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A STUDY ON SOCIOLOGICAL PERSPECTIVES ON UNDERSTANDING TRANSGENDER: IDENTITY, EXCLUSION AND THEIR SOCIAL ISOLATION

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Abstract

Before the mid-20th century various terms were used within and beyond Western medical and psychological sciences to identify persons and identities labeled transsexual, and later transgender from mid-century onward. Imported from the German and ultimately modeled after German Transsexualismus, the English term transsexual has enjoyed international acceptability, though transgender has been increasingly preferred over transsexual. In this paper the investigator expressed his views on the sociological perspectives on how to understanding transgender, his identity, exclusion and their isolation in India.

Keywords: Transgender Identity, Exclusion, And Social Isolation.

Introduction

Gender identity is the personal sense of one's own gender, it is identity can correlate with a person's assigned sex can differ from it. In most individuals, the various biological determinants of sex are congruent, and consistent with the individual's gender identity. This expression typically reflects a person's gender identity, but this is not always the case. While a person may express behaviors, attitudes, and appearances consistent with a particular gender role, such expression may not necessarily reflect their gender identity. The term gender identity was coined by Robert J. Stoller in 1964 and popularized by John Money. In most societies, there is a basic division between gender attributes assigned to males and females, a gender binary to which most people adhere and which includes expectations of masculinity and femininity in all aspects of sex and gender, biological sex, gender identity, and gender expression. Some people do not identify with some, or all, of the aspects of gender assigned to their biological sex some of those people are transgender, non-binary, or gender queer. Some societies have third gender categories. Gender identity is usually formed by age three. After age three, it is extremely difficult to change gender identity. Both biological and social factors have been suggested to influence its formation.

Transgender Identity

Sexual orientation is an enduring pattern of romantic or sexual attraction to persons of the opposite sex or gender, the same sex or gender, or to both sexes and more than one gender. These attractions are generally subsumed under heterosexuality, homosexuality, and bisexuality, while asexuality is sometimes identified as the fourth category. These categories are aspects of the more nuanced nature of sexual identity and terminology. According to the American Psychological Association, sexual orientation "also refers to a person's sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions". Androphilia and gynephilia are terms used in behavioral science to describe sexual orientation as an alternative to a gender binary conceptualization.

- Androphilia describes sexual attraction to masculinity;
- gynephilia describes the sexual attraction to femininity.

The term sexual preference largely overlaps with sexual orientation, but is generally distinguished in psychological research. A person who identifies as bisexual, for example, may sexually prefer one sex over the other. Sexual preference may also suggest a degree of voluntary choice, whereas sexual orientation is not a choice.

Scientists do not know the exact cause of sexual orientation, but they theorize that it is caused by a complex interplay of genetic, hormonal, and environmental influences. Although no single theory on the cause of sexual orientation has yet gained widespread support, scientists favor biologically based theories. There is considerably more evidence supporting nonsocial, biological causes of sexual orientation than social ones, especially for males. There is no substantive evidence which suggests parenting or early childhood experiences play a role with regard to sexual orientation. Across cultures, most people are heterosexual, with a minority of people having a homosexual or bisexual orientation. A person's sexual orientation can be anywhere on a continuum, from exclusive attraction to the opposite sex to exclusive attraction to the same sex.



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Transgender Identity

Psychiatrist John F. Oliven of Columbia University coined the term transgender in his 1965 reference work *Sexual Hygiene and Pathology*, writing that the term which had previously been used, transsexualism, "is misleading; actually, 'transgenderism' is meant, because sexuality is not a major factor in primary transvestism." The term transgender was then popularized with varying definitions by various transgender, transsexual, and transvestite people, including Virginia Prince, who used it in the December 1969 issue of *Transvestia*, a national magazine for cross-dressers she founded.^[29] By the mid-1970s both trans-gender and trans people were in use as umbrella terms, while transgenderist and transgenderal were used to refer to people who wanted to live cross-gender without sex reassignment surgery (SRS). By 1976, transgenderist was abbreviated as TG in educational materials.

By 1984, the concept of a "transgender community" had developed, in which transgender was used as an umbrella term. In 1985, Richard Elkins established the "Trans-Gender Archive" at the University of Ulster. By 1992, the International Conference on Transgender Law and Employment Policy defined transgender as an expansive umbrella term including "transsexuals, transgenderists, cross dressers", and anyone transitioning. Leslie Feinberg's pamphlet, "Transgender Liberation: A Movement Whose Time has Come", circulated in 1992, identified transgender as a term to unify all forms of gender nonconformity; in this way transgender has become synonymous with queer. In 1994, gender theorist Susan Stryker defined transgender as encompassing "all identities or practices that cross over, cut across, move between, or otherwise queer socially constructed sex/gender boundaries", including, but not limited to, "transsexuality, heterosexual transvestism, gay drag, butch lesbianism, and such non-European identities as the Native American berdache or the Indian Hijra". Between the mid-1990s and the early 2000s, the primary terms used under the transgender umbrella were "female to male" (FtM) for men who transitioned from female to male, and "male to female" (MtF) for women who transitioned from male to female. These terms have now been superseded by "trans man" and "trans woman", respectively. This shift in preference from terms highlighting biological sex ("transsexual", "FtM") to terms highlighting gender identity and expression ("transgender", "trans woman") reflects a broader shift in the understanding of transgender people's sense of self and the increasing recognition of those who decline medical reassignment as part of the transgender community. Transfeminine is a term for any person, binary or non-binary, who was assigned male at birth and has a predominantly feminine gender identity or presentation; transmasculine is the equivalent term for someone who was assigned female at birth and has a predominantly masculine gender identity or presentation. Transgendered is a common term in older literature; many within the transgender community now deprecate it on the basis that transgender is an adjective, not a verb. Organizations such as GLAAD and The Guardian also state that transgender should never be used as a noun.

However, transgender is also used as a noun equivalent to the broader topic of transgenderism, i.e., transgender identity and experience. Health-practitioner manuals, professional journalistic style guides, and LGBT advocacy groups advise the adoption by others of the name and pronouns identified by the person in question, including present references to the transgender person's past. In contrast, people whose sense of personal identity corresponds to the sex and gender assigned to them at birth – that is, those who are neither transgender nor non-binary or gender queer – are called cisgender.

Transgender Exclusion

Social Exclusion Framework is increasingly used in highlighting the issues and problems faced by disadvantaged and disenfranchised groups. It provides a multidimensional and dynamic framework that focuses attention on both the causes and consequences of social disadvantage. Social Exclusion Framework is seen as having particular salience in addressing the barriers to meeting the Millennium Development Goals, particularly where these relate to exclusionary social relations and institutions. Adapting the Social Exclusion Framework to Hijras/TG women, one can understand how TG communities have been excluded from effectively participating in social and cultural life; economy; and politics and decision-making processes. This section uses this framework to illustrate the multiple forms of oppression faced by Hijras/TG communities. It is as follows (UNDP, 2010).

Exclusion from Social and Cultural Participation

Exclusion from family and society in general, Indian tolerate, accept, and respect a wide range of differences in cultures, religions, languages, and customs. Despite Indian society's general climate of acceptance and tolerance, there appears to be limited public knowledge and understanding of same sex sexual orientation and people whose gender identity and expression are incongruent with their biological sex. Human rights violations against sexual minorities including the transgender communities in India have been widely documented. Most families do not accept if their male child starts behaving in ways that are considered feminine or inappropriate to the expected gender role. Consequently, family members may threaten, scold or even assault their son/sibling from behaving or dressing up like a girl or woman. Some parents may outright disown and evict their own child for crossing the prescribed gender norms of the society and for not fulfilling the roles expected from a male child. Parents may provide several reasons for doing so: bringing disgrace and shame to the family; diminished chances of their child getting married to a woman in the future and thus end of their generation (if they have only one male child); and perceived inability on the part of their child to take care of the family. Thus, later transgender



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women may find it difficult even to claim their share of the property or inherit what would be lawfully theirs. Sometimes, the child or teenager may decide to runaway from the family not able to tolerate the discrimination or not wanting to bring shame to one's family. Some of them may eventually find their way to Hijras communities. This means many Hijras are not educated or uneducated and consequently find it difficult to get jobs. Moreover, it is hard to find people who employ Hijras/TG people.

Some members of the society ridicule gender-variant people for being 'different' and they may even be hostile. Even from police, they face physical and verbal abuse, forced sex, extortion of money and materials; and arrests on false allegations. Absence of protection from police means ruffians find Hijras/TG people as easy targets for extorting money and as sexual objects. A 2007 study documented that in the past one year, the percentage of those MSM and Hijras who reported: forced sex is 46%; physical abuse is 44%; verbal abuse is 56%; blackmail for money is 31%; and threat to life is 24%. Discrimination in healthcare settings Hijras face discrimination even in the healthcare settings. Often, healthcare providers rarely had the opportunity to understand the sexual diversities and they do not have adequate knowledge about the health issues of sexual minorities. Thus, TG people face unique barriers when accessing public or private health services. Barriers in accessing HIV testing, antiretroviral treatment and sexual health services have been well documented. Types of discrimination reported by Hijras/TG communities in the healthcare settings include: deliberate use of male pronouns in addressing Hijras; registering them as 'males' and admitting them in male wards, humiliation faced in having to stand in the male queue; verbal harassment by the hospital staff and patients; and lack of healthcare providers who are sensitive to and trained on providing treatment/care to transgender people and even denial of medical services. Discrimination could be due to transgender status, sex work status or HIV status or a combination of these (UNDP, 2010).

Exclusion from Political Participation

Legal, civil, and political rights in 1871, the British enacted the Criminal Tribes Act, 1871, under which certain tribes and communities were considered to be 'addicted to the systematic commission of non-bailable offences'. These communities and tribes were perceived to be criminals by birth, with criminality being passed on from generation to generation. In 1897, the Criminal Tribes Act of 1871 was amended and under the provisions of this statute, "a eunuch [was] deemed to include all members of the male sex who admit themselves or on medical inspection clearly appear, to be impotent". The local government was required to keep a register of the names and residences of all the eunuchs who are "reasonably suspected of kidnapping or castrating children or of committing offences under Section 377 of the Indian Penal Code. In addition, "any eunuch so registered who appear dressed or ornamented like a woman in a public street. Or who dances or plays music or takes part in any public exhibition, in a public street [Could] be arrested without warrant and Hijras were also reportedly harassed by police by threatening to file a criminal case under Sec-377 IPC (UNDP, 2010).

In July 2009, the Delhi High Court ruled that consensual same-sex relations between adults in private cannot be criminalized. Soon after that judgment, appeals in the Indian Supreme court objecting to the ruling were lodged; the Indian government has yet to submit a formal response. Legal issues can be complex for people who change sex, as well as for those who are gender-variant. Legal issues include: legal recognition of their gender identity, same-sex marriage, child adoption, inheritance, wills and trusts, immigration status, employment discrimination, and access to public and private health benefits. Especially, getting legal recognition of gender identity as a woman or transgender woman is a complicated process. Lack of legal recognition has important consequences in getting government ration (food-price subsidy) shop card, passport, and bank account.

Transgender people now have the option to vote as a woman or 'other'. However, the legal validity of the voter's identity card in relation to confirming one's gender identity is not clear. Hijras had contested elections in the past. It has been documented that the victory of a transgender person who contested in an election was overturned since that person contested as a 'female', which was thus considered a fraud and illegal. Thus, the right to contest in elections is yet to be realized. Challenges in collectivization and strengthening community organizations a recent mapping study showed that only 103 organizations and networks (that include agencies providing services for MSM) were found to be working with transgender people in India. Even among these, only half (46/103) of these organizations are community-owned organizations. Given the importance given by the government to CBOs in leading the HIV responses, one would expect Hijras/TG people not to face any problems informing or sustaining organizations of their own. Experiences of these communities suggest otherwise. Many have faced many challenges in community mobilization and legally registering their organizations.

Stringent registration and legal procedures some of the legal provisions (e.g., Indian Trust Act, Societies registration Act) that enable a group of individuals to form a legal association pose challenges for Hijras/TG communities. For example, the need of address proof and identity proof of all members of the group is the basic requirement to register an association. However, most Hijras/TG do not have identity and/or address proof or because they have documents only with their male identity. Similarly, opening a joint bank account to carry out financial transactions of their association proves to be difficult. Lack of sensitivity among public department officials in spite of the above challenges, a few CBOs of Hijras across India were able to meet the legal requirements for registration. However,



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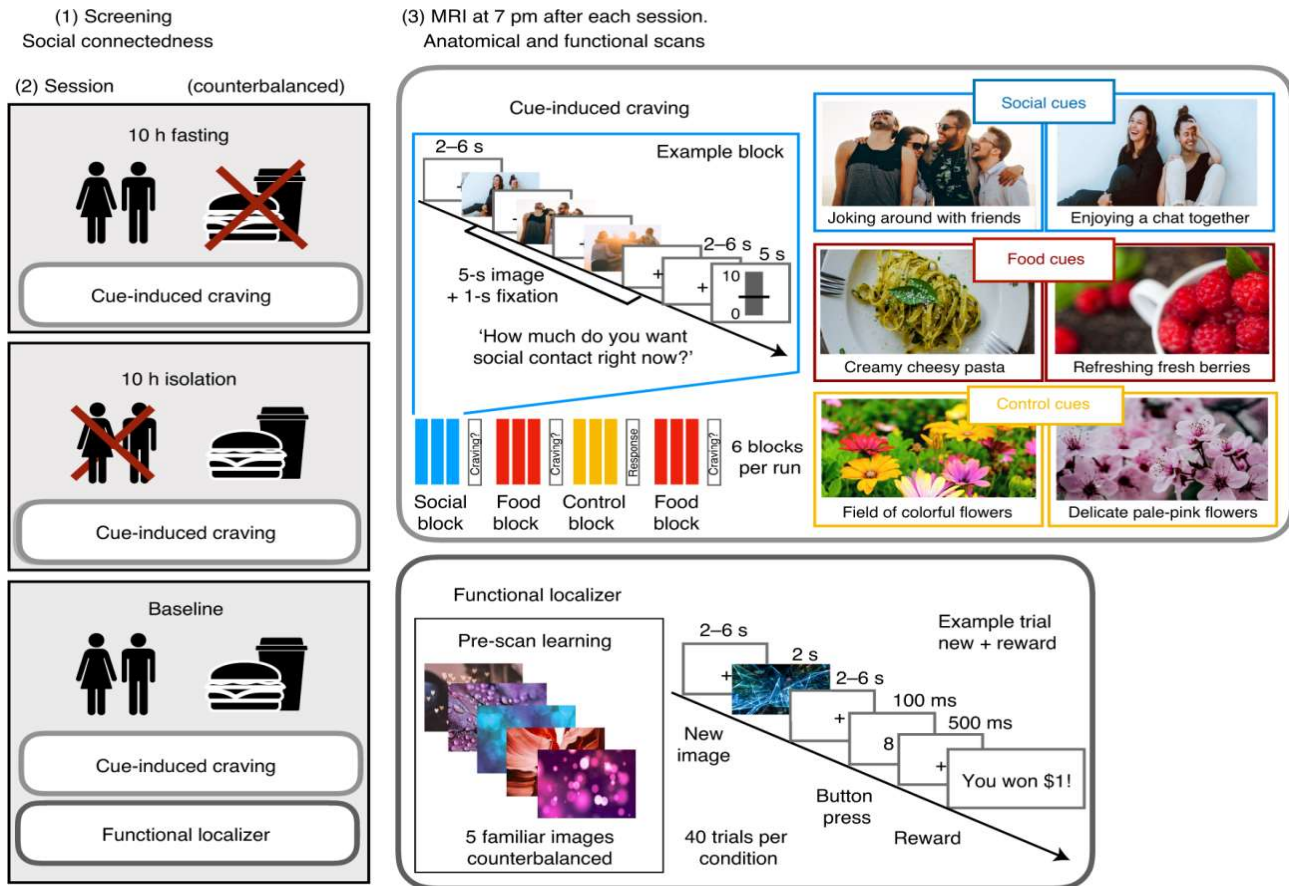


Hijras reportedly had issues with the government officials who are in-charge of processing the registration formalities they were asked unnecessary and irrelevant queries and there was unnecessary delay Buying or hiring office space Hiring an office space for the legal association is very difficult.

Even if they get one, the land-lords quote unfair rent prices. Lack of funding support Hijras/TG associations rarely get external financial support. Even those funders who might want to support primarily want to fund for HIV prevention activities. Through the National AIDS Control Programmed, only a few CBOs of TG/Hijras have been granted TI projects. Need for community systems strengthening many of the existing Hijras/TG organizations lack basic systems that are essential for effectively running an organization. It is crucial that the capacity of these organizations be enhanced for effective community mobilization and providing quality services (UNDP. 2010).

Social Isolation

The review of results from the study showed that Thai transgender adolescents, compared to their cisgender counterparts, experienced more isolation and less social support, as exemplified by feelings of isolation from others, feeling they lacked someone to talk to, feeling alone and friendless, and experience-ing difficulty relating to others. These findings suggest that, despite the image of transgender acceptance in Thai society, transgenderism is still stigmatized and unacceptable. This suggestion is consistent with Cameron (2006), who posited that those who break Thailand's social mores will be subtly alienated rather than directly confronted. According to Cameron (2006), although MTF transgender people are visible in Thai society, this does not equate with acceptance; both homosexual men and transgender individuals are, in fact, Results from the regression analysis showed that social isolation is a significant predictor of transgender adolescents' suicidal thinking but is not significantly related to their level of depression and sexual risk behaviors. These findings offer partial support for Patten and Juby's (2008) findings that isolation can lead to increased suicidal tendencies, as well as increased risk of emotional and mental problems, such as depression, anxiety, substance abuse, sexual risk behavior, and self-harm. Clearly, feelings of isolation, of being totally alone, represent a direct threat to one's sense of worth and psychological well-being. In other words, feeling isolated with no family or peer support magnifies one's sense of worthlessness and impacts directly and negatively on one's psychological well-being. The result is a higher likelihood of suicidal tendencies. In contrast, for the cisgender adolescents, it was found that social isolation is a significant predictor of depression, such that the higher their reported level of social isolation, the higher their depression. This finding is not unexpected and is indeed consistent with Patten and Juby's (2008) findings that isolation can lead to increased risk of emotional and mental problems, such as depression and anxiety,



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