

CULTURE AND HEALTH OF *HIJRAS* IN INDIA
STUDY OF A MARGINALIZED COMMUNITY IN PUNE AND MUMBAI

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Executive Summary

The motivation for the study of *hijras* and research on their health status arose from an experience of the researcher in the antenatal clinic of the Sassoon General Hospital (SGH), B. J. Medical College, in Pune city of Maharashtra State, India. In my encounter with them, I was unable to understand that if *hijras* are castrated men, as widely believed, then why do they need condoms? I wondered about their health problems and treatment they receive in private as well as public hospitals and clinics while accessing health care services.

Hijras are ambiguous due to their biological sexual identity and socially unconventional gender roles. Different definitions and understandings of the term *hijra* make it difficult to conceive their anatomical and sexual status and there exists the complexity in understanding gender identity of the *hijra* population. It was observed that men living in the *hijra* community have certainly changed the gender identity they were born with.

There is no official estimate of the total population of the *hijra* community in India and very little information is available about their health. There is a growing concern about HIV/AIDS, due to their association with commercial sex work. Lack of focused research using appropriate research methods strengthens the need for systematic study of *hijra*' health. This research was undertaken to examine various gender identities of the *hijra* community and health problems they encounter both individually and as a stigmatized-marginalized group.

The present study examines the biological, psychological, and social factors that motivate people to join the *hijra* group. It explores interactions of *hijras* with health care providers and society in general. Considering the existing ambiguities and heterogeneity among the *hijras*, the present study is aimed to clarify the various gender identities integrated in this community. The study emphasizes *hijras*' health problems in their socio-cultural context, considering their lifestyle and changing role in the society.

The data includes 40 in-depth interviews with *hijras* and 10 interviews with health care providers. All interactions and observations over the course of the study were documented including inter personal interactions with each other, researchers and the society.

Simple frequencies were calculated on various characteristics such as age, education, religion, languages spoken, sources of income, status of castration, age at castration, person involved in performing castration, perceived gender, status in *hijra* community,

change in *gharana*, acceptance at family, violence faced, condom use, perceived health needs and general health related help seeking behavior. The qualitative quotations were used to strengthen the personal and socio-cultural dynamics of the community in terms of gender identity, social relations, help seeking behavior, provider's understanding about *hijra's* specific health needs and so on.

There exists fluidity in the gender/sexual identity in the *hijra* community. Poverty, lack of education, and lack of opportunities for work are issues of concern. Their lifestyle, culture, and cultural norms of sexuality mirror the serious health consequences such as HIV/AIDS, diabetes, and psychological health. However, mental health problems often remain unrecognized both by *hijra* community and health providers. Members of the *hijra* community recognize the risk of HIV transmission through sexual contacts and condom use as a preventive method. Nonetheless, a high percentage of sex workers and the condom users has been victim of violence. Running around and waiting period at public hospital impede their use of public health services, and they prefer private health services despite their high-price. There is lack of awareness regarding *hijras* gender and sexual identity along with comprehensive understanding regarding health problems and health needs of *hijra* community among the health care providers.

Current research findings support the need to fight against the anti discrimination laws, especially repeal of IPC section 377 and discriminatory legislation, which singles out the same-sexual acts between consenting adults. The study brings out the importance of need for special health education programs in accordance with the needs of *hijra* community such as, basic post operative care and risk factors in castration, pre and post diabetic preventive measures, awareness about STIs. Efforts towards provision of effective adolescent sex education to curtail the number of young boys who are attracted towards the *hijra* community due to social pressures and other factors are required to overcome *hijras* recruitment practices which some times may violate the interest of adolescents who get attracted or abducted into the *hijra* community. There is a need to have a provision of sex change operation in public hospitals with reformed eligibility criteria. A need for training and sensitizing state agencies to mete out proper justice to the victims, health needs, and fundamental human rights issues of the *hijras*.