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Hijras: the unique transgender culture of India

Gurvinder Kalra ^{a b}

^a Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai, India

^b Sion General Hospital, Mumbai, India

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***Hijras*: the unique transgender culture of India**

Gurvinder Kalra*

Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai, India; Sion General Hospital, Mumbai, India

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Indian society has been tolerant of diverse sexual identities and sexual behaviors as is evident from its mythologies and ancient scripts like the *Kamasutra*. The transgendered *hijra* community has evolved to form a unique subculture within Indian society, existing alongside the ubiquitous heterosexual family. This subculture has been clandestine about its customs and lifestyle, but the scene is changing. Although awareness about HIV-AIDS issues in this community is increasing both among the community members and the health professionals, the same cannot be said about mental health issues. This article highlights some of the important aspects of their lives such as their social structure and attaining of *Nirvan* (emasculation, not to be confused with *nirvana*) that may be important for the mental health professionals working with such individuals and highlights the dearth of research data regarding the same.

Keywords: culture; *hijra*; India; *nirvan*; *trithiya panthi*; transgender

Introduction

India is the land of *Kamasutra* and although at times considered a sexually conservative society, it has tolerated a variety of sexual behaviors and identities through ages as is understood from the various carvings of the ancient temples such as at *Khajuraho* or from verses in the *Kamasutra*. One such gender identity that has been present since the times of *Ramayana* and *Mahabharatha* is the *hijra*, also known as the *Aravani* in South India or *Kinnar/Khusra* in North India. These individuals are a common example of non-Western transgenderism. Though transsexuality has been labeled as a mental illness in DSM-IV-TR and even the ICD-10, it has evolved as a distinct cultural group in the Indian subcontinent and has survived for thousands of years, despite being marginalized to a great extent. This paper highlights a few significant aspects of the life of a *hijra* individual and argues the importance of exploring mental health issues in them.

The *Hijra* identity

A lot of debate has surrounded the issue of the *hijra* construct, this identity being equated with the Western homosexual and transsexual identities. However the *hijras* have taken a separate stance and have preferred calling themselves the ‘third gender’

*Email: kalragurvinder@gmail.com

or the '*trithiya panthi*' or '*trithiya prakriti*' that literally means *of the third gender or the third nature*.

The homosexual identity may be defined variously across different cultures. For example, as per the Latino model of homosexuality (Carrier, 1992; Murray, 1996), men who engage in penetrative anal intercourse are not considered homosexual if they are otherwise playing culturally approved masculine roles. The receptive male partners, on the other hand, are considered homosexual. This model also seems applicable across many cultures in India, such as the *Punjabi* culture. There is anecdotal evidence that men in Indian Punjab do not consider themselves homosexual if they are active partners in a homosexual contact. However, in the Western model of homosexuality, both of these men may be labeled as homosexuals. At this stage it becomes important to distinguish between occasional homosexual contacts and a well established gay identity. *Hijras* don't accept the label of gay, although there are a few effeminate gay men called *zenanas* (feminine men) who take on a *hijra* identity in order to have sex with other men. They are also referred to as *khada-kothis* who may or may not cross-dress and hence continue to wear male outfits.

Hijra identity may lie closest to the Western transsexual identity, with many of them considering themselves of having born in the wrong body with the wrong sex. However, the argument arises regarding those *hijras* who do not consider themselves to be women trapped in men's bodies and simply claim of not belonging to either of the sexes and hence to the third sex- the true *hijras* (Schultz & Lavenda, 2001, p. 238) (see Figure 1). Nevertheless, it is also interesting to note that these *hijras* usually take on feminine roles in a relationship with other men: they prefer doing household chores, prefer being referred to as the 'wife' of the 'husband' and usually cross dress, not to mention the usually passive role taken during a sexual intercourse (which may be due to necessity if they do not have the wherewithal, i.e., a penis).

A closer look at the various individuals in this cultural group reveals that *hijra* individuals may include a variety of identities such as effeminate gay men, transsexual men (pre/post-castration), transvestites and true hermaphrodites (rare). Thus the best way to understand *hijra* identity would be to understand the individual's own definition of his (or her) identity. It is also advisable to take a culturally appropriate look (*emic* approach) in dealing with these individuals rather than just labeling them with the Western binary definitions of gender (*etic* approach).

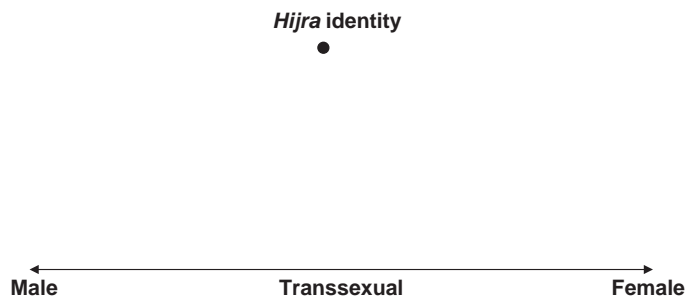


Figure 1. The *hijra* as the 'third gender'.

Socio-cultural aspects

Ancient Indian myths bestow *hijras* with special powers to be able to bless people with luck and fertility. They are believed to hold the power to bring riches and rain (Conner, Sparks, & Sparks, 1997). Although they have a sanctioned place in the Indian society, they continue to face stigmatization, marginalization, abuse and general derision from the wider community. Hindu society has ambivalent feelings and attitudes towards the *hijra* community in that they are wanted to bless the birth of sons or attend weddings but apart from that there is a feeling of distaste for them. There are many aspects of their identity and structure in society that are of interest to researchers (see Nanda, 1999) but here we aim to focus on two distinct aspects of their lives that are important for mental health professionals to know: their social structure and the important milestone in their lives, i.e., attaining *Nirvan* (castration).

Hijra individuals may dwell in a heterosexual neighborhood staying alone or with their live-in or married partners or, alternatively, in an all-*hijra* neighborhood, with other *hijras* of the same clan staying nearby. The *hijra* community is composed of a strict hierarchy with large groups of *hijras* from different areas forming different dynasties or houses called *gharanas* (see Figure 2). Each of these *gharanas* is headed by a *Naayak*, who is the primary decision maker for that house. These *Naayaks* also act as policy makers for the *hijra* community (Nanda, 1997, p. 40). Each *Naayak* may have a number of *gurus* (literal translation of teacher) under him. These *gurus* rule over the community members regulating their day-to-day life. One *guru* can have a number of *chelas* (followers) below him, who learn about various *hijra* customs and rituals from the *guru*. There are no rules or regulations as to when a *hijra* can become a *guru*. The *hijras* refer to each other as females, forming relations such as sister with contemporaries and, hence, maternal aunt (*maasi*) with their seniors. The grandmother *guru* (the *guru* of *guru*) is referred to as *naani* (literal translation of grandmother). These relations and social structure reflect the structure of a

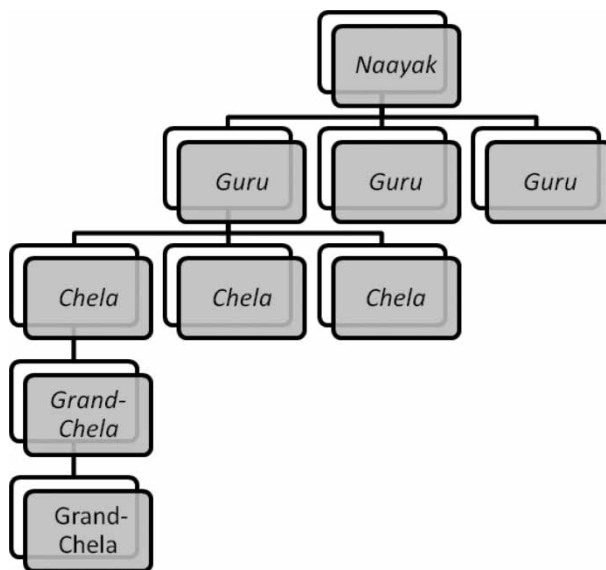


Figure 2. The hierarchical system in a *hijra gharana*.

heterosexual family except that it includes all-*female* members (i.e., *hijra*). Though uncommon, a *hijra* member of one *gharana* can change his *gharana* and join another one, after paying some amount of penalty (*dand*). Reasons for such a change could be many, including dissatisfaction with one's *guru*.

The central part of a *hijra's* life is the castration, or more appropriately emasculation surgery, called '*Nirvan*' that has been viewed as a rebirth for these individuals (Nanda, 1999). Individuals waiting for *nirvan* are called *Akwa* and post-*nirvan* are called *Nirvan hijras* (Kalra & Bhugra, in press). This ritual is usually performed by an experienced *hijra* called the midwife or *dai* and transforms them from a man to a *hijra* and not from a man to a woman. This is followed by post-ritual restrictions on the *hijra*, who is put under isolation, not being allowed to go out of the house for a 40-day period. The end of this 40-day period is celebrated with a full-day ceremony called the '*jalsa*' that involves dressing the *nirvan-hijra* as a bride, attended by *hijras* from all *gharanas*; this ceremony relates to the end of the male-journey and the beginning of the journey into the 'third gender'. Although an important milestone in their lives, it is not mandatory for every *hijra* to undergo *nirvan* and is more of a personal choice. Some individuals are now having this surgery under proper medical supervision.

Hijras have few rights as per the Indian law. They do not have the right to vote, the right to own property, the right to marry or the right to claim formal identity through any official documents such as a passport or driving license. Accessing healthcare, employment or education hence becomes almost impossible. In the face of such odds they are forced to earn money any way they can. The usual modes of earning livelihood for these individuals are begging money in trains or local markets (*mangti*) or even sex work. Their age old traditional occupation of dancing at the weddings and at homes where a male child has born is called '*badhai*' (literally translated as congratulations) (Kalra, Gupta, & Bhugra, 2010). However, with changing Indian social structures, and as a result of globalization (Kalra & Bhugra, 2010), their traditional roles are dwindling and an increasing number of *hijra* individuals are turning to sex work. A number of them have also started working in the NGO sector under various HIV-AIDS programs running throughout the country as project coordinators, managers or even counselors.

Mental health issues

The transgender community in India has thus evolved into a culture of its own. With emergence of queer studies and alternative sexualities and communities coming to the fore, it becomes increasingly important for the mental health professionals to be aware of issues that this community faces and, as mentioned earlier, it is advisable to understand these issues in a culturally appropriate way.

As a result of their sex work, a large number of these *hijra* individuals have been affected by HIV. Setia *et al.* (2006) reported that almost 64% of the transgender subjects in their sample were HIV-positive. This is in addition to the presence of other sexually transmitted diseases. Seeking help from reliable medical professionals, especially those working in major public hospitals, does not seem an option for them due to perceived and real discrimination from the professionals and a perceived lack of knowledge in the medical fraternity of issues related to the transgender community.

The same can be said about mental health in these individuals. Physical health issues related to this community have come to the notice of health professionals, but mental health is still largely ignored. Although their social structure appears hierarchically strong, its effectiveness in terms of providing a mentally healthy environment to the members is largely unknown. The life of a *hijra* individual is affected by a large number of stressors, including coming to terms with sexual identity and orientation, coming out issues, dealing with family pressures etc. Many of these issues may be distinct and more difficult than lesbian and gay issues. A large number of *hijra* individuals seem to migrate from smaller towns in India to larger metropolis such as Mumbai in search of their identity or to escape from their restrictive families, thus being affected by another major stressor of migration. Migration is not only from one place to another, but also from one family unit to another family unit (biological family to a clandestine 'cultural' family) and from one identity to another. Bhugra, Gupta, Kalra and Turner (2011) discuss the various mental health issues that may arise in individuals of alternate sexuality, including transgender individuals, especially during the process of migration.

Due to lack of research, little is known about the psychiatric morbidity in this community. Prevalence of mental illness, help seeking behaviors and pathways to mental health care have not been studied in these individuals. Their coping mechanisms and methods of dealing with stress and anxiety need to be studied, not only to understand norms but also to learn lessons that can be used in other populations. With so little known about these individuals and no formal training in their issues, a transgender client who drops in for consultation can easily leave the mental health professional in a quagmire. Like cultural empathy and competence, mental health professionals need to know how to deal with these individuals in a sensitive manner!

Conclusion

Hijra individuals are an integral part of the Indian society, having a well established socio-cultural structure. In the emerging minority queer culture in the country, these individuals form a sub-minority and are likely to be further marginalized in various healthcare issues. Although attempts are being made to increase awareness of HIV-AIDS-related issues in this community, mental health issues are being ignored in the process. It is possible that without any formal training in queer issues, and given the clandestine nature of *hijra* subculture, mental health professionals in the country are unaware of the various issues that these individuals face and the skills required to deal with them. With the changing socio-legal equations in India, it is likely that more individuals will start coming out and identifying themselves with lesbian, gay, bisexual or transgender groups. It is thus necessary for the mental health professionals to keep up with these changes and equip themselves with knowledge of this unique *hijra* subculture.

Notes on contributor

Gurvinder Kalra is an Assistant Professor in the Department of Psychiatry at the LTM Medical College and General Hospital, Mumbai, India. He has special interest in the psychiatric issues related to the lesbian gay bisexual transgender and intersex (LGBTI) individuals and is an active researcher in this area. His other areas of interest include

migratory and cross cultural aspects of sexuality, cinema and psychiatry/sexuality and relationship issues. He uses films to teach various issues of the LGBTI culture to the psychiatric trainees in the Department.

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