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# An Empirical Analysis of Transgender Health Concerns in India through A. Revathi's Selected Works

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**Abstract**

Transgender community has always been battling visibility in public spaces and this becomes the reason of their marginalization in medical and health aid access too. The present paper tries to address the health issues faced by transpersons being immune-compromised and vulnerable. This study is an attempt to explore the struggle of transgender community pertaining to their health concerns and their hesitancy to reach out for medical assistance backed with the references from A. Revathy's works corroborating them with real life experiences of transpersons interviewed for the research. The paper reveals how medical ignorance and negligence on transgender issues is wasting one of the three pillars of human existence i.e. transgender population.

**Keywords :** Exclusion; Health; Hesitancy; Transgender.

A. Revathi, whose name has been proudly put on Butler Library in Columbia University alongside writers like Maya Angelo and Toni Morrison, is a transactivist and author of *Unarvum Uruvamum* translated in English as *Our Lives, Our Words*; *A Truth About Me: A Hijra Story*. Her biographical account has been written by *A Life in Trans Activism*. Revathi was anatomically declared as a male at the time of her birth but she found her identity conflicted with the societal binaries of gender and identified herself as a transgender later in life. In these books she writes about the suffering and discrimination suffered by a transgender person because of their non-binary gender identity in a heteronormative society.

The present paper centres on Revathi's memoir *A Truth About Me: A Hijra Story* on the merit of being a first-hand account of her own life. The

book was published in 2011 when transgender identity was not even an acknowledged gender category in India. It was in 2014 when Hon'ble Supreme Court in NALSA verdict gave recognition to transgender persons as the 'third gender' in India. The book is startling in revelations of discrimination against transgender on many layers but what often remains neglected is their health which remains neglected and drops down under priorities of locating their social standing.

In the transphobic world where even the identity of transgender is a taboo, their wellbeing and health concerns get marginalized inevitably. India is a country with an estimated population of approximately five million transgender population according to census 2011 but it has enough been ostracized to get pushed away to the fringes of society. In such circumstances where they are even devoid of their basic rights and necessities, their health has always been a lopsided issue. The heteronormative notions of society have always acknowledged and accepted the cisgender concerns and what stands beyond them has often been dismissed or negated. Likewise, transgender health concerns could not even get into picture for long and even if it did, to the most they have been considered as a 'disorder' in medical field for a significant period of time. And in country like India which has been a hugely transphobic country the state of transgender health becomes a real subject of enquiry. Taking touchstone of Revathi's *A Truth About Me: A Hijra Story (TAM) and* her another account *Life in Trans Activism (2016)* the present paper tries to analyse the state of transgender health persisting before the verdict and even after it corroborating Revathi's experiences with the personal responses of some respondents in this qualitative empirical research.

Revathi in her book (TAM) unflinchingly talks about her identity crisis where she tries to fit herself in the stereotypical normative notions of gender. She was taken to be as 'the youngest son' by family when he was born and was named Doraisamy, she was assigned male at birth but she liked to be in company of girls and to dress and act like them. She also liked to help her mother in household chores and all these feminine inclinations didn't fit in the social compartments of stereotypical performative functions attached to the gender identity of a male. At a very young age her young mind had to bear hostility in form of mockery and ridicule of peers and social circle.

> But boys at school, as well as men and women who saw me outside the house, would call out 'Hey, Number 9!', 'female thing', and 'female boy'. Some even teased me, saying, 'Aren't you a boy?

> Why do you walk like a girl? Why do you wear girls' clothes?' I understood that I was indeed like that. In fact, I wanted to be so. (TAM 9)

She reports that she was even punished and caned by teachers for behaving like a girl and her PT sir would box her ears and yell on her to ask if she was a girl or a boy and he threatened to pull down her trousers to check down there to which her classmates laughed out loud to her embarrassment. This environmentality around one's non-binary gender identity is stigmatising and oppressing. This not only puts the child into a deep mental agony but also leads them towards self-doubt and social exclusion. The hostility Doraisamy faced at a tender age of ten years is perplexing to such a young mind being too naïve to understand what Judith Butler calls performativity. But this performativity is again result of social constructivism as Butler puts in *Gender Trouble*: "…performativity is not a singular act, but a repetition and a ritual, which achieves its naturalisation in the context of a body, understood, in part, as a culturally sustained temporal duration" (xv). Doraisamy is asked again and again to behave like a boy which lands this child in dilemma as Revathi writes:

> I did know that I behaved like a girl, it felt natural for me to do so. I did not know how to be like a boy. It was like eating for me—just as I would not stop eating because someone asked me not to eat, I felt I could not stop being a girl, because others told me I ought not to be so. (TAM, 12)

Social sanction at this stage of psychosocial development of a child can become a mitigating factor if not aligned like Doraisamy's socially perceived identity which stands conflicted with Revathi's self-perceived identity. This creates an identity crisis which puts immense effect on mental health of a child affecting a healthy development for future. German-American developmental psychologist Erik H. Erikson in his theory of psychosocial development marks this age as fourth stage of industry vs inferiority in which Doraisamy is battling with these conflicts, the stage spans between the age of five to twelve of an individual. According to his theory this is the age when child seeks social approval at schools or peers for one's actions, if motivated the child grows healthily well else otherwise. Doraiswami faces hostility in form of mockery and punishment at school and thus starts skipping school as an escape.

> I could not talk to anyone about my confusions. Not to my brothers, or my parents. Nor could I stop my heart from wandering and

> so I went about as if crazed. I was fed up with being teased, and besides was not doing well in my English classes. I stopped going to school regularly. (TAM, 14)

According to the Erikson's theory the age between twelve to eighteen years contributes to the fifth stage of psycho-social development of a child named 'Identity vs Role Confusion'. This is the stage when a child is trying to locate the centre of their identity in the social circle around them. This is the most crucial stage of individual growth where one battles to either survive by locating their identity or to fail this resolution resorting to self-destructive practices. Revathi found her completely perplexed when she was in tenth grade studying as Doraisamy, she remain conflicted between her psychological identifications of self and societal compartmentalisations of an assigned male's identity. She puts:

> I experienced a growing sense of irrepressible femaleness, which haunted me, day in and day out. A woman trapped in a man's body was how I thought of myself. But how could that be? Would the world accept me thus? I longed to be known as a woman and felt pain at being considered a man. I longed to be with men, but felt shamed by this feeling. I wondered why God had chosen to inflict this peculiar torture on me, and why He could not have created me wholly male or wholly female. Why am I a flawed being, I wondered often. I might as well die, I thought. I could not study, yet pretended to, and all the time I was obsessed, confused and anxious. (TAM, 17)

Normative notions of gender yield adverse results on non-binary persons, often society treats their behaviour dysphoric and try to 'fix' or 'correct' them. A. Revathi in her book *A Life in Trans Activism* addresses how desperately family members want to get the child aligned to the societal perceptions of gender when they see one delineating from the stereotypes of the same, she narrates about her family's reaction on her femininity 'So they became to get suspicious of me. They wanted to curb my freedom. They often thrashed me, hoping to 'correct' what they perceived as my feminine behaviour'. (LTA, 10)

The idea of transgender identity was taken and labelled as 'Gender Identity Disorder (GID)' until the release of Diagnostic and Statistical Manual (DSM) V in 2013 which got replaced with 'Gender Dysphoria (GD)' then which was defined as 'marked incongruence between their experienced or expressed gender and the one they were assigned at birth' (NCBI). Susan

Stryker, Professor Emerita of Gender and Women's Studies at the University of Arizona, advocates that normalcy is a concept which goes beyond normative set by the society, she advocates in her talk 'Trans Health Is Queer (and Queer Health Isn't Normal)' presented at a conference 'Trans Rights as Human Rights' in Linköpings University:

> I think we have to be against any concept of health that limits it to risk avoidance behavior coupled with moral censure of people who, for whatever reason, are not in constant compliance with a regulatory regime that claims to aim to maximize the desired good called health. (8)

In non-compliance of these pathologically determining and gatekeeping power structures many transgender persons abandon their homes. To escape the stigma attached to their gender identity they land up at *hijra* (ethnic transgender identity) *gharanas*, the ethnic community centres of transgender people in India. There their souls battling with mental trauma of 'othering' from society feel at home for a while among the people alike but the real struggle of living a life of trans starts from there. Revathi also does the same and she leaves her home to stay with *hijras* who seem to her resonating the identity she have been battling to attain.

Though at these *hijra* ghettoes they witness similarity of their aspirations in life including the one often shared feeling of transgender people that is to get rid of the physical attributes which make them 'mis'understood as a gender they are unable to identify with, for instance often there is a desperate urge to get rid of the male genital when one identifies as a woman within. A. Revathi reasons it this way:

> But we feel trapped in male bodies. Because people reflect societal values, we feel that the only way we can satisfy our overwhelming desire to be considered women is by surgically removing our male organ. We hate even looking at it and hence we want to chop it off. (LTA, 35)

After landing up in *hijra gharanas* there is a ritual of castration called '*nirvana*' largely performed by *hijra* midwives in a ceremonial manner where the penis and testicles of the transgender are chopped off with a knife or blade. The person then is left to bleed for weeks to heal on their own and nothing is even applied to stop the flow of blood post this operation since they consider it pious to let the impure 'male' blood flow. Those who opt for the *Niravana* per-

formed by a *hijra* midwife without any medical aid enjoy a special status in the community and they are honoured as *nirvana sultan* (Reddy 121), the names may vary regionally, for example in south *nirvana* operation is also called *thayamma* operation which Revathi explains to be "performed by one hijra on another" (55). Gayatri Reddy, sociocultural anthropologist in her book *With Respect to Sex* further explains:

> However, *daiamma*-performed operation is still considered to garner far more izzat than a biomedical procedure. Saroja, the only hijra sex worker who had had her operation performed by a *daiamma*, was clearly perceived as having more izzat than the others. (Reddy 94)

It is a very painful process and a dangerous one too majorly because it is completely devoid of any scientific or medical expertise, but still transgender opt it because of paucity of funds to seek for the expensive surgical process. Thus, they find themselves in a miserable state and feel compelled to risk their lives through this seemingly normative process of *hijra* community. Revathi in her memoir *Truth About Me* expresses her fear for the same:

> In my heart of hearts I was afraid to opt for a *thayamma* operation. On the other hand, I knew that those who had *nirvaanam* done by that method enjoyed a special status and were respected. But more than anything, I was eager to become a woman and that was all that mattered to me. (66)

It is unfortunate that transgender people fall into such dangerous practices which, even if sought to be done at hospital earlier, were done stealthily without keeping any records, by unspecialised doctors. Revathi while narrating her own operation informs that she got it done in a house-like hospital where the nurse lied that she has had a stomach operation after being asked by another patient. Reddy sums it up this way that despite the operation being 'currently illegal' in India, just for a good sum of money 'there appear to any number of local doctors who are willing to perform it. As a result, the rate of postoperative infections is high, and at least one in ten patients dies, one hijra estimated.' (94)

Castration is done this way but one chief characteristics of being a woman, as often transgender people hail, is breasts and in order to have a woman-like breasts transgender often start inducing themselves with shots of

female hormones oestrogen and progesterone. When Revathi wished to have breasts like a woman and asked her gurubai for help, she handed her over a bottle of pills and asked "to take a tablet a day and said that they were from Singapore" (TAM, 111). These are hormones which they take without any medical prescription or intervention which even Revathi followed.

Gayatri Reddy in her work tells that transgender people take oral contraceptive pills in excessive amount to get breast like woman and often they tend to overdose themselves with as many as fifteen pills a day to get a fuller breast in the least possible time. Not only this, they would take hormonal injections without any prescription or medical intervention, bought illegally from local pharmacies and got themselves injected by anyone ready to do that for them. She narrates how Shanti used to inject many transgender with the same needle exposing them to the risk of getting HIV. Shanti used to claim to know to give injection as she had "watched a doctor many times." Unfortunate truth is that it's not that they are completely ignorant of the side effects of these experiments on their bodies, they know all these are bad for them and can cause dangerous effects but if all this can result into having a woman like bosom 'they felt this risk was worth taking.' (Reddy 133)

Deferring the debate over these 'gender affirming' surgeries, these days transgender people have started to visit doctors for the same though, but there is a huge dearth of specialised doctors in the field and if there are some, they are way too expensive for a transgender dwelling upon *badhai* (seeking money in lieu of offering blessings at ceremonies) and begging which are their community specific earning sources. Most of the respondents in the present research admitted that apart from *badhai* and begging, they chose to get into prostitution, it being the only way possible to earn more money to get themselves operated. One of the respondents went to Goa to earn money to get her SRS done, she informed in a personal interview that the surgery had already costed her eight lakh rupees and to earn for the same she has to get into prostitution periodically. The hormonal therapy, vaginoplasty, breast augmentation, Adam's apple removal and other related surgeries, they all need a huge amount of money and since transgender people are devoid of any education and resultantly vocational opportunities too, they are left with no option than to push themselves into prostitution.

Prostitution makes them vulnerable to sexually transmitted diseases (STD's) which further make them immuno-compromised to HIV. Pros-

titution again is not just a smooth lane for them, they have to encounter rogues during nights on their ways and they often get sexually abused by men, they get raped multiple times and medical aid is too beyond their reach in such circumstances. Their bodies become sites of multiple layers of violence. Revathi while seeking rights for transpersons remembers how she has been a witness of "those who suffered from sexually transmitted diseases and did not receive proper medical care and therefore died" (TAM, 104).

During the research on transgender people, at one instance one transgender came and asked if I could provide any medication to the person I was interviewing, she then narrated '*didi* she was raped by seven men fifteen days ago and since then she has been bleeding through her anus.' She could not get any medical aid since the hospital would have then filed an FIR which would have led her to interact with police and who, as they reported, 'would have done the same for what she wanted to get treated at the hospital.'

Even if they dare to reach hospital, doctors ask them questions which they feel add to the trauma which a rape survivor is already facing. Lack of sensitization in medical professionals is also one of the reasons in obstructing transpeople's access to medical aid. Revathi narrates an incident in *A Life in Trans Activism*:

> I too was raped anally by a rowdy in an urban slum in Mumbai. My guru took me to a doctor nearby. The doctor did not even examine me. He simply interrogated me, 'Why do you have anal sex? Can't you be like a woman?'… Most doctors write prescription for some kind of ointment and callously dismiss us. So we resort to home remedies because of the excruciating pain. (103)

Not only has this but transphobia too become a deterrent factor against transpeople reaching out for medical aid. They have to face societal 'gaze' at public spaces like hospitals, there have been numerous incidents when doctors have refused to see them as their visibility in their clinic impacted their clientele of 'normal' patients. Many a times transgender people report even being frisked on their genitals by doctors, during the interviews conducted in the process of this research often transgender persons reported that they were asked to strip down even for common symptoms like cold and cough. Revathi in this regard says that even if transpersons manage money to see a doctor they can't access a medical aid because 'The first hurdle is the prejudice of the doctors when they see us' (LTA 104),

She further adds:

> But we feel embarrassed to show our breasts or genitals. Some doctors, when they see us, start to interrogate us. This is more important to them than the treatment they have to offer. This hurts us. … We do wish that doctors were more sensitive and informed about our special needs and concerns as female to male trans persons. (178)

Thus, the state of facilities in health sector for transgender is grim. Even after NALSA verdict (2014) which legalised transgender as the third gender in India, there are no dedicated doctors or special wards for transgender which could provide them inclusive spaces at hospitals. The impetus on their health and hygiene is so poor that public spaces still lack as basic facility like toilets for transgender people. Stigma and discrimination since a very tender age make them question their own existence and they battle with identity crisis and mental health issues. Many of them as an escape to it drown themselves into intoxication and drugs and there are numerous ones who lose this battle with life and commit suicides. Mental health issues of transgender people are at grave heights. Even the transgender icons and activists like Revathi and Laxmi Narayan have tried committing suicides. Famila, Revathi's chela too killed herself which came as a big shock to her because as Revathi recollects "Whenever I entertained thoughts of suicide, it was Famila who dissuaded me and advised me against it. I could not bear it that she who did this for me had killed herself." (TAM, 221)

Gayatri Reddy supports the facts that during her research she heard 'innumerable accounts of suicide attempts' by transpeople, some of them in her own words are:

> Surekha, had "drunk poison" in a bid to kill himself. Munira's narrative echoes this violent act. When her family rejected her for her effeminate ways, she swallowed a whole bottle of pesticide. Again, when her husband Zahid misbehaved with another woman, Munira drank poison in another abortive suicide attempt. Almost every hijra at the tank had scars on her wrists and hands, which they said reflected their attempts to kill themselves. (204-205) (Rao)

As recorded in Pushpesh Kumar edited *Sexuality, Abjection and Queer Existence in Contemporary India* (2021) in chapter tenth 'A Life Worth Tell-

ing: Love and suicide in *Hijra* Lives' Meghna Rao mentions that intrigued by the *hijra* suicide narratives when she asked queer rights activists for the reason behind it, one of them informed her that:

> …many of them take hormone medications which are not prescribed by any doctor and this erratic pill popping disrupts the hormone balance in the body, making many of them emotionally fragile, some leading to suicide. (193)

Be it physical or their mental health transgender people lay pushed to the margins of society. Rarely transgender population approaches to seek medical help. This hesitancy is systemic. The root cause behind transpersons hesitating to reach out to medical aid is largely transphobia which keeps them out of spaces. Foucaldian biopolitics keeps them devoid of exercising their gender identity in all free spirit which further impacts their mental health and resultant governmentality centres attention on the binary majority keeping them out of the priorities of medical care. As Susan Stryker puts in:

> The logic of biopolitics undergirds the entire concept of transgender health, to the extent that "healthy gender" is defined in relation to norms. We have to resist the idea of access to rights and the benefits of citizenship being based on the cultivation of or adherence to norms, including gender norms, or that the only acceptable, socially-sanctioned medical interventions are the ones that produce normalcy, rather than queerness. (153)

Their underrepresentation in medical trials and even in medical curriculum makes even educated transgender population sceptic about health sector in India. Dearth of specialised doctors in the field and lack of sensitization towards the needs of transgender people have created a glass ceiling between health sector and transgender community. This ice can be broken only by sensitising not only doctors or medical professionals but public in general. Medical humanities can be an inclusive move in this regard. Creating an inclusive atmosphere at medical spaces can promote transgender people's reach to health services. Specialised doctors and dedicated wards can win the trust of the community to facilitate their access to health. A dedicated health counselling helpline can motivate transgender people in need to seek medical and health advises, it's noted that transgender people even do not go for regular follow ups after sex reassignment surgeries especially after breasts implants where post-operative negligence can even lead to cancer. Thus, transgender people need

to be counselled and educated on all these issues and shall be motivated to keep themselves healthy primarily in whatever state they are, rest all can follow and get aligned with its own course. Lastly, it is just not the responsibility of medical or health sector but of society as a whole to provide them an inclusive atmosphere to promote them to flourish in their natural self, as they are without a need to 'fix' or 'correct' them, what needs to get fixed and corrected is the transphobic attitude towards transpersons. They are no third or other gender, they are as humans as cisgender ones. As Stryker quotes: "Transgender is queer. Queer is not normal. Normality is not health. Queer health is not normal, and trans health is queer." (163)

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