Human rights of the Transgender in Tamil Nadu, India

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Abstract
The transgender (TG) was popularized in the 1970’s describing who wanted to live cross gender without sex reassignment surgery. In the 1980’s the term was expanded to an umbrella term, and become popular as a means of uniting all those for whom no gender could be assigned at birth. Asian countries have centuries-old histories of existence of gender-variant males - who in present times would have been labeled as ‘transgender women’. India is no exception. Kama Sutra provides vivid description of sexual life of people with ‘third nature’ (Tritiya Prakriti). In India, people with a wide range of transgender-related identities, cultures, or experiences exist – including Hijras, Aravanis, Kothis, Jogtas/Jogappas, and Shiv-Shaktis. Often these people have been part of the broader culture and treated with great respect, at least in the past, although some are still accorded particular respect even in the present. The term ‘transgender people’ is generally used to describe those who transgress social gender norms. Transgender is often used as an umbrella term to signify individuals who defy rigid, binary gender constructions, and who express or present a breaking and/or blurring of culturally prevalent stereotypical gender roles. Transgender people may live full- or part-time in the gender role ‘opposite’ to their biological sex. Tamilnadu became the first state in the country to recognize transgender as a separate gender and issue ration cards to them. The application for a new passport now has three options in gender –M,F and E (for Eunch).

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1. Introduction

1.1 Transsexuals model villages in south Indian state
In a unique first of its kind move in India. The Cuddalore district administration in the solution state of Tamilnadu has proposed to establish model village to rehabilitate members of the transgender community. Tamilnadu is the only state in India that has given a gender status to transsexuals.

The model villages planned in Cuddalore, Panruti and Chidambaram regions of Tamilnadu will help reallocate members of the transgender community and begin hassle-free implementation of several welfare schemes by the state government under the newly established welfare board of transsexuals (Danielou, 1994). The district administration has identified a two acre site in Cuddalore and according to the Revenue Divisional Officer (RDO), the transsexuals would be provided with three cent house sites (about 308 square feet) and loan would be arranged for construction of houses. Once the beneficiaries move into the proposed villages all other basic requirements right from the ration cards, voter identity cards and medical care would be provided for them.

1.2 Tamil Nadu Aravanigal (Transgender Women) Welfare Board:
In a pioneering effort to address the issues faced by transgender people, the government of Tamil Nadu (a state in South India) established a transgender welfare board in April 2008. It is the first of its kind by any state government in India. Social Welfare minister serves as the president of the board. This effort is touted to be the first in India and even in the whole Asia-pacific region. The board would potentially address a variety of concerns of transgender people that includes education, income generation and other social security measures. As a first step, the board has conducted the enumeration of Transgender populations in all 32 districts of Tamil Nadu and in
some places identity cards - with the gender identity mentioned as “Aravani” - are being issued. The government has also started issuing ration cards (for buying food and other items from government-run fair-price shops) for transgender people. In addition, Tamil Nadu government issued a government order in May 2008 to enrol transgender people in government educational institutions and to explicitly include ‘other’ or ‘third gender’ category in the admission forms. Furthermore, only in the state of Tamil Nadu, in collaboration with the Tamil Nadu Aravanigal Welfare Board, free sex reassignment surgery is performed for Hijras/TG in select government hospitals.

Recommendations

Multiple problems are faced by Hijras/TG, which necessitate a variety of solutions and actions. While some actions require immediate implementation such as introducing Hijra/TG-specific social welfare schemes, some actions need to be taken on a long-term basis changing the negative attitude of the general public and increasing accurate knowledge about Hijra/TG communities (Setia et al., 2006; Brahmam et al., 2008). The required changes need to be reflected in policies and laws; attitude of the government, general public and health care providers; and health care systems and practice. Key recommendations include the following.

1. Address the gaps in NACP-III: establish HIV sentinel serosurveillance sites for Hijras/TG at strategic locations; conduct operations research to design and fine-tune culturally-relevant package of HIV prevention and care interventions for Hijras/TG; provide financial support for the formation of CBOs run by Hijras/TG; and build the capacity of CBOs to implement effective Programmes.

2. Move beyond focusing on individual-level HIV prevention activities to address the structural determinants of risks and mitigate the impact of risks. For example, mental health counseling, crisis intervention3 (crisis in relation to suicidal tendencies, police harassment and arrests, support following sexual and physical violence), addressing alcohol and drug abuse, and connecting to livelihood programs all need to be part of the HIV interventions (National AIDS Control Organisation (NACO), 2006; National AIDS Control Organization (NACO), 2007).

3. Train health care providers to be competent and sensitive in providing health care services (including STI and HIV-related services) to Hijras/TG as well as develop and monitor implementation of guidelines related to gender transition and sex reassignment surgery (SRS).

4. Clarify the ambiguous legal status of sex reassignment surgery and provide gender transition and SRS services (with proper pre- and post-operation/transition counseling) for free in public hospitals in various parts of India (Saravanamurthy et al., 2008; Chakrapani et al., 2008).

5. Implement stigma and discrimination reduction measures at various settings through a variety of ways: mass media awareness for the general public to focused training and sensitization for police and health care providers.

6. Develop action steps toward taking a position on legal recognition of gender identity of Hijras/TG need to be taken in consultation with Hijras/TG and other key stakeholders. Getting legal recognition and avoiding ambiguities in the current procedures that issue identity documents to Hijras/TG are required as they are connected to basic civil rights such as access to health and public services, right to vote, right to contest elections, right to education, inheritance rights, and marriage and child adoption.

7. Open up the existing Social Welfare Schemes for needy Hijras/TG and create specific welfare schemes to address the basic needs of Hijras/TG including housing and employment needs.

8. Ensure greater involvement of vulnerable communities including Hijras/TG women in policy formulation and program development (Saravanamurthy et al., 2010; Shinde et al., 2009). Hijras/Transgender women require understanding and support of the government, health care professionals, general public as well as their family members. We need to understand and accept that humans are diverse. People have the right to be what they are and what they want to be. For transgender people, the same holds true.

Recently, UNDP-India has commissioned preparation of Hijras/TG-specific targeted HIV intervention guidelines.

Support for some Hijra/TG CBOs are likely to be available from the Global Fund (GFATM) Round-9 through the principal recipient India HIV/AIDS Alliance.

Again, some CBOs may be supported for offering these services through the Global Fund Round

National Legal Services Authority has proposed to provide free legal aid to transgender people and to initiate legal literacy classes on the rights of Transgender people in January 2011.
Conclusion

The Preamble of the constitution and the Directive Principles envisage measures towards a just social order and fair distribution of wealth and opportunities.

Thousands of years of discriminatory order, alien rule, ignorance and superstitions caused irrational inequalities in the Indian and Tamil society. Political freedom should lead us socio-economic freedom too. Here freedom, means, freedom from inequalities and exploitations. The Governments of India and the Government of Tamil Nadu have brought forward several schemes to promote social and economic justice. The non-governmental organizations and the general public, including the enlightened students have to support and supplement these measures.

References


