Sociological Aspects of Sex Reassignment Surgery: An Empirical Study of Lived Experiences of Transgender People in Odisha

By

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Contents

SUMMARY

Transgender persons constitute one of the most marginalized communities in thesociety. People who fall under transsexuality often feel that the gender they identify themselves with, is in contrast to the sex assigned to them at the time of birth, and because of this many of them suffer from gender identity disorder. As if that is not enough, in the case of health care services for gender transitioning and hormonal therapy, Transgender personsalso face several problems. In the past few decades, there have been significant advances in the understanding, management, and care of Transgender persons. The recent developments encompass psychological, medical, and surgical approaches to therapy to clinically address gender dysphoria. In addition, social and political changes over the past few decades have brought more attention to this diverse yet disadvantaged population. Though advanced healthcare facilities and medical technology have evolved at an incredibly rapid pace impacting the lives and lifestyle of people, when it comes to sex reassignment surgery (SRS) among Transgender persons, many legal and medical issues stand as stumbling blocks. Besides, SRS is legally accepted in many developed countries, but till now, Indian laws have been conspicuously silent on these issues. Indian surgeons also confront numerous legal and technical hassles while dealing with transgender patients. The 12th five-year plan of the Government of India has underlined targeted interventions for the transgender community by providing support for their education, housing, and access to healthcare. In doing so, the Government of India has also emphasized that the health policies must focus on the unique requirements of lesbians, gays, bisexuals, and the transgender community as a whole. However, many social scientists, activists, and policymakers have reported gaps between theory and practice. Hence, this calls for a comprehensive understanding of the issues and problems that concern this disadvantaged and vulnerable population segment. The discordance of gender identities can translate into disproportionate discomfort configuring the definition of gender dysphoria or gender incongruence. Gender dysphoria has been in existence across the globe for longer than we can possibly imagine. Greek and Indian mythologies have numerous references to altered sexual state. Transsexual phenomenon is notjust restricted to academic references, it has increasingly become part of civic and policy discourse and clinical attention. While not all transgender individuals suffer from gender dysphoria, many do. The performance of SRS in recorded history dates back to the 1950's. Recent studies reveal that SRS plays a vital role in desirable gender transition and socio-psychological comfort among Transgender persons. With advancements in medical

technology, SRS is seen as a preferred route to overcome the problem of gender dysphoria, as many Transgender personshave started opting for their chosen gender identity through SRS. However, the shifting social dynamics and prevalence of social exclusion and discrimination play critical roles in influencing the decision-making of the Transgender personsto go for SRS. This study, drawing empirical evidences from selected Transgender personsin Bhubaneswar, is a modest attempt to delve into several aspects, such as the perception of SRS, the socio-cultural issues related to gender identity disorder, the factors influencing the choice for SRS among the transgender persons, and livelihood issues as impacted by the COVID-19 pandemic.

This study reinforces that transgender persons face issues related to gender identity disorder, where there is an incongruence between the gender assigned to them at birth and the gender they perceive as they grow older. Historically they were treated well and accepted by the general population, but over time public spaces were restricted and denied to them pushing them to extreme margin of the society. Non-acceptance, exclusion, harassment, and discrimination are handed to them in almost every social sphere as shared by all the participants. In all the development parameters such as education, health, sanitation, welfare measures, employment, and housing, they lag behind the mainstream population. They were living with bodies of the opposite sex hostile to their lived experiences and emotions. Sex reassignment surgery is one of the essential topics to analyse because, despite many socio-economic and psychological problems, they also have many associated health hazards. Moreover, there are several legal, ethical, and psycho-social issues related to it. Several issues and options to address the lack of or ambiguity in legal recognition of the gender status and advocated for SRS as a possible solution for gender dysphoria. This study reveals that Transgender personsopt for SRS without adequate awareness about the medical interventions. At most places, the healthcare facilities are not pro-transgender in nature. They face discrimination primarily due to their stigmatized gender identity. As mentioned earlier, improvement in quality of life, satisfaction with the changed body/image and overall psychiatric functioning among the Transgender personswho have undergone SRS has been well documented. The COVID-19 pandemic has worsened the condition of Transgender persons, by adversely impacting their sources of livelihoods. The discrimination, struggle andstigma for them were manifold. The study findings also reveal that the lived experiences of social marginalization and discrimination are the most reported factors that force them to go for SRS in the hope of a larger societal acceptance.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CBCL	Child Behaviour Check List
CBO	Community Based Organizations
COVID	Coronavirus Disease
DSM	Diagnostic And Statistical Manual Of Mental Disorders
FTM	Female To Male Transgender
GAI	Global Acceptance Index
GATH	Gender Affirming Hormone Therapy
GD	Gender Dysphoria
GID	Gender Identity Disorder
GIDS	Gender Identity Development Services
GIDYQ-AA	Gender Identity / Gender Dysphoria Questionnaire For Adolescents And Adults
GIESC	Gender Identity/Expression and Sex Characteristics

GReS	Gender Reassignment Surgery
HIV	Human Immunodeficiency Viruses
HRT	Hormone Replacement Therapy
IPC	Indian Penal Code
LGBTQ	Lesbian, Gay, Bi-Sexual, Transgender, Queer
LMICs	Low And Middle Income Countries
MSM	Men who have Sex with Men
MTF	Male To Female Transgender
NALSA	National Legal Services Authority
NCT	National Council for Trasgender Persons
NCTE	National Centre for Transgender Equality
NGOs	Non Governmental Organizations
OBC	Other Backward Caste
OSACS	Odisha State Aids Control Society
PAN	Permanent Account Number
PUCL	People's Union For Civil Liberties
QoL	Quality Of Life
RLE	Real Life Experiences
RODG	Rapid Onset Gender Dysphoria
SECC	Socio-Economic and Caste Census
SJE	Social Justice and Empowerment
SRS	Sex Reassignment Surgery
SSPED	Social Security and Empowerment of Persons with Disabilities
STD	Sexually Trasmitted Disease
TEAM	Transgender Equality and Acceptance Movement
TIS	Transgender Identity Survey
UNDP	United Nations Development Program
WHO	World Health Organisation

Chapter 1

Introduction

Gender incongruence, or a discrepancy between an individual's feeling of their actual gender and the sex given to them at birth, describes a large number of individuals who do not identify themselves with their gender assigned at birth. While not all transgender persons suffer from gender dysphoria, many do. Some transgender persons self-identify beyond the gender binary of man and woman, identifying as neither or as both or as anywhere on a continuum between the two (Winter et al., 2016). Even though transgender is a modern term, people in earlier ages who would have appeared to be transgender from our vantage point might not have interpreted their lives in this manner. In many societies across the globe, the transgender population is often made fun of and abused in public settings such as bus stops, train stations, schools, theaters, malls, and parks; they are reportedly shunned and treated as untouchables. However, we cannot overlook the reality that society's moral failure stemsfrom its refusal to contain or embrace various gender identities and expressions (Johnson III, 2011). Gender dysphoria has been in existence across the globe for longer than we can imagine. Greek and Indian mythologies have numerous references to altered sexual states.The transsexual phenomenon is not just restricted to academic references; it has increasingly become part of civic and policy discourse and clinical attention. In the context of gender dysphoria, sex reassignment surgery (SRS) plays a vital role in reducing gender incongruenceand improving the quality of life among transgender people.

Though transsexualism and gender dysphoria have been studied extensively, the sociological aspects of SRS among transgender people have, unfortunately, not received enough attention from researchers and policymakers. With advancements in medical technology, many transgender people have started opting for their desired gender through the process of SRS. However, the magnitude of marginalization and shifting social dynamics play critical roles in the perception and decision-making among transgender people while going for the SRS. The performance of SRS in recorded history dates back to the 1950's. Recent studies reveal that SRS is vital in desirable gender transition and socio-psychological comfort among transgender people (Schechter, 2016; Aydin et al., 2016; Wernick et al.,

2019; Nolan et al., 2019). With advancements in medical technology, SRS is seen as a preferred route to overcome the problem of gender dysphoria, as many transgender people have started opting for their chosen gender identity through SRS (Cohen-Kettenis & Gooren, 1999). However, the shifting social dynamics and prevalence of social exclusion and discrimination play critical roles in influencing the decision-making of transgender people to go for SRS.

Nowadays, a more significant number of transgender persons are forwarding themselves to change from one gender to the next by using sex reassignment surgery. Transgender persons have changed from either Female transgender to male or Male Transgender to female (Bižić et al., 2016). Hormone treatment is also frequently used by transgender individuals in the process of transitioning. For transgender men, exogenous testosterone is administered to become virilised and to decrease feminising traits. Exogenous estrogen is applied in transgender women patients to assist in feminizing them, while anti-androgens are added as a support to help decrease masculinizing characteristics (Unger, 2016).

From a gender dualism standpoint, male chauvinism signifies the deprivation of women's rights to express themselves. However, objectively, patriarchal societies detrimentally affect both men and women. The following circumstances frequently happen when a religious community or traditional ritual society faces a phenomenon that surpasses the moral carrying capacity of the society. Heresy is seen as unacceptable by the religious community and is strongly forbidden. The issue is problematic in traditional ritual societies. Generally, the phenomenon is compelled to be regulated within the moral boundaries often accepted by society.

A good example is LGBT (Lesbian, Gay, Bi-sexual, Transgender). Some traditionally religious nations consider homosexuality and transgender conduct to be blasphemy andforbid it. Therefore, it is undeniable that moral stigma and social discrimination against similar phenomena are still pervasive, and there is still a long way to go to improve this phenomenon. This is due to the strong suppression of the two aforementioned inherentconcepts and the perks of public opinion (Zhang, 2021).

Indian traditions and religion give importance to each person in society, including transgender people. A great example is the female avatar of Vishnu Mohini, Shikhandi, the daughter of Panchala King Drupada, the famous Ardhanareeshwara concept, Devibahuchara, the deity of the transgender community, and many other incarnations of various ones are just

a few mythical and folkloric figures that defy gender stereotypes and binaries. Indian mythology and the Puranas use curses as a method to allude to the transgender experience. The curse on someone will cause a gender shift, and the Gods have been witnessed several times purposefully changing their genders, as was the case with Mohini (Neeraj et al., 2021). Even though transgender persons are metaphorically seen as God still, people under the transgender category are suffering a lot, and the population of this gender category keeps on rising. Information based on Transgender persons's employment, educational levels, and caste was gathered in the Census of 2011 under the gender category of others. According to the census, there are 4.88 lakh Transgender persons worldwide. Since they are often considered men but may be counted as women upon request, the data has mostly been connected to the male section. The census has given an approximation of the actual transgender population. However, it is not possible to remark on this—55,000 children whose parents labeled them as transgender according to the 2011 census (Sawant, 2017).

Thus, health care should be provided appropriately for this gender category. However, developing countries like India have generally ignored the service quality component from the perspective of the patient, focusing instead on pertinent infrastructure, technology, illness prevention, and health results in terms of mortality and years of life adjusted for disability. Also, Transgender people's decreased participation in initiatives to prevent illness and promote health, particularly those about sexual health, is more alarming and puts them at an increased danger of sexually transmitted diseases like HIV. According to estimates, 14.5 % of Transgender persons in India have HIV (Ming et al., 2016). Before gaining perspectives on transgender as a social category, let us position them in the evolving interface area of gender and sex.

1.1. Gender

Gender refers to the socially constructed characteristics of men, women, girls, and boys (Connell, 2009). This includes social relationships and the norms, behaviors, and duties associated with being a girl, boy, woman, or man. The concept of gender is socially constructed, differs from one civilization to the next, and can evolve through time. Gender identity is connected to, but distinct from, gender, as is sex. A person's firmly held, internal, and unique experience of gender is referred to as gender identity. This experience may ormay not line up with the person's physiology or the sex they were assigned at birth.

Negative gender norms, particularly those connected to inflexible ideas of masculinity, can also have a severe impact on boys' and men's health and welfare. For instance, Certain conceptions of masculinity may influence male persons to smoke, engage in risky sexual behavior and other health hazards, consume alcohol, and refuse medical attention. These gender norms also Inspire youths and men to use violence against others and to experience it themselves. Additionally, they may have detrimental effects on their mental health (Butler, 2002).

1.2. Sex

The term sex indicates a collection of biological characteristics. Physiological characteristics, including hormone levels, gene expression, chromosomes and functions, and reproductive/sexual anatomy are primarily involved. Although sex is often classified as either female or male, there are differences in the biological characteristics that make up sex and how those characteristics are exhibited. Although sexual identity is a predetermined cultural factor and is therefore typically described solely in humans, all cells have sex that is determined by the existence and dosage of X or Y chromosomes, which in most circumstances will be XX (female) or XY (male). Notably, the sexual dimorphism brain, like other sex differences, does not fit into a rigid binary readout but instead exists on a continuum or spectrum, with each cell and each brain area consisting of different amounts of male and female.

This is due to the complex and multiple impacts beginning at very early stages of neurodevelopment, maybe even before conception, which frequently rely on the individual's chromosomal makeup or the parent's sex who contributed a particular gene. Lastly, the interaction of genetic sex and gonadal hormones can result in various moments when minute variations cause significant trajectory alterations in development (Bale et al., 2017). Men are more likely to be forceful, domineering, risk-taking, thrill-seeking, tough-minded, emotionally stable, utilitarian, and receptive to abstract concepts. Even though sex differencesin general IQ evaluated as an ability are minimal, men also frequently rate themselves asmore intelligent. Additionally, males prefer establishing larger, more competitive organizations with rigid hierarchies and little emotional investment in interpersonal interactions. Males tend to interrupt others (including males and females) more frequently, incredibly invasive interruptions, which might be regarded as domineering behavior. They

also tend to employ more authoritative speech. Many males exhibit only some of these qualities to a high degree. However, such a fact does not go against the general trend.

Conversely, women are often more gregarious, sensitive, warm, empathetic,courteous, worried, self-doubting, and receptive to aesthetics. Most of the time, women are more drawn to close-knit, cooperative dyadic connections with higher emotional intensity, defined by a lack of clear hierarchies and strict egalitarian standards. When hostility does manifest, it usually does so in a more covert and less overtly combative manner. Additionally, females frequently have more potent verbal abilities and the capacity to interpret nonverbal cues from others. Additionally, women have a propensity for using more hesitant and affiliative language and being more expressive with emotions on their faces and body language (Ridgeway et al., 1999).

1.3. Transgender

It might be challenging to define the term transgender. Although this type of broad definition has the advantage of being inclusive of the diverse spectrum of genders and sexualities, that same inclusiveness also restricts its utility by incorrectly representing that diversity of identities as a single homogenous group. Broad definitions of the word characterize it as a general phase encompassing anyone who exhibits gender-variant characteristics. A doctor often identifies a newborn's gender based on how the baby's body appears at birth. Most individuals born with the label of male later identify as men, and most individuals born with the label of female later identify as women. However, some peoplehave a different gender identity than what was anticipated when they were born. This is known as intrinsic awareness of one's gender. The majority of these persons are identified as Transgender persons. It will be a more similar LGBT subculture than just a reflection of a shared cultural identity (Buck, 2016).

The widespread acceptance of binary gender ideas by society results in systematic oppression of Transgender persons (McNeilly, 2014). As a result, individuals run the danger of internalizing unfavorable perceptions of being transgender. Due to internalizing negative opinions about being transgender and transferring them to their self-concepts, individuals are more vulnerable to self-stigmatization. Unfortunately, Transgender persons do not have access to their fundamental rights, and they frequently face assault, harassment, unjust treatment, and service refusal. That will lead to a changing of the virtues of human beings andadvance to negative virtues like self-oppression, suicidal attempts, and hatred of society.

The Transgender Identity Survey (Bockting et al., 2020) analyses both positive and negative attitudes and feelings that Transgender persons may have regarding their identity, focusing on pride, humiliation, isolation, and passing anxiety. It is employed to get a more excellent knowledge of the impact of internalized transphobia on the lives of transgender individuals, assessing its connection to elements that are protective of mental and physical health. In order to establish a more positive transgender identity via affirmative counseling and psychotherapy interventions, it might benefit from examining internalized transphobia in Transgender persons(Scandurra et al., 2017).

Transgender persons are deprived of their fundamental rights, such as the right to personal liberty, the freedom of expression, the right to education, the right to empowerment, and the right against discrimination, exploitation, and violence, despite having access to all of their constitutional rights. They are socially ostracised from society, which is the main issue with the entire procedure. They are prohibited from engaging in social, cultural, or economic life (Ganju et al., 2017).

1.3.1. Traditional view of transgender

Since the beginning of time, two sexes have existed in humans, according to many civilizations, religions, and literary works from around the globe. In Christianity, *"Adam"* is referred to as the first man and *"Eve"* as the first woman of mankind in the sacred book known as the Bible (The Old Testament). Hindus in India refer to the two separate sexes of humans as *"Purusha"* (male) and *"Prakriti"* (female). However, they also acknowledge the existence of a third sex state known as *"Tritiya Prakriti"* or "Third gender." Around 4000 BC, the Sanskrit language, which has its roots in India, asserts the presence of four genders: *Pung* (masculine), *Stree* (feminine), *Kliba* (Neuter), and *Ubhayalinga* (common gender).

Sex and gender identity issues are prevalent in Indian culture due to its allusion to several Hindu epics, religions, and civilizations. According to *Hindu* religions, the Hindu God *Shiva* combines with *Parvati* to become the god *Ardhnareshvara*, a hybrid of *Shiva* and *Parvati*. According to specific renditions of the *Ramayana*, Lord *Rama* was followed into the forest by a large group of followers when Lord *Rama* left Ayodhya for his exile. When *Rama* saw this large group of worshippers, he asked them not to lament over him and instructed all of the group's men and women to return to their respective locations in *Ayodhya*. Fourteen years later, *Rama* found that the *hijras*—neither men nor women—had stayed in the region where he had talked to them. *Rama* was touched by the *hijras'* devotion and bestowed upon

them the ability to bless individuals on auspicious occasions like weddings and births. *Badhai*, in which hijras dance, sing, and distribute blessings, arose from this blessing.

An 18-day celebration called the *Aravani Festival* (Pushparaj, 2023) is held in southern India to honor the one-day union of *Aravan*, which is shown in Figure 1.5, a hero chosen for sacrifice, and *Mohini*, the lovely female avatar of Lord *Krishna*. The most fantastic *Aravani* festival is celebrated annually in the months of April and May at the *Koothandavar* Temple in the town of *Koovagam*, close to Chennai in the Indian state ofTamil Nadu. Every year, several devotees known as *Aravanis*, Alis, or *hijras* attend the event. In Islam, "guys who resemble women" or "transgender women" are referred to as *"Mukhannathun"* and are difficult to differentiate from eunuchs. This phrase, moreover the counterpart for "eunuch," does not exist in the Quran; however, the Hadith, which are *Muhammad's* sayings and serve as a supplement to the main text, contain the term (Medhi et al., 2016).

1.3.2. History of Transgender in India

Evolution of Transgender in India: The transgender community has been an integral part of Indian society for centuries, with historical evidence dating back to ancient times. Early writings from ancient India recognized the existence of a "third sex" or individuals who did not conform to traditional male or female genders. This concept, known as "tritiyaprakriti" or "napumsaka," was deeply ingrained in Hindu mythology, folklore, and Vedic and Puranic literature. The term "napumsaka" was used to describe individuals lacking procreative abilities, distinct from both masculine and feminine traits.

Ancient texts extensively explored issues of sexuality and the idea of a third gender, reflecting an established societal understanding. For instance, Jain texts even discussed the concept of "psychological sex," which emphasized an individual's psychological makeup separate from their biological characteristics. In the epic Ramayana, Lord Rama, while in exile, acknowledged the loyalty of hijras (transgender individuals) who chose to stay withhim despite his directive for all "men and women" to return to the city. Impressed by their devotion, Rama granted them the authority to bestow blessings during significant life events such as childbirth, marriage, and inaugurations, laying the foundation for the hijra tradition ofbadhai, involving singing, dancing, and blessing.

In the *Mahabharata, Aravan*, the son of *Arjuna* and *Nagakanya*, sacrificed himself to Goddess *Kali* to ensure the *Pandavas*' victory in the *Kurukshetra* war. His only condition was to experience marriage before his sacrifice. As no woman was willing to marry him knowing

his fate, Lord *Krishna* assumed the form of *Mohini*, a beautiful woman, and married him. The hijras of Tamil Nadu trace their lineage back to Aravan and refer to themselves as *Aravanis*, honoring their progenitor.

During the Mughal period, Hijras held prominent roles in the royal courts of the Islamic world in Medieval India. They attained esteemed positions as political advisors, administrators, generals, and guardians of harems. Renowned for their intelligence, trustworthiness, and unwavering loyalty, hijras enjoyed unrestricted access to all strata of society, thereby wielding significant influence in the politics of empire-building during the Mughal era. Additionally, hijras occupied prestigious positions within Islamic religious institutions, particularly as custodians of the holy sites of Mecca and Medina. Regarded as confidants, they exerted influence over state decisions and received substantial financial support for their proximity to royalty. As a result, hijras often emphasize the importance of their status during this historical period.

During the early British colonial period in the Indian subcontinent, hijras sought protection and support from certain Indian states by joining the hijra community. These benefits often included land grants, access to food, and financial assistance from local agricultural households in their respective areas. However, British legislation eventuallynullified these privileges, as land rights were restricted to those based on familial inheritance rather than affiliation with the hijra community.

In contemporary times, transgender individuals in India are among the most recognized and prominent representatives of the third gender category in the modern world. The Supreme Court officially recognized transgender individuals as the third gender, markinga significant milestone in their rights advocacy. In recent years, the transgender community inIndia has emerged as a formidable force in the fight for LGBT rights (Michelraj, 2015). The Government of India has implemented various welfare policies and initiatives aimed atuplifting transgender individuals, including census inclusion, documentation procedures, citizenship ID cards, and passport issuance. Additionally, efforts are directed toward socio- economic development and constitutional safeguards for Transgender persons. Major initiatives like the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) have provided employment opportunities for transgender individuals, particularly during the 11th Five-Year Plan period. The Ministry of Housing and Urban Poverty Alleviation has spearheaded initiatives such as the National Urban Livelihood Mission and improved healthcare facilities for transgender individuals. These efforts

encompass social, economic, and political transformations, including housing initiatives,legal reforms, police reforms, and constitutional safeguards to prevent human rights violations against the transgender community. Institutional mechanisms have also been established to address the specific concerns and challenges faced by transgender individuals.

1.3.4. Modern approach to transgender

Men who have intercourse with other men or other biological males are collectively referred to as MSMs or men who have sex with men. The term MSM was created by HIV/AIDS programmers who were troubled by homosexual identity politics in the West inthe late 20th century. The term gay is not understood universally and lacks an equivalent in many African and Asian nations, except for phrases that are used in jeers against society. The term homosexual was used in 1869 by Austrian clinical psychologist Karoly Maria Kertbeny to describe someone who engages in sexual activity with another person of the same sex. The term MSM removed identity politics and minimized prejudice against those who engaged in this socially stigmatized behavior because it was to be addressed by HIV/AIDS preventive measures.

In India, where there are subgroups like the hijras, also known as tritika laingiks, this binary sexual paradigm is not understood (third sex). Numerous male non-heteronormative genders, including *napunsaka, kliba, pandaka,* and *ardhanareeshvara*, are mentioned in some Buddhist and Jain histories from ancient India.

Due to growing awareness and the efforts of Senator Joseph McCarthy, the first such appeals for fair treatment in mental health, public policy, and employment emerged in the United States in the early 1950s. The earliest organizations dedicated to the rights of homosexuals were the Mattachine Society, founded in 1950 by Harry Hay and Chuck Rowland, and the lesbian support group "Daughters of Bilitis," founded in 1955 by Phyllis Lyon and Del Martin. Dr. Evelyn Hooker's ground-breaking study in 1956 showed that gay men were frequently more balanced than heterosexual guys. However, the American Psychiatric Association did not classify homosexuality as an illness in its diagnostic guidelines until 1973. When courts and clinics classified homosexual love as ill, illegal, or immoral, gay men and lesbians continued to be at threat of being sent to mental institutions, being imprisoned, losing their jobs, or losing custody of their children during the 1950s and 1960s.

New legislation against racial discrimination was put in place in 1965. On June 28, 1969, customers of the well-known Stonewall Inn in New York's Greenwich Village rebelled

against persistent police raids of their neighborhood bar, marking a watershed moment for homosexual rights. Since the 1970s, "pride marches" have been conducted every June around the country to honour Stonewall, which is still seen as a pivotal landmark in homosexual pride. Finally, in the past years of the 20th century, gay and straight celebrities who performed have been some of the most outspoken advocates for acceptance and equal rights. The 21st century saw new legal victories for gay and lesbian couples as a consequence of the tireless efforts of various groups and people, assisted by Internet and direct-mail campaign networking. In Vermont, same-sex civil unions were legalized in 2000, while inMassachusetts, same-sex weddings were first legally recognized in 2003 (Medhi et al., 2016; Luhur et al., 2019; Martos et al., 2017).

Several studies have evaluated how the American public feels toward transgender persons and their rights since 2015. According to studies, the majority of Americans are in favor of giving transgender persons access to open military service, adoption rights, and anti-discrimination laws. Regarding issues of access to public bathrooms based on a person's gender identity, the public is more split than usual. In favor of transgender rights has been correlated with things like knowledge about transgender persons, as well as people's sex and age. The research on public views about transgender individuals and their rights is few, but knowing how widespread misconceptions about transgender persons are across differentdemographic groups might help attempts to combat discrimination against them. Regardless of their current gender identification or birth sex, transgender persons do have the right to marry in the United States, and courts are now debating whether recent military service bans on transgender persons are lawful (Shaikh et al., 2016).

The *Pehchan* program, supported by the Global Fund, used a rights-based empowerment strategy to develop community structures and offers HIV, health, legal, and social assistance to transgender persons throughout 18 Indian states. Pehchan offers three major kinds of activities. Enhancing the organizational and technical capabilities of Community-Based Organizations (CBO) working with transgender populations is the primary goal of the primary category of initiatives. A capacity-building approach improves CBOs' community mobilization, leadership, programming, planning, monitoring, and budgeting skills. It allows them to deliver targeted interventions more effectively by national guidelines to protect high-risk populations from HIV and assist those HIV-positive in connecting to care. Support for CBOs to offer a variety of fundamental community-based preventive and linkage-to-care interventions comes within the second type of activity, as

described and defined by the National AIDS Control Program of India (Shaikh et al., 2016) (Zagami et al., 2019). Along with that, Sex Reassignment Surgery (SRS) and Hormone Therapy are utilized to transform Transgender persons into a single gender identity (Draman et al., 2019). As regards the legalization of transgender person marriage, although the Netherlands, Belgium, Spain, and Canada have already made homosexual marriage legal, there is still controversy across the world on whether or not the state and church should recognize it.

1.3.5. The Hijra / Kinara

In India, where sexuality is frequently linked to ideas of chastity and purity, "possession," "shame," "cultural pride," and even "national identity" and "statehood," the Hijra community is a distinctive group of individuals with different gendered identities. The formation of the Hijra identity leans heavily on historical fairy tale origins, primarily due to representations of Hijra characters being central figures in Indian mythology. They were known as Khawjasaras during the Mughal era, when many Hijras were also exchanged as eunuch enslaved people, defending the royal harems and serving as the ruler's confidantes. According to popular belief, such a job was desirable, and "some parents castrated their sons to achieve favor with the Mughal monarchs and ensure employment for their offspring" (Goel.,2016).

Transgender persons face much prejudice in India. The Semitic Arabic term hir, which means "leaving one's tribe," is the basis of the Urdu word hijra, which has been imported into Hindi. Although they are present across India, hijras dwell mainly in the cities of northern India, where they have the most possibilities to play their traditional roles. The *Guru-Chela* bond is the most important one in the hijra community. 4.88 lakh people identify as Transgender in India as per the 2011 Census. In India, there are several different kinds of transgender groups. The most well-known of these groups include the Kothi, who identify as men; the Hijras, who are biological men but reject masculinity; the Aravanis, who identify as women in male bodies; the *Jogappa*, who serve the goddess *Renukha Devi*; and the *Shiv-Shaktis* (Males but have feminine gender expressions) (Luhur et al., 2020).

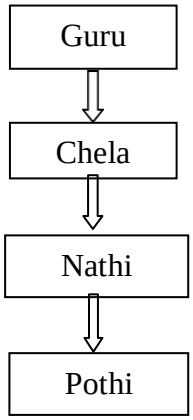
According to the 2011 census, 43,228,228 people live in Odisha state, covering an area of 155,707 square kilometers, with 80% of Odisha's residing primarily in rural regions. Considering the data gathered during the fact-finding tour, Bhubaneswar is home to 486 Transgender persons. There is a sizable transgender community in Odisha. According to estimates, there are 25,000 or more Transgender persons living in Odisha. However, there is

no formal record of this number because a comprehensive estimation of this population has yet to be done. Although some academics claim that there are more than 70,000 of them, it might be challenging to determine the precise number. Both gender transgressions of "male" to "female" and "male" to "female" are considered transgender. Individuals who are recognized as neither males nor women are mentioned as *"hijra"* in the Indian culture (Luhur et al., 2020) (Rout, 2018).

1.3.6. Kinner Guru Sisya Parampara

Its foundation is the vertical relationship between the Guru and Sisya. It is comparable to a social network made up of clan and ancestry. A transgender person may trace their *Nayak Gurus* back by five to seven generations, comparable to a social network of their clan and ancestry. This has to do with the *Hijra Gharana*. The *Guru* is the leader of the transgender community and is responsible for educating others about transgender social life, norms, ethics, and standards. Numerous gurus that govern various transgender communities around the state and nation follow *Nayak*, the *Chief Guru*. *Nayak* is the symbol of the vertical hierarchical structure. Chelas follow *gurus* in a downward sequence. *Nayak* is the chief decision-maker and is in charge of creating guidelines for the community of Transgender persons. Like a descending family tree supported by inheritance laws, it comprises a network of *chelas* and nati-*chelas*, or granddaughters, who give *Nayak*, the chief *Guru*, their whole inheritance. The *Nayak* keeps most of her earnings for herself and divides the remainder evenly between her grandchildren, nati-*chelas*, and *chelas*. The *Guru* acclimates freshlyrecruited *chelas* to society and supplies them with clothing, food, and shelter. This network of relationships is comparable to a matrilineal family tree in which transgender persons categorize people according to laws of inheritance and assign them to sisters, aunts, nieces, granddaughters, and grandmothers. In the absence of their families love, support, and care, young Transgender persons rely on the network of relationships that strengthen the bonds within their community for moral and emotional support.

Figure 1. 1: Kinner Guru Sisya Parampara



1.4. Transgender community in Odisha

In Odisha, there are 4316 transgender families in rural regions and 463 Transgender persons living in urban areas, according to the Socio-Economic and Caste Census (2011). However, given that they now have the bravery to announce their transgender identity in front of the Supreme Court of India, which officially recognizes a person's self-identified gender as either male, female, or third gender, their current numbers would be far greater. Less than 0.04% of rural families and 0.01% of urban residents in the state identify as transgender. The majority of transgender persons live in major Odisha cities, including Berhampur, Bhubaneswar, Cuttack, Balasore, Rourkela, and Baripada, where they have access to a variety of job options. They can be seen residing in communities and being governed by their Gurus. Discrimination, a lack of medical resources, homelessness, alcoholism, depression, hormone pill misuse, penectomy, and challenges with marriage and adoption are some of the prevalent concerns these Transgender persons face.

The police frequently harass the Kinars and Hijras, and they band together to fight such cruel police behavior. They are frequently sexually assaulted. These Transgender persons are subjected to underreported and unreported forced sex and rape. Many of these Transgender persons choose sex work as a means of support. They get infected with numerous types of STDs, including HIV/AIDS since they are not engaging in safe intercourseby using condoms (Kaur).

Cities in Odisha have barred Transgender persons from participating in political, social, economic, and decision-making arenas. Structure-based violence has harmed them. Few people are aware of the biology and social dynamics of Transgender persons. The sexualminority group includes transgender persons. The male predominance in patriarchal culture imposes taboo and restrictions on Transgender persons's lives, as well as on their feeling of identity, security, belonging, and confidence with other groups. The issues faced by Transgender persons fall under the Male to Female (MTF) category, which is sometimes referred to as "*Kinaras*." These transgender individuals are frequently arrested and charged with violating section 268 of the IPC, as well as sections 269 and 270 of the law, for promoting sex in public places and transmitting disease.

Transgender persons encounter prejudice in healthcare settings in terms of being addressed and registered as men and being forced to be admitted in male wards. They are not

permitted to wait in the female line. Co-patients, medical staff, and hospital nurses verbally abuse them by calling them bad names. They have experienced discrimination at hospitals and even service refusal due to their transgender identity, sex work history, and HIV status. The Government of Odisha has put in place many programs for the welfare of transgender individuals. This program includes issuing BPL cards, a free housing program, distributing 5 kg of food grain under the National Food Security Act, pensions, and loans for business start-ups. Five kilograms of food grain and BPL cards have been given to a limited group of transgender persons. Lack of baseline data on the transgender population and administrative barriers prevent this community from taking advantage of other program benefits.

Despite the Supreme Court's decision to add a third gender, there has not been any effort to include transgender or third-gender land rights in the state, which has more than 15000 trans people, or roughly 4% of the country's overall trans population (SECC, 2011). It is challenging to include a transgender person's name in property records because the majority of transgender individuals in Odisha migrate away and do not stay with relatives. Even if the state government is implementing several assistance programs for them, securing their access to secure land rights should be given high priority (Choudhary et al., 2016).

1.5. Laws for Transgender Persons

India is a nation where the Constitution contains a well-established framework of fundamental rights. From the standpoint of transgender persons, the four significant Fundamental Rights clauses apply to them precisely as they do to the other two genders. These are their fundamental rights, for they protest too far from the olden to the new era. In accordance with Article 14 of the Constitution, nobody should be denied equal protection under the law or equality before the law inside the state's borders. Article 15 - No citizen should be subjected to discrimination by the state based on race, caste, religion, sex, or any combination of these.

Article 19 states that all people enjoy the freedom of speech and assembly, freedom to congregate peacefully and without weapons, freedom to live and dwell anywhere on Indian territory, and freedom to engage in any career pr, profession tr, ade, or commerce. Right to life or personal liberty under Article 21.

The most forward-thinking and developmentally oriented transgender laws in India have been adopted at the state level, particularly in Tamil Nadu and Karnataka. According to the 2010 C.S. Dwarkanath Backward Classes Commission's recommendations, Transgender persons

must fall under the definition of a backward class in order to get government benefits. The Tamil Nadu Transgender Welfare Board was established to defend the goals and rights of Transgender persons in Tamil Nadu, including housing, employment, education, and other areas, due to the ongoing efforts of transgender community leaders and activists.

The government of Odisha has made the audacious decision to recognize transgender persons as a distinct sex formally. The provision of horizontal reservation to transgender persons has been in the works. Last year, the government of Odisha deemed transgender individuals eligible and encouraged them to apply for the position of constable of police (advertisement no. 78/SBCC dated 12/06/2021). Through the department of SSEPD (Social Security & Empowerment of Persons with Disabilities), the government of Odisha has implemented several welfare programs to address transgender issues and improve their socio-economic position. The Supreme Court of India and the Indian Parliament have been considering the recognition of Transgender persons and their rights extensively since 2014.

The Indian Supreme Court ruled in 2014 that the Constitution's fundamental rights applied to the nation's transgender community (National Legal Services Authority v. Union of India, 5 SCC 4338 2014) in response to a petition submitted by NALSA (henceforth, NALSA). The Rights of Transgender Persons Bill, 2014, a private member's bill, was approved by the Rajya Sabha on April 24 and introduced in the Lok Sabha. The bill addressesseveral issues, including the social inclusion of transgender individual, their legal and financial rights, educational opportunities, skill-building, and the avoidance of transgender abuse, violence, and exploitation. People's Union for Civil Liberties (PUCL) study makes the following recommendation: "Civil rights under the law, such as the right to get a passport andration card, create a will and inherit property, and adopt children, must be open to allregardless of the gender transition. Since July 2012, the Ministry of Social Justice & Empowerment has been appointed the Nodal Ministry for Transgender Persons.

An Expert Committee was established in this respect, headed by an Additional Secretary (SJE), to conduct a thorough investigation into the issues the transgender community is now dealing with. The Committee's report was turned in on January 27, 2014. A four-meeting Inter-Ministerial Committee has been established to seek implementation of the Expert Committee's recommendation in light of the Supreme Court's ruling. The Ministry is developing an umbrella plan for the transgender community's educational, economic, and social empowerment. On August 2, 2016, a bill with the working title "The Transgender

Persons (Protection of Rights) Bill, 2016" was introduced in Lok Sabha (Luhur et al., 2020; Behera; Saria,2019).

1.6. Policy and welfare measures adopted by the government for the transgender community

The Indian government has recognized the importance of ensuring equality, freedom, justice, and dignity for all citizens, including transgender individuals. Various policies and welfare measures have been instituted to facilitate their inclusion and welfare.

The Constitution of India guarantees equal rights and opportunities for all its citizens, including transgender persons. Recognizing the importance of social developmental services in fostering inclusivity, the government has launched specific policies and schemes tailored to the needs of the transgender community.

National centre for Transgender equality -

One such initiative is establishing the National Center for Transgender Equality (NCTE), inspired by the pioneering work of transgender activist Mara Keisling in 2003 in Washington, D.C., United States. While the NCTE primarily focuses on policy advocacy and media activism in the United States, its principles resonate globally.

The NCTE addresses a spectrum of issues faced by transgender individuals, including workplace exploitation, challenges in obtaining identification cards, accessing public spaces, and receiving adequate medical facilities. Through education and advocacy, the organization strives to secure the rights of Transgender persons and combat discrimination and harassment against them.

In India, similar initiatives are underway to address the specific needs and challenges of the transgender community, ensuring their equal participation and well-being in society.

National Legal Services Authority (NALSA) vs. Union of India, 2014

The NALSA vs. Union of India landmark decision recognized transgender individuals as the third gender. It granted them the right to self-identify their gender as male, female, or third gender. This ruling marks a significant stride towards gender equality in India, affirming fundamental rights for all, regardless of caste, class, or gender.

The judgment not only ensures legal recognition of individuals transitioning between male, female, and binary genders but also extends crucial support to vulnerable groups within

Indian society by providing free legal services. Additionally, it mandates separate sanitation facilities for transgender individuals in public places, addressing an essential aspect of their fundamental rights.

Furthermore, the ruling emphasizes the importance of healthcare access fortransgender individuals, directing both Central and State governments to provide necessary facilities and conduct surveys, such as assessing HIV prevalence among transgender populations.

Moving forward, the government is tasked with implementing social welfare schemes that treat transgender individuals equally while also prioritizing awareness campaigns to integrate them into mainstream society and combat discrimination against them. This comprehensive approach aims to foster inclusivity and dignity for all members of society. (NALSA Judgment, 2014)

The Transgender Persons (protection of rights) Bill, 2016

In 2016, the Lok Sabha passed a bill inspired by the NALSA Judgment, granting identity recognition to individuals identifying as the third gender and safeguarding their rights under Part III of the Indian Constitution. Recognizing the social exclusion and economic disadvantages faced by the third-gender community, the bill ensures their access to educational opportunities by providing reservation quotas during admissions to educational institutions. This legislative measure aims to promote inclusivity and address the systemic barriers hindering the advancement of the third-gender population in India.

Sweekruti, 2017

The *Sweekruti* scheme, operating under the Social Security and Empowerment of Persons with Disabilities (SSEPD) department of the Government of Odisha, is dedicated to advancing transgender equality and justice. This initiative offers avenues for the transgender community to actively participate in various fields through socio-economic and educational schemes tailored to enhance their status.

Given the lack of accurate data on the transgender population in the state, it isimperative to conduct surveys to ascertain their actual numbers within our society. Furthermore, raising awareness among parents of transgender individuals is crucial for fostering an environment conducive to the proper upbringing of gender-variant children, with a focus on education. Scholarships can play a pivotal role in facilitating their educational journey.

Addressing the discrimination faced by transgender individuals within families and schools is essential for mitigating mental health issues. Counseling sessions for both parents and children can help in this regard. As the transgender community often facesmarginalization, the state must implement various programs aimed at their personality development and offer income-generating opportunities through diverse training programs, thus integrating them into mainstream society.

Odisha Transgender Policy, 2017

According to the 2011 Socio-Economic and Caste Census, there are 4316 transgender individuals in rural areas and 463 in urban areas. In Odisha, the Department of Social Security and Empowerment of Persons with Disabilities has observed a significant portion of the transgender population living below the poverty line due to limited employment opportunities.

To address these challenges, the government has focused on initiatives targeting organizations dedicated to transgender advocacy and LGBTQ research. Recognizing the inherent right to lead a life of dignity, the government has undertaken positive measures to combat gender inequality. These efforts include improving access to medical facilities, providing education and vocational training opportunities, and eliminating discrimination in educational institutions and workplaces.

The Supreme Court of India laid down guidelines in the NALSA vs. Union of India judgment of 2014, further bolstering transgender rights. Subsequently, the Government of Odishapassed the Odisha Transgender Policy in 2017, which encompasses all categories of transgender individuals, including FMT, MFT, and intersex people.

Key objectives of the policy include recognizing transgender rights in the state,ensuring their identification as transgender in official documents such as Aadhar cards,promoting a life of dignity, providing healthcare services, and eradicating discrimination in educational institutions, workplaces, and public spaces. Overall, the policy aims to foster equality among transgender individuals and integrate them fully into society.

The Transgender Persons (Protection of Rights) Act, 2019

The legislation, introduced on July 19, 2019, and ratified on August 05, 2019, by the Lok Sabha and on November 26, 2019, by the Rajya Sabha, was spearheaded by Mr. Thaawarchand Gehlot, the Minister of Social Justice and Empowerment. This law addresses

the social challenges faced by transgender individuals and safeguards their rights. It aims to eliminate discrimination against Transgender persons in education, workplace status, healthcare access, and opportunities for participation on par with the general population. The inclusion of transgender individuals into mainstream society marks the initial stride towards fostering their community. The government pledges significant efforts towards rehabilitation, establishing centers, and offering vocational training to enhance employment prospects. An identification certificate is imperative to ensure the full realization of their rights.

Draft Transgender persons(protection of rights) rules, 2020

On April 18, 2020, the Ministry of Social Justice and Empowerment unveiled the Draft Transgender Persons (Protection of Rights) Rules, 2020, as part of the Transgender Persons (Protection of Rights) Act, 2019, seeking input from the public. The global Covid pandemic has impacted populations worldwide, including the transgender community. The primary aims of revising these rules for transgender individuals include facilitating easier issuance of identification certificates by District Magistrates, prohibiting unlawful labor practices, preventing exploitation in workplaces, healthcare facilities, and educational institutions, and ensuring the freedom of movement in public spaces.

NCT

The NCT, or National Council for Transgender Persons, is a governmental entity in India comprising five representatives hailing from different regions: Laxmi Narayan Tripathy from Jammu and Kashmir (North), Gopi Shankkar Madurai from Andhra Pradesh (South), Meera Parida from Odisha (East), Zainab Javid Patel from Gujarat (West), and Kak Chingtabam Shyamcand Sharma from Tripura (North-East). Established in 2020 under the Transgender Persons (Protection of Rights) Act, 2019, it addresses policies and programs affecting transgender, intersex individuals, and those with variant gender identities (GIESC - Gender Identity/Expression and Sex Characteristics). Evaluating the impact of laws and policies on Transgender persons ensures their equal participation across all spheres. The council also incorporates representatives from the National Human Rights Commission and the National Commission for Women. Issues regarding their occupation, livelihood, and societal inclusion are prioritized for awareness and action.

Additionally, each state should establish Transgender Welfare Boards to meet basic needs like food, housing, medical care, and education. Through its initiatives, the council aims to ensure the security and integration of transgender individuals into society. Alongside

policy considerations, significant strides must be taken to address the unique challenges faced by the transgender community.

Garima greh- a shelter home for Transgender persons

The initiative, "*Garima Greh*," offering shelter homes for transgender individuals, was inaugurated virtually by the Union Minister for Social Justice and Empowerment, Shri Thaawarchand Gehlot, in Vadodara, Gujarat. These homes offer basic amenities such as food and healthcare services to foster a sense of dignity and respect among the residents. Each home is set to accommodate a minimum of 25 transgender persons, facilitating their rehabilitation and empowerment.

National portal for Transgender persons

The Government of India's Department of Social Justice and Empowerment has introduced the National Portal for Transgender Persons. This initiative enables members of the transgender community to apply for certificates and identity cards from the comfort of their homes, eliminating the need to visit government offices. This proactive measure facilitates their integration into mainstream society by the Transgender Persons (Protection ofRights) Act, 2019. Initially accessible in English, the portal has expanded to include Bengali, Gujarati, Kannada, Malayalam, Marathi, and Hindi, enhancing accessibility and inclusivity.

SMILE (Support for Marginalized Individuals for Livelihood and Enterprise)

This initiative has been instituted under the Ministry of Social Justice and Empowerment, comprising two sub-schemes: 'Comprehensive Rehabilitation for Welfare of Transgender Persons' and 'Comprehensive Rehabilitation of persons engaged in the act of begging.' Operating as a national-level umbrella scheme, it encompasses various provisions, including medical services, counseling, education, skill enhancement, and economic opportunities through partnerships with governmental and non-governmental organizations, benefiting transgender individuals and beggars. This scheme operates under the auspices of the National Portal for Transgender Persons.

Draft Odisha Transgender Persons Policy, 2021

This policy underscores the right of transgender individuals to self-identify as man, woman, or transgender, aiming to afford them a dignified life through integration into various governmental programs. Government-led awareness campaigns seek to eliminate stereotypes

and stigma, fostering a healthy, inclusive environment where they can access fundamental rights, healthcare services, food distribution, clean water, sanitation, and other welfare amenities. The policy advocates for their inclusion in local government bodies and endeavors to protect them from violence and crime while ensuring equitable inheritance rights. It also establishes a Transgender Helpline staffed with trained counselors, facilitates access to social security schemes, and promotes their participation across all sectors of society.

A. Expanding the Reach of the National Food Security Act, 2013

In 2015, Odisha joined as the 20th state to implement the National Food Security Act across 14 districts. However, recognizing the need for inclusivity, the Odisha Human Rights Commission has urged the state government to extend the coverage of this Act to include the transgender community. This community faces pervasive discrimination and struggles for survival due to limited employment opportunities. By integrating them into the provisions of the Act, offering 5kg of subsidized food grains per person per month along with access to other subsidized food schemes, the government aims to address their socio-economic challenges. This initiative, implemented in 2015, facilitated benefits through the BelowPoverty Line (BPL) card system (Source: The Hindu, 2015).

B. Establishment of the Department of Social Security and Empowerment of Persons with Disabilities (SSEPD)

In 2015, the Odisha government established the Department of Social Security and Empowerment of Persons with Disabilities (SSEPD) to cater to various needs, including those of the transgender community. The department's objectives encompass safeguarding the rights of transgender individuals, offering pre-matric and post-matric scholarships, facilitating skill development and training programs, implementing a national pension scheme tailored for Transgender persons, and providing assistance to parents of transgender children.

C. Social Welfare Benefits Initiative, 2016

Odisha spearheaded social welfare benefits for transgender individuals in 2016, marking the first such initiative in India. Niten Chandra, the principal secretary of the Odisha Department of Social Security, advocated for extending benefits to transgender individuals equivalent to those available to other individuals below the poverty line. The initiative aimed to enhance the socio-economic status of Transgender persons by offering pensions, food

grains, housing, 100 days of paid work annually, and access to loans for entrepreneurial ventures.

D. Introduction of the Madhubabu Pension Yojana, 2020

The Madhubabu Pension Yojana represents a significant stride in empowering transgender individuals in Odisha. While the allocated amount may only partially meet their needs, it alleviates some financial burdens. Introduced by the Department of Social Security and Empowerment of Persons with Disabilities, this scheme provides monthly pensionsranging from Rs 500 to Rs 900 to eligible transgender individuals. The scheme, accessible through the MBPY website, aims to benefit approximately 6,000 Transgender persons, fostering independence and social integration, as acknowledged by Meghna Sahoo, the first transgender car driver.

E. Ensuring Equal Opportunities for the Third Gender Without Discrimination

Odisha has adopted a new policy to ensure equal opportunities for the third gender across various domains, irrespective of age, sex, marital status, sexual orientation, race, or birthplace. This policy aligns with the Transgender Persons (Protection of Rights) Act, 2019, and Central Rules, 2020, to create a conducive environment without discrimination. However, while these policy measures signify commendable efforts toward transgender empowerment, it remains crucial for authorities to assess their efficacy and responsiveness to transgender needs. The Odisha government can draw inspiration from states like Kerala and Tamil Nadu, which have undertaken substantial initiatives to empower transgender individuals. Notably, Tamil Nadu's efforts include the establishment of a Welfare Board for Transgender persons in 2008, the provision of free education and stipends for further studies, the introduction of support programs like 'MINASU,' and the implementation of a comprehensive Transgender Welfare Policy. Additionally, Tamil Nadu's High Court ruling in 2019, recognizing trans-women under the Hindu Marriage Act, underscores the need for Odisha to address similar legal gaps and ensure comprehensive inclusivity.

1.7. Sex Reassignment Surgery

Sex reassignment surgery (SRS), albeit controversial in assessment and treatment, is a crucial operation that may be both beneficial and destructive. When a person's gender identity and physical appearance are inconsistent, it is known as Gender Dysphoria (GD). Because of

the high lifetime risk of suicidal thoughts among individuals and the fact that it is unrelated to sex, age, or educational attainment, it is a situation where people are enduring psychological anguish. Because the number of people with Gender Dysphoria (GD) who require medical help has increased noticeably over the past ten years, the need to provide them with essential support is a factor that healthcare providers should consider.

Although it is desirable to be sent to specialized gender clinics, due to travel and financial restrictions, this may not be possible for many families.

A certified MHP's suggestion for treatment and the confirmation of the diagnosis are prerequisites for hormonal treatment of GD. Before receiving cross-sex hormone therapy, it is also thought vital to have real-life experience (RLE) of residing in the specified gender full-time. Tanner stage II is the earliest that puberty suppression may be given, but cross-sex hormones cause some physical changes that are essentially irreversible. Although this phase is often regarded around age 16, there is an increasing trend toward starting it before age 14 (Chen et al., 2016).

However, Sex reassignment surgery (SRS) is a successful operation, and it has resulted in psychological changes in transgender persons since. It enables transgender personsto fulfill their ideal societal function. The primary motivation of Sex reassignment surgery (SRS) is to improve quality of life (QoL) across several domains. Numerous studies have shown that Transgender persons experience an inferior quality of life in most areas than regular members of society. This population needs more attention to be understood and supported in improving quality of life (QoL) and physical and mental health.

According to earlier articles, Sex reassignment surgery (SRS) is a highly recommended procedure to develop mental health and achieve a notable reduction in such disorders because it is proven that the rate of psychological disorders like depression, anxiety,and suicide among Transgender persons more than the general population, after the surgery. The treatment for gender dysphoria (also known as gender identity disorder) that is typically offered with a psychiatric prescription is sex reassignment surgery. Individuals who want or have completed a social transformation from male to female are known as transsexuals (or female to male). Sometimes, this transition also includes a bodily alteration brought on by genital surgery and cross-sex hormone therapy (sex reassignment surgery).

Male-to-female transgenderism is often treated with mental evaluation, transgender hormone therapy, and sex reassignment surgery. Orchidectomy, penectomy, clitoroplasty, labiaplasty, and neovaginoplasty are often significant surgeries in sex reassignment surgery

(creation of the neovagina). In addition to these procedures, lipoplasty, feminization laryngoplasty, permanent hair removal, permanent breast augmentation, and face feminization surgery are frequently used to improve the aesthetic look of women and increasetheir secondary sexual characteristics. The surgical treatments are often carried out in phases in female-to-male transsexuals: first, a subcutaneous mastectomy, which is frequently accompanied by a hysterectomy-ovariectomy (endoscopically assisted). The following surgical treatment is genital transformation, which involves a vaginectomy, repair of the horizontal section of the urethra, scrotoplasty, and typically a radial forearm flap for thepenile reconstruction (or an alternative). When the feeling is back to the tip of the penis after roughly a year, testicular and penile prostheses can be inserted (Monstrey et al., 2011).

1.7.1. Male-to-female transgenderism

Female transgender patients must meet specific requirements before receiving the surgical intervention, including undergoing hormone replacement therapy for a minimum of a year. In order to acquire a more feminine form after that, most patients choose to have face feminizing surgery, which is depicted in Figure 1.17. Female sex hormones cause the breasts to enlarge. However, many patients still choose to have silicone breast implants. Mostpatients also decide to lessen the prominence of the laryngeal cartilage (Adam's apple).Others have their vocal cords surgically reshaped to give them a more feminine sound. In the procedure of changing a person's gender from male to female, genital reconstructive surgery includes the removal of the testicles and penis as well as the creation of a vagina, vulvar complex, and female urethra. Dr. Kurt Warnekros, a German gynecologist, performed thefirst surgical conversion of a male into a woman on Lili Elbe in 1930. She had bilateral orchiectomy, penectomy, vaginoplasty utilizing the penile skin's free flaps, and ovary transplantation. Three months after the ovary transplant, the patient passed away as a result ofcomplications.

In male-to-female sex reassignment, reconstructive surgery of the genitals aims to provide a functioning vagina, urethral meatus, and genital look that resembles that of a biological woman. Failure occurs in 10-15% of people who have sex reassignment surgery. The male-to-female and the female-to-male groups have their share of failures. A good outcome from surgical operations depends on getting the best outcomes possible. An individual's advanced age at the time of sex reassignment request may be viewed as a risk factor for a negative outcome. (Lundström et al., 1984).

The use of vascularized penile skin flaps for vaginoplasty was first documented in the 1950s, and this technique is still used to create neovagina in transsexual women. Only a few minor changes have been made to the method so far. An inverted penile skin flap on a vascularized pedicle can be enlarged using a urethral flap to improve erogenous sensations and lubrication.

In comparison to skin grafts, this approach has several benefits, including higher flap survival, a low risk of flap retraction and neovaginal stenosis, the preservation of erogenous feeling thanks to the neurovascular pedicle, and a decreased incidence of problems such as neovaginal prolapse. Urethral flaps are further employed to produce excellent neovaginal lubrication. Conversely, the ability to create a neovagina with the necessary depth may be constrained by the length of the neurovascular pedicle and penile skin. Additionally, if the clitoris is not concealed between the labia majora, it remains more exposed and thus more sensitive (Rubin.,1993).

1.7.2. Female to Male transgenderism

In female-to-male transgenderism, most people choose to have their breasts removed initially. The removal of the mammary glands, rebuilding of the breast to resemble a man's, and occasionally reduction and repositioning of the nipples to resemble a man's are all components of a bilateral mastectomy. Bilateral subcutaneous mastectomy can be performed using a variety of methods at the moment. The method primarily depends on the patient's nipple size, pre-existing asymmetry, and breast size. Transgender men frequently wear corsets for extended periods before having bilateral mastectomy. Long-term use of a corset firmly tied around the chest causes unique alterations in the skin's flexibility and connective tissue of the breast (Kuiper & cohen., 1988).

Given that there is evidence of ovarian cancer in trans males due to the high amounts of testosterone, a hysterectomy is the removal of the uterus. The removal of the adnexa frequently follows it. Hysterectomy is frequently performed prior to the final genital reconstruction since, in the majority of nations, a hysterectomy and mastectomy are sufficient procedures to formally alter a person's gender and result in personal documents to reflect that transition. Laparoscopic, transabdominal employing a supra-pubic transverse laparotomy, a Pfannenstiel incision, and transvaginal hysterectomy are all options. Vaginectomy, the removal of the vagina, is the cornerstone of male genital restoration(Bouman.,1988).

During colpocleisis, the vaginal mucosa is entirely removed, and the area is surgically closed with circular stitches. Phalloplasty is the penultimate step in the rebuilding of the male

genitalia. Metoidioplasty and complete phalloplasty are now the two techniques available for the reconstruction of the neophallus in transgender men. By extending and straightening the clitoris, a tiny neophallus is produced by the metoidioplasty operation. Preoperative testosterone therapy causes the clitoris first to expand. Preoperative use of dihydrotestosterone twice daily for three months before surgery, locally applied to the clitorisin conjunction with a vacuum pump, results in further clitoris growth. Due to the modest size of the neophallus, metoidioplasty allows the patient to have the look of male genitalia and allows them to urinate while standing. However, the neophallus's erection and sensitivity are entirely unaffected.

There are a variety of distinct metoidioplasty techniques used today. Still, they all fundamentally aim to extend and straighten the clitoris, produce a tiny neophallus, and repair the urethra and scrotum. Belgrade School for Genital Reconstructive Surgery is well-known for its metoidioplasty procedure, both among medical professionals and in the transgender community. Phalloplasty is another type of Sex reassignment surgery. During a phalloplasty, an adult-sized neophallus is constructed to provide patients with a male genitalia look, the ability to urinate while standing, and penetration following the placement of a penile prosthesis. Phalloplasty is a highly demanding and challenging surgical operation for the physician and the patient since it frequently calls for multi-staged repair (Frey et al., 2017).

For many transgender people, undergoing medical and social transition appears to be the most effective way to reduce the symptoms of gender dysphoria. The result of the research suggests that sex reassignment surgery has favorable impacts on both the overall quality of life and some aspects of it, including mental health, sexuality, and life fulfillment (Hess et al., 2014).

The respondents claim to face fresh challenges that neither their desired new or previous gender can see. SRS's difficulty was also overestimated since it is much more complicated than participants anticipated. They think a dynamic, interdisciplinary strategy is necessary to address psychological issues. They contend that not one of the settings they contact exhibits absolute acceptance of them. As a result of their inability to successfully integrate into intimate relationships, which led to uncertainty, isolation, and withdrawal from those interactions, they also do not have empathy. The SRS participants claim to feel personally satisfied with the surgical alterations performed. These encounters are frustrating, though, because emotions of rejection in interpersonal interactions accompany them. An emotional degree of discontent is being experienced here. They also mentioned their

subjective confusion and unease about the changing gender norms. They bring focus to the fact that this makes social integration challenging.

Many individuals find that what they believe would be a solution is instead shown to be a new problem since it faces them with the same practical challenges. The individuals discovered that they had to describe their gender to authorities, new acquaintances, possible partners, and co-workers after the change. Therefore, even though gender transitioning would have been able to resolve the gender identity question, it essentially replaced it using several challenging pragmatic issues. All of the individuals who underwent SRS agreed that sex change solved their gender identity issues, but it also resulted in a variety of complicated interpersonal problems, indicating that sex change is not a simple fix for the gender identity conundrum.

Finally, it indicates that after choosing SRS, patients require extensive psychological counseling both before and after the procedure. This will help the participant elevate the probability that they will later modify their interpersonal connections. After the sex change, it would seem that psychotherapy would be essential to properly prepare the participants for the ultimate adjustment to their new gender reality (Seeletse) (Thomas.,2018).

1.7.3. Gender Identity Disorder and Hormone Therapy

Gender identity disorder has been tagged as a psychiatric disorder according to the DSM-IV (handbook for psychiatric disorders) since 1980 (Draper and Evans, 97). DSM-IV claims that gender identity disorder or transsexuality has a robust and lifelong identification with the opposite gender, a continuous disquiet about the sex assigned since birth, and clinically proven discomfort at work, in social settings, or other significant aspects of life (American Psychological Association, 302.85). Besides, someone is not tagged by the DSM-IV unless having a transsexual disorder and physical intersex condition (American Psychological Association, 302.85). Against the American Psychological Association, many transgender reformers argue that transsexuality is not a mental disorder but rather a physical problem that can be cured using combined physical therapies introduced to change the body. Whether transsexuality is a mental disorder or it is another type of gender that should be approved by society as legal, the ethical tension on the issue of Sex reassignment surgery (SRS) is very stringent since SRS is a critical surgery that requires several medical aspects that may be limited.

The dual views of transsexuality, whether it is a psychiatric disorder or a physical disorder, vary widely in many arguments about SRS. These perceptions of transsexuality and

the conflicting views regarding the moral permissibility of SRS are discussed below. For those who accept that transsexuality is a psychiatric disorder, there is an ethical issue regarding whether surgery must solve those issues that could be dealt with using a psychosocial approach or whether surgery is ever an ethically acceptable, medically appropriate solution to the mind-body conflict that exists in transgender individuals. Onemust consider defining who should provide treatment and what kind of treatment is medicallysuitable. Some definitions of health, such as Daniel Callahan's, include physical well-being asa criterion for health while rejecting social and psychological well-being as legitimate criteria(Callahan, 1973, pp. 77-87). However, other definitions, such as that of the World Health Organization, include psychological and social well-being in the criteria for health (Callahan, 1973, pp. 78-79). The difference between these two views of what it means to be healthyleads to moral tension on the issue of surgery's role in treating GID since GIDs are classified under the realm of psychiatry rather than the realm of surgery. People who maintain that all psychiatric disorders should be treated solely by psychologists and psychiatrists hold that GReS is not an acceptable solution to transsexualism. To accept GReS as a solution to transsexuality would be to medicalize the issue of transsexualism, according to people like Daniel Callahan.

Additionally, some may argue that surgeries that limit the function of healthy organs or produce significant health risks, as GReS does, should not be performed. If harm can be done to the patient with an elective surgery such as GReS, some may say it should not be performed since surgery should only be done if it benefits a patient medically. The moral tension of this issue primarily lies in whether surgery must solve problems that could be dealtwith using a psychosocial approach and whether surgery is ever a morally acceptable, medically appropriate solution to achieving a new identity as a transgender person. Thosewho accept GID as an actual psychiatric disorder and use the WHO's definition of health would argue that SRS may be morally permissible in some cases. In contrast, those who accept GID as a psychiatric disorder and use Callahan's definition of health would argue that using SRS to treat GID would never be morally permissible. Those who believe that transsexualism is a physical problem, on the other hand, maintain that for some transgender persons, surgery is a medically appropriate treatment that has the potential to emotionallyheal and provide a source of inner peace for those who feel their biological gender isincompatible with their inner gender identity (Girshick, 2009; Winter et al. 2016).

Since the critical cause of discomfort is physical, physical solutions are the key, according to this group. Furthermore, this group argues that transsexuality should not be classified as a psychiatric disorder since it is a biological problem rather than a mental illness. The stigmatization of transsexuality resulting from its classification in the DSM-IV as a 'gender identity disorder' has been very harmful to transgender people since it has led to an increase in violence, medical neglect, and discrimination towards transgender individuals (Girshick, 2009). As Girshick puts it, "…application of these diagnostic labels unnecessarily pathologizes transgender and gender-variant people" (p 145). To call transgenderism anidentity disorder, Girshick argues, is to suggest that having a transsexual gender identity isnot legitimate. Treating gender identity that varies from the norm as a disease is wrong, people like Girshick argue. If society – as well as the medical profession – were to accept transsexuals as another category of gender, this would most likely lead to the elimination of GID as a psychiatric disorder, impacting patients' ability to obtain GReS. It is important to note, however, that though many advocates for gender-variant individuals are pushing for acceptance of genders outside of the gender binary, they also worry that the elimination of GID as a disorder might even more severely restrict access to GReS (Girshick, 2009; Greenet al., 2018; Lev, 2004). GReS is already quite challenging to obtain. With the elimination of GID as an "admission ticket" to therapy, it might become even more challenging to obtain surgery (Lev, 2004). In most places, gender-variant people must be diagnosed with GID and have lived in the opposite gender for approximately a year in order to be eligible for the surgery and, in some cases, even for hormone therapy. Additionally, it is already challenging to obtain funding for SRS.

Eliminating GID as a psychiatric classification may lead to increased restrictions on the surgery, as well as more difficulty in obtaining insurance reimbursement for medical treatments. Considerations regarding the status of GID as a disorder and its relation to access to GReS are essential since many people who identify as transsexual desire body modification as the last step of their identity achievement (Lev, 2004). The serious incongruity between body and soul can be very disquieting for an individual. Some transsexual people can achieve an adequate sense of body-soul congruency through hormonaltherapies and cross-dressing. Still, for some, body modification is perceived as an integralpart of achieving an identity as a member of the opposite gender. In order to achieve total body modification, surgery is often required for patient satisfaction. Hormone therapies can only do so much for patients; they can give Male to Female transsexuals breasts, but they can

never give them a vagina. Cross-dressing and hormone therapies can give a Female transsexual some sense of being male, but when he looks in the mirror, it is still a woman's face that looks back at him.

Transgender person hormone therapy, also known as hormone replacement therapy (HRT) or gender-affirming hormone therapy (GAHT), is a type of hormone therapy in which sex hormones and other hormonal drugs are given to transgender or gender-nonconforming people in order to align their gender identification and secondary sexual traits more closely. Depending on whether the treatment's objective is feminization or masculinization, this sort of hormone therapy is offered in one of two ways: Feminising hormone therapy and masculinizing hormone therapy (Weinforth et al., 2019).

The progress of feminine secondary sex traits and the inhibition or limitation of male secondary sex traits are the two objectives of feminizing hormone treatment. The growth of breasts (often to Tanner stage 2 or 3), a reassignment of subcutaneous fat on the face and body, a decrease in muscle mass, a decrease in body hair, a change in perspiration and odor patterns, and the stop and potential reversal of scalp hair loss are among the general consequences. Reduced erectile function, changes in libido, decreased or non-existent sperm count and ejaculatory fluid, and smaller testicles are only a handful of the sexual and gonadal symptoms. Treatment with feminizing hormones affects how people behave emotionally and socially. The standard course of treatment is taking estrogen together with an androgen blocker and, occasionally, a progestogen (Shepherd et al., 2022).

Typically, testosterone is administered as a shot, also known as an injection, or as a gel or patch placed on the skin. The growth of masculine secondary sex traits and the inhibition or limitation of female secondary sex traits are the two objectives of masculinizing hormone treatment. The growth of facial hair, virilizing voice changes, reassignment of subcutaneous fat on the face and body, increased muscle mass, increased body hair, altered sweat, and odor patterns, receding frontal and temporal hairlines, and possibly male pattern baldness are examples of the general effects. An increase in libido, clitoral development, vaginal dryness, and the cessation of menstruation are among the sexual and gonadal consequences. Even though an ovulatory state is not always present and long-term fertility may be compromised, some transgender men can stop using testosterone and have a healthy pregnancy. The effects of masculinizing hormone treatment on emotional and social operation might differ from individual to individual. Therefore, it is best to avoid making

generalizations. The overall strategy is utilizing one of many types of parenteral testosterone (Deutsch.,2016).

The consequence of hormone treatment on the psychological functioning of transgender patients found a statistically significant decrease in depression, somatization, interpersonal sensitivity, anxiety, hostility, and phobic anxiety/agoraphobia. However, some studies reveal that hormone treatment may enhance the quality of life in patients who undergo hormone therapy. The previous systematic studies examined the impact of both hormone treatment and sex reassignment surgery on the standard of living, mental health, and sexual and psychological functioning. As a result, combined with these two medical approaches, the psychological functions of transgender were increased in manner.

The respondents also confirmed that sex transition had a significant influence on the workplace, complicating working relationships and posing new difficulties. Some responders report experiencing acceptance with significant adjustment challenges on a romantic level. Additionally, it increases the possibility of losing current relationships and the anxiety associated with beginning new ones (Deutsch.,2016).

The most well-studied mental health-related variables in gender dysphoria patients getting hormone therapy are depression and its characteristics. In 1983, the first investigation into this matter was conducted. Depending on their hormonal treatment status, this cross-sectional study evaluated the psychological adjustment of male-to-female (MTF) persons. According to several research studies, female-to-male people (FTM) should keep a mood journal while taking testosterone. However, when measuring sad mood and other mood- related measures from baseline to after the fourth testosterone injection, the results showed no mood alterations.

In contrast to depression, anxiety has only lately been studied; in the past five years, three research have focused on this topic. Some studies have shown that hormone-treatment patients have fewer anxiety symptoms than non-treated patients. In 2006, a sizable sample of FTM people participated in the first study that looked at the standard of living among gender dysphoria sufferers taking hormone therapy. The research sample included in this analysis is the biggest one found in this comprehensive analysis, consisting of about 250 FTMs getting cross-sex hormonal therapy. The study found that hormone-treated FTM people had greater emotional, social, and mental well-being and that the length of the hormonal therapy was related to this improvement. Three more recent investigations verified that hormone treatment recipients in both MTFs and FTMs had higher emotional and mental well-being. One study

found that individuals with gender dysphoria had a superior standard of living in terms of their mental health when compared to a control group after receiving hormone therapy (Costa& Colizzi., 2016; van Leerdam et al., 2021).

The area of psychosocial functioning that has received the most excellent attention in hormone-treated patients is depression. Numerous elements, including the social and emotional components, have been studied. Additionally, two research looked into a broad indicator of psychosocial functioning. Hormone treatment appears to have distinct impacts onemotional functioning in MTF and FTM patients, with more generally good benefits in MTF and some unfavorable consequences in FTM patients. At the same time, more current research found that those with gender dysphoria getting hormone treatment had fewer issues with socializing and interpersonal functioning. Finally, studies examining global psychosocial functioning have produced contradictory findings, with one showing reduced functional impairment following the start of hormone treatment and the other finding no appreciable alterations (Patel et al., 2020).

1.7.4. Challenges in accessing the modern medical approaches

Even though the laws are legally composed by the government, people in society are still subjected to struggle to accept transgender persons in terms of unemployment, poor financial income, aesthetic look, hurdles in getting basic needs, and improper social justice. Suppose transgender persons change their sexual identity by using sex reassignment surgery and hormone therapy. In that case, it is still challenging to get accepted by society due to the social-cultural stereotypes and age-old moral value system. Several care centers for Transgender persons are in singular count due to the limitation of medical centers and scarce numbers in offering such specialized surgical interventions.

1.8. Research Objectives

This study, drawing empirical evidence from selected transgender people in Odisha, is a modest attempt to delve into several aspects, such as the perception of SRS, the socio- cultural issues related to gender identity disorder, the factors influencing the choice for SRS among the transgender people, and livelihood issues as impacted by the COVID-19 pandemic. The study was envisaged with the following broad objectives:

- To understand the nature of discrimination that transgender persons face due to gender identity disorder.

- to explore the perception among transgender persons regarding sex reassignment surgery.
- to understand the availability, accessibility, and affordability of sex reassignment surgery.
- to understand the impact of sex reassignment surgery on transgender people and the level of post-surgery acceptance by society.
- to understand the impact of the Covid-19 pandemic on transgender people's livelihood.

1.9. Theoretical underpinnings

Based on the above study objectives, the following theoretical lenses have been used to locate the sociological nuances.

Theory of self-actualization (Abraham Maslow, 1943)

Individuals have a hierarchy of needs: at the bottom are physiological needs (food, sleep, air), then safety needs (protection, security, stability), love and belongingness, self-esteem (self-respect, admiration), and at last, self-actualization (self-growth, fulfillment of potential life). By analyzing this theory, it can be said that transgender persons are deprived of all these needs, including health (SRS and hormone therapy), and are in a problematic situation.

Looking Glass self-theory (Charles Horton Cooley, 1902)

A person's self grows out of society's interpersonal interactions and the perceptions of others. Society exploits, sexually harasses, neglects, and treats them as transgender. They feel they are going through this because of their curse and are discriminated against in society and do not raise their voice for justice and equality. So, they go for SRS to turn themselves into a gender that they identify themselves with.

Social stigma theory (Erving Goffman, 1963)

Transgender people face social stigma in almost every social sphere, are deprived and assigned lower social status, and struggle for identity, let alone live lives of dignity. Such stigma affects their behavior. Hence, many transgender individuals go through depression

and face socio-psychological problems. In order to avoid social stigma, sex reassignment surgery is seen as a solution.

Relative deprivation theory (Robert K. Merton,1950; Samuel Stouffer,1949)

Relative deprivation arises from a lack of resources to maintain a diet, lifestyle, activities, and minimum basic life needs. As most transgender people are driven away by their family members and are deprived of social and emotional security, they struggle for the bare needs of life.

In the process, these theoretical underpinnings have helped us understand the needs and problems of this vulnerable population segment.

Chapter 2

Literature review

2.1. Chapter Introduction

Sex and gender constitute significant facets of sociological research. However, the transgender population made a late entry to sociological investigations. In the subsequent section, we summarize the literature on this. In doing so, we also present the research insights hitherto available and identify the gap in the existing literature to iterate relevant research questions and sharpen the conceptualization of the study.

2.2. Review of Transgender people in diverse perspectives

Green et al. (2018) explained that gender is not a continuum or range of gender identities and expressions but rather a binary choice between male/men/masculine and female/woman/feminine based on sex given at birth. For individuals who do not fit cleanly into the either/or categories, the gender binary is frequently seen as restricting and troublesome for everyone. This paper also explains the basic terminology regarding genders. The proper usage of words while speaking is included in this article. This article has a limiteddefinition for each phrase. If any doubt arises, external support is necessary.

Flores (2019) discussed the LGBT (lesbian, gay, bisexual, and transgender) Global Acceptance Index (GAI), which aims to gauge the relative level of LGBT individuals and problems in each nation during a specific period, which has recently changed. Moreover, the acceptance rate from 174 countries increased from 1981, explained in detail. Even though it measured the Global Acceptance Index, the era changed after the pandemic, so the Acceptance rate may fall from the measured value.

Sutradhar (2019) sought to identify and recognize Transgender persons's identities and vital roles in Indian mythology, art, religion, and literature, as well as their substantial contributions to society. Also, it explains the homosexuality that exists in Indian mythology. A great example is Ayappan, who is the son of lord Shiv and Vishnu. This paper explains the traditional approach of many gods present in Hinduism and many people who don't even have faith in God, so this article is not worth it in front of the atheist.

Raj (2020) primarily focuses on historical, cultural, and religious evidence that is properly considered and acknowledged. The article addresses evidence from ancient religious and cultural texts like the Kamasutra, Sushruta Samhita, Charaka Samhita, the Mahabharata,

and Naradasmriti. Additionally, the essay tries to explain "The Transgender Persons (Protection of Rights) Bill, 2016". This research paper failed to explain the modern approach to Transgender persons.

Whittle (2010) explained the ancient times how transgender people accessed medical treatment while the medical facilities were not good at that time. There is a broad variation of terms trans people use to define themselves, from the Hijra of India to the Fa'afafine of Polynesia, the ladyboys and the tomboys of Thailand, and the Takatapui of New Zealand. However, the details are limited, so it's hard to know them.

Lowe et al. (2010) explained that transgender Christians provide testimony to God's ongoing creative activity through and through us. God gave us our cohesive bodies and thoughts as gifts. We are obligated to adore ourselves devotedly. Moreover, the same Spirit has given each of us particular grace gifts. This article is shortened in the Christian region, so for other religions and atheist people, it's hard to understand.

Meier et al. (2013) explained the sexual orientation and sexual behavior of transgender and also explained the prevalence of transgender community in different geographic locations. Prevalence estimates are somewhat helpful as they repeatedly show thatbirth-assigned men appear to transform to another gender in far greater numbers than birth- assigned women do and that the proportion of trans people across all geographic areas is typically less than 1% of the population. Still, there is a dilemma in the population %age because most transgender people are not even recognized.

Reisner et al. (2016) suggested that in order to assess natal sex/gender identity status, this article employed a two-step process that included assigned birth sex (Step 1) and present gender identity (Step 2). We discovered that 0.54% of participants in an online sample of users of a sexual networking website targeting MSM in Spanish- and Portuguese-speaking nations/territories in Latin America/the Caribbean, Portugal, and Spain were transsexual. This prevalence estimate agrees with one from a random Massachusetts sample research published in the United States. Notably, individuals who chose "Prefer Not to Answer" when asked about their given birth sex and recent gender identity were not included in the study, which is the main limitation of this study.

Spizzirri et al. (2021) explained that Gender diversity is estimated to comprise 0.1 to 2% of the populations studied. However, no analysis of this kind was done for Latin America. We explored participant socio-demographic factors and potential correlations with current gender identity, classified as cisgender, transgender, or non-binary gender, in a representative

sample of Brazil's adult population. Also, it looked into how Transgender persons felt about their gender-specific physical traits. The author of this study was unable to establish that participants would identify with the three categories for gender identity: cisgender, TG, and NBG, as listed in the questionnaire in which the author had classified them. In addition to that, Brazilian birth certificates only allow for a choice of two sexes, so it's hard to officially announce which transgender category they are.

Reed et al. (2010) illustrated why the following fast increase in the number of patients seeking treatment in the UK necessitates an upward adjustment of the initial figures. 6,000 of the 10,000 persons in the current population, or 20 per 100,000, have transformed. At birth, 80% were designated as males (now trans women) and just 20% as girls (now trans men). The Gender Recognition Panel in the UK is compiling helpful information on those requesting Gender Recognition Certificates. These programs, however, need to catch up on statistics on patients who arrive for care. Also, the gender identity clinics must cooperate to record new recommendations.

2.3. Review on difficulties faced by Transgender persons

This session clearly explains the difficulties faced by transgender persons in terms of physical and mental health and the social environment.

Grant et al. (2011) highlighted what is both blatantly evident and all too frequently overlooked while discussing the human rights agenda. People who are recognized as transgender or gender non-conforming experience discrimination everywhere they go, including in their childhood homes, the sheltering and educating school systems, the harshand exclusive workplaces, the grocery store, hotel front desks, doctors' offices, and emergency rooms, in front of judges, and at the hands of landlords, police officers, medical professionals, and other service providers. This paper explains the US regions only; other regions are not considered in this article.

Schilt et al. (2009) combined two case studies that look at how "gender normal" persons who are not transgender engage with transgender individuals to show how genderand heteronormativity are related. The majority of the research on violence against trans people blames gender norm violations for the problem. It assumes that all Transgenderpersons are vulnerable to the same kind of violence in all kinds of social contexts. Two research studies used in this article make this justification more complex.

Hess et al. (2014) explained that Lesbian, homosexual, bisexual, and Transgender persons have a higher-than-average risk of engaging in suicidal conduct, yet research, therapies, and suicide prevention initiatives aimed at these populations have received less attention. An expert panel spent three years working on this article to address the requirement for a better knowledge of suicidal behavior and suicide risk among sexual minority communities and to encourage the development of necessary preventative measures, treatments, and policy reforms. Even though there are a variety of recommendations, a large country needs to consider multiple factors in its implementation.

Bockting et al. (2013) conducted 1093 individual transgender engaged in an online survey. According to the poll, clinical depression (44.1%), anxiety (33.2%), and somatization (27.5%) were all quite prevalent among the respondents. Psychological discomfort was positively connected with social stigma. Support from peers (transgender individuals) tempered this connection. By gender identity, there were not many disparities. Since it is an online survey, It may not be transgender to attend this survey.

Baral et al. (2013) explained that transgender women have a very high risk of contracting HIV and are in immediate require of care, prevention, and treatment programs. Because of the severity and consistency of the disease loads across different groups, the results of the meta-analysis of HIV infection rates are surprising. When stratified by the nation's income level, this held across all continents, including Europe, Central and South America, Asia-Pacific, and the USA. In this research, trans women are focused on different regions, and the reason behind the trans women pushing themselves in this way was not mentioned.

McKinnon et al. (2014) examined the relationship between gender and gender identity, the interconnected issues of stereotype danger, and attributional ambiguity. "Stereotype threat is the feeling that one may be evaluated or treated by a stereotype when a negative stereotype about a group one belongs to becomes personally relevant, typically as aninterpretation of one's conduct or an experience one is undergoing. Nevertheless, this article only explains one type of problem.

Sherriff et al. (2011) provided qualitative research done in the English country regarding bullying, racial prejudice, and social elimination of LGBTQ people. Threats to the physical, emotional, and mental health of LGBTQ young people are connected to the complex interaction of discrimination, social disgrace, and a lack of familial or institutional support. It draws attention to how marginalized LGBTQ adolescents are. Also, this author

emphasizes the need for professionals to take care of issues LGBTQ people are goingthrough, but it's hard to say that the presence of trained professionals at all times is impossible.

Grossman et al. (2007) clarified that Lesbian, homosexual, and bisexual youth's sexual minority status is a significant danger cause for suicide. Fifty-five transgender adolescents were studied in this article based on their life-threatening activities. One-quarter of the people reported attempting suicide, and almost half admitted to having had severe thoughts of suicide. Transgender people evaluated in this paper were limited.

Humphrey et al. (2016) aimed to critically examine the portrayal of trans-media in the UK and how it affects transgender viewers. In terms of binary and nonbinary genders, participants perceived the misrecognition differently, and nonbinary participants encountered nonrecognition in the media as opposed to distorted recognition. Misgendering was the most frequent type of misrecognition that was seen. The depiction of trans people in media pieces frequently referenced former names and identities, and participants felt that such admissions were unnecessary. Future research must examine how transmedia depiction affects feelings of class, ethnicity, and sexuality.

Steinbock (2020) asserted that the trans visual culture is currently in a riotous state, as evidenced by the erratic characters in series, the unrestrained plotlines in films, the vibrant presences on television, the loud subcultures on Tumblr, Tik-Tok, YouTube, and other social media platforms, and the vivid and varied appearances in mainstream media, indie, arthouse, and grimy lowbrow. Any specific methodological or disciplinary approach cannot tame or harness into understanding the public chaos brought on by transmedia and visual culture. Trans-media studies are not only enough because telecasting videos in the media are not genuine.

Ashraf (2015) highlighted the socio-economic circumstances of the transgender community in Jammu and Kashmir. In Kashmir, both the societal acceptance of transgender individual and their visibility are pretty low. As a result, it is unknown how many transgender women there are in Jammu and Kashmir. In Jammu and Kashmir, there is an unseen minority that continues to be disenfranchised and disadvantaged. Although the Indian government forms the rules, the conflict which is occurred in recent years and the importance given to trans people is limited.

Mehmud et al. (2019) examined Transgender persons's problems, paying particular attention to how difficult it is for them to acquire school. The Transgender persons who live

in Khyber Pakhtunkhwa (KP Pakistan) feel as though they are in an infamous pit. This essay aims to identify the difficulties and obstacles that transgender people in KP encounter daily and in obtaining access to school. This article is based on interviews of teachers, lawyers, and parents of transgender people. Furthermore, the interview should be taken with trans people because they know the real pain.

Amos et al. (1993) are concerned with exploring the struggles of trans women, A Hijra Life Story. This study tries to examine the suffering and anguish experienced by trans women. The stigma associated with trans women is felt by both the family and the wider community. They get alienated as a result and cannot live a regular life. In the eyes of society, they become an object of ridicule and peculiarity. They experience physical abuse, sexual assault, and humiliation. They must battle every day of their lives in order to survive. All said in this journal is true, but some trans people have better lives than others, so the life of each Hijra varies from person to person.

Laidlaw (2018) explained the recent passage of Bill C-16, which provided legal state rights for transgender Canadians and examples of how transgender sex workers take responsibility for their security rather than relying on the government. In addition to restricting sex workers' access to legal protections, criminalizing some components of the sexbusiness also prevents trans sex workers from exercising their Bill C16 rights.

Steinbock (2022) explained 'Visual essentialism' as a perspective on trans-visual culture, along with the violence it perpetrates and the disbelief it breeds toward self-definition language for gender identities. The author contends that by concentrating on whether the figure and ground are aligned, the analyst may more thoroughly explore how the elements of visuality are cooperating to place one's value-laden viewpoint on things that are clearly seen as transgender and non-trans. Transgender people, like ordinary people, should be valued for their knowledge, just as cultural aspects are.

Sankhyan et al. (2022) referred to Transgender persons and judicial pronouncements as they examine the lengthy battle of the LGBTQ Community for Fundamental Rights andthe discrimination they encounter in all aspects of life. It also examines the challenges of the LGBT Community, which will face the legal and social reforms required to achieve full equality and acceptance in the traditional Indian culture. Even though the rules are established, common people should be changed to reconstruct society.

2.4. Review on health issues, sex reassignment surgery and hormone therapy

This section explains the two official medical approaches used to transform trans-gender identity into a singular identity. Even though professional doctors proposed a medical approach, transgender people still struggle to follow this approach. Also, after the medical treatment, trans people still have fear of facing society because of the orthodox mentality of people.

Chokrungvaranont et al. (2014) examined the evolution of gender reassignment in Thailand from 1975 to 2012, looking at societal attitudes, epidemiology, the characteristics of surgical patients, laws and regulations, religion, and the patient's journey from psychiatric evaluation to surgery. The legal system in Thailand does not give transsexuals the same rights as in other Western nations, and gender dysphoria medical treatments are not widely available despite these advancements. This article's author strongly believes that sex reassignment surgery will come up free of cost, but it is impossible.

Rubin's (1993) Sex-reassignment procedure is the urethra and glans penis was retained, and the glans was transferred to a location near the introitus of the neovagina to function as a "pseudo clitoris" in 13 transsexual biologic males. This method worked in six instances. The approach has the benefit over earlier procedures in that the glans penis and its delicate mucosa are preserved at the neovaginal introitus. The drawbacks include the need for a second procedure to resect and trim the glans after it has fully healed and the risk that the glans will necrotize if the blood supply to the corpus spongiosum is cut off.

Snaith et al. (1993) assessed the therapeutic impact of sex reassignment surgery on 105 male-to-female transsexuals in the Netherlands and 36 female-to-male transsexuals. Data were gathered through structured interviews. Only subjective information, the people themselves reporting on their gender identity, gender role, and physical condition, was included in the evaluation. The main limitation of this study is that there were no discernible differences between individuals who were still receiving medical therapy and those who had finished their course of treatment.

Caldarera et al. (2011) explained that the incidence of transsexualism and sex reassignment surgery (SRS) in Italy has recently been the subject of comprehensive national data collection initiatives, which are described in this article. It was requested that the clinics providing this type of care and the Italian Ministry of Health work together by sharing their data. It is recorded how many people received SRS, as well as their age, nationality, kind of

surgery, and sex ratio. The main drawback of this study is that the data collected from resources needs to be revised.

Sutcliffe et al. (2009) analyzed the research on the five surgical treatments for MTF transsexualism: clitoroplasty, labiaplasty, orchidectomy, penectomy, and vaginoplasty individually. Eight surgical techniques for female-to-male (FTM) trans sexism were further examined: vaginectomy, hysterectomy, mastectomy, metoidoplasty, phalloplasty, salpingo-oophorectomy, scrotoplasty/placement of testicular prostheses, and scrotoplasty/placement of testicular prostheses. Although excellent results were reported, the extent of benefit and damage for specific surgical treatments cannot be adequately predicted based on the data that is now available.

Bouman et al. (1998) included information on 55 individuals and 67 male transsexuals who underwent surgery. The primary idea behind this article's surgery procedureis that the vagina is lined with inverted penile skin, much like a pedicle flap on the abdomen. The erectile tissue has all been eliminated. During the follow-up, particular focus was placed on how the patients responded to the procedure and the morphological and functional outcomes. There were few complaints about the way they looked, and just four patients had further surgery to make their vaginas bigger. Some patients' vaginas were deemed to be too tiny.

Alipour (2017) examined how the issue facing transgender Muslims led to fatwas on sex-reassignment surgery and how such fatwas ultimately broadened the definition of Islamic tolerance. The study applies the traditional approach to comprehending the Islamic notion of ijtihad to analyze the primary legal justifications for Khomeini and Al-Tantawi issuing such advanced fatwas. Both Sunni and Shi'a classical thinkers considered this procedure to be primarily immoral and so forbidden (haram) in Islam.

Pauly (1968) reviewed the postoperative outcomes of 121 male transsexual people who had sex reassignment surgery. A favorable outcome is ten times more likely than an unsatisfactory one, as evidenced by more significant social and emotional adjustment. A working prosthetic vagina, a legal change in gender status, and the ability to openly interact with people of the opposite sex in society are all benefits for transsexual people. Until other treatment methods show efficacy, the first results can be confirmed or refuted.

Beek et al. (2016) classified the illnesses related to gender identity that have changed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) covered in this article, along with how these changes have been linked to conceptualization shifts. The

nomenclature, location, and criteria were reassessed in light of the growing body of research on gender incongruence and gender dysphoria. However, changes to the diagnosis's many components were not just the result of the study. Gender incongruence and gender dysphoria were conceptualized in part due to social and political circumstances.

Kuyper et al. (2014) assessed the self-reported gender identity and dysphoria in a Dutch population sample (N = 8,064, aged 15 to 70), and the current study calculated the prevalence. Three variables, gender identity, disliking of the natal female/male body, and desire for hormone therapy or sex reassignment surgery, assessed several elements of gender dysphoria. These studies could understate the prevalence because people may be reluctant to seek treatment for gender dysphoria. The variations among various gender dysphoric disorders are not adequately covered in the research.

Holt et al. (2016) presented the results of a cross-sectional study on demographic factors and related issues in 218 children and adolescents with features of gender dysphoria who were referred to the Gender Identity Development Service (GIDS) in London over one year. Finally, because the sample scale was occasionally small, such as in the 5 to 11 age range, more studies with a more significant scale are required to get better results.

Steensma et al. (2013) performed their study on 127 teenagers (79 males and 48 girls) who were referred for GD as children (under the age of 12) and followed up in adolescence made up the sample. The researchers looked at variations in demographics, psychological functioning, peer relationships, childhood GD, adolescent reports of GD, body image, and sexual orientation among persisters and disasters in childhood. They also examined how childhood circumstances may affect the likelihood that GD will continue throughout adolescence. This study analyses the GD under the age of 12, which is the main drawback because, after age 12, the child will face real problems.

Deogracias et al. (2007) described the development of a dimensional gender identity (gender dysphoria) assessment for adults and adolescents. Three hundred and eighty-nine university students (both heterosexual and non-heterosexual) and seventy-three patients with gender identity disorders whom a clinic had referred were given the 27-item Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA). The GIDYQ-AA should not be used to examine the correlates of adolescent and adult gender identification in epidemiological samples.

Blanchard et al. (1987) looked at the reasons why more men than women express discontent with their physical sex (gender dysphoria). There were two categories for new

referrals to a gender identification clinic at a university: heterosexual and gay. Males made up 73 heterosexuals and 52 homosexuals, while females comprised one heterosexual and 71 homosexuals. This study does not concentrate on the different categories of transgender people.

Zucker (2019) gave a brief overview of five current clinical and research issues affecting adolescents with a gender dysphoria diagnosis: increased referrals to clinics that specialize in gender identity, change in the sex ratio, suicidality, "rapid-onset gender dysphoria" (ROGD) as a new developmental pathway; and best clinical practice for adolescents. Furthermore, the author has limited knowledge regarding RODG.

Carroll (1999) analyzed empirical data on the psychosocial effects of gender dysphoria therapy. For patients who appear with the problem of gender dysphoria, there are four possible outcomes: an unresolved outcome, acceptance of one's given gender, taking ona part-time cross-gender role, and full-time transition to the other gender role. Theoretical study, but not actual research, implies that some people with gender dysphoria could learn to accept their assigned gender role. The sociological factors should still be considered for the practical analysis.

Van de Grift et al. (2018) compared body satisfaction with how people in various GD subgroups viewed their looks. The European Network for the Investigation of Gender Incongruence included data gathering among its activities. Prior to the initiation of therapeutic gender-confirmation procedures, data were gathered. At the same time, a clinician's report determined onset age and sexual orientation was assessed via a semi-structured interview. The Body Image Scale was used to measure body satisfaction. Using a clinician evaluation, the congruence of appearance with experienced gender was determined. The author does not suggest a link between previous hormone usage or age and body(dis)satisfaction level.

Aitken et al. (2016) compared the self-harm and suicidality rates of children who had been clinically diagnosed with gender dysphoria to those of their siblings, as well as to non-referred and referred children from the standardization sample of the Child Behaviour Checklist (CBCL). Also looked at were associations or predictors of self-harm and suicidality. The sample included 903 non-referred children, 425 siblings, 878 referred children, and 572 children with their genders referred. Clinicians should consistently check children with gender dysphoria for suicidal thoughts and behaviors, especially in the second half of childhood.

Davey et al. (2014) evaluated the levels of social support among people with gender dysphoria in a matched control group. Additionally, it sought to investigate the link between social support and psychological well-being. Participants included 103 people with gender dysphoria (according to ICD-10 criteria) visiting a national gender identity clinic and a nonclinical control group that was matched for age and gender and chosen using social networking websites. This study emphasizes that transgender women only lack social support, but all people under LGBT receive the same or worse.

Lothstein (1979) studied the participants, who were ten aging gender dysphoria patients, eight males and two women with an average age of 52. All had visited the Case Western Reserve University Gender Identity Clinic and asked for sex-reassignment surgery. The patients' psychiatric-psychological profiles, sexual functioning, aging concerns, diagnostic challenges, and follow-up are described. The number of trans people evaluated in this study is finite.

Foreman et al. (2019) looked at the possibility that gender dysphoria in transgender women is linked to genetic variations in sex hormone signaling genes that are under or over-feminizing. There were 344 control male participants and 380 transgender women in the subject-control study. Functional variations in 12 sex hormone signaling genes were examined for associations and interactions with gender dysphoria in transgender women. Therefore, there is a clinical need to look into the molecular and genetic underpinnings of gender dysphoria further.

Goren (2011), in the article "Care of Transsexual Persons "in The New England Journal of Medicine, examines the care of transsexual individuals in modern society and notes that the prevalence of gender identity disorder was a source of chronic suffering. The expression of gender identity disorder results from living only partially or maximally as a member of the opposite sex and physical adaptation through hormonal and surgical treatment. Studies have shown that for the majority of transsexual people (about 66%), the disorder begins in childhood; for the remainder, it develops much later in life. According to scholars, for this older group of patients, usually men, the transition from the gender they have lived in for many years to a new gender is tough.

Benjamin (1967) studied the transsexual phenomenon based on a scientific report on transsexualism and sex conversion in human males and females and noted that most doctors were unaccustomed to transsexual persons and their issues, and many transsexuals were referred to psychiatrists as "mental cases". This work helped to create the criteria for the

current regime of reparative treatment and the standards of care and guidelines. The study revealed that surgical-anatomical changes resulted in a much greater extent and a far more positive effect than previously predicted by clinicians and even more psychological.

Merloo (1967) assessed the gender change and association with psychosis and noted that the first step in psychological assessment was the identification of any underlying mental health problems that may be affecting the person's perception of their gender dysphoria. The study was mainly concerned with both psychology and psychiatry, which played a significant role in the transition period of transsexuals. Psychology research discusses all phases of reparative treatment, including the psychological benefits of surgery or, in some cases, regret about surgery. It appears from the literature that for many years, a large number of psychologists and psychiatrists were opposed to surgical reassignment for transsexuals, even though there was no empirical information to support their opposition.

Rekers and Lovaas (1974) analyzed the health hazards of transsexual people in modern society. They noted that the subject's clinical history parallels retrospective reports of adult transsexual persons, including (a) cross-gender dressing choice, (b) actual orimaginary use of cosmetic items, (c) feminine behavior mannerisms, (d) dislike for masculine activities, with preference for girl playmates and feminine activities, (e) preference for feminine roles, (f) feminine voice inflection and predominately feminine content in declension and speech, and (g) oral statements about wanting or liking to be agirl. The scholars used various baseline differences within the subjects' designs to ensure replication and identification of applicable treatment variables. The study showed that the boy's sex-typed behavior returned to normal three years after treatment. This study suggests an initial step toward correcting pathological sex-role development in boys, which may supply a basis for primary precaution against adult transsexualism or similar adult sex-role aberration.

Asscheman and Gooren (1992) examined the relationship between hormone treatment and sexuality in transsexuals and noted that hormones were indispensable tools for incorporating and maintaining the characteristics of the sex as transsexual persons consider themselves. The study provides a biomedical overview of transsexuality, including an assessment of treatment and surgery techniques from the perspective of professionals. Today, surgeons publish literature about their surgical techniques and include surgery costs.

This reflects the low availability of surgery on the NHS due to funding problems and the length of waiting times for surgery. Scholars have emphasized the study of treatmentbecause it reflects foundational debates about nature, nurture, and gender identity.

2.5. Review of rights and social impact of Transgender persons in different regions

This chapter thoroughly explains the rights derived from government in different countries in detail. Furthermore, the social impact or treatment of trans people, even though the laws exist, was discussed in a detailed manner.

Taylor (2007) discussed how sex reassignment legislation in the US now interacts with employment law, marriage, hate crimes, and transgender identity. The essay also discusses the differences between gay and lesbian identities and transgender identities in terms of public policy. Administrators must ensure that this demographic is treated equally and fairly under the law due to the pervasive bias against it. It is critical to note that transsexuals are a distinct category of Transgender persons for whom many of the policy problems covered in this article are crucial.

Nadal et al. (1990) surveyed the body of research on prejudice toward transgender persons, considered how it affects their engagement in sex work, and investigated how institutional prejudice toward transgender women emerges in the criminal justice system. Additionally, suggestions are given for supporting transgender rights while encouraginghealthy habits and a higher standard of living. This essay is based on the thoughts and voices of transgender women who have experienced similar things.

Buist et.al.(2014) aimed to shed light on Transgender persons's experiences as both victims and offenders in the criminal justice system. Also, it emphasizes the significance of ideas like sex, gender, transphobia, victim-blaming, and transphobia, as well as how the criminal justice system's major participants (police, courts, and prisons) react to transgender victims and offenders. Policymakers play a vital role in introducing Acts, but this study did not mention it.

Seals et al. (2019) aimed to provide an overview of the current federal and state anti-discrimination legislation that shields students from sex and gender identity harassment at school, including Title IX, the Equal Access Act, FERPA, and the First and Fourteenth Amendments of the US Constitution. This article will conclude with suggestions for how school administrators might foster a culture that supports the academic achievement of transgender kids. Due to the increase of transgender children, it is crucial for school

administrators to be aware of anti-discrimination legislation and to treat all students equally, regardless of how they identify as gender.

Monro (2003) explained that the concepts of transgender citizenship are developed in connection to current theories of citizenship, such as liberalism, neoliberalism, and communitarianism. The Third Way changes under New Labour offer some support for transsexual citizenship. However, these are restricted since New Labour has not yet completely embraced gender diversity and varied moral perspectives, addressed underlying structural injustices, and created robust enough participation mechanisms in the UK.

Cassaidy et al. (2016) explained that the rights of transgender inmates are a contentious subject. Considering the problem's nature and potential solutions is necessary in light of recent charges of abuse and prejudice. This study article tries to accomplish both of these objectives. The breadth of the legal rights and protections given to transgender individuals in New Zealand will be described. It is preferable to depict long-term objectives rather than current prospects. The author believes in removing the obstacles to changing the situation through proactive action.

Emerton et al. (2006) explained with special reference the goals and initiatives of the Hong Kong Transgender Equality and Acceptance Movement ('TEAM'); this article aims to offer a place for reflection on the transgender movement in its current stage. TEAM was the first formal organization of Transgender persons and allies in Hong Kong, founded in 2002. Time is undoubtedly required to achieve the next level of improvement in trans society.

Jeffreys (2008) studied the UK Gender Recognition Act of 2004 as the subject of critical feminist study. Allowing Transgender persons to get certificates recognizing theirnew "acquired gender" without undergoing hormonal or surgical therapy, this Act is revolutionary. The Act has significant ramifications for marriage, parenthood, motherhood, partners of men or women who "transition," as well as "women-only" venues. It is foundedon muddled and inconsistent ideas about the relationship between sex and gender.

Hines et al. (2018) aimed to look at academic studies on trans people in the UK and Portugal as well as legal and social policy related to trans activism in trans and non-binary social movements. This essay places a politics of difference and embodied citizenship as helpful in syncing the concerns under discussion while discussing several methods for theorizing gender diversity. The authors explore the gaps and linkages between policy initiatives, activism, and research on trans people by considering recent changes in legislation and policy regarding gender recognition in each nation.

Mishra et al. (2021) studied to look at the tendencies of discrimination against the transgender community in the workplace. The context of this study's writing is human rights discourse analysis. This report contends that even if the Supreme Court and the Indian government have tried to improve the living conditions for transgender populations, this acknowledgment is insufficient to provide a solution. The right to work should be enforced by Indian judicial policy, particularly about the transgender minority.

Kumar (2021) discussed the battle for justice and developmental rights by the transgender community since 2014, as well as the Indian government's response to this claim. Following the historic Indian Supreme Court (Court) decision known as the National Legal Services Authority Union of India, which recognized members of transgender groups as legitimate citizens, transgender activism intensified and gained more public prominence in India starting in 2014. After 2014, many acts were passed by the central government and the Supreme Court of India.

Sahu (2018) examined the disputes and confusions of the rights of transgender minorities in India. It contends that just recognizing transgender individuals as citizens under the law does not grant them the right to dignity and inclusion as equal citizens. For the transgender population in India to have any genuinely available rights, it is vital to reevaluate what is meant by dignity, equality, and freedom in terms of sexual identities. The essay also identifies various inconsistencies between Section 377 IPC's ruling and the third gender's recognition, both of which are connected to the Supreme Court of India's ruling. Many states in India passed down many Acts for the transgender, which are not briefly explained.

Aggarwal (2017), in his article "Civil and Political Rights of Transgender Persons in Indian Constitutional Perspective," acknowledged the spectacle of their being by illuminating the constitutional background of the transgender community. Despite the sympathetic provisions, the statute and the judiciary fail to notice the dignified presence of Transgender community. By analyzing the constitutional provisions, the right to equality of Article 14, Equality of opportunity, the right against all forms of discrimination of Article 15, Fundamental freedoms of Article 19(1)(a), the right to the life of Article 21, Right against exploitation, proved Inadequate to protect their Fundamental Rights. Legal provisions such as The Citizenship Act 1955, the General Clauses Act 1897, and the Registration of Births and Deaths Act 1969 do not indicate any special consideration for gender. Judicial intervention has been felt to achieve the rights of this community. In 2014, the Supreme Court's landmark decision to recognize the Transgender Community as a "Third Gender" gave them their

identity and directed all the governments to provide all welfare benefits and quotas in jobs and education. The Transgender Community has become eminent, for which many provisions, policies, and awareness initiatives are being taken to empower their community.

Barik and Sharma (2020), in their study "What Constraints Financial Inclusion for the Transgender Community? Field Based Evidence from Odisha," explain the status of the degraded and defamed transgender community due to their financial prohibition. The study also explained the position, priority, challenges, and restrictions of the transgender community of Odisha. In order to fulfill these above objectives, the author included theresults of field study interviews with 76 respondents. Cuttack and Bhubaneshwar are thestudy areas of this work. This study shows that Transgender persons are disadvantaged by thebenefits of government privileges from the monetary and service sectors. The author acknowledges both the demand and supply sides of monetary inclusion. They are not able to express their demand because of their illiteracy, lack of identity and educational documents, low interest due to exclusion, and joblessness. Similarly, on the supply side, they are disadvantaged due to abusive and mischievous actions of government officials and a lack of sensitization schemes on financial awareness.

Tsoi (1993) analyzed how parental characteristics influence the nature of transsexualism in China and made a comparison between male and female transsexuals with a group of male and female heterosexual controls. The study revealed that there was no difference in the parental ages of the transsexuals and controls at the time of their birth. The fathers of the male transsexuals and the mothers of female transsexuals were less involved in their upbringing. Using a bonding instrument, the fathers of male transsexuals were found to be less caring, and mothers of female transsexuals were less overprotective than the fathers and mothers of the controls. Studies on parental involvement in transsexual males showed a weak father figure and an over-involvement with the mother, and in transsexual females, an unsatisfactory mother-daughter relationship in the study area. The scholar pointed out that the abnormal parental-child relationship was postulated as an important etiological factor in transsexualism.

Anitha Chettiar (2015), in her article titled "Problems Faced by Hijras (MTFs) concerning their Health and Harassment," gives a detailed description of the difficulties faced by the Transgender Community of Mumbai with particular reference to their health and harassment and their socio-economic status. This paper is based explicitly on transgender in our country. They are generally known as "Hijras" and are related to community life. In

India, this community is society's most vulnerable and neglected group. The paper makes specific reference to their health and harassment. They are the most despised, abused, and rarely marginalized group from a research standpoint. The main objective of this paper is to showcase the social and economic condition of the Transgender Community and understand the problems faced by them, especially their health and the harassment they face by thepolice. Many Transgender persons experienced molestation by the respective police stations, railway police, and traffic police officers. They shy away from complaining about anyproblem they face in everyday life, about their health problem they are suffering fromdiseases like high/low blood pressure, diabetes, nasty wounds on the leg, knee pain, HIV, post-surgery problems, colds, flu, typhoid, malaria, asthma, acidity. Many do not like to go tohospitals due to the fear of being admitted to a male ward and the strange behavior of doctors and hospital members. The data findings simplify that more than 50% were middle class, and 40% belonged to the upper lower class. Most Transgender persons believe that they face various health issues. Most of them face problems related to harassment, illegal punishment, unlawful penalties, sexual exploitation, violence, and denial of human rights. The mainperpetrators of all the assault and exploitation are police, including the railway police and traffic police.

Konduru and Hangsing (2018), in their article on "Socio-Cultural Exclusion and Inclusion of Transgender Persons India," describe the problems of Transgender persons in social, cultural, and developmental attitudes and perceptions by the mainstream in this regard. In India, Transgender persons are discriminated against by other gender norms. Apart from genetic aspects, Transgender persons have to face multifaceted issues like social, economic, political, and cultural problems. Exclusion from all these factors leads to frustration, annoyance, awkwardness, and humiliation. Concerning their socio-economic status, Transgender persons are an accepted group in Indian society and play a major role. These conditions worsened during the British rule. From that period onwards, they have faced constant discrimination. Low population, low income, and low literacy are other reasons for their inability. Exclusion from employment reduces their opportunities to excel in their ideas and talents. As a result, they are primarily involved in begging and prostitution. Prohibition from social and cultural involvement includes exclusion from family and society. Fearing shame and humiliation, the family rejected the opportunity to get married to women, ousting them from property rights and, in some cases, not allowing them to stay at home, which they have to face many social stigmata, such as exploitation and embarrassment from the police, differentiation, and

unwilling behavior in hospitals. This creates poor health conditions and low social security. Of their political involvement, they are stigmatized by the Criminal Tribes Act of 1871, by which they are treated as criminals. Similarly, according to section 377, they are suspected of having committed the offense of kidnapping or castration of children.

Sameer Kumar (2019), in his article "The Status of Others in Bhubaneswar," explains the present situation of Transgender persons in Bhubaneswar. The life journey of a transgender person is very woeful in Bhubaneswar. The main element of their stigmatization is social alienation. They are removed from the family and included in their community from childhood. About their socio-economic status, they face severe discrimination and criticism. Education is essential for their development, but due to social boycotts, they cannot complete their education. Another reason is the abuse and harassment by school teachers and friends they face because of their opposite-sex behavior. In Bhubaneshwar, their primary occupation of survival is begging, sex work, and dancing and singing on occasions and festivals. They tried to do various respectable professions, but the social non-acceptance and misbehavior of various persons in that work forced them to leave that profession. Hence, they returned to their conventional occupation. Their source of income is significantly less as per their presentliving condition. Because of their gender identity, they used to get minimal amounts in any respectable job. Hence, there is a constant face-off in every aspect of their development, and government programs and schemes are not properly utilized.

Heidi M.Levitt & Maria R. Ippolito, August (2014), in their article "Being Transgender: The Experience of Transgender Identity Development," describe the identity crisis of transgender individuals in various regions of the United States. This is an introductory-level study conducted on field study analysis. The finding of this paper deals with the standard process under three phases of transgender identity development. This paper explores the experience of Transgender person's gender identity. The three general processes were made possible by the reach of transgender narratives, which injected hope into achildhood filled with criticism and scrutiny. Participants came to their identity to achieve authenticity with the demands of necessity. They weighed their internal gender experience with consideration of their available resources, coping skills, and the consequences of gender change. Implementing these findings is considered in the context of their gender theory, research, and clinical support for transgender individuals.

Shannon P. Minter and Mara Keisling. (2010) In their article "The Role of Medical and Psychological Discourse in Legal and Policy Advocacy for Transgender Persons in the

United States" They explain the significance and active involvement of health experts, especially mental health experts, in using their expertise and experience. It is necessary to convince the public, courts, and legislators. Particular importance is given to help concerned parties recognize that gender is decided by identity and not by postoperative apparent anatomy. The author works here as a legal advisor and studies transgender individuals and their families and supporters to elucidate a better understanding of the specific qualities and needs of transgender individuals.

Nayak (2017), in his article "Transgender personsin Odisha: Some Reflection of their Socio Economic Status," discusses the current socio-economic status of the Transgender community in Odisha. The author has adopted only secondary data for this research work. It is formed on government survey reports and policies. This study focuses on understanding the current socio-economic status of Transgender persons in Odisha. According to the author, in the 2011 Census, the survey states that there are 4.9 lakh Transgender persons in Odisha. Only 28,341 Transgender persons are enrolled as third gender in the voter registration process. Only 66% of the transgender live in rural areas. Only 6.4% of the third gender are literate compared to 74%, which is very small in numbers. The percentage of the third gender living in Odisha is only 4% compared to India. Considering socio-economic status, accordingto the 2011 census, 75% of students had to drop out of education before matriculation. Their primary livelihood income is begging, dancing, and doing sex work for very little pay. They also suffer from the hardships of lack of education, jobs, sex work, medical facilities, depression, and HIV/AIDS suffering. The state and central government have also takenseveral steps for the development of the Transgender community. Still, they are ostracized bytheir family and society due to a lack of adequate awareness. So, the author recommendssome proposals. For example, the creation and recognition of transgender rights who canfight against HIV among Transgender persons, livelihood training and awareness programs, and the opportunity to participate in political discourses.

Padhi and Mohanty's (2019) article "Securing Transgender Rights through Capability Development " explains the provision of multiple rights for the progress of the transgender community. Their participation in the mainstream is social, economic, and legal, which are essential for community development. This paper outlines the growing trends in recognizing sexual orientation and gender identity worldwide and the state-wise implications of these rights. For example, Indonesia's 'Yogyakarta' doctrine and Uganda's 'Anti-Homosexuality Bill' enforce the bills. In India, year-wise, different schemes and programs were launched to

acknowledge their sexual rights. NALSA's 2014 decision and the Election Commission's provision to let them choose their gender as "other" on electoral ballots are prime examples. As per the guidelines of the landmark judgment of NALSA, all the states have accepted the provision as their choice.

Parasar (2017), in her paper on "Inclusion of the Transgender Community within Socially and Educationally Backward Classes: Examining the Deeper Concerns," sought to examine the status of the Transgender Community within the field of socially and educationally Backward Classes. Transgender persons in India are facing many kinds of discrimination, exploitation, and criticism. This hampers their basic needs like health, employment, and education and generates their social exclusion, a more doubtless task.Therefore, to uplift this community, it is necessary to take further steps to strengthen their social inclusion in society. For this, strict social and legal steps should be taken. In 2014, the NALSA decision was considered a landmark step for the rights and self-sufficiency of the transgender community. However, it creates enormous challenges to the inclusion of the transgender community in the category of OBC based on education and placement. This is against the provision of the Constitution on two grounds. Firstly, being an umbrella term, it includes different gender categories, which makes it non-harmonious and, hence, impossible to cover under the meaning of class. Secondly, it is against Articles 15(4) and 16(4) as reservation based on gender is against it. Another challenge of this inclusion is that it can leave them without any real advantage due to the highly competitive landscape of India's diverse socio-legal/socio-economic environment. Despite all the challenges, the paper identifies the requirements of reservation, which is considered necessary for the social inclusion of this community. The law should provide benefits, which are again helpful for Transgender persons who are unwilling to identify themselves only as a part of this community. Therefore, the state should take positive steps to improve school education at a proper age properly. Awareness and sensitization programs are helpful. Implementation of policies and provisions is necessary for the betterment of this community.

Riley, Yong, and Sitharthan (2011), in their study "Counseling Support for the Forgotten Transgender Community," describe the social and legal background of Transgender persons in India that they are exploited because of the misrepresentation of the legally accepted norms. The central point of this paper is the legal position of Transgender persons in India and to define how, despite so many supportive laws and provisions, they are still incapable of assuring their dignified existence. While stating their position, the court

tried to accept their original identity. This allows them to get their true identity. However, the author's concern is to give Transgender persons their independent identity, which an oppressive gaze can invert, though we cannot shy away from this and change their unknown identity with a genuine one. It is essential to bring judicial activism into service rather than amendment.

De Santis (2009), in his article on "HIV Infection Risk Factors among Male to Female Transgender Persons," spoke about the injustice, stigmatization, and exclusion faced by transgender women. These psychological aspects affect their mental health and may put members of this population at a developed risk of HIV infection. This work considered MTF populations and their risk factors for HIV infection. These factors are Drug abuse, high-risk sexual activities, commercial sex work, access to health care, lack of education about HIV transmission, violence, etc. These factors are seriously affected by transgender individuals.

Mira Schneider (2014), in her article "Values and Preferences of Transgender Persons: A Qualitative Study," talks about the health problems of Transgender persons.Considering the health problems of Transgender persons, the challenge here is the lack of health information, services, and stigma of Transgender persons, and inequity among society and health professionals. Because of past experiences, the expectancy of unfairness evolvedin their avoidance of examining health services in healthcare institutions. External and internal HIV stigma also proved to be a deterrent. It is an obstacle to HIV and hormone treatment. Health necessities, such as physical and psychological necessities, and non-health needs, such as economic necessities, are given priority over HIV needs. The study finds discovery to prioritize health and non-health needs to meet their HIV relative needs successfully.

Singh (2018), in her article "The status of transgender Population in Odisha," explains the current status of transgender community in the mainstream of society. The study aims to determine their social status and social support system. According to transgender activists, a vast number of third genders identify themselves as third gender, which is fantastic. There are many types of problems faced by Transgender persons. In the psychological prospect, they mainly contribute to suffering from HIV.

Regarding the displaced, 90% do not live with their families, and only 40% are in contact with them. At the same time, they are harassed by their classmates, school teachers, and other staff. Fear of differentiation, abuse, stigma, and fear of ridicule, and harassment are the main reasons for their social segregation. They deal with several socio-economic,

political, and health problems in society. Several researchers have done this to justify the %age of stigma. NHRL, Pisal, and UNDP surveys are remarkable among them. Hence, the author suggests a rehabilitation center that can help in the raising of the affected transgender, guide transgender children, and provide first aid and transgender studies, if required.

Singhal (2020), in her study "Transgender Rights before and after the NALSA Judgement," spoke about the struggle of the Transgender community with consideration of the legal aspects. The NALSA decision is a landmark decision that gives them legal identification as the third gender community of the society. The community lived a very infamous life before the NALSA verdict. They could not provide recognition of identity, the right to vote, the right to property, or any official identity document. This study focuses on how the transgender community fights to get their legal rights and what steps various state governments take to give them legal recognition. This study examines their position before and after the landmark decision of NALSA. Also, this study thoughtfully examines the difference in their living conditions before and after the NALSA decision.

Subramaniam (2017), in his article "Transgender Community: Issues to be resolved," touched upon almost all aspects of the problems faced by the Transgender Community of India and on educational opportunities as solutions. More emphasis is placed on what can be considered a pioneering way to solve these problems. He said that there are 70,000 or more Transgender persons living in various urban and rural areas in India. Most of them lived in community life in urban areas. Stigma, criticism, and harassment are common to all of them. The reason behind it is their socio-economic status, very little progress in development, and insufficient government concern. Although many government and non-government organizations have taken several initiatives to favor this community, their deserved status is yet to be achieved. This is due to incorrect accomplishments and a lack of political will. The author cites the example of the Tamil Nadu government setting up a separate welfare board for Transgender Community. This is an innovative step taken by the Government of Tamil Nadu. Tamil Nadu is also the first state to conduct SRS (Sexual Reassignment Surgery) operations free of cost in government hospitals. Earlier, the castration procedure was performed in a risky manner without the use of anesthesia. This was done by a "*thyamma*" or Senior *Guru*. Again, the aggression, abuse, molestation, and differentiation faced by Transgender persons made them very bitter, stubborn, and misbehaving towards society.Their different behavior, like clapping, dancing, female outfits, and sex jobs, turned them against mainstream society. Beyond this, they have both masculine and feminine attire that

separates them from men and women in society. So they choose a different place where they can live their lifestyle, interact with each other without any fear, and care about anything. The Hindu epics Ramayana and Mahabharat recognized them as "*Demi-God*" because female and male components reside in the same physical structure. The "*Mohini"* avatar of Lord Krishna and the "*Ardhanarishwa*r" avatar of Lord Shiva set the example. This is evidence of their respective position in Hinduism. They had a very respectable status during the Mughal period. They were known as "Harem guards" because of their loyalty to their king. The Sixth Nizam appointed them as Supervisors and advisors. During the British period, they suffered the worst kind of human rights violations. The Criminal Tribes Act (Act 27) of 1871 stated "Registration Surveillance and control of certain tribes and eunuchs". In today's era, Transgender persons are present in every corner of the country. However, they are degraded from south and east to north and west. Because their status in the North-West is comparatively good. Although regulatory mechanisms are strong enough to fight for therights of Transgender persons, they are until they face Impartiality and criticism. They fight mainly for food, begging on trains and doing the chief job of survival. So, as a solution, this paper seeks to sensitize and alert them of their educational probability. It. It also emphasizes the role of educated citizens to counter this situation and integrate them into an egalitarian society.

Mitra and Vijayalaxmi (2019), in their study "Changing Trends in Socio-Economicic Conditions of Transgender in Chennai City," define the Transgender Community of Chennai City. The study is an analytical study of the socio-economic status of the transgender community, their historical background, welfare policies, and schemes that provide them with their current state of social inclusion concerning their socio-economic development and their affiliation in the community. This is an observational study. This NALSA's decision will impact their socio-economic development. Historically, this study shows the deteriorating conditions of Transgender persons in the Mughal period, the British period, and the contemporary period, respectively. The socio-economic status of the transgender community, ascertaining the effects of government efforts on socio-economic conditions, and critically analyzing the changing trends in developmental aspects are the objectives of the study. For media responsibility, the use of Transgender persons as brand ambassadors in various social welfare schemes and their professional counseling for awareness is recommended. Their social status increased after the NALSA decision. However, their family and society must understand their social and psychological condition.

Lundstrom et al. (1984), in their article titled "Outcome of Sex reassignment surgery," present three independent reviews of the global literature related to the outcome of sex reassignment surgery in transsexualism. Around 10-15 % of the patients who had done sex reassignment surgery which end up in failure. The failure rate is high in the case of female to male transgender as compared to male to female transgender. The study findings show that optimal results from surgical procedures are essential for a successful outcome. A relatively high age when first requesting sex reassignment may be regarded as a risk factor for poor outcomes. Genuine transsexual people as a group seem to have a better prognosis for the successful outcomes of sex reassignment than a group of secondary transsexual persons (i.e., transvestites and effeminate homosexuals). On the other hand, secondary transsexual persons do better than genuine transsexual persons when sex reassignment is refused. It is stressed that great importance should be given to the differential diagnosis when evaluating gender dysphoric patients for sex reassignment.

De Cuypere et al. (1995), in their article titled "Psychological Functioning of transsexuals in Belgium," explore the psychological activities of transsexual persons in Belgium and find out that it is more accessible for the female gender dysphoric to retune to the opposite gender as compared to the male counterpart. The study explains how gender dysphoric women struggled hard and opted for alternative ways to overcome the problem by taking alcohol, drugs, suicide attempts, or needing psychiatric help. Female to male- transsexuals differs consistently from male to female transsexuals in their socio-demographic features, cross-gender, sexual history, and the degree to which personality disorder is concerned. As a group, female-to-male transsexual persons are more homogeneous. Both groups are affected in their mental functioning, but the study reveals that the male-to-female population is more mentally disordered. In a comparison between Belgian transsexual persons and Dutch counterparts, the Dutch were shown to have more mental problems.

Todi (2010), in his article" Transgender persons go for a sex change for a better life," explains the gender dysphoria syndrome and its implications on Transgender people's lives. He explains that gender dysphoria reveals the incongruence between gender and sex. Those Transgender persons need to change their sex organs, go through hormonal treatment, and then for surgery to comply with the gender they feel comfortable with. The surgery for male to female Transgender persons includes the removal of testicles and penis. Before that, the transgender is given feminizing hormone pills to change their voice, remove body hair, and grow breasts. The author explains that the surgery is treated as cosmetic surgery. The

operation will change only the organs, but the physical functioning of the sex organs will not be changed. Besides gen, der dysphoria syndrome is common to various sections of the population, not only Transgender persons like corporate professionals, dancers, teachers, engineers, and others in the high-income group.

Slabbekoorn et al. (2001) conducted a study titled "Effects of Cross-sex Hormone Treatment on Emotionality in Transsexuals. " Research reveals that estrogens are involved in the emotional well-being of a person, whereas testosterone has been specifically connected to feelings of sexuality and aggression. It has also been observed that there are sex differences in emotional intensity and expressiveness, with women being more emotional in these aspects than men. The objective of the study was to know the effect of the cross-sex hormone process on emotionality among transsexuals. It was noted that changes in testosterone levels had a high impact on the moods, physical features, and sexuality of Transgender persons. The results of the present study are in line with earlier studies, namely that cross-sex hormones have an apparent effect on the emotional functioning of transsexuals. The study reveals that male-to-male transgender people derive better benefits through hormone treatment. Hormone therapy, along with physical changes, also provides psychological relief. Thus, it is clearly visible that these physical and psychological influences directly impact emotional feelings. There is clear evidence that male-to-female transgender have more difficulty in adjusting to the female gender role because of a lack of social support. Physical masculinization occurs much faster in female to male transgender and results in a more convincing opposite-sex appearance than feminization in male to female transgender. The study also reveals that male to female transgender experienced negative emotions more intensely as compared to femaleto male transgender both before and after hormone therapy.

Hembree et al. (2009) conducted a study to develop and formulate practice guidelines on the endocrine treatment of transsexual persons based on evidence-based guidelines, which were developed using the grading of recommendations, assessment, development, and evaluation (GRADE) system. The study portrays the demand of transsexual persons to formulate the appropriate physical characteristics assigned to a gender required for an effective and safe hormone regime. The authors suggest that endocrine treatment will help the transgender to get the advantage of meaningful sex reassignment surgery. Besides, the authors highlighted the need for the reduction of endogenous sex hormones, maintaining physiologic levels of gender-appropriate sex hormones, and observation of known risks and issues in adult transgender persons.

The book (me Hijra Me Laxmi) revolves around topics the ordinary mainstream Indian is not entirely familiar with or comfortable with. Nevertheless, it resonates with the reader for the simple reason that it is honest and personal. Never at any point are wecompelled to 'like' Laxmi. She can be aggressive, arrogant, and impulsive. She manipulates people and exacts revenge on them. However, the humane nature of these acts and the simplicity and candor she states are remarkable. She is truly a character, dramatic andexpressive. As she states towards the end of her book, despite her hardships, she has tried to focus on her journey of empowerment. "I am a celebration, I feel, and that is the narrative I choose for my story."

Transgender Law Center (2009) conducted an economic survey among transgender in California and found out that transgender along with gender non-conforming people experienced triply discrimination, harassment, and marginalization in housing, education, health care, and employment based on their gender identity, which does not fit into the binary developed in our society. The study explains that states and local laws passed and developed non-discriminatory laws and policies to protect the trans-community from workplace harassment and violence based on gender identity and expression. Besides, various positive recommendations were suggested by Transgender Law Center to overcome transgender issues in California.

Veale (2008), in the article titled "Prevalence of Transsexualism Among New Zealand Passport Holders," explored the prevalence of transsexualism person among New Zealand passport holders based on the data from individuals who have had sex reassignmentsurgery. The study findings portray that male-to-female transsexuals in New Zealand face more hardships, social discrimination, and economic disparity as compared to female-to- male transsexuals in the research area. These findings are much higher than previous estimates of transsexual prevalence. There was also a larger-than-expected ratio of male-to- female transsexuals to female-to-male transsexuals, which could, in part, be due to female- to-male transsexuals being relatively over-represented among those transsexuals.

Another study (Raju & Beena, 2015) found that the issues faced by transgender persons are discrimination, lack of educational facilities, unemployment, lack of shelter, lack of medical facilities like HIV care and hygiene, depression, hormone pill abuse, tobacco and alcohol abuse and problems relating to marriage, property, electoral rights, and adoption. Ministry of Law and Ministry of Social Justice and State Governments need to recognize the deprivation suffered by Transgender persons and work on much-needed reform. Recently, there have been some developments and improvements in the socio-economic status oftransgender. Although the transgender has been ostracized for many years, conditions are slowly starting to improve. As technology and media communication have vastly improved in India, more people are beginning to not only notice the presence of Transgender persons but also appreciate them. The transgender have formed unions to organize protests for their human rights and will continue to fight for legislation until they are satisfied. India has taken many steps toward recognizing transgender rights. In recent years, Transgender persons have become increasingly visible in politics. After gaining the right to vote in 1994, a few have held political office in various states of India and often have the support of religiously affiliated majority parties as "safe" candidates.

2.6. Review of the impact of COVID-19 on Transgender persons

Transgender people suffer a lot due to rejection from their families and society. Understandably, when the pandemic struck, most of the people living in this world were thinking about their own families and lives. However, the people who are already marginalized in society don't have the chance to access healthcare services as well as psychological access. Hawke et al. (2021) aimed to look at the early pandemic's effects on trans people's mental health. During the early COVID-19 epidemic, a cross-sectional survey was carried out, which comprised 593 cisgender adolescents and 29 transgender and gender non-conforming kids. To comprehend the variations in COVID-19's effects on mental health and associated constructs, descriptive statistics, Fisher's exact tests, and logistic regression analyses were carried out. Results indicate that compared to cisgender kids, transgender and gender non-conforming youth are more severely affected by mental health issues during the COVID-19 pandemic. More health issues arose during the pandemic than the early pandemic period.

Gava et al. (2021) assessed the influence of the pandemic and the availability of medical treatments during the COVID-19 pandemic on the mental health of transgender

individuals living in Italy. Transgender residents of Italy participated in an anonymous online poll. The survey included three validated questionnaires (the IES, BDI-II, and SF-12) and 41 items (to cover socio-demographic and COVID-19-related characteristics, general health issues, and trans-related health issues). Online surveys may choose a sample not necessarily representative of the entire population. It is essential to take the self-reporting bias into account.

Mirabella et al. (2022) studied how this trans group was affected by the pandemic in Italy and discovered risk variables that had detrimental effects on both physical and mental health. The study created an online survey to gather information about the psychological well-being of transgender and non-binary people under lockdown restrictions, their access to medical care, and other relevant topics. In particular, the study offers proof of the trans population's susceptibility, highlighted by several challenges. Participants who participated in the online survey are based on the Genuity of those people, so the results may or may not be inaccurate.

Torres et al. (2021) conducted a web-based poll to understand how social isolation policies affected Brazilian MSM and transgender/non-binary life. Three thousand four hundred eighty-six respondents were examined for this investigation, and 98% identified as cismen. The majority of subjects (77%) reported having no evidence of HIV. This journal author suggests a new approach required to reduce the prevalence of HIV, but the new approach is not explained in detail.

Felt et al. (2021) carried out a cross-sectional online survey of 870 members of the sexual and gender minority between April 13, 2020, and August 3, 2020. The author calculated the probabilities of unemployment, homelessness/housing instability, and disruptions in medical treatment as a result of the pandemic by gender and gender modeusing logistic regression. The adjusted models considered age, race/ethnicity, and location. Here, the survey was conducted for only 4 months, but the coronavirus has existed for more than one and a half years, so in the weakening time of the pandemic, trans people suffered a lot in terms of physical, mental, and financial.

Radusky et al. (2021) explained the details about how the transgender and non-binary community of Argentina self-reported changes in their mental health, drug usage, experiences of assault, access to health care, and use of essential services following two months of the lockdown's implementation. Between May and June 2020, 182 participants (72 transfeminine (TF), 66 transmasculine (TM), and 44 non-binary (NB) persons) replied to a national online

poll. Focus group findings were included in the questionnaire, vetted by activists, and published on social media. The information was compiled using descriptive statistics since it is a two-month survey, so the results will not be accurate compared to the post-pandemic results.

Banerjee et al. (2021) studied older transgender persons' lived experiences and psychosocial difficulties during the COVID-19 epidemic in India are examined. There was a qualitative method applied. Through the use of purposive sampling, ten people over the age of 60 who identify as "transgender" were enlisted with their consent. A pre-planned interview schedule was used to conduct in-depth interviews on the phone. They were verbatim taped, translated, and written down. Analysis was conducted using Hasse's modification of Colaizzi's phenomenological approach. Independent coding and responder validation were performed to guarantee the accuracy of the data.

Smout et al. (2022) examined trans people's experiences with symptoms of depression, symptoms of anxiety, employment, and housing in order to address variables that may be negatively affecting them during the COVID-19 pandemic. Participants in the TGD (N = 342) were chosen via an online participant recruiting platform. They provided answersto questions on their psychological health, changes in work, and changes in housing since the epidemic began. To satisfy the present and future requirements of trans people, it is advised that further trans-specific protections be put in place and improved.

Tami et al. (2022) evaluated the incidence of primary care avoidance throughout the pandemic and looked at the relationship between avoidance and lower self-rated mental health. Trans PULSE Canada gathered multi-mode survey data from trans and non-binary persons in the fall of 2019. A COVID-19-specific survey was finished by 820 participants from September to October 2020. Six hundred eighty-nine people who had a leading healthcare provider were included in the investigation, and of them, 61.2% (95% CI: 57.2, 65.2) reported having fair or poor mental health, and 25.7% (95% CI: 22.3, 29.2) reported avoiding care throughout the pandemic. Increasing virtual communication might make primary care more accessible.

Akré et al. (2021) discussed the inequalities in depression, anxiety, and problems of drinking during the COVID-19 pandemic according to sexual orientation, sexual behavior, and gender identity. Data were gathered from 3245 people residing in five major US metropolises (Atlanta, Georgia; Chicago, Illinois; New Orleans, Louisiana; New York, New York; and Los Angeles, California) between May 21 and July 15, 2020. Participants were

classified as cisgender straight or LGBTQ participants. This study did not evaluate how the epidemic has affected health disparities.

Malmquist et al. (2022) investigated how the COVID-19 epidemic and the ensuing recommendations and limitations have impacted LGBTQ+ young adults in Sweden. Interviews were conducted with 15 individuals who identified as lesbian, gay, bisexual, transgender, and queer (LGBTQ+) and were aged 20 to 29. The results of a thematic analysis of the data indicated that the participants believed the pandemic had a significant negative impact on their psychological health. Clinical depression has been linked to several symptoms, including anxiety, concern, ruminating, and heightened vulnerability to stress. Only adults were examined in this research, so the result would change drastically if all trans people were examined.

Zwickl et al. (2021) investigated how the COVID-19 epidemic affected the transgender community in Australia. Between May 1 and June 30, 2020, an online cross- sectional poll with stringent social limitations in Australia was performed. Participants had to be Australian trans individuals and be at least 16 years old. The effects of the COVID-19 pandemic on living conditions, work prospects, financial status, and access to healthcare wereexamined in the survey questions. When using the Patient Health Questionnaire-9 (PHQ-9) to evaluate depression and suicidal and self-harm thoughts, logistic regression was used to analyze the potentially detrimental effects of COVID-19. People with insufficient knowledge of computers and mobile phones were not able to attend the online survey.

2.7. Chapter Conclusion

The literature discussed shows that academicians and researchers who studied the related areas discuss mainly the technical and clinical issues related to sex reassignment surgery. The SRS holds more significance with its social analysis as it is integral to transgender persons' lives. The above literature notes the advantages and disadvantages of SRS and the quality of life after the SRS. However, this study is a modest attempt to give more focus on the sociological aspects of SRS in transgender persons' lives. This study also explores the perceptions of transgender persons along with the level of post-surgery acceptance by their families and society as a whole. In doing so, the research also attempts to bridge specific gaps in the existing studies.

Chapter 3

Methodology

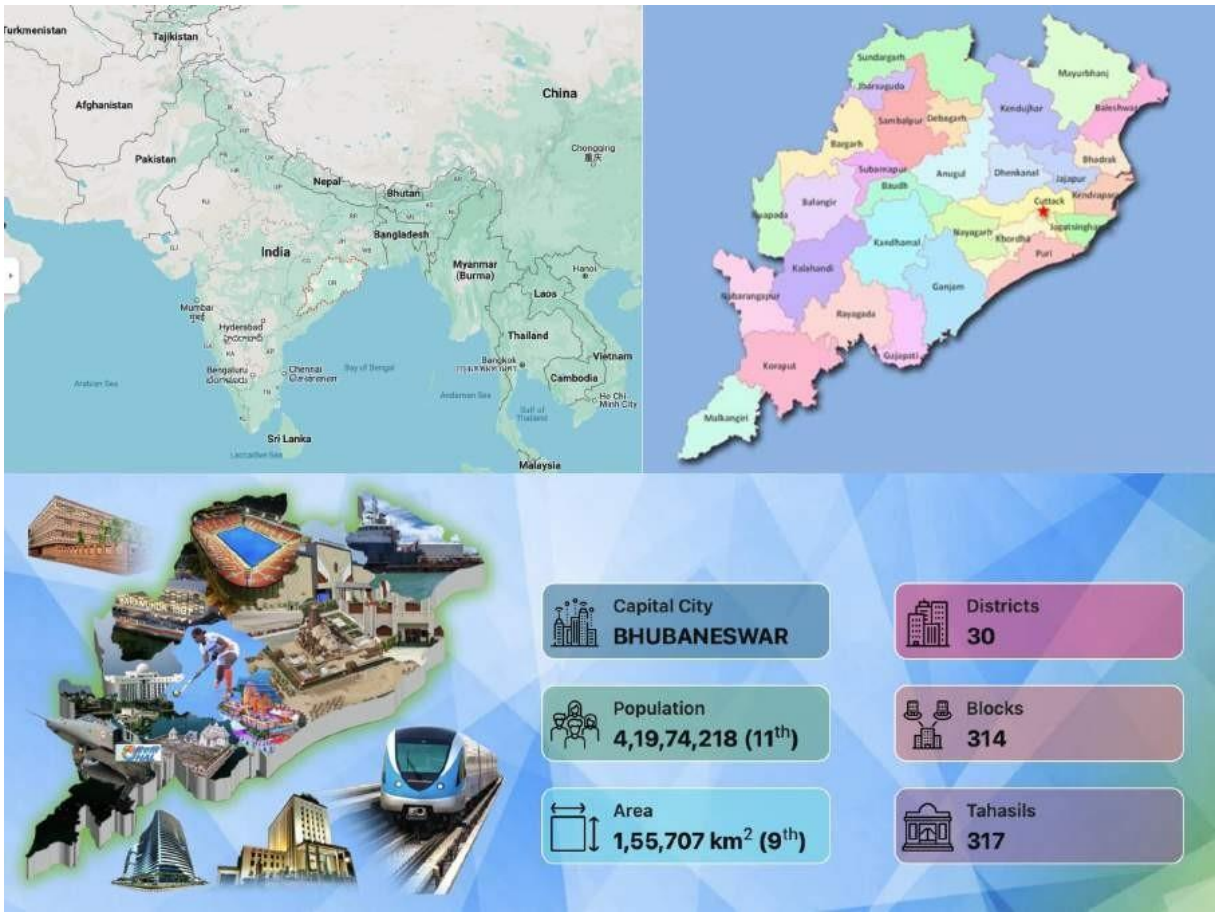
3.1. Chapter Introduction:

The methodology stands as a vital component of any research endeavor, providing a comprehensive overview of the methods and measures employed in the study. With this perspective in mind, the researcher meticulously outlines various details, encompassing the study's significance and scope, objectives, sampling procedures, concept definitions, area profiles, statistical tools, limitations, and more. This chapter presents a reasonably detailed description of the research technique used during the investigation, analysis, and interpretation of the findings. More specifically, the study design and instruments used,universe and sample, problem selection, research methodology, research design, data collection techniques, data analysis, research objectives, and study limits are presented.

3.2. Study Area

The study area of this research is in and around the capital city of Odisha, Bhubaneswar, which is situated in the Khordha district. Transgender persons can be locatedat various corners of the city. The researcher identified the habitations where they residedwith the help of *Gurus* and the snowball method. The central locations where Transgender persons stay are near Jatni railway station, Vanivihar area of Bhubaneswar, Bharatpur area of Bhubaneswar, Patrapada area of Bhubaneswar, Pokhariput area of Bhubaneswar, Sahid Nagar area of Bhubaneswar, Mancheswar area of Bhubaneswar and near Salia sahi area of Bhubaneswar. As the official record of transgender people is not available with any government office, to get respondents quickly informally, the researcher purposively chose the Khordha district as Transgender persons are staying in the urban pockets of the district to earn their livelihood, easily accessible in parks, along the roadsides and near various toll gates.

Figure 1. 2: Geographical representation of Odisha and a brief profile



Source - www.odisha.gov.in

3.3. Participants

The target population for this study was transgender women who were over the age of 18. For this study, "transgender women" meant individuals who were assigned one gender and identified solely as members of the other binary gender (i.e., male-assigned people who identify as female). Although people who do not identify within the gender binary have significant and relevant experiences and valid claims to transgender identities, the researchers believed their experiences were too distinct compared to those who identify as a binary gender to be explored in the same study. Similarly, there was some concern that trans women may be too distinct from each other to be explored in the same study. In other studies on internalized oppression, researchers have argued that it is essential to consider intersecting identities and argue, for instance, transmen may experience internalized homophobia differently due to their different gender identities (Szymanski & Chung, 2002). These are valid concerns. However, each group has fundamentally similar transition processes and

identity narratives (Beemyn & Rankin, 2011), suggesting it may be reasonable to suspect there are fundamental similarities between the groups.

A total of 100 respondents were selected for this study.50 transgender who had done Sex reassignment surgery and 50 who had not done Sex reassignment surgery. This was a comparative study to determine the need, problem, and availability of sex reassignment surgery among transgender community in the Khordha district. Qualitative and quantitative research techniques were used to make the study holistic. It took much work for the researcher to find the respondents as there was no official data regarding them, and they were also isolated from the mainstream population. Participants were from the Khordha district, as the study was limited to it only.

3.4. Recruitment

Recruitment was conducted primarily by talking with the gurus of transgender communities. Participation in this research was selected based on availability in their living areas. Only transgender living in the Khordha district were eligible for this study. Before an interview, the purpose and need of the research were told to every respondent chosen. Odia language was used during interviews with those who did not understand English but those who understood English, with interactions, sharing, and data collection only done in English. Through the snowball technique, every respondent was chosen.

3.5. Procedures

Given the dearth of research on Sex reassignment surgery among transgender many theories seemed well suited for constructing new theories to understand this phenomenon better. So, too, Transgender persons have largely been researched, diagnosed, understood, and explored (Lev, 2006). A qualitative and quantitative study creates space for trans voices to be heard in their own words without imposing pathologizing, cissexist theoretical frameworks upon them.

The methodology of the study selected by the researcher is a merger of descriptive and exploratory research design. In descriptive research, qualitative and quantitative research methodology is adopted to describe the population characteristics of transgender individuals, which have been studied in the Khordha district of Odisha. The selected design aims to conduct field surveys most accurately and systematically describe transgender people's Socioeconomic conditions, issues they face due to having gender identity disorder, health

issues related to SRS, and acceptability in society. Research design is scientifically prepared to follow a framework to undertake the research and answers to research questions. The combination of both descriptive and exploratory research design helps decide the type of data the researcher plans to collect and select the participants and their source, defines the variables and research questions, and the location and time scale of the research. It determines the set of parameters of the research. This research method has also chosen which method should be adopted for the collection and analysis of data and what should be includedand what should not be included. It is empirical, scientific, and exemplary. The combination of research methodologies facilitates the researcher in determining the parameters by which the evaluation of the results and drawing configurations can be made and in deciding what parameter should be adopted for data collection and to measure, analyze, and interpret the data. This study methodology also helps analyze analyzers' perceptions and experiencesregarding research objectives and research questions. The researcher emphasized qualitative methods and appropriate interpretation of relevant qualitative data. The researcher conducted research to define and classify each frame of research, interpret patterns and narratives, and understand social context and meaning. The combination of exploratory research design with descriptive research design framework helps the researcher to explore research problems. There are very few studies have been done on the transgender population of Khordha district. This research design was also adopted to understand the situation better, clarify concepts, andprepare the problem for more precise investigation. The research design has also focused on acquiring familiar recipes to further advanced research on the topic based on pre-findings andforming the basis for more advanced research.

All gurus of the transgender community were contacted. Permission was granted to conduct interviews with their colleagues. Interviews were conducted in a step-by-step process. The first step consisted of recruiting potential participants via the snowball method. Second, the researcher and the potential participant met for interviews and spoke over the phone, depending upon participant availability and preference. Third, the interviews were semi-structured, consisting of close-ended and open-ended questions. Some interviews were audio-taped, and most lasted approximately 60 minutes. Focused group discussion and case study methods were also used to collect data in-depth. Given the diversity within the transgender population, a valid information saturation point seemed unlikely to be reached. Each interview contributed new information and further developed our understanding of the categories. The researcher took field notes to store every moment in the field for future

reference. Both primary and secondary sources of data collection techniques were used. Field-based interviews were done with primary sources, and secondary sources, such as books, journals, articles, and statistical facts, were considered in the analysis.

After independent analysis, the researcher tried to explore and process their reactions to the interviews, discuss their findings, and develop a more refined list of themes for each interview. Each interview was coded, discussed, and analyzed thoroughly before moving to the next one. The trustworthiness and credibility of the data (Morrow,2005) were ensured till the last phase of this project. A results draft was sent to all transgender gurus for their review.

3.6. Ethical Considerations

The researcher has received approval from the Institute ethics committee of theNational Institute of Science Education and Research Bhubaneswar to conduct researchamong human participants from a vulnerable social category. Informed consent was obtained from the respondents to participate in the study. The purpose of the study was revealed to all respondents and their anonymity was assured.

3.7. Sampling

Information from prominent leaders of various transgender groups in the Khordha district was collected during the meeting to study the area and develop a research sample frame. The interview schedule was used to collect data according to specimen inputs provided by transgender person leaders from different groups and their suggestions forcollecting data cross-section-wise and taking into consideration their profession, activities, participation in group propaganda, conflict management, dispute resolution with local police, and supporting the government for implementing the new policy of the government for transgender individual.

3.7.1 Snowball Sampling

The research is based on snowball sampling techniques. The researcher has directly talked with members of different transgender groups (Parker & Geddes, 2019). Especially all gurus of the transgender community were contacted to get information on more Transgender persons staying in the study area. Along with handling the informant case studies, theresearcher collected the contact details of other transgender groups and group members to develop further research. Similarly, the entire case study and fieldwork of research has been done.

3.8. Research Tools

Qualitative and quantitative research tools have been used to collect the relevant data from the respondents. The qualitative tools adopted for the studies are case studies, observation, key informant interviews, small group interviews, focus group discussions, and small group discussions. Both interviews and observations conducted during the studies were recorded using audio tapes and audio-visuals. The audio-visual and tape data are transcribed for qualitative and quantitative analysis, following relevant research methodology.

3.9. Observation

Observation is a qualitative research method (Ciesielska et al., 2018). It is a method of gathering information by observing without asking the informant in the most precise and reliable manner. This method has developed the accuracy of research results and narrows the problem depending on the informant. This method helped the researcher understand the verbal response, body language, and movements. Before observing, the researcher has prepared a program of whom to observe, how to observe, what to observe, and how long to observe in record verbatim details. The researcher systematically observed the activities of the transgender group with their prior approval and intimate relationships. The researcher has observed their day-to-day practice of life. The researcher has also observed the activities of transgender people and their begging activities at toll gates and trains. Transgender pers on's involvement in blessing newborn baby and cultural programs on various occasions invited by people. The researcher also very attentively observed group meetings, conflict settlement, and their future activities planning. Some groups have invited her to the guru's birthday celebration with Chela. The behavior observed by the researchers is tapped and analyzed by audio vision. The researcher conscientiously analyses the observed behavior patterns of groups and individuals in natural conditions and analyses what was observed concerning the research questions and objectives. Let us briefly dwell on the given observation.

3.10. Pilot Study

A pilot study tests research tools developed for conducting surveys, designing research planning, formulating research questions, and developing critical hypotheses (Ismail et al.,2018). The researcher conducted a one-week pilot study covering two areas: The Jatni

Railway station area and the Patrapada area. During this pilot study, the researcher pre-tested various tools, including case study guidelines, observation methods, content analysis techniques, focus group discussion guidelines, essential informant tools, and cue cards for compelling interviews. Conducting a pilot study is essential to evaluate data analysis techniques, assess human and data management issues, and facilitate dialogue on conceptualization, identification, and operationalization of study objectives. Additionally, the pilot study aided in exploring the relationship between variables, formulating hypotheses and research questions, assessing the feasibility of fieldwork procedures, and determining the required resources and time frame for fieldwork.

The researcher carefully selected two transgender territory areas to represent the characteristics of the study sample. The pilot study identified research tool loopholes and fieldwork challenges and highlighted the need for specific equipment. Furthermore, it helped estimate the completeness, accuracy, and reliability of the sample frame and determine the sample size. Following the pilot study in two areas, the researcher developed research tools such as observation guides, case study guides, critical informant interview guides, small group interview guides, content analysis guides, focus group discussion guides, and interpretation protocols based on inputs received and rectified during the pilot study. All research tools, sample frames, research plans, data analysis frameworks, and datamanagement protocols were finalized with inputs from the pilot study.

3.11. Textual Analysis/Analysis of Secondary Data

The researcher meticulously delineated the subject area of study, encompassing research design, objectives, questions, and significant hypotheses. Subsequently, the researcher compiled various source materials, including published research articles, audio- visual interviews, online sources, and books. These texts were thoroughly analyzed and categorized thematically, aiding problem identification and refinement (Guetterman, 2018). Additionally, the researcher gathered information from various articles and reports on transgender studies conducted by various researchers at universities across India. This enabled the researcher to formulate an approach to the problem and devise an appropriate research design. Using textual research helped address research questions and interpret primary data effectively. Moreover, conducting research based on secondary data facilitated

enhancements to the research questions, hypotheses, and the literature review section of the thesis.

3.12. Case Study

A case study is a qualitative research method mainly used by social scientists to adopt multiple data deviation methods and collect data from multiple research (Drisko & Maschi, 2016). The researcher has developed a case study guide for performing transgender life history analysis and a case study of transgender cultural norms and transgender forums, acase study of conflict management, a case study of punishment, a case study of cultural activities such as initiation of new decisions of Nayakas or the guru. The researcher has extensively designed a case study guide that includes a detailed contextual analysis of a limited number of prevention, social units, social organizations, and their relationships with social networks and processes. The researcher has adopted several research methods for data collection, including case studies and life history analysis of transgender people, in-depth interview observation administration of cue card open-ended questions, and videography of events. This has helped the researcher to have a deeper understanding of the special events revolving around the lives of transgender people in the district of Khordha. The case study allowed the researcher to conduct a holistic and in-depth investigation on several socio- cultural dimensions of the life of transgender people, as well as examine contemporary events in the real-life context, in addition to applying the findings of the study to problems and answering the questions adopted from the case study. The researcher analyzed the life history of selected transgender individuals and asked them to document their life over some timefrom childhood to the date and how they identified their sexual perversion. This interview hasbeen recorded at home in writing for later analysis. Each transgender narrative is distinct. The researcher collected various life histories of transgender people from different communities and tried to understand the socio-cultural dimension of the phenomenon. Analyzing life histories has enabled researchers to identify and categorize frames according to shared experiences.

Similarly, analyzing case studies of social organizations, transgender leaders, and conflict management has refined new assumptions and research questions for the study. The case study immerses the researcher in various events, including cultural gatherings, group dynamics, and conflict resolution scenarios. It involves examining the life histories of transgender individuals from childhood to the present day, exploring their interactions with peers and family regarding their sexuality, as well as their experiences of exclusion from

mainstream society. Additionally, it investigates how transgender mentors nurture and integrate them into urban transgender communities.

The acculturation process lessons over time, the values, norms, and customary rules of the transgender community and how they are trained and oriented to adopt the lifestyle of transgender. So that they can survive in the case of challenges facing their family and community, the case studies and life histories analysis conducted by the researchers provided her with a descriptive and highly detailed analysis of socio-cultural dynamics. The method also includes objective and subjective data to facilitate the covering of feelings, perceptions, beliefs, and interpretations by the transgender community itself. The researcher has adopted an amic and an etic approach to introduce this process-oriented case study method. In some cases, the researcher has done internal case studies before understanding some cases. In some cases, the researcher has collected collective case studies of different Transgender persons facing the same situation. The analysis of case studies and life history analysis annexed to thethesis has provided her with qualitative data and facilitated her testing some of the critical hypotheses and answers to research questions in the context of the study's objectives.

3.13. Content Analysis

The research has successfully implemented a recommendation and framework for conducting content analysis on recorded critical communications (Drisko & Maschi, 2016). Utilizing a critical analysis approach, the research examined various sources, including research articles, newspaper clippings, and interviews with transgender leaders. Research questions derived from case studies and pilot studies aided in designing the sampling plan for both content analysis and the broader study. The researcher developed guidelines to define units and conditions of analysis, a code of contents, and a summary of findings. Media analysis,encompassing systematic content analysis methods, was instrumental in addressing research questions by examining qualitative information from texts and video documents, including interviews with transgender individuals downloaded from various public platforms.

Employing a content analysis method that avoided direct data collection from transgender individuals, the research focused on analyzing recorded human communication from media sources. Analysis was divided into two main parts: conceptual analysis, which explored the existence and frequency of concepts, and relationship analysis, which examined the connection between variables. The researcher employed various analytical strategies to categorize, compare, and contrast information on transgender empowerment issues in urban

areas. Significant trends and frames were identified for constructive analysis. Thematic analysis of textual content, alongside descriptive analysis of events related to empowerment, leadership, and integration issues within the transgender community, was conducted. A systematic approach to content analysis was followed, involving familiarization with interview materials, semantic analysis, and data organization based on thematic areas related to research objectives.

The researcher endeavored to interpret the meaning of transgender experiences, including physical and emotional challenges, societal perceptions, and coping mechanisms. Various processes, such as conflict resolution, empowerment, and community planning, were studied, along with government initiatives for transgender rehabilitation. Text and video sources were meticulously categorized at different levels, enabling a focus on critical relationship analysis and conceptual analysis to address research questions and hypotheses effectively.

3.14. Personal Interview

The researcher conducted personal interviews with transgender respondents at their workplaces, homes, and meeting places using cuecards and open-ended questions. The researcher recorded all the interviews through audio-visual and phone. The researcher adopted standardization recording techniques and asked questions in the most systematic manner prescribed. The researcher followed the interview guide of etiquette in the cue card (Mora,1994). This has helped the researcher to organize two types of face-to-face communication among the transgender respondents. Personal interviews have been conducted with transgender members, police officers, social workers working for the Transgender Empowerment Project, government officials, community leaders, and neighbors of Transgender persons. Personal Interviews have been conducted systematically by adopting an interview guide administrative of cue cards and open-ended procedures. This method has been recognized as the most effective method of collecting original and reliable data.

3.15. Key Informant Interview

The critical Informant Interview method is a method of conducting qualitative, in- depth interviews with people having in-depth knowledge of various issues of the Transgender community of Khordha district. A key informant was interviewed to provide guidance and conduct meticulously organized opinion polls encompassing diverse individuals with broad

expertise (Gilchrist,1992). This includes transgender leaders, community elites, doctors, social workers, family workers, lawyers, residents, police, and government officials. The aim was to gather comprehensive insights into the problems and issues faced by transgender individuals in the Khordha district. The researcher has selected key informants, followed by the key informant guide. A framework incorporating the following indicators has been developed before conducting key informant interviews. Creation of Cue Cards and Open- ended Questions Preparation of Short Interview Guide Selection This research also includes a selection of interviewees of key informants.

Extreme care has been taken in recording the interviews over the phone and taking notes in this research to interview at the scheduled time with their prior consent. Recorded interviews have been interpreted and analyzed. Steps have been taken to cross-check the authenticity and validity of the data collected from the key Informant Interview. The researcher has taken the utmost care to obtain the consent of the key informant before interviewing, recording, and taking notes. The researcher also asked key informants to give their feedback and shared the analysis of data collected from key informants. So this is an essential exercise. The researcher has designed and done much homework to conduct key informant interviews.

A reasonable amount of literature review has been done to formulate research questions and what information is needed from key informants. Research has defined indicators for the target population and brainstormed about potential vital informants. The research has also developed a sample framework of key informants, who have been given an in-depth understanding of transgender socio-cultural issues such as gender identity, sexual orientation issues, mental disorders, gender dysphoria, transgender inequality, and the challenges of taking transgender people into the employment sector, what are the problems faced by transgender people in the hospital, employment sector, social sector and what steps should be taken to eliminate transgender institutions. Several other issues revolve around the implementation of the NALSA Supreme Court Act in treating transgender people as a third gender. Promote citizenship rights, access to education, economic empowerment, financial security, health and nutrition, housing security, legal service, transportation, sanitation, social exclusion, and promotion of social security networks. Considering the problems, the research has selected experienced individuals from NGOs who are working on transgender problems, feminist activists, police, government officials, transgender leaders, community elite, and neighbors of Transgender persons. Therefore, research has developed a framework of key

informants and taken appointment assent for the conduct of key informants. Research has also selected the type of interview, a small group or personal interview. Interview tools such as cue cards and open-ended questionnaires were also developed while developing a plan for key informant interviews. The research also designed documentation methods such as audio- video recording by smartphone note-taking and planning to organize and analyze the data. In the research, 36 key informants have been selected from a unique point of view. The interview of the key informant was conducted in the form of a natural conversation and not asa formal meeting. During the interview, very close notes and observations were taken on eye contact, texture for body language, facial expression, posture, and other movements, which provided tips on understanding their potential for transgender problems. The famous NALSA judgment of the Supreme Court was implemented to protect the rights of transgender people and prevent human rights violations and social exploitation of transgender people. Punitive national laws, policies, and practices alienate transgender persons from the mainstream. The complex process of changing identity documents, denial of rights to street Transgenderpersons, well as extreme social exclusion and marginalization and loss of opportunities for social and economic benefits have created much deprivation among these communities, and all these challenges have to be resolved through feedback from these Important key informants has covered by the study.

3.16. Focus Group Discussion

The researcher has managed a series of focus group discussions involving six to eight transgender community elites in different transgender settlements of the Khordha district. The research involved a lot of preliminary exercises and homework to manage focus group discussions. The steps adopted in the process include selecting topics for discussion depending upon the study objectives, open-ended questions, preparation of a focus group guide, how to start a discussion, selection of participants, selection of venue date, and consentfor participation to start the discussion. Focus group discussions are a qualitative method to understand the social problems developing around the transgender community (Boateng, 2012). This discussion involved selecting a homogenous group of transgender people to discuss a living topic about transgender people, such as the implementation of the Supreme Court judgment in NALSA judgment for the protection of their rights, how to protect their interest in reducing complex procedural formalities for changing the identity of documents like Aadhar Card, Voter Card, and PAN Card, the problems related to excessive social

exclusion and marginalization of Transgender persons in society. In one increment, the researcher selected a minimum of six to eight transgender people of the same age group who are in the same age group. The researcher summarizes the discussion findings and presents them to the group, cross-checking and verifying by the group.

3.17. Cross Checking and Validation

The researcher developed a cross-checking verification guide to assess the reliability, authenticity, transferability, dependability, and conformity of the information she has collected. The researcher has adopted various methods to check the data's validity, credibility, and reliability. The informant validation is the key to cross-checking and validating the data collected from various research tools adopted for the study. The researcher summarized data for case studies, focus group discussions, and key informant interviews in front of the group in a workshop for cross-checking and validation. Informant verification is an essential method for cross-checking and verification. Secondly, the researcher adopted a triangulation strategy to test the validity by converging information from different sources. The researcher gathered information on triangulation from various sources to check whether the data was valid. The validity of the data varies depending on its accuracy. The research generated reliable and credible data from the participant's point of view that must be supported by the respondents and valid, credible, and reliable from the participant's point of view. The reliability of information can be measured if the research findings are transferable, the data collection process is considered reliable, and the findings can be considered consistent. Thirdly, the researcher has summarized the findings of the information gathered through various methods adopted for the study. The researcher also took expert opinion to examinethe data and to answer the research questions developed for the study. Another method the researcher adopted was coordinating the study's findings with the overall research publishedin various reports and articles. The research has prompted a prudent exercise of matching a correspondence to finding different studies by other researchers published in the articles. It is a way of validating and precepting data adopted by the researcher. Cross-checking andverification problem is another method the researcher has adopted to collect the data. The researcher conducted fieldwork over a long period with various groups to cross-check information on the same problem and ensure the accuracy of the findings. These empirical exercises adopted by the researchers provided cross-checking verification of the data

collected through the administration of various study methods to examine the study's research questions, hypotheses, and objectives.

3.18. Data Analysis

This research on transgender persons is primarily based on qualitative data collected through numerous sources, which adopts the triangulation of different data collection methodologies. Data analysis explains on which basis the collected data were systematically organized to apply logical techniques for description, illustration, and thematic analysis of the data. The researcher organizes the data to empirically examine each component, applying logical and analytical reasoning to answer the research questions and test the hypothesis adopted for the study. The techniques of analysis of qualitative data adopted a series of processes and procedures to understand and interpret the problems and challenges of transgender life in the context of their local situation, identifying themes, patterns, and relationships preparation for preparing the half draft. Qualitative data were systematically organized into descriptive, exploratory, and contingency relationship analysis. The researcher adopted a variety of techniques following well-designed data analysis guidelines. These techniques adopted were content analysis, foundational analysis, social relationship analysis, discourse analysis, descriptive analysis, causal analysis, and thematic analysis. Various steps were included in the data analysis plan. The first step was developing the researcher'sfamiliarity with the data. The researcher read and transcribed the data notes, watched the videos several times, and prepared narratives and written data, keeping the concepts and themes in mind. It has developed a solid familiarity of the researcher in the database. The second stage was the preparation of the preliminary syllabus. The researcher prepared an exciting curriculum for different concerns and specialties on the data and systematically segregated them into separate files, and the researcher arranged the collected data related to each code. The first step is the identification of subjects. The researcher has organized the codes for the potential subjects. The researcher has prepared various topics generated fromthe data and discussion and collected all the data related to each frame separated together.The fourth step was reviewing the frame. The researcher has critically reviewed all the subjects and prepared a thematic map for analysis. Then, the fifth step was to understand and defend the meaning of the subjects. Different topics are generated and grouped in different groups. The researcher has clearly defined the subjects. Finally, the researcher selected some examples to illustrate the topic and prepared a graph thesis answering the research questions,

objectives, and literature review. The draft thesis was presented to the guide and presented before the floor. To decode the report, the researcher adopted thematic analysis by reviewing transcription notes and the video several times. The subjects become categories of analysis. The researcher designed a framework of codes to classify the different themes. For example, the transgender succession over their lives, including the identification and understanding of their past problems such as anger, aggression, stigma, exclusion from the family, Isolation from the community, financial problems, and social problems. This is a topic. Another codeis the notion of comets that includes social support, helping each other, spirituality of mental support, and problem-solving together. The researcher covered various topics arising from data inspection, interviews, observations, and focus group discussions. The researcher has adopted other analyses, such as content analysis, in which various subjects are grouped, and evidence about this concept is collected. The researcher adopted baseline analysis in which new topics are grouped by discussion, conversation, and interview and analyzed descriptivelyto focus on further relations and inter-relationships. Social network analysis is another way in which researchers have focused on why some transgender people are more potent than others.The researcher has focused more on the analysis of key informant interviews, discourse analysis, and analysis of recorded interviews and focus group discussions. The researcher focused on physical gestures, words, and attitudes, and the researcher focused on recording the analysis of the conversation and answering all the research questions in a social context, their power relations, and the concept of personal identity. Another method is descriptive analysis, which includes a case study of the life history of transgender people who have told their own stories. The researcher also adopted cultural relations, focusing more on the cause- and-effect relationships between different groups and individuals, attempting to determine thecause and effect of the various data already available to explain how power relationships affect their social relationships.

The researcher reviewed and manually analyzed all transcripts. The researcher also adopted thematic explanatory analysis and inductive reasoning and transcended social scientific concepts such as sexual assault, atrocities, denial of access to social and economic resources, institutional discrimination, abuse by family and society, cross-gender and physical problems in life, experiencing psychological distress, facing discrimination and social exclusion. The researcher has developed a framework of analysis on the topics and interpretations and guidelines for examining and validating the findings by the primary respondents in specialized workshops.

3.19. Methodological limitations

The following lists all restrictions on the fieldwork and sample selection:

- This study is being conducted only in and around the city of Bhubaneswar.
- The sample size is not too large to generalize.
- Qualitative data from respondents have been used to determine the findings.
- The ramifications of the findings of this investigation expand on the suggestions made by prior studies. To elicit a more directed answer when requesting identification information, researchers were advised to use the phrase "please specify" instead of "free response" when inquiring about identity. In a broader sense, gender representation is an uncountable concept.
- For the sampled area, very few publications are available restricting the room for larger understanding of demographic data and perspectives.
- The census data 2011 was used instead of the 2021 data which still needs to be officially available.

This chapter only describes the study's methodology and data sources. In subsequent chapters, attempts have been made to analyze the relationships between individuals, the relationships between individuals and their groups, what drives their behavior, and the common themes about their relationship. The collected data have been analyzed along the lines of the study objectives.

Chapter 4

Demographic Profile of the Study Participants

4.1. Chapter introduction

Various studies show that socio-economic factors contribute significantly todisparities in the livelihood of transgender persons. Keeping this in view, the research tried tofind out the socio-economic conditions of transgender persons. This chapter is divided into two sections: Section A: socio-economic profiling of the respondents and Section B: the difficulties and experiences of transgender persons. Section A elaborates on the socio- economic conditions of the sampled respondents. The circumstances that a transgender person faces after disclosing their sexual orientation are described in Section B.

Section A: Socio-economic profile of the respondents

4.2. Age classification of the Transgender persons

Table 4.1 shows the comparative age group of respondents: those who have had surgery and those who have not. In the first category, the respondents, those who have nothad surgery, have an age classification of 19-24 (44 %); 22 have not done the surgery, and 14have had surgery. In the second category, it is found that the 25-40 age group in the none- SRS group consisted of 26 (52%), and in the done-SRS group, 34 (68%). In the age category of 41-59, it was found that both categories had an equal number of respondents, 2 (4%).

Table 4.1: Age Classification of the Respondents

SL. No	Age classification	Respondents (Non-SRS) N= 50	Respondents (Done-SRS) N= 50	Total N=100
1	19-24	22	14	36
		44%	28%	100%
2	25-40	26	34	60
		52%	68%	100%
3	41-59	2	2	4
		4%	4%	100%
4	Above 60	0	0	0
		0%	0%	100%
5	Total	50	50	100
		100%	100%	100%

4.3. Gender of the participants

Table 4.2 explains the respondents' perceived gender with which they feel and associate themselves. The above figures portray that around 3 % of respondents who have not had surgery perceive themselves as male. In contrast, those who have had sex reassignment surgery do not perceive themselves as male. Compared to another angle, no respondents perceive them as female among the not done SRS group, but 2 % of respondents who have done SRS perceive themselves as female. In the last category, 88 % of respondents perceive themselves as Transgender persons who have not done surgery, and 96 %s perceive themselves as Transgender persons who have done surgery.

Table 1.2: Gender of the participants

Sl No	Gender	Respondents (Non-SRS) N= 50	Respondents (Done-SRS) N= 50	Total N=100
1	Male	6	0	6
		3%	0	6%
2	Female	0	2	2
		0	1%	2%
3	TG	44	48	92
		88%	96%	92%
4	Total	50	50	100
		100%	100%	100%

4.4. Caste of the participants

Table 4.4 portrays the caste status of all the respondents. In the SC caste, fourteen %s are from each category: those who have had surgery and those who have had surgery fall under this caste. In the ST category, ten % of Transgender persons fall under this group have not had surgery, and fourteen % fall under those groups who have had surgery. In the case of the OBC/SEBC category, 36 % of Transgender persons who fall under this group have not done sex reassignment surgery, and 22 % fall who have done sex reassignment surgery. Inthe case of the general category, eighteen % of Transgender persons fall under this category, and 52 % of Transgender persons fall under this category have had sex reassignment surgery. By observing the number, it can be said that the maximum number of Transgender persons come from the general caste and OBC/ SEBC caste in the study area.

Table 4.3: Caste of the Participants

Sl No	Caste	Respondents (Non-SRS) N= 50	Respondents (Done-SRS) N= 50	Total N=100
1	SC	7	7	14
		14%	14%	100%
2	ST	5	6	11
		10%	12%	100%
3	OBC/SCBC	20	11	31
		36%	22%	100%
4	GEN	18	26	43
		36%	52%	43%
5	Total	50	50	100
		100%	100%	100%

4.5. Education Level of the Participants

Table 4.4 explains the educational qualifications of the respondents. The educational attainment category falls under various categories. The first category is never going to a school where eight % of Transgender persons have not had the sex reassignment surgery category, and only two % of Transgender persons fall under those Transgender persons who have had sex reassignment surgery. At the primary/ elementary level, both categories of thosewho have done surgery and those who have not done surgery comprise 22 % of each. In the high school category, it can be said that 36 % number of Transgender persons fall under the groups who have not done SRS, and 32 % fall under the group who have had Sex reassignment surgery. In the intermediate level, 24 % number of Transgender persons fall under that category who have not done Sex reassignment surgery, whereas 32 % number of Transgender persons fall under this group who have done Sex reassignment surgery. Coming to the graduation category, eight % of Transgender people under this group have not done sexreassignment surgery, and 8% of Transgender people have done sex reassignment surgery. In the last category, we can see very few Transgender persons fall under the category who have done post-graduation and above. A total of six % of respondents fall under this group, two % from the not done sex reassignment surgery group and eight % from the done sex reassignment surgery group.

Table 4.4: Education Level of the Participants

Sl No	Education Level	Respondents (Non-SRS) N= 50	Respondents (Done-SRS) N= 50	Total N=100
1	Never went to a school	4	1	5
		8%	2%	100%

2	Upto Primary/ Element Level	11	11	22
		22%	22%	100%
3	Upto High School	18	16	34
		36%	32%	100%
4	Intermediate Level	12	16	28
		24%	32%	100%
5	Graduation	4	4	8
		8%	8%	100%
6	Post Graduate or above	1	2	3
		2%	4%	100%
7	Total	50	50	100
		100%	100%	100%

4.6. Occupation of the participants

Table 4.5 explains the occupation the Transgender persons adapt to survive in the study area. It is observed that a maximum number of Transgender persons opt for sex work toearn their livelihood. 29 number of Transgender persons have not had sex reassignment surgery, and 60% of Transgender persons have had sex reassignment surgery. Sex work is theprimary occupation of a maximum number of Transgender persons all over India as they refuse to work in any office, factory, or house. So it becomes easier for them to follow this occupation, which does not need any education, skill, or permission from anyone. This has increased the risk of HIV and transmission of sexual diseases to people who come in contact with Transgender persons. 22 % of people are engaged in the begging profession on roadsides, highways, or parks. Who have not done sex reassignment surgery, whereas 20 %of people in the same profession have done sex reassignment surgery. 2 Transgender persons have not done sex reassignment surgery, and 10% of respondents who have done sex reassignment surgery are engaged in dancing and acting profession which is on a part-time basis and seasonal. Rest respondents are engaged in other occupations such as social worker, beautician, and worker in private organizations/offices.

Table 4.5: Occupation of the participants

Sl No	Occupation	Respondents (Non-SRS) N= 50	Respondents (Done-SRS) N= 50	Total N=100
1	Sex Work	29	30	59
		58%	60%	100%
2	Begging (at the road, parks and local haats, etc.)	11	10	21
		22%	20%	100%
3	Dancing/Acting	2	5	7
		4%	10%	100%

4	Any Other	8	5	13
		16%	10%	100%
5	Total	50	50	100
		100%	100%	100%

4.7. Monthly Income of the participants

The monthly income of the transgender group between 20001-25000 is found to be high. The income group, i.e., those below 15,000, is found to have very few numbers. In the survey, it is encountered that there is an income gap between SRS and SRA Transgender persons. The differentiation of income occurs due to the occupational changes of Transgender persons after SRS. More Transgender persons who have done SRS get more income from customers for engaging them as sex workers. Their demand is also high as compared to the not-done SRS group. The responses are recorded by the researcher from respondents in the field.

The majority of Hijra make their living as *"Hijragiri" or "badhai"* (Khan et al., 2009). The terms "*hijragiri," "badhai*," and *"bazaar tola"* alludes to a variety of actions, including robbing people at intersections, train stations, and other public places while demandingpayment in exchange for blessings. Since *Hijra* is aware of how terrified people are of being cursed by them and how much confidence they have in their magical prowess, they mainly rely on *"badhai"* as a source of wealth. They now incorporate *"Hijragiri,"* a ceremony that entails gathering cash from stores in the marketplace and performing dance and song for a newborn baby boy in urban areas (Nanda, 1999). They also make a living by begging on the streets, collectively or individually. Since traditional *"baccha nachao"* (recreation with a newborn infant) activities are less in demand than in the past, they are sometimes compelled to choose between begging and sex work (Sarker & Pervin, 2020).

Table 4.6: Monthly Income of the participants

Sl No	Monthly Income (in INR)	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100	Total
1	5000-10000	9	18%	3	6%	12	100%
2	10001-15000	3	6%	2	4%	5	100%
4	15001-20000	10	20%	19	38%	29	100%
5	20001-25000	18	36%	22	44%	40	100%
6	Above 25000	10	20%	4	8%	14	100%
7	Total	50	100%	50	100%	100	100%

4.8. Type of Land Owned

Table 4.7 explains the type of house the Transgender persons are dwelling in. The category is divided into three types. The first category encroaches land, where Transgender persons place their house on government land by encroaching a specific area under their use. It is a temporary house because the government may take the area at any time as their stay in that land is illegal. Around 60 % of people from the study area are residing in this type of house, comprising both the category of respondents from done and not done sex reassignmentsurgery groups. The next category is rental houses, where they take houses on a rent basis from their own Guru and pay rent to the Guru every month. A maximum number of Transgender persons prefer this type of settlement as it is safe and cheap for them to stayhere. Around 54 % of Transgender persons who have not had surgery stay in a rental house, and 70 % of Transgender persons who have had surgery stay in this type of house. Guru playsa vital role in the life of Transgender persons as the Guru is the father, mother, and guardian of the Transgender persons staying with them. Very few Transgender persons stay in their own built houses, belonging to the high-income category group. Only six % of respondents from the non-surgery group and ten % from the surgery group stayed in theirown houses. They mainly belong to the guru category, who built their houses by buying private land or buying the house from any person.

Table 4.7: Type of Land Owned

Sl No	Type of Land Owned	Respondents (Non-SRS) N= 50	Respondents (Done-SRS) N= 50	Total Participants N=100
1	Encroached Land	20	10	30
		40%	20%	100%
2	Rental	27	35	62
		54%	70%	100%
3	Own	3	5	8
		6%	10%	100%
4	Total	50	50	100
		100%	100%	100%

4.9. Type of Residing House

Table 4.8 explains the type of house the Transgender persons stay in the study area. One is the Kutcha house, and another is the Pakka house. Kutcha houses are made of straw and mud. Pakka houses are made of bricks and cement. From the responses collected from respondents, it can be observed that more Transgender persons stay in kutcha houses as compared to pukka houses. Around 68 % of Transgender persons stay at kutcha houses

among those Transgender persons who have not done SRS, and 32 % of respondents stay at pakka houses for those who have not done SRS. On the other side, we may see 62% of Transgender persons stay in kutcha houses who have done SRS and 38 % of Transgender persons stay in pakka houses who have done SRS. So we can see that compared to the SRS group, the SRS group is in a better position coming to living housing patterns.

Table 4.8: Type of Residing House

Sl No	Type of Residing House	Respondents (Non-SRS) N=50	Respondents (Done-SRS) N= 50	Total Participants N=100
1	Kutcha	34	31	65
		68%	62%	100%
2	Pakka	16	19	35
		32%	38%	100%
3	Total	50	50	100
		100%	100%	100%

4.10. Native Districts of Transgender Persons

Odisha is one of the states with the highest transgender population. The state has 5.75 % of rural India's transgender families and 1.5 % of the country's urban transgender population *(census 2011)*. From the Primary data collection of Transgender persons, it is observed that the %age of transgender participants is high in the coastal belt and eastern parts of Odisha. In contrast, it is found very low in western parts of Odisha. In the southern parts, itis found to be moderate. The districts, namely *Khordha, Ganjam, Cuttack, and Angul,* have the highest numbers of participants. Similarly, the population of transgender is high in the Ganjam, *Angul, and Khordha districts of Odisha* as per the 2011 census *(TransgenderPersons Policy, 2017)*.

Table 4.9: Native Districts of the Participants

Sl No	Dist.	Respondents (Non-SRS) N=50	%	Respondents (Done SRS) N=50	%	Total N=100	%
1	Angul	2	4%	5	10%	7	7%
2	Balangir	4	8%	0	0%	4	4%
3	Balesore	2	4%	0	0%	2	2%
4	Cuttack	4	8%	4	8%	8	8%
5	Deogarh	2	4%	0	0%	2	2%
6	Ganjam	10	20%	0	0%	10	10%
7	Jajpur	2	4%	5	10%	7	7%
8	Kandhamal	2	4%	4	8%	6	6%
9	Kendrapada	1	2%	0	0%	1	1%

10	Keonjhar	0	0%	5	10%	5	5%
11	Khordha	10	20%	12	24%	22	22%
12	Koraput	0	0%	2	4%	2	2%
13	Mayurbhanj	2	4%	0	0%	2	2%
14	Nayagarh	4	8%	5	10%	9	9%
15	Puri	3	6%	5	10%	8	8%
16	Rayagada	2	4%	0	0%	2	2%
17	Sambalpur	0	0%	3	6%	3	3%
18	Total	50	100%	50	100%	100	100%

Section-B: The Difficulties and Experiences of Transgender Persons

4.11. Awareness of the gender identity disorder

Table 4.10 presents the findings of a study on the awareness of gender identity disorder among transgender individuals. The study encompassed two groups: non-SRS (Sex Reassignment Surgery), transgender individuals (N=50), and those who had undergone SRS (N=50), with a total of 100 participants. The participants were categorized based on their awareness of their gender identity disorder, with responses including mental constraints, physical constraints, a combination of both, or other factors. The data indicated that 64% of non-SRS transgender individuals and 68% of SRS transgender individuals became aware of their gender identity disorder due to mental constraints. In comparison, 28% and 28% attributed it to physical constraints. Additionally, a small % ages reported other reasons, such as expressed anxiety, frustration, and low confidence to interact with same-gender persons.

From the surveyed data, it is evident that a significant proportion of both non-SRS and SRS transgender individuals became aware of their gender identity disorder due to mental constraints. This underscores the psychological aspect of gender identity awareness in this population. Furthermore, a considerable number of participants in both groups reported becoming aware of their gender identity disorder due to physical constraints, emphasizing the role of physical experiences in shaping their awareness. It is essential to note the limited number of participants who attributed their awareness to feeling like a girl or feeling different, indicating that these factors may not be as prevalent in the overall experience of gender identity disorder awareness among the participants.

Abraham Maslow (1943) proposed the psychological theory of hierarchy of needs which states that people are driven to satisfy five different degrees of wants. The first need is physiological, and it relates to life's necessities, such as food and water. The need for safety is

the second necessity. The third need is the desire for affection and a sense of community, including from friends and family. The term "esteem" designates the fourth need: the need for status, respect, acknowledgment, and self-worth. The fifth need is to be "self-actualized," which is defined as wanting to "become everything that one is capable of becoming" and "through maximum use of his or her gifts and interests."

The study sheds light on the diverse factors contributing to the awareness of gender identity disorder among transgender individuals, with mental and physical constraints playing significant roles. The findings underscore the complex nature of gender identity awareness and the need for further research and understanding. This study provides valuable insightsinto the multifaceted experiences of transgender individuals in recognizing their genderidentity disorder, thereby contributing to the broader discourse on transgender health and well-being.

Table 4.10: Awareness about gender identity disorder

SL. No	Awareness about gender identity disorder	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100	%
1	Mental Constraints	33	64%	34	68%	61	61%
2	Physical Constraints	14	28%	14	28%	27	27%
3	Any others	3	6%	2	4%	5	5%
4	Total	50	100%	50	100%	100	100%

4.12. GID Confirmation age

The fundamental components of a person's personality are defined by their gender identity, which is defined as a sense of relatedness to a gender (man, woman, or alternative). The personal feeling of self-identification with gender has also been used to explain gender identity (Dhejne et al., 2016; Shechner, 2010). According to Fisk (1974), gender dysphoria is the anguish a person feels when their physical gender—their primary and secondary sexual characteristics—and their gender identity are inconsistent. In order to change their gender, those who suffer from gender dysphoria may seek medical treatment. Gender identity disorder (GID) refers to conditions when a person shows marked and ongoing identification with the opposite sex and ongoing dissatisfaction (dysphoria) with that sex or a sense of inappropriateness in that sex's gender role. Every subjective aspect of life is affected by gender identity.

Because their gender expression is not in line with society's normative values, people with gender dysphoria face different degrees of discrimination and trauma. Between 16 and 20 years of age, the GID confirmation occurred among most (85%) of the the interviewed transgender persons. Ramesh and Utsav found similar results in their study in 2021. Moreover, it created a culture of fear around speaking about transgender identities in work and educational settings due to the potential to 'out' Transgender persons and lead to negative interactions with peers going forward (Budge et al., 2010; Levitt & Ippolito, 2014). The fundamental conclusion of these findings is that Transgender people require more affirming and less negative identification experiences, which have been demonstrated to be a vital part of healthy social transition and, consequently, well-being (Doyle et al., 2021).

Table 4.11: GID Confirmation age group

Sl. No	At what age?	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total
1	between 6 and 10 years	8	16%	7	14%	15
2	between 11 and 15 years	18	36%	16	32%	34
4	between 16 and 20 years	24	48%	27	54%	51
5	Total	50	100%	50	100%	100

4.13. Family member's reaction when they came to know about the gender Identity

The family members' responses to knowing the respondents' gender are shown in Table 4.12. The findings depict that only sixteen percent of transgender persons said their family had accepted them in the case of those who have not done surgery, and eighteen percent of respondents said they have 48% of families did not accept the respondents after they learned their gender. Families accepting the respondents after learning their genderswere rare (17%). The function of social interactions in gender identity change can also be better understood by looking at various social relationships, which may involve various aims and concerns. Social exchange theory, which asserts that social relationships are reciprocal, with dyadic costs and benefits being evaluated and people working together to achieve collective or personal goals (Lawler & Thye, 1999), clarifies one way in which the study of social relationships should go beyond support.

Table 4.12: Family member's reaction

SL. No	family members' reaction when they came to know that you were a transgender	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100	%
1	Accepted	8	16%	9	18%	17	17%
2	Do not Know	2	4%	1	2%	3	3%
3	Not Accepted	26	32%	22	44%	48	48%
4	Shocked	14	28%	18	36%	32	32%
5	Total	50	100%	50	100%	100	100 %

4.14. Presence of Transgender in Family

Table 4.13 explains the figure of whether any other member of the family was also transgender or only the participant is alone in the family to be identified as transgender. The respondents explain that only four percent belonging to the non-SRS group have transgender in their family along with them. In the case of the done-SRS group, twelve %s said they have transgender in their family who are from their mother's line. So overall, we can say that the linkage of genetic traits to being born as transgender is significantly less and may not be scientifically established.

Table 4.13: Presence of Transgender in Family

Sl No	Any other Transgender in the Family	Respondents (Non-SRS) N=50	Respondents (Done-SRS) N=50	Total N=100
1	No	48	44	92
		96%	88%	92%
2	Yes	2	6	8
		4%	12%	8 %
3	Total	50	50	100
		100%	100%	100%

4.15. Friends' reactions when they came to know about the gender Identity

The provided data in Table 4.14 presents friends' reactions upon learning that an individual is transgender. The study involved 100 participants, with 50 identifying as transgender (Non-SRS) and the other 50 as transgender (Done-SRS). Among the non-SRS transgender individuals, 28% reported being accepted by their friends, while 36% indicated that they were not accepted. On the other hand, 18% of the Done-SRS transgender group reported acceptance, with 62% expressing that their friends did not accept them. The data

indicates that a higher %age of the Done-SRS transgender group experienced non-acceptance from their friends compared to the non-SRS transgender group.

In terms of acceptance, the study reveals that a higher percentage of non-SRS transgender individuals (28%) reported being accepted by their friends compared to the Done-SRS transgender group (18%). Conversely, the proportion of non-SRS transgender individuals who reported not being accepted was lower (36%) than that of the Done-SRS transgender group (62%).

Table 4.14: Friends' reactions

Sl No	Friends' reaction when they came to know	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Accepted	14	28%	9	18%	23	23%
2	Do not Know	8	16%	6	12%	14	14%
3	Did not accept	28	36%	31	62%	59	59%
4	Total	50	100%	50	100%	100	100%

4.16. Neighbor's reaction upon knowing the gender Identity

Unlike the family and friends, the neighbors are treating the same behaviors towards the transgender individuals when they come to know about gender Identity. Transgender persons are discriminated against, neglected, and shunned in society, according to the interviewees. The Hijra community, which has particular challenges compared to other sexual identity communities, is the most vulnerable and disadvantaged group. In social, political, and economic life, the hijra population is ostracized and is particularly vilified in society. Everyone has the legal right to use society's goods and services. Once more, society must work to fulfill its obligations to these people. The neighbors did not accept 69% of the respondents.

Table 4.15: Neighbors' reaction

SL. No	Neighbors' reaction	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	supported	11	22%	10	20%	21	21%
2	Do not Know	6	12%	4	8%	10	10%
3	Not supported	33	66%	36	72%	69	69%
4	Total	50	100%	50	100%	100	100%

4.17. Presences of transgender in the locality

The presence of transgender persons in the area is described in Table 4.15 below. In general, most transgender people live their lives in a group or hostel. 78% of participants stay together or live in a single society. People and groups excluded from society can actively engage in it when socially excluded. In light of this context, the goal was to check the challenges that Transgender people experience in everyday life and mainstream culture. The participants are staying inside a transgender community or in a hostel together under *"guru maa, rani maa"*- supervision. The relationship is described in the Table 1.1 in the chapter 1.

Table 4.16: Presence of transgender persons in the locality

Sl No		Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Yes	36	72%	39	78%	75	75%
2	No	14	12%	11	22%	25	25%
3	Total	50	100%	50	100%	100	100%

4.18. Interaction with Local transgender

The Transgender persons residing in a locality's cluster have distinctive personalities. While 35% of people experience interpersonal conflict or group struggles, 64% communicate with one another and have good relations. However, they join regularly wherever a meeting is organized to discuss agendas.

Table 4.17: Interacted with local transgender people

Sl No	Opinion of the Respondent	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100
1	Yes	33	66%	32	64%	65
2	No	17	34%	18	36%	35
3	Total	50	100%	50	100%	100

4.19. Helped by other Transgender community

As per Table 4.17, 44% of respondents are getting help from other Transgender persons' community. However, conflict also arises between communities. Like "Silver'smonopoly," one becomes increasingly excluded while the lower one falls in the social order. Literature sugegsts that transgender people get socially excluded in sevral spheres (Khan et

al., 2009). Gender and ethnicity are two social and cultural variables that influence social isolation. Gender normativity does not apply to the teransgender people, who do not fit into the gender binary. Due to mainstream society's divisive beliefs on gender and sexuality, the transgender population is thus highly stigmatized and also does not have proper relations with other transgender people.

Table 4.18: Helped by other Transgender community

Sl. No	Helped by other community	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Yes	23	46%	22	44%	45	45%
2	No	27	54%	28	56%	55	55%
3	Total	50	100%	50	100%	100	100%

4.20. Awareness about the transgender community in Bhubaneswar

As shown in Table 4.18, the transgender persons interviewed came from various regions of Odisha. The interviewees' methods of acquiring knowledge about the transgender groups in Bhubaneswar are shown in Table 4.18. 36% of the participants who community members influenced joined the communities. At the same time, 32% of people joined in connection with friends. Only 10% of individuals in this social media age are aware of the Bhubaneswar transgender community. Who joined them after watching them on news media and other social media platforms. 23% joined the groups in other ways. The other ways signify accidentally being rescued by NGOs.

Table 4.19: Awareness of transgender community in Bhubaneswar

SL. No	From whom came to know about the transgender community in Bhubaneswar	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Community member	17	32%	18	36%	35	35%
2	Friend	13	26%	16	32%	29	29%
3	Media	8	16%	5	10%	13	13%
4	By other way	12	24%	11	22%	23	23%
5	Total	50	100%	50	100%	100	100%

4.21. Membership of any Transgender community

The interviewed participants are from the Transgender persons group only. 95% of respondents are from different Transgender communities. Only a few respondents were interviewed outside of the community. Some transgender individuals can support themselves without adhering to a guru. These people depend on more than just *hijragiri or badhai* for survival. They actively promote gender equality as part of their work for regional nonprofit groups. They are not familiar with panhandling or routine sex acts. 70.4 % of the respondents live with Guruma, yet 23.7 % depend on living in rest homes (Sarker & Pervin, 2020).

Maslow (1958) outlined that two distinct types of self-esteem exist. The 'lower' kind is the need for other people's approval. In order to be respected for who we are, what we do, and how much we contribute to society, everyone needs friends, peers, and coworkers. Maintaining the respect of friends is as vital. In terms of esteem, self-esteem or self-respect isthe "higher" kind. It is more remarkable because those who possess self-worth find that their needs for respect are still satisfied even when those around them show them a lack of regard. The participants may feel worthless, defenseless, or inferior if they lack self-worth. Among the psychological demands are respect and a sense of belonging. 98% of participants found a member of a community in the study. This membership has a hierarchy described in Figure No. 1.1; the relationship is described in Table 4.22.

Table 4.20: Membership of any Transgender community

Sl No	Membership	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100
1	Yes	46	92%	49	98%	95
2	No	4	8%	1	2%	5
3	Total	50	100%	50	100%	100

4.22. Nature of Membership

The nature of the membership of the communities is either reference-based or free for all. Reference membership refers to transgender persons in the community through various references, such as friends, families, relatives, or group members. Free-for-all membership is open to any Transgender individual who wants to join the community. Only 25% of participants joined through the various references. At the same time, 75% of respondents joined voluntarily, which indicates a positive scenario.

Table 4.21: Nature of Membership

Sl No	Nature of Membership	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100
1	Reference-based	11	22%	14	28%	25
2	Free for all	39	78%	36	72%	75
3	Total	50	100%	50	100%	100

4.23. Membership Fee, if any

Table 4.21 reflects whether the study participants have paid any membership fee for participating in any community. Only a few participants (7%) claimed to have paid a membership fee to the communities, as a previous table (no. 4.21) mentioned that the memberships are accessible to all.

Table 4.22: Membership Fee

Sl. No	Membership Fee	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100
1	Yes	4	8%	3	6%	7
2	No	46	92%	47	94%	93
3	Total	50	100%	50	100%	100

4.24. Relationships Participants follow in the Transgender community/Group

Most respondents live in kinship relationships akin to families and follow a maternal leader known as a *"Guruma*." The Guru directly rules smaller than usual (chela) groups of disciples. How people relate to spiritual leaders depends on their social positions. In most circumstances, the Guru gets some of the chela's earnings. According to studies (Khan et al., 2009; Hossain, 2017; Sarker & Pervin, 2020), hijra individuals prefer to remain together in groups led by a charismatic leader called the "Guru."

Most participants are interviewed the Transgender persons run by the *Guru-Maa's.* Out of them, 40% are found to be subordinate to gurus. Moreover, 24 % of Transgender persons are found to be Equal to all except Gurus. 36% of Transgender persons are found subordinates to all the group members.

Gurumaa taught all of the sterilizing techniques to the hijra group to make them appear to be sincere adherents of their faith. Hijras are very commonly the target of abuse by their *Guru* on all fronts, including the physical, psychological, sexual, and monetary resources. As part of Transgender individual's spiritual inheritance, people have been blessed and condemned throughout history by exercising psychokinetic abilities. As part of

Transgender individual's spiritual inheritance, people have been blessed and condemned throughout history by exercising psychokinetic abilities.

Table 4.23: Relationship followed in the Transgender community/Group

Sl No		Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Subordinate to Gurus	20	40%	20	40%	40	40%
2	Equal to all except Gurus	13	26%	12	24%	25	25%
3	Subordinate to all	15	30%	18	36%	33	33%
4	Superior to all	2	4%	0	0%	2	2%
5	Total	50	100%	50	100%	100	100%

4.25. Chapter conclusion:

Since transgender individuals, gender standards and actions were frowned upon by society when a respondent was a youngster, they are frequently seen as being unconventional. A family in that scenario cannot accept when their male child starts acting in a feminine manner, even though India is accepting of a wide variety of cultures. Parents frequently explain to their children why they reacted the way they did to particular situations (Chakrapani, 2010). Additionally, due to their cross-dressing, the transgender individual is finally banished from their families. Their feminine views create barriers to their achievement in school and the workplace. Outside of their family and social circles, they are routinely mistreated, coerced, and exploited (Chowdhury, 2020).

The study finds that even if a family is the closest setting for a transgender person, many still lack bravery and are unable to be upfront about their actual identity. They couldnot be expected to be transparent about the identity of their genuine self, even if they were reared and collected with their family from an early age. The family is not an exception since they believe that being transgender is a decision that is tough to disclose to others. Therefore, all parents need to know about them is that they are friendly males, regular guys, and family members who take pride in them. Even in situations where family is the closest surroundings to a transgender person, they will still close the old identity. The reason for this is that the selected sexual conduct is considered abnormal and is not acceptable in the family setting or the neighborhood, where most people are transsexual. People who identify as transgender andwho experience a lack of acceptance and support from their families often have negative and

humiliating self-perceptions, which exacerbates depression and other psychiatric issues as well as low self-esteem. The participants in the interview had a similar issue.

The study findings also shed light on the challenges faced by transgender individuals in terms of social acceptance, particularly highlighting the potential differences in experiences between those who have undergone SRS and those who have not. The data underscores the importance of understanding and addressing the social dynamics and support systems for transgender individuals, emphasizing the need for increased awareness and inclusivity to create a more accepting environment for all individuals, regardless of their gender identity.

The findings underscore the significance of fostering an inclusive and supportive social environment for transgender individuals, as well as the need for further research and initiatives to address the challenges they encounter in interpersonal relationships. Theseresults contribute to the ongoing discourse on transgender rights and social inclusion, emphasizing the importance of empathy, education, and advocacy in creating a more accepting and understanding society for all individuals.

Goffman (1968) argues that the dramaturgical issue arises in those who bear the discreditable stigma—that is, in this case, the self-presentation of Transgender persons—because the audience is unaware of their peculiarities. Regardless of the effect they have, some of the transgender person's closest friends and family members are aware of their personalities. However, transgender persons who come out to others cannot just pick and choose who to hide their secrets from; in this study, the transgender participants dared tocome out to their pals. Similarly, in order to prevent their transgender participant's status frombecoming widely known, individuals must carefully select whom they confide in whensharing their secrets. However, the study found that the non-acceptance level is high among friends.

Chapter-5

The perception among Transgender persons regarding sex reassignment surgery

5.1. Chapter introduction

Studies show that in the context of gender dysphoria, sex reassignment surgery SRS is seen as a viable solution for transgender people in transitioning to their desired gender and reducing the associated socio-psychological discomforts. Though transsexualism and gender dysphoria have been studied extensively, the psycho-social aspects of SRS among Transgender persons have, unfortunately, not received enough attention from the researchers. With advancements in medical technology, many Transgender persons have started opting for their chosen gender through the process of SRS. However, the magnitude of marginalization and shifting social dynamics play critical roles in the perception and decision-making among Transgender persons while going for the SRS. Albeit with a small number of transgender participants, this chapter attempts to dive deep into several aspects, such as the perception of SRS, the issues faced by Transgender persons related to gender identity disorder, and the need for sex reassignment surgery among Transgender persons in Odisha. This chapter draws from a series of personal interviews with the willing participants recruited through the snowball method. They discussed various life experiences reflecting their perception of SRS and its associated social dynamics. The study findings show that Transgender persons have a high degree of marginalization and social discrimination due to their gender identity disorders, forcing them to go for SRS in order for them to have enhanced self-confidence and societal acceptance of their new gender.

Gender has often been argued as a biologically determined and inherent identity based on and reinforced by societal norms. This renders genders performative and an illusion of two natural and essential sexes. As a result, the categories of women and men are created as individuals who act as women and men rather than being biologically deterministic women and men (Butler, 1990). Butler's notion of performativity echoes a range of social psychological approaches to gender and gender difference, what many call gender norms and stereotypes (e.g., Eagly, 1987; Fiske & Stevens, 1993) or gender schemas (Bem, 1981). Reinforcing the notion, many individuals depart from the binary view of sex, gender, and

sexuality and embrace an identity that is essentially performative and not normative. Discordance between the gender with which one identifies and the biological sex assigned at birth often translates into gender dysphoria (Safer & Tangpricha, 2019; Schechter, 2016) among Transgender persons, rendering them more vulnerable to increased risks of depression, substance abuse, self-injury, and suicide compared with those in the general population (Bustos et al., 2021; Lane et al., 2018). Such people often express 'dissatisfaction with their anatomic gender and the wish to have the secondary sexual characteristics of the opposite sex' (Brown, 1990).

As we have discussed earlier, Transgender persons face negative consequences if they fail to conform to their normative gender roles and discrimination afflicting their daily lives (Bustos et al., 2021). Transgender persons feel that their gender identity is in contrast to the gender assigned to them at the time of birth, and because of this, they fall into the trap of gender identity disorder (Blosnich et al., 2013). In this context, many argue that Gender- affirmation surgeries (GAS) assist in aligning people's appearance with their gender identity and provide personal comfort with oneself, thereby decreasing psychological distress (Wernick et al., 2019; Nolan et al., 2019; Lane et al., 2018).

Science and technology are developing at an incredibly rapid pace, impacting the lives of many individuals. However, when it comes to sex reaffirmation surgery (SRS) among Transgender persons, many legal and medical issues stand as stumbling blocks.Besides, SRS is legally accepted in many developed countries, but till now, Indian laws have been conspicuously silent on these issues. Indian surgeons also face many legal and technical hassles while dealing with such transsexual patients. The 12th five-year plan of the Government of India has underlined targeted interventions for the transgender community by providing support for their education, housing, and access to healthcare. In doing so, the government of India has also emphasized that the health policies must focus on the unique requirements of lesbians, gays, bisexuals, and the transgender community as a whole (Kleinet al., 2009). However, many social scientists, activists, and policymakers have reported the gap between theory and practice. Hence, this calls for a systematic understanding of theissues and problems that Transgender persons face.

5.2 Conceptual underpinnings of sex reassignment surgery

Studies establish that Transgender persons suffer from gender identity disorder (Arvind et al., 2022; Blosnich et al., 2013; Gupta & Murarka, 2009; Khan et al., 2009; Kalra

& Shah, 2013), where they fail to identify themselves with the gender assigned to them at birth. This gender dysphoria leads them to desire to live a life of the sex of their choice. To overcome the problem, many Transgender persons opt for SRS, which includes the process of removal of various parts of the body to change the external sexual features assigned to the perceived sex. Sex reassignment surgery has been practiced for quite some time now. It is globally accepted as a unique and essential treatment among Transgender persons to overcome the problems associated with gender dysphoria (Cohen-Kettenis & Gooren, 1999).

Selvaggi & Bellringer (2011) note that gender reassignment (which includes psychotherapy, hormonal therapy, and surgery) has been demonstrated as the most effective treatment for people affected by gender dysphoria or gender identity disorder, in which people do not recognize their gender/sexual identity as matching their genetic and sexual characteristics. Gender reassignment surgery is a series of complex surgical procedures, genital and non-genital, performed to treat gender dysphoria. Genital procedures for gender dysphoria, such as vaginoplasty, clitorolabioplasty, penectomy and orchidectomy in male-to-female transsexuals, and penile and scrotal reconstruction in female-to-male transsexuals, are the core procedures in gender reassignment surgery. Non-genital procedures, such as breast enlargement, mastectomy, facial feminization surgery, voice surgery, and other masculinization and feminization procedures complete the surgical treatment available. Jokic-Begic et al. (2014), in their study 'Psycho-socialPsycho-social adjustment to sex reassignment surgery: A qualitative examination and personal experiences of six transsexual persons in Croatia,' explain how the Transgender after doing SRS reported good condition ofphysical and mental health. They had good social support and were satisfied with thesurgical treatment and outcomes. Gupta et al. (2016), in their study 'Challenges in transgender healthcare: The pathology perspective,' explore how the pathological challenges were associated with caring for transgender patients regarding hormonal and surgical options for transgender individuals. Bracanonic (2016), in his study ‘Sex reassignmentsurgery and enhancement’, explains that sex reassignment surgery is a therapy for Transgender persons in a gender dysphoric state of mind. However, transgender scholars criticize this practice as unjustified medicalization and stigmatizing transgender people. By demanding that sex reassignment is not classified as therapy, they imply that it should be classified as some biomedical enhancement. Davison (2000), in his study 'Aesthetic considerations in secondary procedures for gender reassignment,' explains how secondary

aesthetic surgery in gender patients is multi-diversified and broad. It addresses various types of differences between genders and is certainly not limited to genital surgery. A sensitive approach and high index of suspicion for potential psychological and emotional problems are needed. Reisner et al. (2016), in their study 'Advancing methods for U.S. transgender's health research,' report a lack of extensive critical observational studies and intervention trials, limited access to data related to benefits and risks of sex reassignment surgery, and inconsistency in the use of various definitions across studies hinder evidence-based care for Transgender persons. Gomez-Gil et al. (2017), in their study 'Determinants of quality of life in Spanish transsexuals attending a gender unit before genital sex reassignment surgery,' used the WHOQOL-BREF scale to evaluate the self-reported quality of life (QOL). They propose that cross-sex hormonal treatment, family bonding, and working or studying are connected to developing a better self-reported QOL in transsexual persons.

Traditionally, castration constituted an integral part of the sex reassignment process among Transgender persons. In India, the process of castration is referred to by many as *nirvana* (salvation) or new birth. In case of castration, male genitals are removed surgically by unqualified quacks or traditionally performed by a *daima/ daiamma/thaiamma* (senior Transgender persons). *Daima* performs the procedure alongwith her assistant in the early morning by placing *Bahuchara Mata* (the transgender deity in Gujarat) in a locally sanitized room. Many restrictions were associated with this ritual. For forty days, the transgender person undergoing surgery stays in an isolated room without combing hair, doing makeup, coming in contact with a man, and maintaining a strict diet. After those forty days, a grand feast is organized by the transgender person for the trans community of the locality (Nanda, 1990). However, the operation is performed by trained doctors nowadays, and the following requirements are necessary.

5.3. Requirements for gender affirmation surgery

(Ahuja & Bhattacharya, 2001; Gupta & Murarka, 2009; Gupta et al., 2016)

To undergo the SRS process, the following criteria need to be fulfilled:

- A feeling of discomfort with one's sex assigned from birth.
- Willingness to change one’s sex organ and desire to lead a life of the opposite sex.
- The feeling of discordance must be continuous for not less than two years.

- Lack of mental disorder, including severe depression or schizophrenia
- Absence of genetic abnormality.

Prerequisite of referral letters from health professionals for gender affirmation surgery

1. One letter from a mental health professional is required for undergoing hormone therapy or for doing breast surgery.

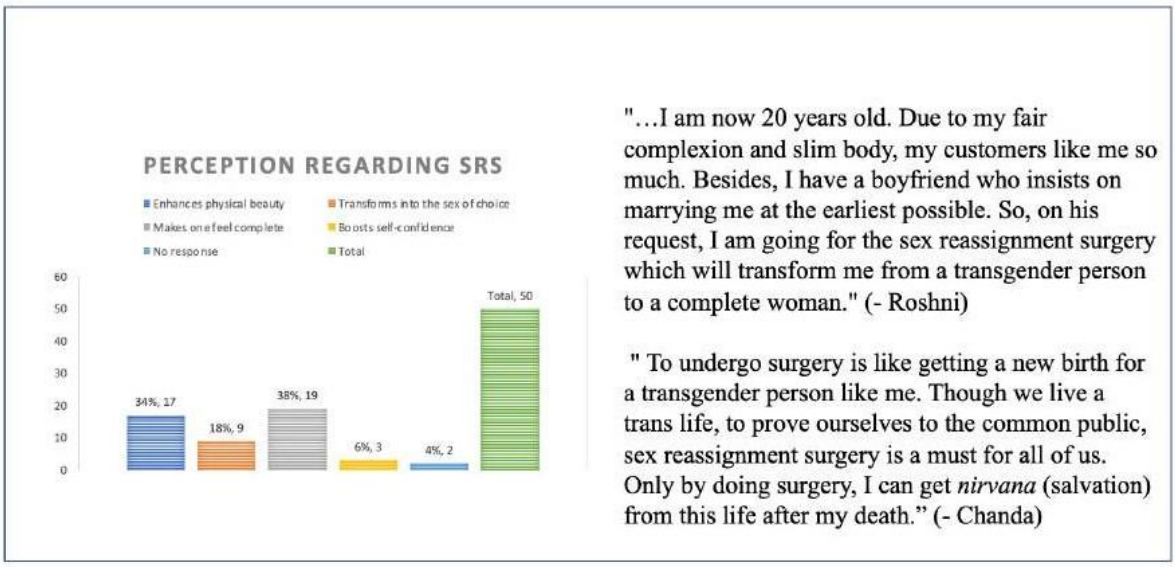
2. Letters from two mental health professionals are required for undergoing genital surgery.

Literature on issues of gender identities highlights discordance between Transgender persons' internal and external identities (Kalra, 2012; Kalra & Shah, 2013; Agoramoorthy & Hsu, 2015; Nanzy & Savarimuthu, 2015); the persistent need for sex change and gender change, and the need to find a community of similar people (Shivakumar & Yadiyurshetty, 2014), challenges in coming to terms with their gender identity and gender expression (Chakrapani, 2010), gender dysphoria - feeling of incongruence between sex and gender (Ahuja & Bhattacharya, 2001; Gupta & Murarka, 2009). However, little research is on their lifestyle (Khan et al., 2009). With this as the backdrop, this study intends to explore the socio-psychological and economic aspects of access to health services by Transgenderpersons in general and sex reassignment surgery in particular. The objectives of the study include understanding the perception of transgender about sex reassignment surgery, the types of discrimination Transgender persons face due to having gender identity disorder, the availability of health/ surgical facilities to Transgender persons, and the level of post-surgery acceptance of Transgender persons in their families/Societies.

5.4. Perception about Sex reassignment surgery

The findings of our study reveal that the perception of Transgender persons related to sex reassignment surgery is varied and unique, which differs from one transgender person to another. For ordinary people, it may seem like any other surgical intervention through which they change their organs, befitting the perceived sex they feel like. In medical terms, it is termed cosmetic surgery. However, some Transgender persons view SRS as a process to get salvation and create an identity of oneself to which they perceive.

Figure 5. 1: Perception of respondents who have done SRS



Roshni, a 20-year-old participant, shares her perception as depicted above, corroborating other respondents' views. Adding to Roshni's perception, another respondent, *Chanda (Age 25),* added her perspective on the struggle for a social identity of her choice and coming out of the trap of identity disorder and social distress. She goes on to term SRS as attaining salvation.

To reinforce further, another participant, *Rajni (Age 30),* expresses similar views and vouches for SRS as a realistic solution for overcoming gender dysphoria.

> *Sex reassignment surgery is very much essential for me to get a new birth as a transgender person, and also, my beauty will increase as a woman, and my body structure and hormones will be entirely like women. Now, my body is like a man who will be transformed by doing SRS.*

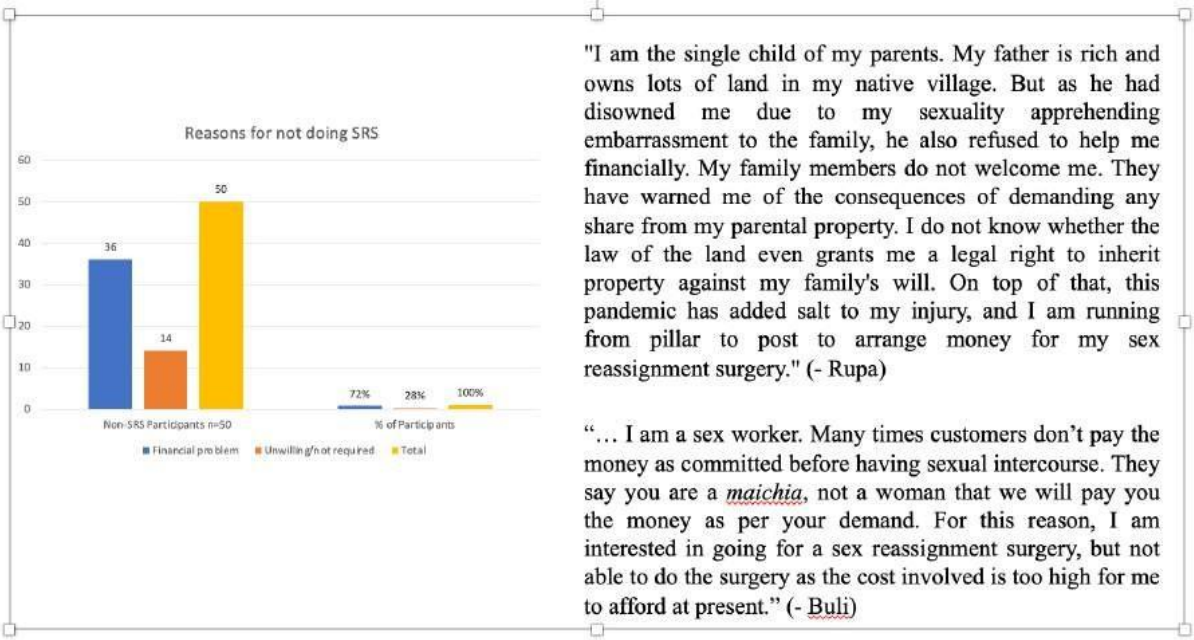
Most participants felt that they had been subjected to stigma and the resultant social exclusion largely due to their non-conforming to the age-old gender dichotomy. The non- acceptance by society was primarily because of the expectation binaries that they failed to live up to. While explaining her lived experiences, a participant *(Priya, age 27)* added:

> *.....though I did the surgery (vaginal surgery) one year ago, it was not due to interest or need but due to compulsion and pressure from my peer group. In my*

challenge, those Transgender persons who have done the surgery receive high status, prestige, and value compared to others who have not done it. My peer groupcalls me Andira (boy) and says I cannot get salvation due to having a male body in this birth period. I do not perceive SRS as a mandatory requirement for a better quality of life for a transgender person, but it has certainly given me more confidence and dignity. I feel more satisfied with my transformed look, and my earnings have also increased after surgery. With more confidence, I charge ahigher price.

The need, voluntary and forced, for SRS, appears to have emerged from the longing for a social of choice. Being marginalized to a limit, Transgender persons do not see many options other than surgically transforming their bodies to be able to receive acceptance by mainstream society. Even among the participants who have not done SRS, financial issues have been reported as the reason (72% of them, Fig.2).

Figure 5. 2: Perception of respondents who have not done SRS



5.5. Need of surgery for Transgender persons

It has been well documented that people who underwent sex reassignment surgery have experienced significant improvement in quality of life, body image satisfaction, and overall mental well-being (Nelson et al., 2009; Barone et al., 2017; Papadopoulos et al., 2017; Hadj-Moussa et al., 2018; Agarwal et al., 2018 & Wernick et al., 2019). SRS, earlier known as the

emasculation process, is viewed as a ritual for Transgender persons. The transgender community considers it a pure form of transformation from a male to a female body (Nanda, 1990). A participant, *Chandrika (Age 35)*, recounting her experiences, shares:

> *I have had sex reassignment surgery, which has given me a new life altogether. I have become a complete woman. My identity now is that of a pure woman. Surgery is very essential for a transgender person. Only after surgery can we prove ourselves to everyone. Now, I wear the new identity on my sleeves with pride.*

The importance of surgery among Transgender persons is revealed through the study findings. The surgery gives a feeling of new birth to those who undergo it, increases one's bodily beauty, and a sense of renewed confidence. Additionally, it provides a distinct social identity and status to the transgender person. Another participant, *Madhuri (Age 34), shared her feelings.*

> *Surgery was essential for me. So, two years ago, I underwent surgery in Delhi. The doctor gave me a certificate that now I am a woman. Now no one can call me Maichia or Hijra, as I have a vagina and breasts to show to them. My social status in the transgender community also got enhanced as everyone calls me Madhuri maa post-surgery. After surgery, my body tone has become smooth and beautiful, in which I feel more confident than before. As I am a sex worker, my old clients now offer more money as compared to the earlier times.*

The study findings show that many Transgender persons earn their livelihood throughsinging, dancing, and acting. They go to the *badhai* (traditional ritual of blessing the newborns) ceremonies and participate in local dance festivals and reality shows. A respondent, *Aiswarya (Age 20)*, shared:

> *I always wanted to do acting and dancing. To act in TV series, music albums, and films and work in the fashion industry, I have undergone a sex reaffirmation surgery. After surgery, I get offers to act in telefilms and many TV serials. I am feeling happy and excited about all my new acting assignments. The director is happy with my performance and assured me to give more offers in the future.*

The surgery has improved my life, and now, I feel more confident in achieving my dreams and prospering in my professional career.

The surgery has helped Transgender people boost their confidence and keep their heads high in society. It has provided mental peace, self-satisfaction, and confidence to many of the Transgender persons. During one of the interviews, a participant, *Khusi (Age 32),* shared her experience as follows:

A woman near my house used abusive language to me, saying, 'You are Maichia, and are spoiling my husband. You are merely sex workers and cannot be anyone's spouse. My husband may be using you for temporary pleasure'. I, alongwith two other Transgender persons who have undergone surgery, confronted that woman, showed our genitalia (vagina), and firmly said to her that we are women and not keeps of her husband. I said to her that her husband was coming to us for sexual pleasure; we never forced ourselves on him. She should please her husband; we do not think you should blame us. In this way, we feel relaxed and more confident that we can prove our gender anywhere and anytime, and noone can challenge us. The surgery has undoubtedly proved to be a boon for us.

The study highlights the issues of Transgender persons related to gender identity disorder and sex reassignment surgery. Gender identity disorder creates immense pressure on Transgender persons because their behavior is non confirming to the sex assigned to them. The transgender study participants perceived that to overcome the issues of gender identity disorder, surgery was the best measure to alter their sexual organs to match their mental feelings. The nonconformity to social stereotypes forces Transgender persons to undergo SRS.The need for SRS is quite impressively visible among Transgender persons, as shown in the study findings. It helps them earn a better livelihood, prove themselves, and become confident in their everyday life. The findings also depict how Transgender persons face multifaceted marginalization, exclusion, and harassment. Family support and government mechanisms are either negligible or not there at all to help them come out of the shackles of many manifest and latent discrimination and torture. The stigma against them runs too deep to be erased. Sex reassignment surgery is seen as an essential measure and plays an integral part in their lives. However, accessibility and affordability of such surgery are some issues that may deter many who do not earn a decent sum. Post-surgery healthcare facilities are not

so readily available in the state. Transgender persons have to spend considerable amounts to consult doctors outside the state (Delhi, Andhra Pradesh, Gujarat, etc.) for the surgery. Most participants were apprehensive about the medical procedures and standards for this type of surgery. As if that is not enough, no health insurance policy covers SRS, considering this a cosmetic surgery. The importance of this surgery is rarely discussed in any public forum. Only Transgender persons are believed to be born for begging, sex work, dancing, and singing in public places to earn their livelihood. This stereotype of the glass ceiling belief also makes matters worse for them.

5.6. Awareness of sex reassignment surgery

The table below presents the awareness of sex reassignment surgery (SRS) among transgender individuals. The data indicates that 100% of both groups are aware of SRS, with 50 participants in each category acknowledging awareness of this surgical option. Notably, no participants reported being unaware of SRS in either group.

The data illustrates a comprehensive awareness of sex reassignment surgery among the transgender participants, with all individuals in both the non-SRS and SRS groups indicating awareness of this surgical option. This suggests a high level of understanding and knowledge regarding SRS within the transgender community. The absence of participants reporting no awareness of SRS in the sample highlights a universal familiarity with this type of surgical procedure among the transgender individuals surveyed. This insight can be valuable for healthcare professionals, policymakers, and support organizations working with transgender individuals, emphasizing the importance of providing accurate and inclusive information regarding SRS and transgender healthcare overall.

Table 5. 1: Awareness about sex reassignment surgery

Sl. No	Awareness about sex reassignment surgery	Transgender persons (Non-SRS) N=50	%	Transgender persons (Done-SRS) N=50	%	Total Participants N=100	%
1	Yes	50	100	50	100	100	100
2	No	0	0	0	0	0	0
3	Total	50	100	50	100	100	100

5.7. Understanding of sex reassignment surgery:

The participants revealed that 29% of respondents understand the SRS as a process of changing organs. On the other hand, 71%s feel SRS is a New birth as women. Male-to-

female SRS includes vaginoplasty, cliteroplasty, penectomy, and orchiectomy; female-to- male sex reassignment surgery includes vaginectomy and penile and scrotal reconstruction. The treatment is finished with breast implants, mastectomy, vocal surgery, face feminization surgery, and non-genital masculinization/feminization operations. The term SRS refers to both genital and non-genital surgical procedures (Selvaggi & Bellringer, 2011).

Table 5. 2: Understanding of sex reassignment surgery

Sl. No		No of respondents (Non-SRS) N=50	%	No of respondents (Done-SRS) N=50	%	Total Participants N=100	%
1	To feel as a woman/ New Birth	35	70%	36	68%	71	71%
2	Process of changing organ	15	30%	14	28%	29	29%
3	Total	50	100%	50	100%	100	100%

Section A: Non-SRS Participants

5.8. Reason for not doing/going for SRS

Table 5.3 indicates that the 50 respondents who have yet to do SRS have two opinions: unable to afford and unwilling to do SRS. 72% of people need more financialmeans to have SRS. Meanwhile, 28% of participants said SRS was unnecessary or hesitant.

Existing studies (Lawrence, 2003; Pfafflin & Junge, 1998) say that satisfaction with SRS is related to the physical and functional outcomes of the surgical procedure. In our current study, improved quality of life scores in the psychological and environmental categories were associated with the lack of surgical problems following the SRS; this emphasizes the significance of the functional and aesthetic outcomes of the procedure.

Table 5. 3: Reason for not going for the SRS

Sl. No	Reason	Transgender persons (Non-SRS)	%
1	Financial problem	36	72%
2	Unwilling/not required	14	28%
3	Total	50	100%

5.9. Consideration of SRS in the future

Table 5.4 presents data related to the future preferences of transgender individuals regarding SRS. The data is structured into three categories, with the first category being

Latter, indicating individuals willing to undergo SRS later. This category represents 74% of the surveyed transgender individuals (N=50). The second category, Unwilling/ not at all, comprises individuals unwilling to undergo SRS, accounting for 26% of the sample.

Drawing on the methodologies (Penchansky & Thomas, 2001; Gulliford et al., 2002), this research work expanded the definition of access to encompass the social, financial, organizational (health care system), and regulatory barriers encountered during the SRS process. During the interaction, it was found that many participants (n=37) were willing to do the SRS sometime in the future, and the reasons behind the SRS are explained subsequently. In essence, the table highlights the varying future preferences of transgender individuals regarding SRS. Most of the surveyed individuals (74%) expressed a willingness to undergo SRS later, while 26% indicated that they were unwilling or not interested in SRS. This data sheds light on the diverse perspectives within the transgender community regarding SRS, emphasizing the importance of understanding and respecting individual preferences and choices related to gender-affirming procedures. The precise categorization and %age breakdown provide valuable insights into the attitudes of transgender individuals towards SRS, contributing to a more comprehensive understanding of their healthcare needs and priorities.

Table 5.4: Preference for SRS in the future

Sl No	SRS in the future	No of respondents (Non-SRS)	%
1	Some time later	37	74%
2	Unwilling/not at all	13	26%
3	Total	50	100%

5.10. Personal opinion about SRS

SRS is regarded differently by the research participants who were interviewed for the study. According to Table 5.6, 64% of respondents believe it is vital, while 36% do not. Only 4% of participants were unable to answer the question. The participants explained that there are various reasons behind the necessity of SRS. The reasons are explained in Table 5.6. According to Goffman's dramaturgy theory, individuals strive to project a self-image that others will accept (Goffman, 1963).

For Transgender persons, gender identity is an issue. Their perception of themselves genuinely impacts their self-perception or "looking glass" self. One's sexuality is an integral aspect of who they are and has a complete impact on them.

Table 5. 5: Personal takes on SRS

Sl. No	SRS is required	No of respondents (Non-SRS)	%
1	Necessary	32	64%
2	Not necessary	16	34%
3	Cannot Say	2	4%
4	Total	50	100%

5.11. Positive impact of SRS on the community member

The perception of transgender persons is recorded above in Table 5.6; 86% of the respondents have a positive response, while only 14% of transgender persons do not favor SRS. The use of hormones and other surgical procedures that make a person seem more like the other sex might lessen gender dysphoria. However, a formal identity change that is practicable following the SRS can lessen the victimization and prejudice that people with gender dysphoria experience. It has been shown that functioning increases and avoidance diminishes when bodily characteristics of gender and gender identity are consistent. Numerous studies have shown that gender dysphoria sufferers have happier lives following SRS and gender reassignment (Rakic et al., 1996; Yüksel et al., 2000; Smith et al., 2005; Matilla et al. 2015).

Table 5. 6: Positive impact of SRS on the community members

Sl No	Positive impact of SRS on your community member	Respondents (Non-SRS) N=50	%
1	Yes	43	86%
2	No	7	14%
3	Total	50	100%

5.12. Types of positive impacts of SRS

The respondent's responses classify the positive impact into three main categories 1. Beauty enhances as a girl, 2. Respect/status in the community increases; 3. Self-confidence increases. More than half (56%) of participants felt their beauty enhanced as a girl. Only 18% of respondents thought that their Respect/status in the community increased after SRS. 26% of participants expressed that SRS impacted their self-confidence. Many publications about SRS's implications on quality of life often focus on the procedure's medical repercussions. However, one research found that following SRS, there were improvements in gender dysphoria and psycho-social functioning, with a meager rate of regret (Smith et al., 2005). Expectations are often realized in the emotional and social areas after SRS but not in the

physical or sexual areas (De-Cuypere et al., 2005). None of the 232 trans women evaluated in a study following SRS reported having any lasting regrets (Lawrence, 2003).

Table 5. 7: Types of positive impacts of SRS

Sl No	positive impacts of SRS	No of respondents (Non-SRS) N=50	%
1	Beauty enhances as a girl	28	56
2	Respect/status in the community increases	9	18
3	Self-confidence increases	13	26
4	Total	50	100

5.13. Negative impacts of SRS on the community members

As per the study Table 5.9, 62% of Transgender persons stated that there are no harmful consequences after SRS. 32% of Transgender persons felt problems like stress, instability, and physical problems after SRS. Medical surgeries are uncertain, and the medical department cannot guarantee them. For the successful surgery.

Transgender persons typically choose to live in a community that favorably identifies them, which has an impact on their outlook on life, optimism for the future, social interactions, self-esteem, and other aspects of their lives. According to the research, transgender transition has a beneficial impact on the pleasure of their lives. For transgender and gender non-conforming individuals, sexual identity is the most significant factor influencing their level of life happiness. The negative impacts are described in Table 5.10,and the community pressure is also described in Table 5.17.

Table 5. 8: Negative impact of SRS on the community members

Sl No	Negative impact of SRS on your community member	Respondents (Non-SRS) N=50	%
1	Yes	16	32
2	No	34	62
3	Total	50	100

5.14. The type of negative impact of SRS

The negative impacts of the study were are identified in three terms: physical health issues, mental health issues, and unable to define. 31.2% of the respondents feared physical health issues such as infection in the operated part, cancer, and obesity, and 12.5% were afraid of mental health issues like increased anxiety, stress, and tension. The majority of participants are unable to define the problem. According to different research, connected with

stress late-onset gender problems, fetishist cross-dressing, psychological instability, and social isolation were all connected with negative feedback regarding SRS (Kuiper & Cohen- Kettenis, 1998).

Table 5.9: Type of negative impacts of SRS

Sl No	The Negative impact of SRS	Respondents (Non-SRS) N = 16	%
1	Physical health issues	5	31.2
2	Mental health issues	2	12.5
3	Unable to define	9	56.2
4	Total	16	100

5.15. Requirement of SRS in the community

SRS is closely connected with the affordability and mental adoption by a transgender person. Therefore, the SRS depends on transgender individuals of every community, group, or individual. The results show that 98% of participants expressed that SRS is a vital requirement in their community. Only 2% said that it is not compulsory. It is found that they belong to the leaders of that community.

Table 5. 10: Requirement of SRS in the community

Sl No	Is SRS compulsory or optional in your community?	Respondents (Non-SRS) N=50	%
1	Optional	49	98%
2	Compulsory	1	2%
3	Total	50	100%

5.16. Personal comfort in the community without doing SRS

The previous Table 5.12 reveals that 72% of the non-SRS respondents did not face any discrimination or problems. However, 28% feel the pressure or discomfort for not doing SRS.

Table 5. 11: Felt comfortable in the community or faced any problems or discrimination

Sl No	Did you feel comfortable in your community without doing SRS or facing some problems or discrimination?	Respondents (Non-SRS) N=50	%
1	Felt comfortable	36	72%
2	Faced discrimination	14	28%
3	Total	50	100%

Section B: Done-SRS Participants

5.17. Personal opinions about SRS.

Table 5.13 shows the personal opinion about SRS of the 50 transgender individuals regarding whether Sex Reassignment Surgery (SRS) is considered compulsory or optional in their community. The respondents were categorized into three groups: those who found SRS necessary, those who did not, and those who were undecided. The results indicate that the majority of transgender individuals who have undergone SRS (42 out of 50, 84%) view it as necessary in their community. A minor % (6 out of 50, 12%) believe SRS is unnecessary, while an even smaller portion (2 out of 50, 4%) could not express a clear opinion. This data sheds light on the diverse perspectives within the transgender community regarding theperceived necessity of SRS, reflecting a predominance of support for its importance among those who have undergone the procedure.

Table 5. 12: Personal opinion about SRS

Sl No	SRS is compulsory or optional in your community	Transgender persons (Non-SRS) N=50	%
1	Necessary	42	84%
2	Not Necessary	6	12%
3	Cannot Say	2	4%
3	Total	50	100%

5.18. Specific reasons behind the SRS

As depicted in Table 5.13, 34% of participants reported mental peace, and 12% cited physical fitness being the reason for opting for the SRS. However, a majority of 54% of the transgender participants who have done SRS for other reasons, without specifying them.

Table 5. 13: Specific reason behind the SRS

Sl No		Respondents (Done -SRS) N=50	%
1	Mental Peace	17	34%
3	Physical fitness	6	12%
4	Other	27	54%
5	**Total**	50	100%

5.19. Place where SRS was done

There are numerous SRS institutions in Odisha and around India. The government, private clinics, and home clinics use the SRS facilities. These institutions are providing

facilities for the SRS following the legal proceedings. The majority of participants completed their SRS in Delhi, followed by Bhubaneswar. It is interesting to note that many participants admitted to doing SRS outside of the state. 46 % of participants completed the SRS in Delhi, and another hand, 36 % did their SRS in Bhubaneswar. Most participants have done the SRS in the Radiance, Bhubaneswar. Very few participants have opted for a government hospital instead of a private hospital. The survey shows that only some participants have opted for government hospitals like the All India Institute of Medical Sciences (AIIMS). However, transgender persons who have done their SRS outside the state, like in Delhi, have several influencing factors. The reasons behind choosing the institutions for SRS can be drawn as

SRS = Affordability + Influence + Pressure (Community & Psychological) + Pleasure

Table 5. 14: Places where the respondents did the SRS

Name of the City	**Number of participants**	**%**
Vishakhapatnam	3	6%
Bhubaneswar	18	36%
Bihar	2	4%
Delhi	23	46%
Faridabad	1	2%
Mumbai	1	2%
Raipur	1	2%
Rourkela	1	1%
Total	50	100%

5.20. Year in which the Participants did SRS

The table shows that the SRS rate was high in 2007, 2018, and 2019, reaching 24%, 26%, and 20%, respectively. Because participants completed SRS in the exact location and by communicating with one another, these rates are high. The remaining participants completed SRS outside of the state independently and independently.

Table 5. 15: Timeline of the SRS done by the participants

	The year in which the participants did the SRS	%
2007	12	24%
2008	1	2%
2010	1	2%
2013	1	2%
2014	4	8%
2016	2	4%
2017	3	6%
2018	13	26%
2019	10	20%
2020	3	6%
Total	**50**	**100%**

5.21. Motivations for doing SRS

The study cohort comprised 92% of participants who had done SRS with their interest, while only 8% revealed that they had been pressured to do the SRS. It was found thatthe community puts pressure on SRS the participants.

Table 5. 16: Source of motivation for doing the SRS

Motivation for doing SRS	No of respondents	%
Pressure	4	8%
Self Interest	46	92%
Total	50	100%

5.22. Risk Associated with SRS.

The interviewed 50 participants underwent SRS; 90% of them stated they didn't feel any risk, whereas only 10% expressed risk after SRS. SRS is a risk process that can lead to some serious life-risk problems.

Table 5.17: Risk Associated with SRS

Risk perception	No of respondents	%
No	45	90%
Yes	5	10%
Total	50	100%

5.23. Post SRS experience

Post-SRS comfort has been reported by 96% of the respondents. Only 4% of cases have the SRS been claimed to have failed due to various medical issues.

Table 5.18: Post-SRS experience

Feeling comfortable with the gender identity after doing SRS	No of respondents	%
No	2	4%
Yes	48	96%
Total	50	100%

5.24. Post-SRS opinion regarding gender recognition

According to recent research led by the Harvard T.H. Chan School of Public Health, gender-affirming procedures are connected with several beneficial health advantages, such as lower rates of smoking, psychological distress, and suicidal thinking.

The idea of the looking-glass self illustrates (Cooley, 1902) how self-relation, or how one sees oneself, involves other people and is not an isolated occurrence. Self-esteem is the total feeling of one's worth and attitude toward one's image; in other words, one is positive or negative self-perception. 92% of the transgender participants in the research reported satisfaction after the SRS.

Table 5.19: Post SRS body and mind congruence

After SRS, do your body and mind fit together to recognise your gender	No of respondents	%
No	2	8%
Yes	48	92%
Total	50	100%

5.25. Chapter Conclusion

The study suggests a strong endorsement of the necessity of SRS within the community, with most respondents expressing this viewpoint. However, it is essential to acknowledge the existence of differing opinions, as evidenced by the minority who do not consider SRS necessary and those who are unsure. This highlights the nuanced and varied perspectives within the transgender community regarding the role and significance of SRS, emphasizing the need for a comprehensive understanding of this population's diverse viewpoints and experiences.

Overall, the findings underscore the importance of considering individual perspectives within the transgender community when addressing SRS-related issues. By acknowledging the varied opinions presented in the data, stakeholders, and policymakers can work towards developing inclusive and respectful approaches that consider the diverse viewpoints and needs of transgender individuals. This data can inform discussions and decisions regarding

healthcare policies, support systems, and initiatives aimed at promoting the well-being and rights of transgender individuals, emphasizing the significance of recognizing and respecting the multifaceted perspectives within this community.

The above discussion reinforces that the transgender persons face issues related to gender identity disorder, where there is a mismatch between the gender assigned to them at birth and the gender they perceive as they grow older. In ancient days, as depicted in mythology, they were treated well and accepted by the general population. However, over time, public spaces were restricted and denied to them, pushing them to the extreme margin of society. Non-acceptance, exclusion, harassment, and discrimination are handed to themin almost every social sphere, as shared by all the participants. All the development sectors related to education, health, sanitation, welfare measures, employment, and housing lag behind the mainstream population. They feel like being caged in a body of the opposite sex, hostile to their lived experiences and emotions and with a feeling different from the body they are entitled to. The well-being and social identity concerns always call for a new paradigm that emphasizes harmony rather than control and domination (Shah & Manorama, 1996) and fragmentary pleasure (Srivastava, 2010). Thus, to fit into the gender they feel inside, they undergo the SRS process. Sex reassignment surgery is one of the essential topics to analyze because, despite many socio-economic and psychological problems, they also have many associated health hazards.

Moreover, several legal, ethical, and psycho-social issues are related. Chakrapani and Narain (2012) have identified several issues and options to address the lack of or ambiguity in legal recognition of gender status and advocated for SRS as a possible solution for gender dysphoria. This study also reinforces that transgender persons do SRS without adequate awareness of the medical interventions. In most places, the healthcare facilities are not pro-transgender persons in nature. Transgender persons face discrimination primarily due to their stigmatized gender identity. As mentioned earlier, improvement in quality of life, satisfaction with the changed body/image, and overall psychiatric functioning among Transgender persons who have undergone SRS has been relatively documented. The study participants also corroborate this. However, attention should be given to identifying and recognizing the prevalence of regret, though some studies suggest that the prevalence of regret is less due to improvements in the standard of medical care, patient selection, surgical techniques, and gender confirmation care (Bustos et al., 2021).

Scholarship in this area could be more varied and more systematic. Adequate data that academicians and policymakers can use are also not available. Substantive rights, as well as fundamental rights of Transgender persons, are of equal importance but mostly neglected. Hence, this research made a modest attempt to understand the perception of sex reassignment surgery among Transgender persons and to address the need for targeted interventions by various stakeholders, including lawmakers, administrators, policymakers, health practitioners, etc. Lastly, it is envisaged to provide researchers and policymakers the impetus to research the issues related to sex reassignment surgery further with a broader lens.

Chapter 6

Nature of discrimination Transgender persons face due to gender identity disorder.

6.1. Chapter Introduction

This chapter explores the challenges faced by transgender individuals due to Gender Identity Disorder (GID) through a series of questions. The first section delves into the individual's awareness of their GID, the age at which they realized it, and any discrimination they encountered. The impact of family support and the behavior of the transgender community towards them are also discussed. Additionally, the document addresses whether the individual sought medical consultation for GID, detailing the interaction and treatment received from healthcare professionals and any discrimination experienced by hospital staff. The document further delves into the individual's engagement in sexual activities or prostitution, potential discrimination faced by customers, and the assistance received fromlaw enforcement, including the possibility of exploitation by the Police.

6.2. Discriminations due to GID

Two primary patterns are extensively discussed in the literature about the relative frequency of particular identities. First off, compared to transgender men (males assigned the gender female), transgender females (females assigned the gender "male" at birth) are typically identified at higher rates. 95% of the participants were reportedly discriminated against after identifying GID. Only a few participants have not faced any discrimination. The GID confirmation is a challenging part for a Transgender person, a person who is confused about their gender in front of others.

Table 6. 1: Discriminations due to GID

Sl No	Discriminations due to GID	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	No	0	0	5	10%	5	5%
2	Yes	50	100%	45	90%	95	95%
5	Total	50	100%	50	100%	100	100%

6.3. Type of Discrimination faced by the Participants

Participants faced different types of discrimination after their GID confirmation, such as physical, mental, verbal, and sexual abuse. The number of participants who faced those abuses was more or less similar. This could be a big reason for them to opt for the SRS.

Table 6. 2: Type of Discrimination faced

Sl. No	Type of Discrimination	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Faced physical abuse	12	24%	11	22%	23	23%
2	Faced mental abuse	13	26%	10	20%	23	23%
3	Faced verbal abuse	18	36%	17	34%	35	35%
4	Faced sexual abuse	7	14%	8	16%	15	15%
5	Total	50	100%	50	100%	100	100%

6.4. Behavior of transgender community

Table 6.3 displays the responses from community Transgender person members upon learning the respondents' gender. The results show that, after contacting the community members, 69% of respondents stated that 69% had cooperated with them, while 31% claimed they were dominated by them when they came in touch. The respondents' genders were natural, which left them indifferent (4%). After learning the participant's gender, 4% of the community refused to cooperate. The relative deprivation theory states that believing one's group is unfairly treated is a potent psychological phenomenon. In order to experience a comparable environment and atmosphere, they would instead join them in a community or group. A large number of participants found the environment cooperative.

Table 6. 3: Behavior of transgender community

Sl. No	The behavior of transgender community	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Cooperative	41	82%	41	70%	69	69%
2	Dominated	05	10%	05	30%	31	31%
3	Neutral	04	8%	0	0	04	4%
4	Non-Cooperative	0	0	04	8%	04	4%
5	Total	50	100%	50	100%	100	100%

6.5. Consultation with a doctor regarding GID

The Table 6.4 explains the response of Transgender persons to whether doctor consultations occurred to them. The data explains that Transgender persons who have had surgery did not consult with the doctor compared to those Transgender persons who have not had surgery. The table shows 16 respondents (No SRS) who had a problem. 49 (Done SRS) respondents visited a doctor after facing related problems.

Table 6. 4: Consultation with doctor regarding GID

Sl No.	Have you consulted a doctor regarding GID?	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total Participants N=100	%
1	No	34	68%	1	2%	35	35%
2	Yes	16	32%	49	98%	65	65%
3	Total	50	100%	50	100%	100	100%

6.6. Doctor's Response

Among the participants, 60% acknowledged receiving medical care from the doctors. Remarkably, 2% of individuals were informed by the doctors that they were discriminators. Most participants (34%) need help responding to the question. 3% of participants, however, are neutral.

Table 6. 5: Doctor's response

Sl No.	Doctor's response	Respondents (Non-SRS) N=16	%	Respondents (Done-SRS) N=50	%	Total Participants N=100	%
1	Cannot Say	1	6.3%	0	0	1	1%
2	Discriminated	1	6.3%	1	2%	2	2%
3	Neutral	2	12.4%	1	2%	3	3%
4	Well	12	75%	48	96%	60	60%
5	Unable to Answer	0	0%	0	0%	34	34%
6	Total	16	100%	50	100%	100	100%

6.7. Hospital Staff's Response

Table 6.6 presents data on the experiences of transgender individuals in a hospital setting regarding the behavior of the hospital staff. The table is divided into two groups: Transgender persons(Non-SRS) and Transgender persons(Done-SRS), with 66 participants. The responses are categorized into different levels of staff behavior, including Well, Neutral, Friendly, Indifferently, Not Friendly, Cannot Say, and Discriminated.

The table also shows the percentage of participants within each category for both groups and the total percentage of participants. Notably, the Transgender Persons (Non-SRS) group comprised 16 participants, while the Transgender Persons (Done-SRS) group comprised 50 participants.

In analyzing the data, it was found that out of 100 respondents, only 66 transgender persons visited the hospital to discuss their issues with a doctor. Some visited government hospitals, while some visited private hospitals. The transgender people who visited private hospitals said the behavior of the doctor was excellent, and the staff treated them well and helped them to know the process of SRS, i.e., 75% for non-non-done SRS cases and 96% for done SRS cases. Others say the behavior was neutral and cannot say or answer. This data suggests that the majority of transgender individuals, particularly those who have undergone gender-affirming surgery, reported positive interactions with hospital staff, with a small %age indicating instances of discrimination.

The table illustrates the varying experiences of transgender individuals in a hospital setting, with a focus on the behavior of the hospital staff. While most participants reported positive and respectful treatment, a small %age indicated experiences of indifference or unfriendliness. It is important to note that a subset of participants reported facing discrimination, highlighting the need for further awareness and sensitivity training within healthcare settings to ensure equitable and respectful treatment for all individuals, regardless of gender identity.

Table 6. 6: Hospital Staff's Response

SL. No.	Hospital Staffs Response	Respondents (Non-SRS) N=16	%	Respondents (Done-SRS) N=50	%	Total Participants N=100	%
1	Well	0	0	48	98%	48	72%
2	Neutral	0	0	1	2%	1	1.3%
3	Friendly	8	50%	0	0	8	12%
4	Indifferently	4	25%	0	0	4	6%
5	Not Friendly	2	12.5%	0	0	2	3%
6	Cannot Say	2	12.5%	0	0	2	3%
7	Discriminated	0	0	1	2%	1	1.3%
8	Total	16	100%	50	100%	66	100%

6.8. Engaged in sexual activities/ prostitution

Most respondents admitted that their primary source of income comes either directly or indirectly, involving them in prostitution or sex work. Prostitution and related activities are

practiced by 65% of transgender people. 2% of participants did not feel comfortable answering the question.

Society opens no space for them to work in public places with a good source of earning. Despite having good skills, they are deprived of working in offices, hotels, industries, and schools. So, they are forced to engage themselves in sex work. The theory of relative deprivation says that transgender people persons are deprived of their desired work due to the association of social stigma against them. They are thought of as providing sexual pleasure to men and paid for that as they openly do sex work on the roadside at night.

Given that Transgender persons struggle with the demands farther up the list, it may be worthwhile to think about whether all of your fundamental physiological needs are being satisfied. To get money for having sex reassignment surgery, transgender persons choose to become prostitutes. The research study encountered similar results. 65% of participants were found to be engaged in prostitution.

Table 6. 7: Engaged in sexual activities/ prostitution

Sl No.	Engaged in sexual activities/ prostitution	Respondents (Non-SRS) N=50	%	Respondents (Done-SRS) N=50	%	Total N=100	%
1	Yes	31	62%	34	68%	65	65%
2	No	18	36%	15	30%	33	33%
3	Unable to answer	1	2%	1	2%	2	2%
5	Total	50	100%	50	100%	100	100%

6.9. Discriminated by the customers

Table 6.8 explains the data related to whether customers humiliate Transgender persons in their workplace while doing sex work. In the case of Transgender persons, out of 65 respondents, 38.4% of respondents said that they faced humiliation from their customersin the form of verbal abuse, physical injury, and not paying money for having a sexual relationship with them. Transgender persons are constantly humiliated by the people wholook down upon them and treat them as sexual objects only used for sexual pleasure.

Table 6. 8: Discriminated by the customers

Sl No.	Did the customers discriminate?	Respondents (Non-SRS) N=31	%	Respondents (Done-SRS) N=34	%	Total N=100	%

1	Yes	13	42%	12	29.5%	25	38.4%
2	No	18	58%	22	70.5%	40	61.6%
3	Total	31	100%	34	100%	65	100%

6.10. Type of Discrimination from the Customers

The information regarding whether or not clients degrade transgender employees at their place of employment while doing sex work is explained in the table. Of the 65 respondents, 25 reported that they had experienced physical harm, verbal abuse, and unpaid bills for engaging in sexual encounters with their clients. 64 % of participants were verbal, 8 % were mental, 12 % were both mental and physical, and 12 % did not earn any payment for their job. People treat transgender persons like objects to be used just for sex, look down on them, and constantly humiliate them.

Table 6. 9: Type of discrimination from the customers

Sl No.	Type of discriminations by customers	Respondents (Non-SRS) N=13	%	Respondents (Done-SRS) N=12	%	Total Participants N=100	%
1	Mentally and Physical	2	15.3%	1	8.3%	3	12%
2	No Payment	2	15.3%	1	8.3%	3	12%
3	Physical	7	53.8%	9	75%	16	64%
4	Verbal Abuse	2	15.3%	0	0%	2	8%
5	Mental	0	0	1	8.3%	1	4%
6	Total	13	100%	12	100%	25	100%

6.11. Assistance received from the local Police

The response of Transgender persons to police assistance, or lack thereof, when they visit the station to file complaints or seek assistance with customer-related matters is seen in Table 6.10. According to those 60% of the respondents reported affirmatively about receiving assistance from the local police, whereas 32% of those involved in any unpleasant situation received no assistance. Only 8% of participants chose not to respond to the questions. This demonstrates unequivocally that surgery gives transgender persons the self-confidence they need to overcome any obstacles at any moment and approach the police as and when needed.

Table 6. 10: Assistance received from Police

Sl No	Assistance received from the Police	Respondents (Non-SRS) N=13	%	Respondents (Done-SRS) N=12	%	Total Participants N=100	%
1	Yes	7	53%	8	66.7%	15	60%

2	No	4	30.7	4	33.3%	8	32%
3	Not answered	2	7.7%	0	0%	2	8%
4	Total	13	100%	12	100%	25	100%

6.12. Police took advantage of or sexually exploited

From the table, it can be seen that 8 % of the participants reported having been sexually harassed by the Police when they approached to file complaints. 72% of participants did not face any problems at the police station.

Table 6. 11: Police took advantage or sexually exploited

Sl No.	Did the Police take advantageor sexually exploit?	Respondents (Non-SRS) N=13	%	Respondents (Done-SRS) N=12	%	Total Participants N=100	%
1	Yes	1	7.5%	1	8.3%	2	8%
2	No	11	85%	7	58.4%	18	72%
3	Not answered	1	7.5%	4	33.3%	5	20%
4	Total	13	100%	12	100%	25	100%

6.13. Chapter Conclusion:

Overall, this chapter provides a comprehensive overview of the experiences and challenges encountered by transgender individuals. It highlights the importance of understanding one's gender identity, the significance of family support, and the complexities of seeking medical consultation and receiving appropriate treatment. Moreover, it sheds light on the discrimination faced not only within the healthcare system but also in the broader community, including potential exploitation and discrimination in sexual activities and interactions with law enforcement. These insights underscore the urgent need for greater awareness, support, and protection for transgender individuals facing discrimination and challenges related to GID, emphasizing the importance of fostering a more inclusive and supportive societal environment for all individuals, regardless of their gender identity.

Chapter 7

Availability, accessibility, and affordability of the health/surgical facilities

7.1. Chapter Introduction:

Chapter seven has a detailed analysis of the availability, accessibility, andaffordability of sex reassignment surgery (SRS) facilities. The questions cover various aspects related to the individual's experience with SRS, such as their livelihood, monthly earnings, how they found the doctor, the cost of the surgery, the doctor's availability, financial support received, the success of the surgery, post-surgery follow-up, and the duration of post-surgery medication. The document aims to gather comprehensive information about the individual's journey through SRS, including financial aspects, medical care, and post-operative support. The questions are structured to capture the financial burden, medical outcomes, and support system associated with SRS, shedding light on the challenges and experiences of individuals seeking gender-affirming surgeries.

The chapter delves into SRS's multi-faceted aspects, including financial implications, access to medical care, and post-operative care. The questions seek to understand the individual's financial capacity, the affordability of SRS, and the availability and accessibility of the surgical facilities. Furthermore, the inquiry extends to the individual's support system, including financial assistance and the success of the surgery, followed by the post-operative medical regimen and follow-up care. Overall, the document serves as a tool to gather firsthand accounts of individuals who have undergone SRS, offering insights into the intersection of financial considerations, medical experiences, and post-operative support.

7.2. Information about the doctors received from

Table 7.1 reveals that peer groups (46%) are the main bridge between the doctors and the participants. Similarly, as per the suggestions by the Guru/Guru-Maa, many participants (40%) come across the doctors. 10% of the participants have met the doctors through social media.

Table 7. 1: Information about the doctors received from

Sl No	Information about the doctors received from	Respondents (Done-SRS)	%
1	Community	1	2%
2	Guru	20	40%
3	Peer group	23	46%
4	Social media	5	10%
5	Other	1	2%
6	Total	50	100%

7.3. Cost associated with SRS

Although the SRS is an expensive procedure that not everyone can afford, it was observed that most Transgender persons were able to spend significantly more than 5,00,000 for the procedure. 58% of participants spent between 30,000 and 1,50,000 INR, 30% spent between 1,50,001-3,00,000 INR, and 6% only had paid between 3,00,001 and 5,00,000 INR. However, some Transgender persons were found to have paid more than 5 lakh INR for the SRS alone.

Table 7. 2: Cost associated with SRS

Sl. No	AmountsSpent for SRS (INR)	Respondents (Done -SRS) N=50	%
1	30,000-1,50,000	29	58%
2	1,50,001-3,00,000	15	30%
3	3,00,001-5,00,000	3	6%
4	> 5,00,000	3	6%
5	Total	50	100%

7.4. Availability of the doctor

The doctors were not immediately available after the participants decided to go for the SRS. Only 40% of participants found doctors are available per their desired timeline. The remaining 60% of the participants waited for appointments. The availability of doctors is a major consideration. Doctors not giving much attention to transgender persons relates to Masslow's theory of self-actualization (1943), which describes appearance and stigma.

Table 7. 3: Availability of the doctor

Sl No.	Availability of the doctor	Respondents (Done -SRS) N=50	%
1	Yes	20	40%
2	No	30	60%
3	Total	50	100%

7.5. Waiting duration for SRS

As many as thirty respondents expressed that they had to wait a minimum of one month to more extended periods, like almost one year. Only 4%of the participants had done their SRS immediately: within ten days. 56% of the participants have waited for more than one year. 20% of the participants waited between one month to one year to get the SRS done. Similarly, 20 % of the participants only waited one month to do the SRS.

Table 7. 4: Waiting duration for SRS

Sl No.	Waiting duration for SRS	Respondents (Done -SRS)	%
1	Within ten days	2	4%
2	Between 10 days to 30 days	10	20%
3	Between 1 month to 1 Year	10	20%
4	More than one year	28	56%
5	Total	50	100%

7.6. Affordability of cost associated with SRS

The study found that 74 % of respondents had no financial burden to do the SRS. The expenses were bearable to them. 26% revealed that it was significantly costlier for them to do the SRS. However, somehow, they did the SRS just because of direct or indirect pressures.

Prior studies have shown that medical professionals and staff see them as less than human beings and are reluctant to provide them with services, even if they can afford to pay the physician's private chamber costs. Regarding access to healthcare services, social exclusion is the cause of poor health. Doctors avoid treating hijra patients because they are frequently stigmatized (Khan et al., 2009; Safa, 2016; Sifat & Shafi, 2021).

Table 7. 5: Affordability of cost associated with SRS

Sl. No	Is the cost of SRS affordable?	Respondents (Done -SRS)	%
1	No	13	26%
2	Yes	37	74%
3	Total	50	100%

7.7. Financial Assistance Received

A large number (54%) of Transgender persons did not receive any SRS assistance, compared to others (46%) who did. 54% of the participants have yet to do the SRS without anyone's help. 32% have come with the *Guru/Guru-Maa* for SRS. Only 6% took the help of the peer groups or communities for SRS. The rest of the participants received the help of

family members and their boyfriends (4% and 2%). *Gurumaa* plays a vital role in the SRS. After getting involved in the community, the *Gurumaa* used to be in the highest position in the group, which influenced/forced the transgender individual to do the SRS. The *Gurumaa* also helps them to get it done.

Table 7. 6: Financial assistance received

Sl No.	Assistance received from?	Respondents (Done -SRS) N=50	%
1	Boyfriends	1	2%
2	Family Member	2	4%
3	Guru	16	32%
4	Peer group	3	6%
5	Done by Myself	27	54%
6	All of them	1	2%
7	Total	50	100%

7.8. Perceived success rate of SRS

Table 7.7 explains that SRS is a risky process. However, 94% of the respondents confirmed positively about the successfulness of the surgery that they went through. SRS is claimed to have been unsuccessful in 6% of cases recorded due to various medical issues. However, the SRS success rate depends on various factors. The participants who faced failure after the SRS led to various problems like – cancer and unsuccessful organ transplants.

Table 7. 7: Success rate of SRS

Sl No.	Was the SRS successful?	Respondents (Done - SRS)	%
1	No	3	6%
2	Yes	47	94%
3	Total	50	100%

7.9. Post-SRS follow-up with the hospital/doctor

The Table 7.8. reveals that the critical factor in the failure of SRS is the lack of consultation or follow-up with a physician. Surprisingly, 68% of participants admit that there has been no doctor follow-up. Neither had they visited the doctor. This can be due to the participants' or the physicians' carelessness. Only 32% of them contact the doctors after SRS for “after SRS follow-ups." The 32% of participants are those who are nearer to the clinic or have done this SRS inside the state.

Table 7. 8: Post-SRS follow-up with the hospital/doctor

Sl No.	Post-SRS follow-up with the hospital/doctor	Respondents (Done -SRS)	%
1	No	34	68%
2	Yes	16	32%
3	Total	46	100%

7.10. Post-SRS medicine consumed

The respondents were asked whether they had taken medicines or not after SRS. 96% of participants were very conscious when taking medicines after SRS. Only 4% of participants who were careless after SRS did not take any medicines. This could be the main reason behind the failure of SRS.

The study found that 2% of the participants did not take medicines. *Dai-Maa*, the head of the community, instructed them not to take medicines because it is a natural process; it will heal naturally. It is God-gifted. Turmeric can be used as an ointment—allopathic medicines are considered to be an impure element exactly after SRS (Nanda,2006).

Table 7. 9: Post-SRS Medication

Sl No.	Did you have to take medicine after the SRS?	Respondents (Done -SRS)	%
1	Yes	48	96%
2	No	2	4%
3	Total	50	100%

7.11. Duration of Medication

All those who took medication expressed that the duration for which they had medicine courses ranged from a minimum of 15 days to a maximum of 1 year. 52.1 % of participants were prescribed to take medicines for 15 days. Only 2.1% of the participants had taken medicines for their SRS for more than one year. Moderately 46% of the participants combined have taken medicines for one to five months.

Table 7. 10: Duration of medication

Sl No.	Duration of medicine continued	Transgender persons (Done -SRS)	%
1	Only for 15 days	25	52.1%
2	15 days to 30 days	10	20.8%
3	One month to 5 Months	11	22.9%
4	Five months to 1 Year	1	2.1%
5	More Than one year	1	2.1%
6	Total	48	100%

7.12. Chapter Conclusion

The SRS is not a cost-effective process in which the participants had to shell out quite a significant sum of money. The research found that private clinics charge a massive amount for SRS. There is a direct correlation between money and SRS. The higher spending amount is directly related to SRS quality. For a sizeable number of respondents, it was unaffordable though they had to go for it citing several reasons.

The after-SRS follow-up is found to be very cumbersome because of the following reasons.

- Doctors do not contact the patients for follow-up checkups after SRS.
- Many respondents lost lose interest to contact the doctors after several failed attempts
- Follow-ups require subsequent visits to the doctors and the clinics adding yet anither layer of financial burden.
- Inaccessibility of the doctors to the participant who did SRS outside the state.

Chapter 8

Impact of sex reassignment surgery among Transgender persons and post-surgery acceptance by society

8.1. Chapter Introduction

This chapter pertains to the impact of sex reassignment surgery on transgender individuals and the level of acceptance they experience from society post-surgery. The chapter analyzes a series of questions directed at the respondents who have undergone sex reassignment surgery. The questions covered various aspects such as the individual's satisfaction with the surgery, post-surgery condition, observed positive changes, currenthealth status, duration since the surgery, acceptance by family and community, treatment by others post-surgery, and the individual's sense of identity after the surgery.

8.2. Satisfaction with SRS

Table 8.1 reveals that 94% are happy with the SRS, although only 6% of respondents are not happy with the SRS and face many kinds of discrimination or problems by doing SRS. As discussed earlier, the dissatisfaction occurred because of the failure of SRS.

Table 8. 1: Satisfied with SRS

Sl No.	Satisfied with SRS	Respondents (Done -SRS) N=50	%
1	No	3	6%
2	Yes	47	94%
3	Total	50	100%

8.3. Post-surgery condition

Table 8.2 shows that only 4% of the participants observed a negative impact after the SRS and 94% felt a positive impact after the SRS. The negative impact was later converted into satisfaction after some adjustments by the participants. Only 2% of participants need clarification about defining the condition after the SRS.

Table 8. 2: Post-surgery condition

Sl. No	Post-surgery condition	Respondents (Done -SRS) N=50	%
1	Positive	47	94%
2	Negative	2	4%
3	Cannot define	1	2%
4	Total	50	100%

8.4. Perception of the respondent's post-surgery condition

According to the following statistics, 38% of the sampled respondents identify themselves as female. Conversely, 34% thought that their beauty had improved following SRS. Eighteen percent of the respondents said that SRS made them a girl. Six percent said that the SRS had given them more self-confidence. The remaining 4 % of respondents have yet to respond.

Table 8. 3: Perception of the respondent's post-surgery condition

Sl No.	Perception of the respondents on post-surgery condition	No of respondents (Done SRS)	%
1	Beauty increases	17	34%
2	Become a girl	9	18%
3	Felt as complete Women	19	38%
4	self-confidence increases	3	6%
5	Cannot say	2	4%
6	Total	50	100%

8.5. Physical Health Condition after SRS

The health condition of the participants is displayed in Table 8.4. 86% of respondents faced normal health conditions after SRS. Only ten % said that the health condition was better than after SRS. Whereas only four % said their health condition was worse than earlier after SRS.

Table 8. 4: Physical Health Condition after SRS

Sl No.	Physical Health Condition After SRS	No. of respondents	%
1	Better than earlier	5	10%
2	Worse than earlier	2	4%
3	Normal	43	86%
4	Total	50	100%

8.6. Months or years since surgery was done

The respondents' SRS completion dates are shown in Table 8.5. 58% of respondents said that they completed SRS more than a year ago. 40 % of the participants reported

completing their SRS within a month to a year. Out of 50 responders, only four % said they had completed SRS more successfully than before.

Table8. 5: Since how many months or years you have done your surgery

Sl No.	Since how many months or years you have done your surgery	No. of respondents	%
1	Within one month	2	4%
2	one month to one Year	20	40%
3	More Than one year	28	56%
4	Total	50	100%

8.7. Post Surgery acceptance by family members

Table 8.6 reveals the family members' reactions following the respondents' gender-specific surgery. According to the research, just 48% of people who had undergone surgery reported that their family had welcomed them. However, 46% of respondents said that after SRS, their family did not embrace them. Only 2% of families are still natural, and the remaining 2% do not explain the question. It took the remaining families more than years to accept them.

Table 8. 6: Post Surgery acceptance by family members

Sl No.	Acceptance by family members	No. of respondents	%
1	Accepted	24	48%
2	Cannot Say	2	4%
3	Neutral	1	2%
4	Not accepted	23	46%
5	Total	50	100%

8.8. Post Surgery acceptance by Community members

The participants' statements following the SRS, where the respondents lived, are shown in Table 8.7. Even if the community and *Guru/Guru-maa* assisted them in finishing the SRS, there is still a difference in the degree of acceptance and collaboration. 62% of respondents reported that they had experienced no discrimination in their acceptance by the community. However, 26% of participants reported feeling accepted for being a girl. Another eight % of people felt excluded from their community for various reasons. Moreover, four % of respondents have experienced apathy in the community following SRS.

The never-ending process of desire gives life purpose and fulfillment. The reasons for doing so are the fundamental ideas behind Maslow's hierarchy theory. Before proceeding to the following hierarchy of demands, an individual must have their basic needs met. An interruption to this process may impede the person's ability to grow personally. So, a positive

result was found in the study. This indicates that if a transgender person follows the guidelines, he/she will get acceptance from the community.

Table 8.7: Post Surgery acceptance by Community members

Sl No.	Post Surgery acceptance by community members	No. of respondents	%
1	Accepted as girl	31	62%
2	Accepted as a transgender girl	13	26%
3	Indifferent	2	4%
4	Not accepted	4	8%
5	Total	50	100%

8.9. Attitude of the general people

Table 8.8 shows the general public's acceptance-type response following the participants' entry into the community. Remarkably, only two percent f individuals acknowledged them as girls. 72% of respondents said they were accepted as usual. Sixteen percent of participants needed help to respond to the question and another 10% said that they had received negative feedback from the public following SRS.

Goffman (1963) divides social life into two categories: front region (front region) and back region. He contends that individuals aim to show themselves as idealized in their performances and feel compelled to conceal some aspects of themselves (Goffman, 1963).For actors with a physical stigma, the dramaturgical problem is managing tension caused by the fact that others are aware of the actor's physical disabilities. In contrast, for actors with a social stigma, the dramaturgical problem is managing information so that the social stigma is hidden from audiences, such as Transgender persons.

Table 8. 8: Attitude of the general people

Sl No	Attitude of the general people	No. of respondents	%
1	Accepted as girl	1	2%
2	Bad	5	10%
3	Cannot say	8	16%
4	Good	36	72%
5	Total	50	100%

8.10. Post SRS perception of people

The respondents who underwent the SRS had clear motivations for doing so. However, the results indicate that even after the SRS, a sizable portion of respondents (96%) are still seen

as such by society. Merely 4% of the respondents believe that women are welcome in society. The remaining 2% did not reportedly understand the question. As per Cooley's theory of The looking-glass self, it can be clearly expressed that Transgender persons go through theprocess of SRS to prove themselves as the gender they perceive and live an everyday life with dignity and prestige. However, the findings show that despite doing SRS, the respondents, people perceive them as transgender persons only, not as females. So Cooley's theory explains that transgender persons do SRS and mostly engage in sex work as peopleand society as a whole see them for this purpose only. Marriage of a transgender person female is impossible and denied by a man. Only four % of the respondents say they were treated as a woman after doing SRS, which is negligible. During the day or when working in general, Transgender persons alter their appearance by dressing and dressing differently, making them appear more feminine. When done on stage, Goffman's concepts of front and backstage clearly explain that actions intended to affect others are called performances(performance). A similar result was found in the study as Table 8.9 shows that most people still do not accept them as girls after the SRS.

Table 8.9: Post SRS perception of people

Sl No.	**Post SR's perception of people**	**No. of respondents**	**%**
1	Cannot say	1	2
2	Transgender	47	96
3	Women	2	4
4	Total	50	100

8.11. Satisfied as a woman after SRS

The participants were questioned whether they were satisfied with the surgery or not. 86% have revealed that they are feeling like women after the SRS. At the same time, fourteen % said that they do not feel like women even after the SRS.

Table 8.10: Satisfaction as a woman after SRS

Sl No.	Satisfied as a woman after SRS	No. of respondents	%
1	Yes	43	86
2	No	7	14
3	Total	50	100

8.12. Chapter conclusion

This chapter made an attempt to understand the holistic experience of transgender individuals who have undergone sex reassignment surgery. The surgery apparently addressed the physical and medical aspects and the social and emotional implications, including acceptance by family, community, and others. The inquiry into the individual's sense of identity post- surgery also indicates a focus on the psychological impact of the procedure. Though the respondent claimed overall personal comfort, general people still perceive them as transgender persons only, not as females. However, the biggest comfort could come from the fact that most of the resposents have been accepted as transformed females by their familyand community members and have felt better themselves healthwise.

Chapter 9

Impact of Covid-19 on the lives and livelihood of Transgender people

9.1. Chapter introduction

Coronavirus disease, or COVID-19, first emerged in Wuhan, China, in 2019. It then spread to other countries in late 2019 and 2020, affecting people worldwide, posing severe global health concerns, and adversely impacting the health, economy, and well-being of almost every country across the globe, including India (Priyadarshini & Swain, 2021). The first case of COVID-19 disease was detected in India on January 30, 2019, and the World Health Organization, on March 11, 2020, announced it as a global pandemic (Cucinotta & Vanelli, 2020). Governments worldwide have adopted several health measures like social distancing and nationwide lock-downs to prevent the further spread of the virus (Swain, 2020). The strategies employed by governments worldwide helped save lives, but thesestrategies also induced some new economic challenges. With growing uncertainty over the length and severity of the pandemic and the intensification of the pandemic-induced crisis, people's livelihoods turned from bad to worse.

Consequently, the COVID-19 pandemic became more than just a health crisis; it had critical social, economic, and political consequences (Priyadarshini & Swain, 2021). The pandemic disrupted the lives of many, specifically the socially and economically weaker and marginalized sections of society. Transgender persons constitute one of the most marginalized communities in society. The pandemic caused widespread negative impacts on Transgender persons, worsening their already precarious working conditions and access to health and social services (Benoit, 2020). It hit them harder because their livelihood sources were affected due to the imposition of the lock-down and several other restrictions onphysical movements and social distancing (Kumbar et al., 2021).

According to the 2011 census of India, there are around 4.88 lakh Transgenderpersons with 55 thousand children as reported by their parents. The transgender community is traditionally stigmatized and marginalized in India (Dasgupta et al., 2021) and faces the consequences of the economic challenges that the pandemic posed. An overwhelming section

of the transgender community depends solely on social interaction-based jobs like traditional begging in crowded places like traffic signals, railway stations, marketplaces, etc., entertaining in marriage functions and baby shower occasions, and engaging in sex work. Restrictions on travel, shutdown of marketplaces, commercial establishments, transportation services, and the prohibition on social and religious gatherings have made it extremely difficult for this marginalized community to earn a living. For people who sell sexual services, the impacts have been severe, worsening their already precarious working conditions and access to health and social services (Benoit, 2020; Sifat, 2020).

9.2. Impact on Economic Well-Being and Livelihood

The economic impact of COVID-19 on the Indian economy was severe (Kumar et al., 2020). The most affected groups were people working in informal sectors and daily wage workers (Bhavani, 2020; Das, 2020). As India is primarily an agricultural country, the impact of the economic distress is projected on the rural economy. Due to the disruption of supply chains during the mandated lock-down, the farmers faced much uncertainty; even daily wage workers working in hotels and restaurants were laid off. As projected, more than 3,000 crore losses occurred in the live event industry (Goyal, 2020).

COVID-19 affected the supply chains in the agricultural industry; the rural economy depends on agriculture and farm product sales. The agricultural harvest depends on migrant workers, especially in northern India, where wheat and pulses are cultivated; this was affected due to mandated lock-downs and supply chain disruptions. The crisis affected various parts of India differently due to regional disparities, resource availability, and problems like unemployment (Ramakumar, 2020). The vulnerable communities of India faced an unprecedented economic challenge. The challenges faced by the vulnerable sector were not just economic but also had a social impact. The strategy to stay at home to combat the transmission of the virus also increased the rates of domestic violence for vulnerable people (Arora & Kumar, 2020).

The lockdown-induced restrictions disrupted the daily lives of the Transgender persons,which resulted in concerns about food security, loss of a source of employment and savings, financial instability, health crisis, delay in hormonal therapies, and postponing sex reassignment surgeries (Priyadarshini & Swain, 2021). The primary sources of livelihood for

the community are *badhai* (singing and dancing to give blessings on auspicious occasions), *Mangti* (begging from shops and at red lights), and prostitution or sex work (Chakrapani et al., 2021). The nationwide lock-down changed the daily life of these people; social functions were postponed or conducted in virtual mode, commercial activities came to a halt, establishments, including brothels, were shut down, public transport was at a halt, imposition of social distancing led to inaccessibility of food and other essentials. This crisis pushed the marginalized community to the edge. With the continued depletion of savings and no alternate source of income in sight, the transgender population became financially unstable. They could not even take advantage of the financial aid provided by the local government for want of necessary documentation of their self-identified gender and employment status. Itwas also reported that many Transgender persons faced the hardships of being evicted from their rented accommodation (Singh & Dandona, 2021).

9.3. Impact on Health

Historically, disease outbreaks have increased gender inequities, and the vulnerability of marginalized communities has increased in times of pandemics (Dasgupta et al., 2021). The transgender population faces more health challenges due to barriers to accessing healthcare services. Being associated with prostitution as one of their sources of livelihood, they have a higher incidence of HIV/AIDS (Baral et al., 2013). The transgender population also faces stigma and violence at various levels for their gender, identity, and involvement in sex work (Benoit & Unsworth, 2022; Dasgupta et al., 2021). These health challenges were also translated when the pandemic broke out. HIV-affected persons were at higher risk for contracting the disease, especially with low immunity and poor working and living conditions. Transgender sex workers face health disparities as they face violence and stigmaat work; the higher incidence of HIV in the community also stems from not taking appropriate protection during the trade. The intersection between health, socio-economic challenges, and employment discrimination leads to a higher level of vulnerability (Dandona et al., 2006). The health infrastructure got overwhelmed during the COVID-19 pandemic, making access to health services by Transgender persons even more difficult. As highlighted in a study by Singh and Dandona (2021), "This inaccessibility made them vulnerable to the exposure of virus and the underlying fear of being denied the facilities at hospitals left them unreported. Thus adding to the number of infected individuals at stake. It has been accounted in various pieces of literature about the ways and manners in which stigmatized community

of Transgender persons and sex workers are ridiculed by health care professionals in India and across the globe" (p.275).

9.4. Transgender Persons in Odisha

The total population of Transgender persons in Odisha is around 70,000. However, the social stigma of being identified as transgender has made only 2000 people identify themselves as transgender officially (Singh, 2018). Odisha's Socio-Economic and Caste Census of 2011 estimates the number of transgender households in the state is 4316 in the rural sector compared to only 463 households in urban areas. The number of households identified in this study may not accurately represent the actual households because of the social stigma associated with being identified as transgender (Government of Odisha, 2017). According to a study by Singh (2018), most of the Transgender persons in Odisha (75%) do not even have matriculation certificates and only a few (20%) have studied till the Intermediate level. The low level of education stems from the social stigma attached to the children from the community and poverty. The online survey done by the Social Security & Empowerment of Persons with Disabilities Department (SSEPD), Odisha, in 2017 highlights that 14.5% of the transgender community in Odisha do not have any form of income, and a majority of them are unemployed.

9.5. Initiatives by the Government of Odisha for Transgender persons

Though Odisha is the first state in the country to give Transgender persons social welfare benefits such as a pension, housing, and food grains, the initiatives for livelihood betterment and skill development are limited, and the burden of financial stress and inequities the transgender community faces make them more vulnerable. Despite the initiatives by the state government of Odisha and some non-state actors, the temporary livelihood options and monetary supports provided to Transgender persons have not been enough to be sustainable alternate sources of income. Besides, the existing social stigma was a significant hindrance in many cases. This chapter, drawing from a handful of case studies, attempts to offer qualitative insights into the lives and livelihoods of Transgender persons during this time of crisis.

Bhubaneswar, a globally acclaimed smart city (Panda et al., 2021), is the largest city in the state and offers several employment opportunities to people from various parts of the state and neighboring states. One can spot migrant workers and daily wagers, including

Transgender persons engaged in begging at some of the crowded junctions and streets of the city. In this descriptive study, we used mixed qualitative research methods (Krippendorff, 2004) primarily to understand the experiences of Transgender persons during the COVID-19 lock-down period (Kim et al., 2017). The qualitative approach generated an in-depth, multi-faceted understanding of this complex issue in its real-life context. In-depth interviews were carried out using a semi-structured interview guide, with open-ended questions to understand a wide range of experiences of Transgender persons during the pandemic-induced crisis. The qualitative naturalistic tenets were used, encompassing several thematic areas reflecting upon the lived experiences of the respondents. Subsequent analysis depicts the description of the data instead of theory development (Miles & Huberman, 1994).

For this particular objective, we used the snowball method to recruit the participants by applying both inclusive and exclusive criteria (Parker et al., 2019). Inclusive criteria were as follows: (i) a participant must be a transgender person living in Bhubaneswar city of Odisha; (ii) must be of 18 years and above; (iii) must be residing in a locality/colony along with other Transgender persons; (iv) willing to participate in the interview process; and (v) experienced hardships during the lock-down. An ice-breaking session was organized with the help of a local non-government organization engaged in works for the betterment of the transgender community. The respondents were briefed about the nature and purpose of the study, and verbal consent was obtained from them to participate.

Though telephonic interviews have limitations in collecting a wide range of data, they provided a viable option for obtaining in-depth and qualitative data for this study. Interviews via phone increase anonymity and data gathered on sensitive topics (Irvine et al., 2013). The interview guide included 25 questions based on three themes: 1) the livelihood aspects, including questions about the respondents' experiences during the lock-down affecting their livelihoods; 2) the stigma they encountered; and 3) the barrier to accessing health care services. Interview guides were prepared along these broad themes. The interview schedule and guide were designed in English and then translated into the local language, Odia. The questions were asked, and responses were recorded in Odia language to ensure that the data received were more valid and reliable. The texts were later translated and transcribed into English. Calls were made to them at convenient times with the respondents' consent. A total of twelve transgender individuals participated during April, May, and June of 2020 amidst

the nationwide lock-down and shutdown. All the interviews were conducted in Bhubaneswar city. We took detailed notes of the responses to ensure data quality and reliability. We returned to the respondents whenever we needed more clarity during the data analysis stage. While analyzing and presenting the data, we have consciously kept the respondents' identities as anonymous as possible. Instead of the respondents' names, we present the pseudonyms in this chapter.

9.6. Thematic Analysis

The transcribed responses were coded and grouped thematically (Strauss & Corbin, 1998). Responses along a particular theme were coded individually and subsequently classified into thematic groups. Some responses needed multiple iterations and a few follow- up calls with the respondents to cross-check the data, bringing in more clarity and eliminating ambiguities and misinterpretation wherever necessary. Relevant data were categorized and analyzed along various themes.

Even before the pandemic, the availability of gender-affirming healthcare providers was limited. Beginning in March 2020, healthcare systems in the state ceased providing non-essential healthcare services to combat the spread of COVID-19, rendering this already disadvantaged segment of the population even more vulnerable. Health issues aside, the daily lives of Transgender persons have been impacted more severely than the general population. In the subsequent section, we present the results along the following themes: (i) loss of livelihood, (ii) social stigma and trauma, (iii) issues related to healthcare services, (iv) multi-faceted societal challenges, and (v) sense of uncertainty and insecurity.

9.6.1 Loss of Livelihood and Income at the Time of COVID-19 Lock-down

During the lock-down, the transgender community faced the loss of livelihood; most were associated with the profession that required some form of interaction with other people. One sex worker explains how the lock-down led to the loss of her income: both the worker and the client had a shortage of money. She explains:

> *I used to earn INR 1000 per month. Now, in the COVID-19 situation, earning even half of it is not easy. I am a sex worker, and now, due to the lock-down and social distancing, my earnings have been affected adversely as no new customers are*

coming to me, and the old customers say that they have no money to pay, so they are reluctant to come. (Guddi, 28 yrs)

The transgender community as a whole and the same from our study area faced various issues related to livelihood. As begging and prostitution are their primary sources of income, the lock-down and other pandemic-related restrictions imposed by the government squeezed such avenues for them to fend for themselves, rendering them further vulnerable. Explaining the agony, a respondent said:

During the lock-down, I was unable to beg on the roads. So, I decided to sell flowers.I started delivering flowers to the doorsteps in some of the residential apartments. However, as I am a transgender, many people refused to take flowers from me. Initially, I used to sell flowers for INR 1000 per day. However, due to non-acceptancefrom people, I was forced to sell those flowers for INR 500 to 600 for a bare minimumprofit margin, pushing me into a difficult financial situation. (Narayan, 32 yrs)

Another respondent explains the loss of livelihood that the respondent faced from being a skilled worker to a daily wage laborer. She says:

I earned INR 12,000 per month as I worked as a beautician in a local parlor. However, due to COVID-19, the government ordered the closure of the parlor, which rendered me jobless. Now, I am living the life of a daily wage laborer, working with my village peer group as a wage earner, earning INR 250 per day. The work is also only available some days. So, I needed help to meet my ends. (Reshma, 26 yrs)

9.6.2. The Stigma and Trauma During the Time of COVID-19

Social stigma is historically associated with Transgender persons(Arvind et al., 2022; Chakrapani, 2010; Jayadeva, 2017). They are often attached to derogatory labels and routinely denied social rights other ordinary people enjoy. The predicament mentioned above clearly reinforces the prevalence of stigma and how it leads to possible trauma the Transgender person experiences in their day-to-day lives. Describing further, a respondent says:

I was a sex worker earning Rs.1000 per day. However, the lock-down, social isolation, and night curfews caused a significant loss to my earnings. No customer approached me during nighttime; no movement was possible. Moreover, looking for other paid jobs was difficult as I was not literate enough to work in any office.Feeling helpless, I started a small tea shop in my locality. However, people started teasing me: "Maichia (effeminate) will make tea, and we will pay money only for sex. So tea is free with sex." The statements made me so embarrassed that I had to close the tea shop, fearing that people would come to my shop less for tea and more for making fun of me. (Tanuja, 27 yrs)

The above statements clearly show that due to loss of livelihood, transgender persons had to take alternative sources of livelihood, but the new livelihood options were not easy to come by. Many Transgender persons were forced to look for alternate avenues as their current livelihood activities were not allowed in public places. Social ceremonies and public gatherings are the prominent places where they earn their livelihood. However, the pandemic posed unprecedented challenges for them in their livelihood activities. A respondent explains:

I was a sex worker. However, due to the prevailing lock-down, I work in a factory nearby as a cleaner. Many staff members of the factory pass lewd comments at me, use Slnoang while addressing me, tease me, and sometimes create problems in my work. One even tried to force himself on me. The factory owner also asked me for sexual favors and lured me with a higher salary than other cleaners. Due to financial insecurity, I agreed to his proposal because there was no other source to earn my livelihood. (Sonam, 25 yrs)

This statement shows how the transgender community faces problems at the workplace, and jobs are offered to them in exchange for involuntary sexual favors to the owners and supervisors. Another respondent talks about the stigma associated with being a transgender shopkeeper and its impact on income and vulnerability:

I was a cook in my transgender community. However, due to the pandemic, my fellow transgender persons who used to stay together in one place have now gone to their native villages or relatives' places, leaving me jobless. Out of desperation, I have started a small local snack stall. Nevertheless, people hesitate to come to my shop since I am transgender and look for other shops in the vicinity. Only a few buyers I have known for quite some time come to my shop to buy cigarettes and snacks. My

earnings have gone down significantly. My gender identity has become my enemy now, as people are reluctant to even come to my shop. (Ratani, 32 yrs)

Rajni, a 24-year-old transgender person, a native of Banki (54 km away from Bhubaneswar) from an upper caste Odia household, completed her education up to the intermediate level (she/her is used as requested by the respondent). She is a sex worker and lives near the Khandagiri area of Bhubaneswar. During the pre-pandemic days, Rajni used to earn her living out of roadside begging and paid sex services. Her monthly earnings used to be approximately INR 15,000. With the restrictions on movements and shutting down establishments, her income came crashing down.

Since it became difficult for her to make ends meet, she had gone back to her native village. The cost of living in the city was too much for her to afford. She confided that her family members were reluctantly helping her out. She had to endure the continuous teasing and mocking by her fellow villagers. Her family members were not willing to shelter her fora more extended period as they have also been subjected to embarrassment in the local community. With all these pushing her to further mental distress, she was waiting for this crisis to end so that she could return to Bhubaneswar to secure her livelihood. A distressed Rajni said:

There were days when I helped my family members with education, food, and medical expenses. However, now I want help from family members; they are unwilling to keep me at home for a longer period and extend financial support for my survival. (Rajni, 24 yrs)

She was a God-fearing person and had surrendered to fate, hoping that the Lord Almighty would soon end her traumatic situation primarily caused by this pandemic. She was also hopeful of getting back to the friends she had been staying with before the deadly virus struck and resuming her means of livelihood.

9.6.3. COVID-19 and Issues Related to SRS Among Transgender Persons

Sex reassignment surgery plays a significant role in a transgender person's life. The pandemic has adversely affected healthcare facilities in general and Transgender persons in particular. Some respondents who participated in this study were under hormone therapy treatment and were willing to undergo surgery. However, the long wait due to the lock-down,

curfew, and restriction on movement created hardships for them to travel out of state to do the surgery. As government hospitals do not have proper guidelines and specific healthcare services for them to go through the long and painful surgery, they opt for private hospitals with good cosmetic surgery professionals paying exorbitant fees. A respondent says:

> *I recently underwent vaginal surgery at a private clinic in Delhi, which cost me around INR 1,50,000. I faced many difficulties arranging the money as I earn around INR 10,000 per month, which is insufficient for my day-to-day expenses. I had to borrow money from my friends and my mentor. They also stood by me during my surgery and post-surgery rehabilitation. The post-surgery care is essential for nearly 40 days. I owe immensely to my friends and mentor, who supported me financially and emotionally. (Priyanka, 21 yrs)*

Some respondents found themselves in the trap of private money lenders who charged them a high-interest rate on loan repayment. Due to the travel restrictions imposed by the government, they could not travel out of the city to have their surgery done. However, they are paying back the interest components of the loans taken. The plight is explained by a respondent as follows:

> *I borrowed around INR 80,000 from a local money lender to do my surgery in February 2020 and had planned to visit Delhi in April. However, due to the restrictions on traveling by train, I cannot go to Delhi, but I am paying high interestto the money lender. I have deposited my gold earrings and necklace with him as a mortgage. Currently, I have no other source of income as I was earning my livelihoodas a sex worker only. (Rebati, 27 yrs)*

Some respondents tried to obtain bank loans to pay for their surgery. However, the banks declined their loan applications since they needed to have the required creditworthiness and had something substantial to a mortgage. These people needed more financial literacy and had savings bank accounts in their names. In addition, banks did not seem to have any provision for extending loans to people required to go for sex reassignment surgeries.

The following quote explains how the stigma associated with having a transgender child keeps them away from having access to financial resources, even for a health-related need. A respondent explained:

I am the single child of my parents. My father is wealthy and owns lots of land in my native village. However, as he had disowned me due to my sexuality, apprehending embarrassment to the family, he also refused to help me financially. My familymembers do not welcome me. They have warned me of the consequences of demanding any share of my parental property. I do not know whether the law of the land even grants me a legal right to inherit property against my family's will. On top of that, this pandemic has added salt to my injury, and I am running from pillar to post to arrange money for my sex reassignment surgery. (Mohini, 25 yrs)

From the respondents' accounts, it is evident that the pandemic has impacted the lives and livelihoods of Transgender persons and increased their predicaments to a great extent. Some of the respondents have unwillingly put their plans for gender reassignment surgery on hold.

9.6.4. Multi-faceted Societal Challenges

The pandemic not only affected the livelihood opportunities of Transgender persons, but it also brought along many other socio-psychological hardships for them. One of the respondents, Kaveri, a 36-year-old who calls herself a trans-female (she/her is used as requested by the respondent), a native of Thakurpada (35 km from Bhubaneswar), recalled her experiences growing up, which gives context as to why she is working for the benefit of the transgender community and the challenges she faced while carrying out these activities during the lock-down. The following text is a short memoir of her life and the challenges she faced at a personal and societal level during lock-down.

She was born to a family belonging to the *Teli* caste group (recognized as the "Other Backward Class" by the State gazette). The traditional occupation of this caste group was edible oil extraction from seeds. She was not available for an interview when she was contacted first. However, she called back and scheduled a meeting at a mutually convenient time and place. As narrated by Kaveri, she was the eldest child of her parents. She fondly recalls how proud her parents were when she was born. She was good at studying in school, raising hope for the family that the child would grow up to make a good living and take care of the family. She had two younger siblings, and all of them were going to the same school. As far as her memory took her back, she said she was a lovable child growing up. Fellow neighbors and villages used to adore her for her charm. She participated in the observance of seasonal cultural festivities in the village. There were specific festivals (such as *khudurukuni,*

kumara Purnima, Kartika Purnima, etc.) typically observed by the female folks of thevillage. Kaveri was fascinated by the festive activities and would participate actively in the observances.

Gradually, she got increasingly comfortable with the girls of her age group and started being in the girls' company. Typically, in rural areas of Odisha, people do not notice such things and do not mind young boys and girls playing together. Kaveri grew up in such an environment and subconsciously felt more inclined towards the company of girls. She even bathed in the village's community pond without much inhibition and resistance from others. Her self-realization started when she completed high school and went to attend college. She claims to have started getting sexually attracted to boys only then. Out of confusion, initially, and later on, fear, she felt reluctant to discuss her feelings with her friends, let alone her family members.

As time passed, Kaveri got into a steady relationship with a boy from her class. Then, she completed her MBA from a business school in Bhubaneswar and took up a position as a marketing manager in a private company. After a few months of being on the job, Kaveri gathered the courage to come out of the closet when her family started discussing and looking for a bride for marriage. This, she calls the turning point of her life. Convinced of her sexual identity (as she calls it), she opened up and revealed her feelings to her family members. Shocked and fearing embarrassment, the family members asked her to leave the parental house and warned her of imminent disowning of her by the family. That night, Kaveri left home and went to one of her transgender friends in Delhi. She did not look back since then.

A big city like Delhi offered her the required anonymity, and she settled down after the initial days of discomfort. Since she was an MBA graduate, she managed to get a job and did reasonably well. Now, she is back in Bhubaneswar as a project manager in a state-run initiative for helping and rehabilitating Transgender persons. She earns a decent salary of INR 50,000 per month. As destiny would have it, her elderly parents are now living with her, and she is also extending financial support to her younger siblings as they have not yet started earning. Besides her regular job, she manages some additional income by working as an agent for an insurance company. Despite all her income-generating activities, she finds time to spend as a social worker and advocate for the transgender community of the state. She has become a role model for Transgender persons. She has been providing counseling to people struggling with gender identity disorder and handholds them if they wish to go for sex reassignment surgery. She explains:

All was well till the pandemic hit. I was not worried about the loss of income from the additional activities I was engaged in. Instead, I was concerned about the activities I organized for the Transgender persons of Bhubaneswar. Restrictions of movements and social distancing impacted the livelihood of the people I was handling and counseling. I had to extend financial help to those who lost their livelihood sources. Gradually, my savings started to dry up, and I became increasingly worried about themental health of Transgender persons. Despite several restrictions, I used to call and arrange meetings to offer psychological counseling. Many young Transgender persons still depend on me financially. I hoped and prayed that this pandemic was behind us soon so that people in general and Transgender persons, in particular, got back to their routine activities to earn their livelihood. (Kaveri, 36 yrs)

The pandemic posed a challenge for the people who had lost their livelihoods and those working for the community's social welfare. These experiences help us understand the duality and multi-faceted nature of the lock-down and the societal challenges that occurred during the period.

9.6.5. Sense of Insecurity and Uncertainty During Lock-down

The pandemic induced restrictions on people's movements and brought families and friends together to spend time together. Most Transgender persons in Bhubaneswar live closer to each other in colonies on the city's periphery. As revealed by most respondents, staying together or nearby provides a sense of security and confidence. Priya, a 28-year-old transgender individual (she/her is used as requested by the respondent), native of Kandhamal (250 km away from Bhubaneswar), claimed to have been asked to leave her parental house when she opened up to her family members about her being transgender. Her friends in the villages also deserted her. While in school, she recalls being bullied and physically abused by her male friends. She had to undergo mental agony for the continuous calling out of names like *macchia/macula* (effeminate). She felt more comfortable with her female friends and preferred staying with them. Tired of the agony, she decided to run away from her native village. She took a bus and ended up in a nearby town, the name of which she does not even remember. After a couple of days of wandering around for food, she approached a dhaba (roadside restaurant) for some work. The dhaba owner asked her to clean the used utensils so she could stay on the premises. After some days, she moved to a nearby lodge (a motel) and

started working as a housekeeping staffer. There, she came across a transgender socialactivist, Roshni, who was in town for some advocacy work. Roshni suggested to her,

> *There are many Transgender persons like you in Bhubaneswar. You can shift there, stay with them, and earn your livelihood independently with dignity. There is a colony where you can find like-minded people, dress up, and do make-up of your choice. Come with me. I will introduce you to them. (Roshni, 21 yrs)*

Priya did not blink an eyelid before leaving that place and traveling to Bhubaneswar. She said she always loved wearing female clothing and doing make-up like girls. After reaching Bhubaneshwar, she started living with other transgender persons who cross-dress and lead lives like females. For the first time, Priya felt liberated, which allowed her satisfaction from within and mental peace to realize the person she always wanted to be. For over four years, she has been engaged in prostitution during the night and occasionally begging and working as a housemaid during the day. On average, she earns INR 30,000 per month. She got her younger sister from her village and put her in a school here in the city. She also runs a shelter house for fellow Transgender people. After the pandemic struck, all her income-generating activities were hit badly. Detailing her ordeal, Priya added:

> *The pandemic has created havoc not just financially but also hit us psychologically. Many Transgender persons, including me, are dreadfully uncertain about what the future holds for us. Most of my friends have returned to their native places and are desperately looking for some source of livelihood. I work as a part-timer in a local NGO but have not received any salary for the past three months. (Priya, 28 yrs)*

Another respondent, Radha, expressed her fear when she said:

> *I used to work in a store where I was continuously subjected to bully by my fellow workers. However, despite the annoyance in the initial days, I got used to their behavior. Gradually, their abuse went down, and they started accepting me the way I was, which became very comforting for me. Since the store has been shut down for quite some time and I have nowhere to earn money, I am apprehensive. I also miss my co-workers with whom I used to share my joys and sorrows. Most of us are afraid of the uncertainties that the pandemic has created. (Radha, 28yrs)*

Many respondents appeared apprehensive about the crisis brought along by the pandemic. They were as much concerned about losing their lives and livelihood sources as their concerns over what the future holds for them. The imposition of lock-down and shutdown has

thrown everyone's life out of gear. The Transgender persons in Bhubaneswar who only have their fellow members to look up to are understandably more insecure than the general public.

9.7. Chapter Conclusion:

The pandemic has adversely affected the lives and livelihood of transgender persons in various ways. Given Transgender persons's social and economic disadvantage, structural barriers, and pervasive social stigma, the pandemic has hit this section of the population very badly (Benoit & Unsworth, 2022). They have experienced discrimination related to their gender identity and were at more risk during the pandemic due to health disparities, healthcare access barriers, and unique healthcare needs (Kidd et al., 2021). Protecting them from the pandemic is a strategic imperative, considering the vulnerability of these marginalized groups. Transgender persons who struggle to manage financially or health-wise are vulnerable and hence require targeted attention during the pandemic (Pandya & Redcay, 2021). This study's findings reinforce the multi-pronged adverse impacts of the pandemic on the lives and livelihoods of this vulnerable section of the population and offer broaderinsights into existing and imminent issues related to individual and community experiences and mental health risks. Many research studies have discussed how vulnerable populations are affected by the COVID-19 pandemic (Pandya & Redcay, 2021; Chakrapani et al., 2021; Burgess et al., 2021;Benoit, 2020; Dasgupta et al., 2021; Kidd et al., 2021). The transgender communities, including trans-women and hijra, who face financial, mental health, and physical abuseproblems, required greater attention during the pandemic. The study reinforces that adequate healthcare offerings are an essential human rights concern. Addressing issues and problems related to the COVID-19 pandemic without a human rights framework could severely affect attaining the Sustainable Development Goals. Future research on this population will undoubtedly enhance the understanding of the specific issues of this marginalized group and may require state agencies to redesign their intervention programs. Transgender persons face problems related to health and employment due to the pandemic, in addition to the other existing stigmatization and discrimination (Burgess et al., 2021). The fear of being stigmatized and ridiculed has also increased their risk of not being tested or treated for COVID-19 (Deb, 2020). The imposition of various restrictions, including physical distancing,has been stated to have had a catastrophic effect on the lives of Transgender persons. Their source of livelihood was not of immediate concern to the government and hence misplaced in

the gravity of the pandemic. Coupled with dreadful instances of stigma and discrimination, Transgender persons have been bearing the brunt of inequality since the pandemic outbreak. The pandemic has not just uncovered but intensified the existing social inequalities. Bridging the gap between the research highlighting the plight of marginalized communities in the wake of the COVID-19 pandemic and the implementation of intervention programs, our observation intends to attract attention from various quarters to this often-ignored population segment in India.

Studies explain how, in the US, no empirical research is being done to analyze the impact of COVID-19 on transgender and gender non-binary individuals. Being the minority groups, they were disadvantaged by having no access to gender-affirming healthcare practices in society, which led to increased psychological distress among them. Moreover, the transgender groups lagged in adopting pandemic-appropriate behavior and primary safety practices that must be followed for COVID-19. (Kidd et al., 2021; Kumbar et al, 2021). Particular focus is required to address various social and health concerns and their mental health through a holistic approach. This study depicts how their source of income was adversely affected by this COVID-19 situation. Sex reassignment surgery is one of theessential parts of a transgender person's life. However, this study reveals how COVID-19 has impacted them adversely, and availing them of health services related to the surgery has become difficult to afford. Access to healthcare and financial pressure were reported as significant issues due to restricted physical movements and access to health facilities. Despitethe limitation of the number of participants and the narrowness of the focus, this studybrought to the fore the multiplicity of problems and issues of the transgender population that need specific attention that they deserve. Further studies and interventions by researchers and policymakers are called for to carry forward the dialogue about the needs and inclusion of thetransgender population in the healthcare system. Crises like the COVID-19 pandemic put severe pressure on the existing health infrastructure. However, making healthcare facilities inclusive is a need in such unfortunate times. To address the issue of loss of livelihood, transgender persons could be engaged in state-run employment guarantee programs as a temporary measure. Since Transgender persons face exclusive structural risks, there is a need to design proactive and multi-level interventions that are sensitive to their unique needs (Philip, 2021). The government and civil society organizations can supplement each other to design and implement targeted mechanisms for the people already living on society's margins.

Chapter 10

Conclusion

This study reinforces that transgender people face issues related to gender identity disorder, where there is a mismatch between the gender assigned to them at birth and the gender they perceive as they grow older. In ancient days, as depicted in mythology, they were treatedwell and accepted by the general population, but over time, public spaces were restrictedand denied to them, pushing them to the extreme margin of society. Non-acceptance, exclusion, harassment, and discrimination are handed to them in almost every social sphere, as shared by all the participants. All the developmental sectors related to education, health, sanitation, welfare measures, employment, and housing lag behind the mainstream population. They were living in a body of the opposite sex, hostile to the lived experiences and emotions, and with a feeling different from the body they were entitled to. The well- being and social identity concerns always call for a new paradigm that emphasizes harmony rather than control and domination (Shah & Manorama, 1996) and fragmentary pleasure (Srivastava, 2010). Thus, to fit into the gender they feel inside, they undergo the SRS process. Sex reassignment surgery is one of the essential topics to analyze because, despite many socio-economic and psychological problems, they also have many associated health hazards.

Moreover, there are several legal, ethical, and psycho-social issues related to it. Chakrapani and Narain (2012) have identified several issues and options to address the lack of or ambiguity in legal recognition of gender status and advocated for SRS as a possible solution for gender dysphoria. This study also reinforces that transgender people do SRS without adequate awareness of the medical interventions. In most places, the healthcare facilities are not pro-transgenders in nature. Transgender people face discrimination primarily due to their stigmatized gender identity. As mentioned earlier, improvement in quality of life, satisfaction with the changed body/image, and overall psychiatric functioning among transgender people who have undergone SRS has been relatively documented. The study participants also corroborate this. However, attention should be given to identifying and recognizing the prevalence of regret, though some studies suggest that the prevalence of regret is less due to improvements in the standard of medical care, patient selection, surgical techniques, and gender confirmation care (Bustos et al., 2021).

Scholarship in this area is evidently scanty and largely unsystematic. Adequate data that academicians and policymakers can use are also not available. Substantive rights, as well as fundamental rights of transgender people, are of equal importance but mostly neglected. Hence, this research made a modest attempt to bust the myths and misconceptions surrounding sex reassignment surgery among transgender people and to address the need for targeted interventions by various stakeholders, including lawmakers, administrators, policymakers hea, and health practitioners. Lastly, it is envisaged to provide researchers and policymakers the impetus to research the issues related to sex reassignment surgery further with a broader lens.

According to the study's findings, a majority of transgender individuals are young adults who are professionals and have undergone surgery within six years or less. It is presumed that many of these respondents experience gender dysphoria, as the primary motivation for undergoing Sex Reassignment Surgery (SRS) is the notable incongruence between their body and gender identity, a hallmark symptom of this disorder. Following SRS, the social functioning of transgender individuals is notably improved in various health-related aspects. Despite social and health challenges, the respondents generally express satisfaction with SRS. However, concerns about future long-term relationships are prevalent among them. Transgender individuals have unique needs that require attention to ensure they can lead fulfilling lives like others.

This study reinforces that Transgender persons face issues related to gender identity disorder, where there is a mismatch between the gender assigned to them at birth and the gender they perceive as they grow older. In ancient days, as depicted in mythology, they weretreated well and accepted by the general population, but over time, public spaces wererestricted and denied to them, pushing them to the extreme margin of society. Non- acceptance, exclusion, harassment, and discrimination are handed to them in almost every social sphere, as shared by all the participants. All the developmental sectors related to education, health, sanitation, welfare measures, employment, and housing lag behind the mainstream population. They were living in a body of the opposite sex, hostile to the lived experiences and emotions, and with a feeling different from the body they were entitled to. The well-being and social identity concerns always call for a new paradigm that emphasizes harmony rather than control and domination (Shah & Manorama, 1996) and fragmentary pleasure (Srivastava, 2010). Thus, to fit into the gender they feel inside, they undergo the

SRS process. Sex reassignment surgery is one of the essential topics to analyze because, despite many socio-economic and psychological problems, they also have many associated health hazards. Moreover, there are several legal, ethical, and psycho-social issues related to it. Chakrapani and Narain (2012) have identified several issues and options to address thelack of or ambiguity in legal recognition of gender status and advocated for SRS as a possible solution for gender dysphoria. This study also reinforces that Transgender persons do SRS without adequate awareness of the medical interventions. In most places, the healthcare facilities are not pro-transgender persons in nature. Transgender persons face discrimination primarily due to their stigmatized gender identity. As mentioned earlier, improvement in quality of life, satisfaction with the changed body/image, and overall psychiatric functioning among Transgender persons who have undergone SRS has been fairly documented. The study participants also corroborate this. However, attention should be given to identifying and recognizing the prevalence of regret, though some studies suggest that the prevalence of regret is less due to improvements in the standard of medical care, patient selection, surgical techniques, and gender confirmation care (Bustos et al., 2021). Scholarship in this area is evidently scanty and largely unsystematic. Adequate data that academicians and policymakers can use are also not available. Substantive rights, as well as fundamental rights of Transgender persons, are of equal importance but mostly neglected. Hence, this research made a modest attempt to bust the myths and misconceptions surrounding sex reassignment surgery among Transgender persons and to address the need for targeted interventions by various stakeholders, including lawmakers, administrators, policymakers hea, health practitioners, etc. Lastly, it is envisaged to provide researchers and policymakers the impetus to research the issues related to sex reassignment surgery further with a wider lens. Many research studies have discussed how vulnerable populations are affected by the COVID-19 pandemic (Pandya & Redcay, 2021; Chakrapani et al., 2021; Burgess et al., 2021; Benoit, 2020; Dasgupta et al., 2021; Kidd et al., 2021). The transgender communities, including trans-women and hijra, who face financial, mental health, and physical abuse problems, required greater attention during the pandemic. The study reinforces that adequate healthcare offerings are an essential human rights concern. Addressing issues and problems related tothe COVID-19 pandemic without a human rights framework could severely affect attaining the Sustainable Development Goals. Future research on this population will undoubtedly enhance the understanding of the specific issues of this marginalized group and may require state agencies to redesign their intervention programs. Transgender persons face problems

related to health and employment due to the pandemic, in addition to the other existing stigmatization and discrimination (Burgess et al., 2021). The fear of being stigmatized and ridiculed has also increased their risk of not being tested or treated for COVID-19 (Deb, 2020). The imposition of various restrictions, including physical distancing, has been statedto have had a catastrophic effect on the lives of Transgender persons. Their source oflivelihood was not of immediate concern to the government and hence misplaced in the gravity of the pandemic. Coupled with dreadful instances of stigma and discrimination,Transgender persons have been bearing the brunt of inequality since the pandemic outbreak. The pandemic has not just uncovered but intensified the existing social inequalities. Bridging the gap between the research highlighting the plight of marginalized communities in the wakeof the COVID-19 1302 pandemic and the implementation of intervention programs, our observation intends to attract attention from various quarters to this often-ignored population segment in India.

Studies explain how, in the US, no empirical research is being done to analyze the impact of COVID-19 on transgender and gender non-binary individuals. Being the minority groups, they were disadvantaged by having no access to gender-affirming healthcare practices in society, which led to increased psychological distress among them. Moreover, the transgender groups lagged in adopting pandemic-appropriate behavior and primary safety practices that must be followed for COVID-19. (Kidd et al., 2021; Kumbar et al, 2021). Particular focus is required to address various social and health concerns and their mental health through a holistic approach. This study depicts how their source of income was adversely affected by this COVID-19 situation. Sex reassignment surgery is one of theessential parts of a transgender person's life. However, this study reveals how COVID-19 has impacted them adversely, and availing them of health services related to the surgery has become difficult to afford. Access to healthcare and financial pressure were reported as significant issues due to restricted physical movements and access to health facilities. Despitethe limitation of the number of participants and the narrowness of the focus, this studybrought to the fore the multiplicity of problems and issues of the transgender population that need specific attention that they deserve. Further studies and interventions by researchers and policymakers are called for to carry forward the dialogue about the needs and inclusion of thetransgender population in the healthcare system. Crises like the COVID-19 pandemic put severe pressure on the existing health infrastructure. However, making healthcare facilities inclusive is a need in such unfortunate times. To address the issue of loss of livelihood,

transgender persons could be engaged in state-run employment guarantee programs as a temporary measure. Since Transgender persons face exclusive structural risks, there is a need to design proactive and multi-level interventions that are sensitive to their unique needs (Philip, 2021). The government and civil society organizations can supplement each other to design and implement targeted mechanisms for the people already living on society's margins.

This study underscores the challenges faced by transgender individuals about gender identity disorder, where dissonance exists between the gender assigned at birth and their perceived gender as they mature. Historically, transgender individuals were embraced and accepted within society, as depicted in ancient mythologies. However, over time, they encountered increasing restrictions and marginalization, facing non-acceptance, exclusion, harassment, and discrimination across various social spheres, as reported by participants. Within developmental sectors such as education, healthcare, sanitation, welfare measures, employment, and housing, transgender individuals often lag behind the mainstream population.

Living in bodies that conflict with their internal sense of gender intensifies their emotional and experiential disconnection. Addressing well-being and social identity concerns necessitates a paradigm shift towards harmony rather than control and domination, as Shah and Manorama (1996) and Srivastava (2010) noted. Consequently, many transgender individuals opt for Sex Reassignment Surgery (SRS) to align their physical bodies with their gender identities.

However, SRS raises numerous socio-economic, psychological, legal, ethical, and psycho-social issues. Despite documented improvements in quality of life, body satisfaction, and overall psychiatric functioning post-SRS, there remains a need to acknowledge and address potential instances of regret. Although recent advancements in medical care, patient selection, surgical techniques, and gender confirmation care have reduced the prevalence of regret, scholarly attention in this area remains inadequate and largely unsystematic. Additionally, the substantive and fundamental rights of transgender individuals are often overlooked, highlighting the necessity for targeted interventions by policymakers, lawmakers, administrators, healthcare practitioners, and other stakeholders.

Furthermore, the COVID-19 pandemic exacerbated existing vulnerabilities among transgender communities, including trans-women and hijras, amplifying financial, mental health, and physical abuse issues. Access to gender-affirming healthcare practices was

limited, contributing to heightened psychological distress. Transgender individuals also faced challenges in adopting pandemic-appropriate behaviors and accessing essential health services, including those related to SRS, due to financial constraints and restricted physical movements.

Amidst the pandemic, attention must be directed toward bridging the gap between research findings and the implementation of intervention programs tailored to address the specific needs of transgender populations. Proactive, multi-level interventions, encompassing governmental and civil society collaboration, are essential to mitigate the disproportionate impact of crises like the COVID-19 pandemic on transgender individuals. Inclusive healthcare initiatives and temporary employment guarantee programs can alleviate financial pressures and promote the well-being of transgender individuals during times of crisis.Ultimately, sustained efforts are required to ensure the full inclusion and protection oftransgender individuals within society.

10.1. Practice and Policy Implications

Acknowledging the explicit mention of the necessity to enhance healthcareaccessibility for transgender communities in official government documents (Planning Commission, 2011, 2012), crafting a comprehensive implementation strategy is imperative. The Union and state governments in India must devise detailed plans for this purpose collaboratively. Given the jurisdiction of health as a state subject, state governments need to furnish free gender transition-related services to transgender individuals in need. Leveraging the experiences and insights gained from offering free Gender Reassignment Surgery (SRS) through government hospitals in Tamil Nadu, similar services can be extended through publichealthcare facilities across different states. Notably, initiatives such as the issuance of identitycards by the Tamil Nadu Transgender Welfare Board of the Department of Social Welfare, along with support from community leaders, have facilitated access to complimentary SRS services for transgender individuals in Tamil Nadu (Chakrapani, 2011). An initial step involves assembling a multidisciplinary team of healthcare professionals in one or more government hospitals in at least one major city per Indian state to provide a spectrum of gender transition services for transgender individuals. Such a team could encompass general surgeons, plastic surgeons, endocrinologists, internal medicine physicians, urologists, psychiatrists, and psychologists. Providing appropriate technical and cultural competency training for healthcare providers in public hospitals is imperative.

Presently, providers of SRS services adhere to varying guidelines or none, potentially leading to substantial divergence in the criteria for offering specific procedures and the quality of services provided. This underscores the necessity for the formulation of national clinical guidelines or standards of care for gender transition services, encompassing SRS and hormone therapy, tailored to the needs of transgender individuals. Considering the cultural nuances, such as the existence of hijra and other indigenous transgender populations in India for centuries, it is essential to adapt existing international standards of care, such as the WorldProfessional Association for Transgender Health (WPATH) guidelines, to suit the Indian context. One approach could involve expanding upon the interim national guidelines for SRS in MtF transgender individuals, prepared by a national-level expert group convened byUNAIDS India in 2011.

10.2. Implications for Future Research

Future research endeavors could center on investigating the satisfaction levels of hijras and other MtF trans people concerning the services offered in public and private healthcare facilities and assessing the quality of those services. Quantitative studies involving trans people are essential to ascertain the current and anticipated utilization of gender transition services and to gain a deeper understanding of various aspects of access—such as availability, accessibility, affordability, accommodation, and acceptability (Penchansky & Thomas, 1981). Furthermore, there is a notable dearth of research on access to and utilization of gender transition services among female-to-male (FtM) trans people, warranting dedicated investigation. Policy-oriented research is imperative for developing and evaluating cost-effective models of gender transition care within public healthcare settings. Additionally, operations research is necessary to explore the most effective methods for integrating the gender transition care needs of transpeople into existing medical and nursing curricula,ensuring that forthcoming generations of healthcare providers possess the technical and cultural competence required to deliver gender transition services to both MtF and FtM transpeople in India.

Based on these findings and conclusions, the following recommendations are proposed:

- Further studies to discuss the other concerns of transgender people, particularly on the relationship of SRS having long-term relationships, may be conducted.
- The other researchers may conduct further discussions and interventions to address the needs of the reassigned transgender people socially.

- Indian Ministry of Health should consider the result of the study as a reference in setting guidelines that consider the health welfare of transgender people.
- The significant others of transgender people who underwent SRS must realize the importance of their support and assistance to them.
- To address the needs of the transgender people who underwent SRS on acceptance by society, they should consider voicing out their concerns to the proper authorities to protect their rights may be established.
- Additional research should delve into the broader concerns of transgender individuals, particularly regarding the impact of SRS on their ability to maintain long-term relationships.
- Further dialogue and interventions by researchers are needed to address the social needs of transgender individuals who have undergone reassignment surgery.
- The Indian Ministry of Health should consider this study's findings when formulating guidelines to ensure the health and well-being of transgender individuals.
- It is crucial for the significant others of transgender individuals who have undergone SRS to recognize the importance of their support and assistance.
- To address the societal acceptance of transgender individuals post-SRS, they need to voice their concerns to appropriate authorities to advocate for their rights and establish protective measures.
- To emphasize the Sex Reassignment surgery and Hormone therapy for the betterment of the life of transgender persons.
- To address the medical need for Transgender persons after the COVID-19 pandemic.
- To create a just, egalitarian, and prosperous society in which transgender persons may participate and flourish with equal voice and opportunity.
- Recognizing transgender identification and including the transgender category in all official documents, decisions, and regulations.
- To treat transgender persons fairly by legislative measures and programmatic initiatives so that the concepts of equality, fairness, distributive justice, freedom, life, liberty, and fraternity take on real significance.
- To support transgender people in their artistic and creative endeavors by encouraging them to participate in festivals, public events, cultural activities, and national and state holidays.

- To enable transgender persons' involvement in decision-making processes, particularly in budgeting, planning, and policy-making, to improve their quality oflife.
- To encourage transgender persons's individual and collective efforts for work, self-employment, and other services for their financial well-being.
- To ensure that there is no prejudice based on sexual orientation or gender identity when it comes to equal rights to property, house ownership, and inheritance.
- To safeguard and advance the protection of transgender persons in their homes, communities, and public spaces, including offices, hospitals, police stations, and prisons, by providing a welcoming, safe, and secure environment for them.
- To ensure that transgender persons may access their medical records, as well as high-quality healthcare facilities, products, and services, particularly those in connection to sexual and reproductive health.

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Annexure-1: Case studies

Case study-1: Kaveri, 36yrs

Kaveri calls herself a trans-female. She was born to a family belonging to the Teli caste group (recognized as the Other Backward Class by the State gazette). The traditional occupation of this caste group was edible oil extraction from seeds. She was not available for an interview when she was contacted first. However, she called back andscheduled a meeting at a mutually convenient time and place. As narrated by Kaveri, she was the eldest child of her parents. She fondly recalls how proud her parents were when she was born. She was good at studying in school, raising hope for the family that the child would grow up to make a good living and take care of the family. She had two younger siblings, andall of them were going to the same school. As far as her memory took her back, she said she was a lovable child growing up. Fellow neighbours and villages used to adore her for her charm. She was participating in the observance of seasonal cultural festivities of the village. There were specific festivals (such as khudurukuni, kumara Purnima, Kartika Purnima, etc.) typically observed by the female folks of the village. Kaveri was fascinated by the festive activities and would participate actively in the observances. Gradually, she got increasingly comfortable with the girls of her age group and started being in the girls' company. Typically in rural areas of Odisha, people do not notice such things and do not mind young boys and girls playing together. Kaveri grew up in such an environment and subconsciously felt more inclined towards the company of girls. She even bathed in the village's community pond without much inhibition and resistance from others. Her self-realization started when she completed high school and went to attend college. She claims to have started getting sexually attracted to boys only then. Out of confusion initially and fear, later on, she felt reluctant to discuss her feelings with her friends, let alone her family members. As time passed, Kaveri got into a steady relationship with a boy from her class. Then she completed her MBA from abusiness school in Bhubaneswar and took up a position as a marketing manager in a private company. After a few months of being on the job, when her family started discussing and looking for a bride for marriage, Kaveri began to gather the courage to come out of the closet.This, she calls, was the turning point of her life. Convinced of her sexual identity (as she callsit), she opened up and revealed her feelings to her family members. Shocked and fearing embarrassment, the family members asked her to leave the parental house and warned her of

imminent disowning of her by the family. That night, Kaveri left home and went to one of her transgender friends in Delhi. She did not look back since then. A big city like Delhi offered her the required anonymity, and she settled down after the initial days of discomfort. Since she was an MBA graduate, she managed to get a job and did reasonably well. Now she isback in Bhubaneswar, working as a project manager in a state-run initiative for helping and rehabilitating Transgender persons. She earns a decent salary of INR 50,000 per month. As destiny would have it, her elderly parents are now living with her, and she is also extending financial support to her younger siblings as they have not yet started earning. Besides her regular job, she manages some additional income by working as an agent for an insurance company. Despite all her income-generating activities, she finds time to spend as a social worker and does advocacy for the transgender community of the state. She has become a role model for Transgender persons. She has been providing counseling to people struggling with gender identity disorder and handholds them if they wish to go for sex reassignment surgery.

All was well till the pandemic hit. She was not worried about her loss of income from the additional activities she was engaged in. Instead, she was concerned about the activities that she used to organize for the Transgender personsof Bhubaneswar. Restrictions of movements and social distancing impacted the livelihood of the people she was handling and counseling. She had to extend financial helps to those who completely lost their livelihood sources. Her savings also started drying up, and she became increasingly worried about the mental health of Transgender persons. Despite several restrictions, she used to call and arrange meetings to offer psychological counseling. Many young Transgenderpersonsstill depend on her financially. She hoped and prayed that this pandemic was behindus soon so that people in general and Transgender persons, in particular, got back to their routine activities to earn their livelihood.

Case study-2: Rajni, 24 yrs

Rajni, a young transgender person from an upper caste Odia household, completed her education up to the intermediate level. She is a sex worker and stays near the Khandagiri area of Bhubaneswar. She was an outstanding student during her childhood. Apart from her studies, she was enthusiastic about co-curricular activities in her school. She participated in debate competitions, essay competitions, dance competitions, etc., during her school days and won prizes and certificates of merit. During the pre-pandemic days, Rajni used to earn her living out of roadside begging and sex services.

Her monthly earnings used to be approximately INR 15,000. With the restrictions on movements and shutting down establishments, her income has become almost nil.

Since it became difficult for her to make ends meet, she has gone back to her native village. The cost of living in the city was too much for her to afford. She confided that her family members are reluctantly helping her out. She has to endure the continuous teasing and mocking by her fellow villagers. Her family members are not willing to shelter her for a more extended period as they have also been subjected to embarrassment in the local community. With all these pushing her to further mental distress, she is waiting for this crisis to end so that she can return to Bhubaneswar to secure her livelihood. A distressed Rajni said, " there were days when I helped my family members with education, food, and medical expenses. But now I want help from family members; they are unwilling to keep me at home for a longer period and extend financialsupport for my survival". She is a God-fearing person and has surrendered to fate, hopingthat the Lord Almighty would soon put an end to her traumatic situation primarily causedby this pandemic situation. She is also hopeful of getting back to her friends that she wasstaying with before the deadly virus struck and resuming her means of livelihood.

Case study-3: Priya, 28 yrs

Priya was thrown out of her house when she opened up to her family members about her being transgender. Her friends in the villages also deserted her. While in school, she recalls being bullied and physically abused by her male friends. She had to undergo mental agony for the continuous calling out of names like maichia/maitulia (effeminate). She felt more comfortable with her female friends and preferred staying with them. Tired of the agony, she decided to run away from her native village. She took a bus and ended up in a nearby town that she does not even remember the name of. After a couple of days of wandering around for food, she approached a dhaba (roadside restaurant) for some work. The dhaba owner asked her to clean the used utensils and she could stay on the premise. After some days, she moved to a nearby lodge (a motel) and started working as a housekeeping staffer. There she came across a transgender social activist Roshni (name concealed), who was in town for some advocacy work. Roshni suggested to her, "there are many Transgender personslike you in Bhubaneswar. You can shift there, stay with them,and earn your livelihood independently with dignity. There is a trans community where you can find like-minded people, dress up and do make-up of your choice. Come with me. I will

introduce you to them". Priya did not blink an eyelid before leaving that place and traveling to Bhubaneswar. She said she always loved wearing female clothing and doing make-up like girls. After reaching Bhubaneshwar, she started living with other Transgender personswho cross-dress and lead lives like females. For the first time, Priya felt liberated, which allowed her satisfaction from within and mental peace to realize the person she always wanted to be. For over four years, she has been engaged in prostitution during the night and occasional begging and working as house-maids during the day. On average, she earns INR 30,000 per month. She got her younger sister from her village and put her in a school here in the city. She also runs a shelter house for fellow Transgender persons. After the pandemic struck, all her income-generating activities were hit badly. She feels that the pandemic has created havoc not just financially but also hit people psychologically. Many Transgender persons, including her, are dreadfully uncertain about what the future holds for them. Most of her friends have gone back to their native places and are desperately looking for some source of livelihood. She works as a part-timer in a local NGO but has not received any salary for the past three months.

Case Study-4: Rani, 36 years

Rani stays in Bharatpur and belong to kandha tribe. By explaining her childhood Rani said her family,s financial condition was very poor . Her house was in Balliguda block of kandhamal district. By the help of Namita Parida she came to join trans community since she was only 15 years old. She has two sisters and one brother. Due to families low income, she had worked in mills as daily wage labourer amounting Rs. 10 per day. She used to do all household works including cooking and taking care of her younger brother and sisters.Started her journey as a transgender from Jharsuguda and by struggling too hard now she is a guru to many Transgender personsin Jatni currently. Researcher observed, she was very tall and fair looking. Her appearance was very impressive and she was the head of the group. Without asking, Rani herself told that she was the head of trans community, and showed her identity card. She was sitting on her bed; her room was well furnished with luxury items. Being very dissatisfied from the mainstream society, she reluctantly replied, "Mein kyakarungi interview deke, humari toh zindagi hi tabaah ho gayi hai." However, after requesting repeatedly, she agreed. Rani is a political activist, who is fighting for the rights of third gender people (hijras) in Jatni, especially of the two third gender (hijra) children, who were living with her in her dera. Being disappointed from the local government she criticized the state for not supporting the rights of this community. She is the guru of the *chelas* (50 in

number) who were residing in the dera. Besides Rani said due to COVID-19 now the source of income of all Transgender personsare in trouble. Train begging is denied to them by government and due to lockdown sex work in road side is prohibited. These two activities are the main source of income for Transgender persons. Now they are in financial problems. Besides due to a tribal transgender guru her command is low as compared to non tribal transgender guru. Her voice and demand is considered less important.

Case Study-5: Sania, Age undisclosed

Sania a leading tribal transgender guru belongs to Munda community of sundargarh district. Her lifestyle is very charming. She always dressed herself like a Devi (Goddesses). Have long hair and shiny eyes. Her day started with a cup of tea prepared by her chella. Then she take bath and worship to Murgimata (transgender deity) . Then she use to take her breakfast at 9 am. As she is working as social activists in different areas, then she use to visit different government offices by taking the demand and need of their community. She has her scooty which she used to go everywhere. Then again she do her lunch at her house prepared by a trans cook but menu decided by Sania. Again at 3pm she organised her group meeting with all her *chelas*. Besides she visited brudhashram (old age home) and orphanage frequently to help them in various matters. She socialised her chellas with tribal traditional health practices and simplicity. The unique thing that she reveals that her family accept her still knowing her gender identity disorder. Besides, she used to take the financial burden of her family. Her village people love her. If any people face any problem in her locality, she used to help them always.

By asking her about her peer trans group, she replied as she is a tribal so her chela are not allowed to go for begging in urban areas. They are being allotted in under developed areas which are semi – urban or rural in nature. So their income is also low ultimately Sania's income become less as she gets less shares from her *chelas* for hersurvival. Being a guru of many Transgender personsstill she faces problem as a tribal. Caste hierarchy also plays an important role in transgender community.

Case Study-6: Monika, Age undisclosed

Monika is the second child of her parents belonging to santal tribe of Mayurbhanj . She was brought up like a boy and was named Sonu by the parents. Before Monika (then Sonu) was born her parents had a daughter. They were expecting a boy. Although, doctors

told the parents about the abnormality from the time she was born, but they were in a hope that they will provide best treatment to their baby and Sonu will get well like a normal boy. They used to live in Angul as father work there in an office there. Sonu (now Monika) was admitted to school like her sister and completed primary education from a convent school. Monika‟s (Sonu) up-bringing was done like a boy. However, her identity of being a third gender was kept secret from everybody; even her sister did not know the reality. She was made to wear clothes like a boy and always behaved in a perfect masculine way. Her parents were so conscious about her sexual identity,that they sent her to school upto 7th standard onlyand later on, the study was done from the home itself. At that time, she was just 12 years old and did not understand the reason for not going to the school, whereas her sister used to studyin High school at that time. She always used to ask her father that why she was not made to study in school. Her father always used to avoid these kinds of questions. Later, when she grew and became conscious about her abnormality, she understood, the reason for not being allowed to go to school or play with the children in the neighbourhood.

It became emotional for Monika to recall the day when she entered into the third gender (hijra) community. She was forced by her father's brother and her wife, as they were the ones who brought the news to the local third gender people (hijras). Monika argued that a group of third gender people (hijras) came to their home when her father and her sister were not present. Mother on seeing the hijras asked her (Monika) to hide herself in the kitchen.The hijras asked Monika's Mother to handover Monika to them. Monika memorizes that her mother cried and begged before them to let her father reach and then they will discuss the matter. On her father's arrival also, the community didn't listen and forcibly took her (Monika) with them. Her parents cried helplessly but all their efforts were of waste. The people in the neighbourhood stood watching the whole scenario but none came for the help. Monikawas then taken to the hijra community which seemed to be a new world to her. Monika recalls the day when the initiation ceremony took place wherein, she was given a female attire to wear and was told not to cut the hair in future. It took time for her to adjust in the new settings and identify with the third gender community.

There is a traditional ritual role of third gender people (hijras) of conferring blessings on newly born as well as on newly married. However, people in Angul and in the surrounding areas believe that Monika has power to bless those people who want to become parents or are facing complication, or who want a son or who want to marry. There were cases of people getting married and blessed with the children when they were given blessings by Sonia.

Monika is quite famous in her area and everybody in the neighbourhood and in area respects her. Till today she used to cook the typical tribal food which her mother used to cook for her. She uses natural herbs for her hair as her mother taught her sister which Monika practice today also.

Case Study-7: Anshika, 24 years

Anshika is a dancer by profession belong to Munda tribe of Rourkela. She attended, Government high school, in Rourkela, till the tenth standard. She speaks fluent Hindi, and sometimes English. She is from a small village in Rourkela and her father is a farmer. She is 24 years old and had been a third gender (hijra) since her teens. Anshika dances and sings whenever She gets an opportunity, besides this She also earns his living as a housekeeping supervisor in a Honda showroom in Bhubaneswar. At the first sight, Anshika is foundwearing jeans, shirt, and earrings along with other accessories and eye makeup on her face completing his attire with a high heel sandal. He loves wearing female dresses but it was not allowed by his boss in the office hours.Besides she is called as "Adivasi chakka" in her officefrequently by colleagues .Anshika is called as "Billo Rani", whenever he goes out for dancing and singing in marriage parties.

On being asked about her life, she narrated a long story and recalled her childhood and adolescence period. She said, "I will tell you about us (middleman/hijras). Hijras dress like girl because of the sexual desire for men. We are born like human beings, from thewomb of our mother. However, at 5, or 8 or 10 years of age, one comes to know that one is different". Anshika further argued that, after she passed her matriculation, she always thoughtabout what she would become in his life, and then argues that she wanted to become a girl. Inher words "meine soocha, mein kya banoon apni life mein ,toh meine ek ladki banna pasand kiya."

Annexure -2: Interview Schedule

Interview Schedule

1	Name		
2	Age		
3	Sex		
4	Education		
5	Occupation		
6	Native Place		
Residence			
1	Place of stay	a. Own	
		b. Rental	
		c. Encroached Land	
2	Type of House	a. Kachcha	
		b. Pakkha	
3	Type of facility in your home	a. Bathroom	
		b. Kitchen	
		c. Electricity	
		d. TV	
		e. Others if any	
4	Native Place		
5	Distance form Bhubaneswar		
6	State		
Family Background			
7	Family members	Total Members	
		Number of Brothers	
		Number of Sisters	
8	Is there any other transgender in your family.	a. Yes	
		b. No	
9	If yes, Who		
10	where does your family resides	a. State	
		b. District	
		c. Town / Village	
Identification of Transgender Character			

11	At around what age did you realise that you were different from your gender ?		
12	How did your family members react when they came to know that you were a transgender ?	a. Accepted	
		b. Not accepted	
		c. Shocked	
		d. Indifferent	
		e. Neutral	
		f. Don't know	
13	How did your friend react to you after knowing that you were a Transgender ?	a. Supported	
		b. Not supported	
		c. Don't Know / Cannot say	
14	How did your neigbours react to you after knowing that you were a Transgender ?	a. Supported	
		b. Not supported	
		c. Don't Know / Cannot say	
15	Were there any other transgender in your locality ?	a. Yes	
		b. No	
16	If yes, did you interact with them ?	a. Yes	
		b. No	
		c. Don't Know / Cannot say	
17	Did they help you in getting entry to the local transgender community ?	a. Yes	
		b. No	
18	How did you come to know about transgender community in Bhubaneswer ?	a. Other transgender's from same locality	
		b. Friends	
		c. NGOs	
		d. Any other, please specify	
19	Are you a member of any such community ?	a. Yes	
		b. No	
20	If yes, what is the nature of membership ?	a. Reference based	

		b. Free for all	
		c. Payment based	
		d. Any other, please specify	
21	Is there any membership fee to become a member of transgender community ?	a. Yes	
		b. No	
22	If yes, how much ?		
23	What were the rules you followed to become a member of transgender community ?		
24	What type of relations you maintain in transgender community ?	a. Subordinate to Gurus	
		b. Equal to all except Gurus	
		c. Subordinate to all	
		d. Any other, place specify	

A.	**Perception among transgenders regarding sex reassignment surgery.**		
1	Are you aware word sex reassignment surgery ?	a. Yes	
		b. No	
2	If yes what do you understand by sex reassignment surgery ?		
3	Have you done sex reassignment surgery ?	a. Yes	
		b. No	
	if 'No' continue , if 'Yes' skip to question no.12		
	Questions for those transgender who have not done SRS		
4	Why did not you go for SRS	a. Unwillingness	
		b. Financial Problem	
		c. Health Problem	
		d. Any other	
5	Whether you want to do it later or dont want to do at all ?	a. Later	
		b. Not at all	
6	What are your personal opinions about SRS ?	a. Neccesary	
		b. Not Necessary	

		c. Cannot say	
7	Have you heard or experienced any positive impact of SRS from your community member ?	a. yes	
		b. No	
8	If yes what are the positive impacts of SRS ?	a.	
		b.	
		c.	
9	Have you heard or experienced any negative impacts of SRS from your community member ?	a. Yes	
		b. No	
10	SRS is compulsory or optionl in your comunity	a. Compulsory	
		b. Optional	
11	Do you feel comfortable in your comunity without doing SRS or face some problems or discriminations?	a. Comfortable	
		b. Discriminations	
	Questions for those Transgenders who have done SRS		
12	What os your personal opinion about SRS ?	a. Necessary	
		b. Not Necessary	
		c. Cannot say	
13	Any specific reason behind the SRS ?	a. Mental peace	
		b. Physical fitness	
		c. Pressure from group	
		d. Any other	
14	Where did you do the SRS ?		
15	When did you do the SRS ?	Year	
16	You have done GRS out of pressure from your community, society or encouraged by self interest ?	a. Pressure	
		b. Self Intrest	
17	Did you face any risk after doing SRS ?	a. Yes	
		b. No	
18	Are you feeling comfortable with your gender identity after doing GRS ?	a. Yes	
		b. No	
19	After GRS do your body and mind fit togeter to recognise your gender ?	a. Yes	
		b. No	
B	**Discriminations that the transgender face due to gender identity disorder**		

20	How did you come to know about your gender identity disorder ?	a. Mental Constraints	
		b. Physical Constrains	
		c. Any other	
21	What was your age when you felt about your GID ?	Age	
22	Did you face any discriminations due to GID ?	a. Yes	
		b. No	
23	If yes, what was the first incidence can you explain it ?		
24	Did your family support you after knowing about your problem related to GID ?	a. Yes	
		b. No	
25	How was the behavior of transgender community towards you, when you entered their community ?	a. Co-operative	
		b. Not Co-operative	
		c. Neutral	
		d. Dominated	
26	Have you consult to a doctor regarding GID ?	a. Yes	
		b. No	
27	If yes, how he interacted and treated you ?	a. Well	
		b. Discriminated	
		c. Neutral	
		d. Cannot say	
28	Were the staffs of hospital polite and friendly to you or you faced some discriminations ?	a. Friendly	
		b. Not friendly	
		c. Indifferent	
		d. Cannot say	
29	Are you engaged in some sexual activities / prostitution ?	a. Yes	
		b. No	
30	If yes do you face discriminations from your customers ?	a. Yes	
		b. No	
31	If yes, what types of discriminations you faced ?	a. Mental	
		b. Physical	
		c. Any other	

32	Do police help you ?	a. Yes	
		b. No	
33	Do they take advantage / sexually exploit ?	a. Yes	
		b. No	
C	**Availability, Accessibility, Affordability of Sex Reassignment Surgery facilities.**		
33	How do you earn your livelihood ?	a. Begging	
		b. Singing & Dancing	
		c. Prostitution	
		d. Job	
		e. Any other	
34	How much do you earn per month ?	a. 10000 - 20000	
		b. 20001 - 30000	
		c. 30001 - 40000	
		d. 40000 to above	
35	How did you come to know about the doctor ?	a. Guru	
		b. Peer group	
		c. NGOs	
		d. Any Other, specify	
36	What was the cost of SRS ?	a. 30000 to 150000	
		b. 150001 to 300000	
		c. 300000 to 500000	
		d. 500000 and above	
37	Was the doctor available immediately ?	a. Yes	
		b. No	
38	If No, how long did you have to wait ?		
39	Was the cost incured bearable by you ?	a. Yes	
		b. No	
40	If anyone else helped you name him / her ?	a. Guru	
		b. Peer group	
		c. Family members	
		d. Any Other, specify	

41	Was the surgery successful ?	a. Yes	
		b. No	
42	After surgery did you go for follow-up to the hospital / doctor ?	a. Yes	
		b. No	
43	Did you have to take medicines after surgery ?	a. Yes	
		b. No	
44	If yes, for how many months or years ?	Month/Year	
D	**Impact of Sex Reassignment Surgery among transgenders and the level of post surgery acceptance by society .**		
45	Are you happy with your surgery ?	a.Yes	
		b. No	
46	How was the post surgery condition ?	a. Positive	
		b. Negative	
		c. Cannot say	
47	If positive what are the positive changes you observed within yourself ?	a.	
		b.	
		c.	
48	How is your health condition now ?	a. Better than earlier	
		b. Normal	
		c. Worse than earlier	
49	Since how many months or years you have done your surgery ?	a. 1 month to 1 Year	
		b. More Than 1 year	
50	After surgery did your family members accept you as the gender you have changed to ?	a. Accepted	
		b. Not accepted	
		c. Neutral	
		d. Cannot say	
51	How has the community accepted you after surgery ?	a. Accepted as girl	
		b. Not accepted	
		c. Indifferent	
52	How was the treatment of the people where you go ?	a. Good	
		b. Bad	

		c. Cannot say	
53	After surgery, what did people treat you as ?	a. Men	
		b.Women	
		c. Transgender	
54	Do you feel like women completely after surgery ?	a. Yes	
		b. No	

Annexure-3: Informed Consent Script

ORAL INFORMED CONSENT SCRIPT

Introduction

My name is Prachi Parimita Rout. I'm currently doing my PhD research in NISER, Bhubaneswar. I am a student of Sociology.

- **Project details and aims:** In my study, I want to explore the lives of transgenders who have done Sex reassignment surgery(SRS). I'm particularly interested in transgenders perception about SRS and those transgenders who have not done SRS . I got the list of all such transgenders from their gurus . I have purposefully selected a sample of transgenders to interview. I have come to meet you because your name is in the sample. If you choose to be a part of this project, here is what will happen:

- **Interview description:** I will have three conversations with you which may take about an hour each. We can fix suitable timings for our meetings. I will ask a range of questions about your life as a transgenders. About your SRS process and how you lead your life after the transition.

- **Data confidentiality:** I will treat your responses as data of my research. Everything you say will be de-identified. Pseudonyms will be used for all the names. I will ensure that the readers of the publications generated out of my research should not be able to identify any of the participants.

- **Audio/Video Recording:** With your permission, I would like to make an audio/video recording of our discussion to make sure I'm getting an accurate record of the interview. The audio/video recordings will be stored safely

- **Risks and Benefits:** The interviews will be time-consuming. Please let me know when we should stop. You may find some of the topics of our discussion discomforting to you. You can choose not to answer any questions you don't want to. You can also alert me to pause for a break or stop the interview altogether. There will be no direct or personal benefit to you from taking part in this research. Our discussions may serve as an occasion for you to reflect on your life.

- **Rights:** Your participation is completely voluntary. You can ask me questions without any hesitation. You can withdraw yourself and your responses from the research anytime you want. You can ask me to share with you the research outputs.

- **Questions/ concerns:** Do you have any questions?

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ପରିଚୟ

ମୋର ନାମ Prachi Parimita Rout | ମୁଁ ବର୍ତ୍ତମାନ ଭୁବନେଶ୍ୱରର NISER ରେ ମୋର PhD ଅନୁସନ୍ଧାନ କରୁଛି | ମୁଁ ସମାଜବିଜ୍ଞାନର ଛାତ୍ର ଅଟେ |

· ପ୍ରକଳ୍ପର ବିବରଣୀ ଏବଂ ଲକ୍ଷ୍ୟ: ମୋର ଅଧ୍ୟୟନରେ, ମୁଁ ଟ୍ରାନ୍ସଜେଣ୍ଡରଙ୍କ ଜୀବନ ଅନୁସନ୍ଧାନ କରିବାକୁ ଚାହୁଁଛି, ଯେଉଁମାନେ ଯ Sex ନ ପୁନ ass ନିର୍ମାଣ ସର୍ଜରୀ (SRS) କରିଛନ୍ତି | ମୁଁ ବିଶେଷ ଭାବରେ SRS ଏବଂ ସେହି ଟ୍ରାନ୍ସଜେଣ୍ଡରମାନଙ୍କ ବିଷୟରେ ଧାରଣା ପାଇଁ ଆଗ୍ରହୀ, ଯେଉଁମାନେ SRS କରିନାହାଁନ୍ତି | ମୁଁ ସେମାନଙ୍କ ଗୁରୁମାନଙ୍କଠାରୁ ଏହିପରି ସମସ୍ତ ଟ୍ରାନ୍ସଜେଣ୍ଡରଙ୍କ ତାଲିକା ପାଇଲି | ମୁଁ ଉଦ୍ଦେଶ୍ୟମୂଳକ ଭାବରେ ସାକ୍ଷାତକାର ପାଇଁ ଟ୍ରାନ୍ସଜେଣ୍ଡରଗୁଡିକର ଏକ ନମୁନା ଚୟନ କରିଛି | ମୁଁ ତୁମକୁ ଭେଟିବାକୁ ଆସିଛି କାରଣ ତୁମର ନାମ ନମୁନାରେ ଅଛି | ଯଦି ଆପଣ ଏହି ପ୍ରକଳ୍ପର ଏକ ଅଂଶ ହେବାକୁ ବାଛିଛନ୍ତି, ତେବେ ଏହା ଘଟିବ:

· ସାକ୍ଷାତକାର ବର୍ଣ୍ଣନା: ମୋର ଆପଣଙ୍କ ସହିତ ତିନୋଟି ବାର୍ତ୍ତାଳାପ ହେବ ଯାହା ପ୍ରତ୍ୟେକକୁ ପ୍ରାୟ ଏକ ଘଣ୍ଟା ନେଇପାରେ | ଆମେ ଆମର ସଭାଗୁଡ଼ିକ ପାଇଁ ଉପଯୁକ୍ତ ସମୟ ସ୍ଥିର କରିପାରିବା | ଟ୍ରାନ୍ସଜେଣ୍ଡର ଭାବରେ ତୁମ ଜୀବନ ବିଷୟରେ ମୁଁ ଅନେକ ପ୍ରଶ୍ନ ପଚାରିବି | ତୁମର SRS ପ୍ରକ୍ରିୟା ଏବଂ ପରିବର୍ତ୍ତନ ପରେ ତୁମେ କିପରି ତୁମର ଜୀବନକୁ ଆଗେଇ ନିଅ |

ଡାଟା ଗୋପନୀୟତା: ମୁଁ ତୁମର ପ୍ରତିକ୍ରିୟାଗୁଡ଼ିକୁ ମୋର ଅନୁସନ୍ଧାନର ତଥ୍ୟ ଭାବରେ ଗ୍ରହଣ କରିବି | ଆପଣ ଯାହାକିଛି କୁହନ୍ତି ତାହା ଚିହ୍ନଟ ହେବ | ସମସ୍ତ ନାମ ପାଇଁ ଛଦ୍ମନାମ ବ୍ୟବହାର କରାଯିବ | ମୁଁ ନିଶ୍ଚିତ କରିବି ଯେ ମୋର ଅନୁସନ୍ଧାନରୁ ଉତ୍ପନ୍ନ ପ୍ରକାଶନଗୁଡ଼ିକର ପାଠକମାନେ କ the ଣସି ଅଂଶଗ୍ରହଣକାରୀଙ୍କୁ ଚିହ୍ନଟ କରିବାରେ ସମର୍ଥ ହେବେ ନାହିଁ |

· ଅଡିଓ / ଭିଡିଓ ରେକର୍ଡିଂ: ଆପଣଙ୍କ ଅନୁମତି ସହିତ, ମୁଁ ସାକ୍ଷାତକାରର ଏକ ସଠିକ୍ ରେକର୍ଡ ପାଇବାକୁ ନିଶ୍ଚିତ କରିବାକୁ ମୁଁ ଆମର ଆଲୋଚନାର ଏକ ଅଡିଓ / ଭିଡିଓ ରେକର୍ଡିଂ କରିବାକୁ ଚାହୁଁଛି | ଅଡିଓ / ଭିଡିଓ ରେକର୍ଡିଂଗୁଡିକ ସୁରକ୍ଷିତ ଭାବରେ ଗଚ୍ଛିତ ହେବ |

• ବିପଦ ଏବଂ ଲାଭ: ସାକ୍ଷାତକାରଗୁଡ଼ିକ ସମୟ ସାପେକ୍ଷ ହେବ | ଆମେ କେବେ ବନ୍ଦ କରିବା ଦୟାକରି ମୋତେ ଜଣାନ୍ତୁ | ଆପଣ ହୁଏତ ଆମ ଆଲୋଚନାର କିଛି ବିଷୟ ଆପଣଙ୍କୁ ଅସନ୍ତୁଷ୍ଟ କରିପାରନ୍ତି | ଆପଣ ଚାହୁଁନଥିବା କ questions ଣସି ପ୍ରଶ୍ନର ଉତ୍ତର ନଦେବାକୁ ଆପଣ ବାଛିପାରିବେ | ଏକ ବିରତି ପାଇଁ ବିରାମ ଦେବାକୁ କିମ୍ବା ସାକ୍ଷାତକାରକୁ ସଂପୂର୍ଣ୍ଣ ବନ୍ଦ କରିବାକୁ ତୁମେ ମୋତେ ସତର୍କ କରାଇ ପାରିବ | ଏହି ଅନୁସନ୍ଧାନରେ ଅଂଶଗ୍ରହଣ କରିବା ପାଇଁ ଆପଣଙ୍କ ପାଇଁ କ direct ଣସି ପ୍ରତ୍ୟକ୍ଷ କିମ୍ବା ବ୍ୟକ୍ତିଗତ ଲାଭ ହେବ ନାହିଁ | ଆମର ଆଲୋଚନା ଆପଣଙ୍କ ଜୀବନରେ ପ୍ରତିଫଳିତ ହେବା ପାଇଁ ଏକ ସୁଯୋଗ ଭାବରେ କାର୍ଯ୍ୟ କରିପାରେ |

· ଅଧିକାର: ଆପଣଙ୍କର ଅଂଶଗ୍ରହଣ ସଂପୂର୍ଣ୍ଣ ସ୍ୱେଚ୍ଛାକୃତ ଅଟେ | ବିନା ଦ୍ୱିଧାରେ ତୁମେ ମୋତେ ପ୍ରଶ୍ନ ପଚାରି ପାରିବ | ଆପଣ ଯେକ time ଣସି ସମୟରେ ଅନୁସନ୍ଧାନରୁ ନିଜକୁ ଏବଂ ଆପଣଙ୍କର ପ୍ରତିକ୍ରିୟାଗୁଡ଼ିକୁ ପ୍ରତ୍ୟାହାର କରିପାରିବେ | ଅନୁସନ୍ଧାନ ଫଳାଫଳଗୁଡିକ ତୁମ ସହିତ ଅଂଶୀଦାର କରିବାକୁ ତୁମେ ମୋତେ କହିପାରିବ |

· ପ୍ରଶ୍ନ / ଚିନ୍ତା: ଆପଣଙ୍କର କିଛି ପ୍ରଶ୍ନ ଅଛି କି?

Purnanda,Ganjam | Sex Worker | NIL

Informed Consent Document

Project Title: Issues among transgenders related to Sex reassignment surgery: A Sociological study in Odisha

I

Principal Investigator: Smt.Prachi Parimita Rout

II Introduction

You are invited to participate in a research study. It is important that you read this description of the study and understand your role in it including the nature of participation. Please give your consent to participate in this research study only if you have completely understood the nature and course of this study and if you are aware of your rights as a participant. Your participation in this study is voluntary.

III Purpose of the study

Issues of Sex reassignment surgery among transgenders is poorly understood. A universal acceptance for Sex reassignment surgery is lacking in global phenomena. This study will help in advocacy and policy planning for transgenders related to SRS.

IV Expected duration of the study: 6 years

V Study procedures to be followed: This study will have door-to-door survey among transgender community. This is a universal screening and will include all individuals residing in the PVTG ng

VI Ng. Transgenders will be the participants. 50 done SRS and 50 not done SRS.

VII Risks and discomforts of participating in the study:

Actually none.

VIII Possible benefits of the study: Several benefits include:

1. Transgenders will be aware about the issues of SRS.
2. Those need counselling will be advised to do so before doing SRS.
3. Health issues related to SRS can be identified and policy implications can be provided.
4. Data base of transgenders doing SRS can be kept for future research .
5. Stigma related to SRS will be clarified.

IX Compensation for Participation: None

X Right to withdraw from the study:

Participation in this study is entirely voluntary. You may choose not to take part or you may leave the study at any time. Your decision will not affect your further treatment at this institute.

XI Confidentiality:

All study records will be kept confidential at all times. Your identity will not be revealed except as required by law. Your identity will not be revealed in these publications.

XII Contact for further information:

Thank you for taking the time to read (or have read to you) the information about this study. Before you sign this document, you should ask questions about anything that you do not understand. The researcher will answer questions before, during & after the study. Smt.Prachi Parimita Rout , Contact number: 8763700752.

Annexure-4: Ethical Consideration Certificate

National Institute of Science Education and Research, Bhubaneswar

Decision of the Institutional Ethics Committee (IEC), NISER

IEC No: NISER/IEC/2022-03

Protocol title: Issues among transgenders related to Sex reassignment surgery: A sociological study in Odisha
Principal Investigator: Dr. PRANAYA KUMAR SWAIN
Name & Address of Institution: School of Humanities and Social Sciences, National Institute of Science Education and Research, Bhubaneswar PO: Jatani, Khurda 752050, Odisha, India
√ New review ☐ Revised review ☐ Expedited review
Date of review (D/M/Y): 27 January 2022 Date of previous review, if revised application: Not Applicable
Decision of the IEC/ IRB: √ Recommended ☐ Recommended with suggestions ☐ Revision ☐ Rejected
Suggestions/ Reasons/ Remarks:
Recommended for a period of : Five years

Please note *

- **Inform IEC immediately in case of any Adverse events and Serious adverse events.**
- **Inform IEC in case of any change of study procedure, site and investigator**
- **This permission is only for period mentioned above. Annual report to be submitted to IEC.**
- **Members of IEC have right to monitor the study with prior intimation.**

Manjusha

Digitally signed by Manjusha
DN: cn=Manjusha, o=NISER, ou, email=manjusha@niser.ac.in, c=IN
Date: 2022.02.01 15:37:40 +05'30'

Signature of Member Secretary
IEC, NISER
Date: