments based on geographical proximity. Two segments constituted around 50 per cent of the universe

Table 3: District - wise break down of population of TGs

Sr. No	DISTRICTS	UNIVERSE	SAMPLE
1	Chennai	716	
2	Kanchipuram	119	
3	Thiruvallur	222	
Total in segment 1		1057	112
4	Erode	128	
5	Dindugul	134	
6	Salem	157	
7	Namakkal	110	
8	Thiruchirappalli	155	
9	Dharmapuri	65	
10	Kirishnahiri	32	
11	Vellore	181	
Total in segment 2		962	100
12	Pudukkottai	18	
13	Tuticorin	68	
14	Kanyakumari	40	
15	Thanjavur	76	
16	Tirunelveli	49	
17	Ramanathapuram	104	
18	Sivagangai	77	
Total in segment 3		432	77

Table 3: District - wise break down of population of TGs

Sr. No	DISTRICTS	UNIVERSE	SAMPLE
19	Nagappattinam	49	
20	Cuddalore	178	
21	Perambalur	19	
22	Ariyalur	24	
Total in segment 4		270	50
23	Virudhunagar	116	
24	Madurai	212	
25	Theni	127	
Total in segment 5		455	44
26	Coimbatore	332	
27	Nilgiri	16	
28	Tiruppur	25	
29	Karur	49	
Total in segment 6		422	89
30	Viluppuram	160	
31	Tiruvarur	14	
32	Thiruvannamalai	115	
Total in segment 7		289	50
TOTAL		3877	522

Source: Tamil Nadu TGWB, 2011

while the other five segments constituted the rest (refer Table 3 for details on geographical segments).

In step 2, ten per cent of the two segments with a population of 900 and above were covered while 20 per cent of the segment, with a population of between 227 and 455 was selected.

In step 3, respondents were identified using a snowballing technique from the selected geographical segments.

TOOLS FOR DATA COLLECTION:

(a) Secondary data:

Government data on schemes, budget statements released by Tamil Nadu TGWB and literature review.

(b) Primary data:

- **Focus group discussions:** Ten focus group discussions were conducted in the state of Tamil Nadu. These included four in Chennai, and one each in Tuticorin, Villupuram, Coimbatore, Erode, Madurai and Kancheepuram, with selected leaders of TG communities.
- **Case study documentation:** 34 case studies were documented in order to capture experiences of TGs from across the nine districts of Chennai, Kancheepuram, Thiruvallur, Tuticorin, Madurai, Villupuram, Pondicherry, Coimbatore and Erode.
- **Structured interviews:** A survey of 522 community members across nine districts of Tamil Nadu was conducted. These included Chennai, Kancheepuram, Thiruvallur, Tuticorin, Madurai, Villupuram, Nagapattinam, Coimbatore and Erode districts.

Socio-economic background of the sample: The study covered members of the community that belonged to different age groups and diverse social groups. 42 per cent of the respondents in the study belonged to the age group of 26-35 years, 27 per cent were between 19 and 25 years and 19 per cent were between 36 and 45 years. 9 per cent respondents had studied beyond matriculation, 81 per cent had completed schooling and 11 percent were illiterate. Of the respondents, 61 per cent belonged to the scheduled caste category, 13 per cent belonged to the backward classes category, 18 per cent were from the most backward caste category and 8 per cent belonged to scheduled tribes and forward castes. Some had undergone SRS while others had not. A balance of caste and class groups, CBO members and non-members, those with and without family and institutional support has been attempted.

TIME PERIOD: 2012-13

REFERENCES

- Chakrapani, Venkatesan, Babu P, Ebenezer T. (2004). Hijras in sex work face discrimination in the Indian health-care system. *Research for Sex Work*, Vol.7 (12–4).
- Government of Tamil Nadu. (2010). *Report of review meeting of Tamil Nadu Transgender Welfare Board and the details of activities held at the meeting held on 15.04.2010*.
- Government of Tamil Nadu. (2010) Demand No. 45: *Policy Note: 2010- 2011 Social Welfare and Nutritious Meal Programme Department, Minister for Social Welfare*.
- Govindan, Padma and Vasudevan, Aniruddhan. (2009). *The razor's edge of oppositionality: Exploring the politics of rights-based activism by transgender women in Tamil Nadu*, Paper presented in inaugural conference, Law and Social Science Research Network.
- Humsafar Trust. (2009). *Estimated: Mumbai*. Available from: www.neoncarrot.co.uk/h_aboutindia/india_statistics.
- Lawyers Collective. (2010). *LGBT Section 377*. Available from: <http://www.lawyerscollective.org/vulnerable-communities/lgbt/section-377.html>
- Murthy, Ranjani, K. and others. (2011). Coherence or disjunction? Tamil Nadu policies and progress on MDGs, poverty, gender equity, and SRHP, in breaking through development silos, sexual and reproductive health and rights. *Millennium Development Goals, and Gender Equity, Development Alternative with Women for a New Era*, Philippines.
- NACO. (2011). *Transgender – Hijra strategy*. NACP IV working groups Hijras TG, (Draft version 1.0), New Delhi.
- NACP IV. (2011). *Hijras Transgender specific HIV Interventions. Transgender – Hijra strategy*. 5th May.
- NACP Ministry of Health and Family Welfare, Government of India. (2006). *Strategy and Implementation Plan, Phase III (2006-2011)*, November 30.
- Narrain, S. (2009). *Crystallising queer politics – the Naz foundation case and its implications for India's transgender communities*. Alternative Law Forum, Bangalore.
- Planning Commission, Government of India. (2012). *The 12th Five Year Plan (2012-17) Volume III*, New Delhi.
- PUCL-K. (2003). *A Study of Kothi and Hijra Sex Workers in Bangalore. Human Rights Violations against the Transgender Community*. Bangalore.
- Reddy, Gayatri. (2006). *With respect to sex: negotiating Hijra identity in South India*, Yoda Press, New Delhi.

Sanhati. (2013). *Transgender and caste lived experience - transphobia as a form of Brahmanism: an interview of Living Smile Vidya*. Available from: <http://sanhati.com/excerpted/6051/>

Sathasivam, P. (2011). *Rights of transgender people: sensitizing officers to provide access to justice*. Available from <http://www.hcmadras.tn.nic.in/jacademy/article/Rights%20of%20Transgender%20PSJ.pdf>

Sirajudeen, A. (2011). *Transgenders: social and legal dilemmas*. Council of Indian Jurisprudence, Chennai.

Sonawane, V. (2013). CM Prithviraj Chavan to Attend Maharashtra's First Transgender Convention on 3 October. *International Business Times*, September 26. Available from: http://www.in.undp.org/content/dam/india/docs/In-the-News-2013/UNDP_India_in_the_news_2609201305.pdf.

Sood, N. (2010). *Transgender people's access to sexual health and rights: a study of law and policy in 12 Asian Countries*: Arrow.

Singh, S., Dasgupta, S., Patankar, P., Singha, P. (2013). *A people stronger: the collectivization of MSM and TG groups in India*: SAGE Publication, New Delhi.

The Indian Express. (2007). "First insurance scheme for transgender, sex workers". July 27. Available from: <http://www.indianexpress.com/news/first-insurance-scheme-for-transgenders-sex-workers/207304/0>

The Indian Express (2012). "Transgenders push for welfare board" 17 December. Available from: http://www.in.undp.org/content/dam/india/docs/In-the-News-2011/UNDP_India_in_the_news_1712201102.pdf

The Hindu. (2010). "Welfare board for transgenders planned". 13 August. Available from: <http://www.thehindu.com/todays-paper/tp-national/tp-karnataka/welfare-board-for-transgenders-planned/article567510.ece>

UNDP. (2008). *Missing pieces, HIV related needs of sexual minorities in India, National Stakeholder Consultation Report*, UNDP, New Delhi.

UNDP. (2010). *Transgender women in India: HIV, human rights and social exclusion*. Issue Brief. Available from: http://www.undp.org/content/dam/india/docs/hijras_transgender_in_india_hiv_human_rights_and_social_exclusion.pdf

Vidhya, Living Smile. (2007). *I am Vidhya*, Kizhakku Pathippagam, Chennai.

WNTA. (2012). *Approaching equity, civil society inputs for the approach paper, 12th Five Year Plan*. Available from http://www.undp.org/content/dam/india/docs/approaching_equity_civil_society_inputs_for_the_approach_paper_12th_five_year_plan.pdf