

## CHAPTER 14

# Hijras/Transwomen and Sex Work in India

## From Marginalization to Social Protection

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### SUMMARY

Transgender people have been evident in India for centuries, a fact reflected in descriptions in the *Kama Sutra*, an ancient Sanskrit text more than 1,500 years old. Descriptions of transgender men and women are also found in major Sanskrit epics of India (Pattanaik, 2014), among the oldest surviving epic poems on earth, and images of transgender people are depicted in many ancient Indian temple carvings. In the sixteenth and seventeenth centuries, when the Mughal Empire controlled most of the Indian subcontinent, trans people attained special status in the king's court as political advisers, administrators, and generals; they also served as guardians of women in harems (Reddy, 2005). Thus, the concepts of a third gender, that some male-born and female-born individuals desire to identify with a gender different from that assigned at birth, and that transwomen may engage in sex work, have been relatively well known in India for centuries. From this perspective, transgender people in India have a longer documented history than they do in most other nations on earth.

### KEY TERMS

*hijras*; HIV; sex work; third gender; transwomen

Traditionally, *hijras* have been described as male-born individuals who are “neither man nor woman” (Herdt, 1991). However, *hijras* belong to a complex and heterogeneous group that includes male-to-female trans persons who may want to live sometimes or all of the time as women, and both those who desire a sex change operation (or at least removal of male genitalia) and those who don't want such an operation (Chakrapani, 2015). Some hijra-identified people want to undergo modern sex-reassignment surgery, including the construction of a vagina (Chakrapani, 2015; Singh et al., 2014).

Recently, the term *third gender* has been used in the mainstream media to denote transgender people—although some transgender activists in India oppose this term for a variety of reasons. First, not all trans people wish to be recognized as “third gender,” as some may aspire to be recognized as men or women. Second, some gender-queer-identified people feel that this term merely reinforces mutually exclusive categories of gender, moving from a gender binary to three genders. Third, the term may presuppose that both transmen and transwomen wish to be combined under the single category “third gender.” Fourth, and relatedly, “third gender” is equated with visible transwomen/hijras, further marginalizing transmen. Finally, there is a hierarchy and devaluation implicit in the term *third gender*: first gender being man, second being woman/biological female, and the last, “third gender.”

Although the term *hijras* is known to most trans people throughout India, there are several other indigenous terms by which trans people, especially transwomen, self-identify. These terms vary by regions in India: *kinnars*, *thirunangai* (or *aravanis*) in Tamil Nadu, *mangalmuki* in Karnataka, *shivshakti* in Andhra Pradesh, and *jogappa* or *jogta* in parts of Karnataka and Maharashtra (Chakrapani et al., 2007).

A significant commonality across most of these indigenous trans communities in India is the presence of a hierarchical social structure. Among hijra communities, under a *guru* (master) there are several *chelas* (disciples), and they belong to a *gharana* (clan) that is headed by a *nayak* (supreme leader). Hijras usually belong to one of seven *gharanas* headed by seven *nayaks*. In some states of India, there may be fewer or different *gharanas* (e.g., in Hyderabad, there are only two *gharanas*, Bade Haveli and Chotte Haveli). In general, the *gharanas* are divided according to the nature of the work done by their members. Accordingly, sex work is engaged in mainly by members of a particular *gharana* (Chakrapani

et al., 2007). A recent study conducted in 17 states of India estimated about 62,000 transgender women and that about 62% of them engage in occasional or full-time sex work (Subramanian et al., 2015).

Among these 17 states, the five states reporting the highest proportions of transwomen involved in sex work were Uttar Pradesh (84%), Rajasthan (73%), Karnataka (72%), Jharkhand (66%), and Chhattisgarh (66%). Overall, 72% of all gharana-based hijras/transwomen were reported to be involved in sex work (National Institute of Epidemiology [NIE], 2014). The government of India's 2011 census reports that there were 480,000 persons who identified not as "male" or "female," but as "other" (Government of India, 2011); however, information on their self-identifications and how many engage in sex work is not available. Nevertheless, extrapolating from the 17-state data reported and the proportion engaged in sex work to the Indian census data, the numbers suggest roughly 300,000 trans people in sex work. As is the case with any marginalized and stigmatized population, in which some individuals are unlikely to represent themselves openly to government authorities or researchers, these reports probably represent the lower bound of trans people, and transwomen in sex work, in India.

This chapter reviews and summarizes the multiple sources of vulnerability among transwomen in sex work, including the contexts and pathways of entry into sex work, and introduces a transformative social protection framework. For this chapter, quantitative and qualitative data based on academic and gray literature were synthesized. Academic literature was systematically searched in three databases (PubMed, PsycINFO, and Web of Science) using key words such as *hijras, transgender, India, sex work, prostitution, social protection, HIV, and risk*. Relevant gray literature, including government reports, was included. Data from quantitative, qualitative, and mixed-methods studies were synthesized in an integrative manner (Gough, Oliver, & Thomas, 2012).

## LEGAL AND POLICY CONTEXTS

A variety of national and state laws and policies exert a profound influence on the lives of trans people in India, and important changes have to be considered. The Immoral Traffic (Prevention) Act (ITPA) of 1956 in India has been unilaterally applied to female, male, and transgender sex workers—even if they report having voluntarily entered into sex work (Gupta, 2005). ITPA was enacted after India ratified the United

Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others in 1949. Under this act, sex workers are prevented from supporting their families or anyone else. Hijra gurus who support hijra chelas who engage in sex work are also at risk of being arrested for living on income generated by sex work. Several human rights reports in India indicate that trans people in sex work are frequently charged and arrested not under ITPA or Section 377 (criminal law against consensual nonvaginal sex), but under other laws related to public indecency or nuisance, petty theft, and various state-level acts against begging in public (Gupta, 2005; People's Union for Civil Liberties, Karnataka [PUCL-K], 2003).

The presence of these laws and acts contributes to documented human rights violations against hijra sex workers from police themselves, including physical and sexual abuse, wrongful confinement, and extortion of money (PUCL-K, 2003; Shaw et al., 2012). The lack of specific antidiscrimination laws for violations against trans people remains a significant gap in legal protections. Recently the Transgender Persons (Protection of Rights) Bill, 2016 has been approved by the Indian cabinet (Express News Service, 2016) and is currently before the lower house of the Indian Parliament (Lok Sabha) for consideration. This bill includes clauses that focus on protection of trans people against discrimination and violence, although many trans community members find this bill to be inadequate or feel it has many flaws (Trivedi, 2016).

The recent Supreme Court judgment in *National Legal Services Authority v. Union of India* (Supreme Court of India, 2014) supported the rights of trans people in general. The judgment also explicitly mentioned "sex work," although it did not include specific recommendations for trans people in sex work. Somewhat ironically, that judgment emerged shortly after Section 377, which criminalizes any consensual sexual act between same-sex adults, was reinstated in December 2013 by the Supreme Court (Sarin, 2014). The 2014 judgment recommended establishing an allocation of a certain number (not yet determined) of jobs reserved for transgender people (Supreme Court of India, 2014), a measure to remedy pervasive employment discrimination.

The Ministry of Social Justice and Empowerment (MSJE) is considering measures to prevent people, including trans people, from begging on the streets, and it is also planning to introduce livelihood and income-generation opportunities for trans people (Srivastava et al., 2014). Reactions

to “anti-beggary” measures are mixed, however; in addition to concerns about their constitutionality in general (Goel, 2010), trans activists are worried about their causing harm in criminalizing the livelihood of some transwomen who rely on begging, leaving only the option of sex work. The Tamil Nadu transgender welfare board has been a pioneer in relation to supporting livelihood opportunities for transwomen by providing seed money for small businesses to self-help groups of trans people and to individuals, and by providing educational loans to expand employment opportunities (Chakrapani, 2012) — adopting a rehabilitative rather than a punitive (i.e., “anti-beggary”) approach, as professed by the MSJE. Other state governments — such as Maharashtra (Menon, 2014), Andhra Pradesh (Varma, 2014), Kerala (Mandhani, 2015) — are establishing transgender welfare boards along similar lines to expand business and employment opportunities for transwomen.

### SEX WORK AMONG HIJRAS AND OTHER TRANSWOMEN

Traditionally, hijras earned their livelihood by blessing newborn babies and newlywed couples (*Badhai*), and by dancing in festivals and marriage ceremonies (Chakrapani et al., 2007). Gradually, a decline in the number of people who support hijras in these ways has led many hijras to engage in occasional or full-time sex work — which hijras refer to as *dhandā*, literally, “work” — and to collect money from shops (*mangti*) according to the areas allocated to different gharanas, and even to beg at traffic signals and from the general public (Chakrapani et al., 2007; Kalra, 2012). Salman Rushdie (2008) quotes John Irving (1994), who has written, “In Bombay, fewer and fewer hijras were able to support themselves by conferring blessings or by begging; more and more of them were becoming prostitutes.” Rushdie writes: “Fourteen years later, these words are still accurate. And consequently the world of the hijras, already beset by the larger world’s distrust, dislike, and distaste, is now also threatened by the increasing danger of HIV infection, and so of AIDS.” It is important to understand sex work among hijras in these evolving legal, policy, and social contexts.

#### *Sex Work Settings, Clients, and Other Sexual Partners*

Clients of hijras/transwomen in sex work are almost exclusively men, who represent the breadth of the socioeconomic spectrum. Qualitative

studies have described a range of male clients of transgender sex workers, including truck drivers, rickshaw pullers, *coolies* (daily wage laborers), and professionals, as any “masculine” male is seen as a potential sexual partner (called *panthi* or *giriya*) (Chakrapani et al., 2007; Chakrapani et al., 2008). Both public spaces within urban areas (e.g., beaches, parks) and outside urban areas (e.g., highways, bushes) are frequented by street-based transwomen in sex work to meet potential male paying partners. Sex may take place in these same sites or at hotels, lodges, or private rooms. In Bangalore, bathing places called *hammams* are frequented by hijras to meet potential male paying partners (Phillips et al., 2010). In Kolkata and Mumbai, a proportion of transgender sex workers, like female sex workers, are brothel-based, in addition to those engaging in street-based sex work. Hijras in brothels as well as street-based trans sex workers usually are required, following tradition, to give a significant part of their earnings to their gurus, and gurus usually take care of the needs of their chelas (these needs include accommodation, food, and security). Seasonal sex work by hijras (and *kothi*-identified men who have sex with men) has been reported in northern India, when they move from one state to another (Bihar and Uttar Pradesh) to perform “*launda* dance” in marriage ceremonies (Lahiri & Kar, 2007).

In addition to male paying partners, hijras in sex work are reported to have regular male partners (who may be lovers or husbands), casual male partners, and male partners whom they pay (National AIDS Control Organisation [NACO], 2015b). Sometimes if a male partner is considered good-looking and is chosen by a hijra in sex work, payment for services is waived. Finally, although having female partners is seen as taboo, some hijras or transwomen may have been married before they formally joined the hijra community, often owing to family pressure — as family members may see heterosexual marriage as a potential “cure” for transgenderism or what they construe as homosexuality (Chakrapani et al., 2007; Chakrapani et al., 2008).

#### *Sexual Practices and Safer Sex Barriers*

Hijras in sex work have been reported to engage primarily in receptive anal sex or receptive oral sex, depending on their gender role expectations. As a risk-reduction strategy, some hijras allow their clients to have only “thigh sex” (Chakrapani et al., 2007; Chakrapani et al., 2008) or trick them into engaging in thigh sex while the clients may believe that

they are engaging in anal sex. Hijras in sex work appear to understand the high risk of HIV acquisition from unprotected anal sex and the importance of using condoms. However, as in other populations, several challenges have been reported to consistent use of condoms (Chakrapani et al., 2007; Chakrapani, Shunmugam, et al., 2015): not wanting to lose clients and income (if clients do not want to use condoms); being under the influence of alcohol (self or client or both); if the partner is good-looking; and situations of forced sex (by “thugs” and police).

Among HIV-positive hijras in sex work, fear of discrimination and violence, and loss of livelihood, may prevent them from revealing their HIV status, which sometimes results in unprotected sex. Fear of discrimination from other hijras is another factor influencing HIV-positive hijras not to disclose their HIV status, because hijra community members are the main source of psychological and emotional support, given the general absence of support from their family members (Chakrapani, Shunmugam, et al., 2015).

#### **HIV EPIDEMIC AND HIJRAS/TRANSWOMEN IN SEX WORK**

Hijras and other transwomen populations are disproportionately affected by the HIV epidemic in India. The national average HIV prevalence among transwomen is 7.5% (95% CI = 6.2%–9.0%) (NACO, 2015b). This is nearly two times higher than that among men who have sex with men (4.3%). Several studies of HIV risk among transwomen included a high proportion of those in sex work (55%–62%) (Brahmam et al., 2008; Chakrapani, Newman, et al., 2015; Shaikh et al., 2016), and it is likely that hijras/transwomen in sex work have higher HIV prevalence compared with those who do not engage in sex work. This increased risk of HIV acquisition among transwomen in general, and transwomen in sex work in particular, is a result of factors on multiple levels (Chakrapani et al., 2007; Chakrapani et al., 2008; Chakrapani, Newman, et al., 2015): inconsistent condom use owing to a variety of contextual barriers, survival sex, lack of supportive legal and social environments, rampant stigma and discrimination toward transgender people and sex workers, and forced sex by thugs and police (PUCL-K, 2003; Shaw et al., 2012).

In general, HIV preventive interventions for hijras/transwomen (including those in sex work), including condom distribution, are con-

ducted through peer outreach. Current HIV prevention projects supported by the Indian National AIDS Control Organisation (NACO), however, have achieved coverage of only 34% (as of September 2015) among transwomen, as compared to the 77% coverage achieved among female sex workers (NACO, 2016). A specific HIV prevention focus on hijras/transwomen was initiated only at the beginning of the fourth phase of the National AIDS Control Programme, in 2012.

Until then, hijras/transwomen were combined with men who have sex with men as one target population (NACO, 2007) and reached through “core-composite” interventions—not an ideal strategy to address the population-specific risks and needs of transwomen. The low coverage of hijras/transwomen through these combined HIV prevention programs led to a NACO mandate to rapidly scale up tailored HIV preventive interventions. A recent mapping and size estimation study of transwomen recommended that the priority for HIV prevention should be to cover at least all hijras/transwomen in sex work (NIE, 2014; Subramanian et al., 2015).

While recent NACO (2015a) operational guidelines on implementing HIV prevention programs for hijras/transwomen describe different models of intervention—hotspot-based (i.e., areas to meet sex partners), festival-based, and gharana-based—hotspot-based intervention through physical outreach is the predominant model. Increasing evidence indicates that some hijras/transwomen also seek out and identify potential sexual partners using cell phones and the Internet (dating websites), but current HIV interventions largely do not use these technologies to reach hijras in sex work with prevention messages or for HIV prevention outreach.

#### **CONTEXTS AND PATHWAYS OF ENTRY INTO SEX WORK**

A social exclusion framework has been used to explain why and how hijras and transwomen in India are marginalized and barred from social and cultural participation (e.g., from family and education), economic participation (e.g., from the workforce), and political participation (e.g., restricted rights as citizens) (Chakrapani, 2010). This large-scale exclusion from economic participation in both formal and informal employment sectors explains why many hijras/transwomen enter into sex work.

Though poverty is an important impetus for sex work, several interconnected pathways and contexts facilitate transwomen's entry into and remaining in sex work (see Figure 14.1): lack of family support secondary to society's negative attitudes toward trans people; joining a hijra community because of lack of family support and lack of education; need for money for gender transition—related expenses; connection between sex work and gender affirmation; and lack of economic opportunities in informal and formal work sectors.

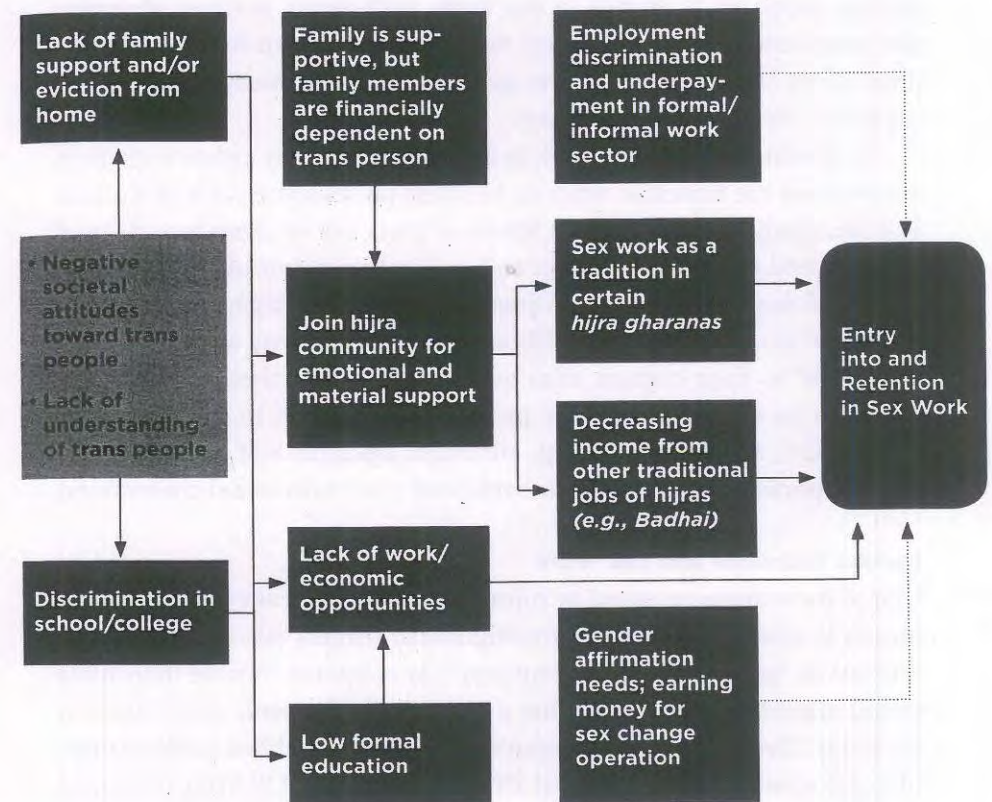
### Lack of Family Support

Many trans people realize at a very early age that their physical sex is incongruent with their psychological gender. When they express gender-variant behaviors or mannerisms, these are often noticed by parents and siblings. Trans people have reported stigma and even violence from their family members—especially fathers and elder male siblings—in their efforts to coerce trans persons to conform to expected gender norms (Chakrapani & Dhall, 2011). Consequently, many gender-variant children and youths are forced to leave their parental home to avoid embarrassment to their family members or to avoid violence, or they are evicted from their parents' home. According to one hijra-identified person: "I was caught red-handed when I was standing with [other hijras] in a cinema theatre queue. My brother saw me and he created a lot of problems. He wounded my hand and scolded me a lot" (Chakrapani & Dhall, 2011, p. 17).

Gender-nonconforming males are easily noticed by teachers and other students in schools, which often leads to bullying by other students and long-term microaggressions such as name-calling. These recurring incidents ultimately lead many gender-variant children and youths to lose interest in their studies, and they are forced to drop out of school (C-SHaRP & TAI-VHS, 2014). A nonsupportive environment at school as well as at home leads many trans youths ultimately to decide to leave home and go some place where they are accepted—often in the homes of other trans people. Joining a hijra community becomes a primary option.<sup>1</sup> Some trans youths may come out as trans persons when they are studying in college; the consequences may range from loss of support from friends and families to eviction from home. As a result, many do not finish college, which further limits employment opportunities in the formal work sector.

FIGURE 14.1

Hijras/transwomen in sex work: contexts and pathways of entry into sex work.



Notes. Badhai: blessing newborn babies and newlywed couples. Gharana: clan headed by a nayak (supreme leader) under which gurus (masters) and chelas (disciples) are organized.

### **Joining a Hijra Community**

Lack of family support and lack of education often lead transwomen to engage in sex work—either working alone on the streets or joining a hijra community. Even though in hijra communities only certain gharanas are supposed to engage in sex work, individuals in other gharanas also may become involved in sex work without the knowledge of their hijra gurus or with their passive acceptance, given income-generating capacity (Chakrapani et al., 2007).

In gharanas where sex work is allowed, hijras may either engage in sex work on the streets or work in brothels (as in some parts of Kolkata and Mumbai)—although both kinds of trans sex workers face risks of violence and extortion by thugs and police as a result of the criminalization of this work. Because hijras who opt not to engage in sex work can move to other gharanas, although they have to pay a fine or “compensation” to their current hijra guru for doing so, theoretically there seems to be no particular peer pressure or coercion to remain in sex work (Kalra, 2012; Reddy, 2005), although, again, lack of education and other opportunities to earn their livelihood pose substantial constraints.

### **Gender Transition and Sex Work**

One of the reasons reported by hijras for engaging in sex work is to save money to undergo proper sex-reassignment surgery (also referred to by activists as “gender-affirmative surgery”) or at least to remove their male sexual organs, that is, “to become a *nirvan*” (Chakrapani, 2015; Singh et al., 2014). The cost for sexual organ removal by unqualified medical practitioners (quacks) is often at least INR 10,000 (about US \$150, or several months’ income, presuming that one has steady employment), and that for proper sex-reassignment surgery in a private hospital may range from INR 40,000 to 100,000, depending on the nature of the operation (Singh et al., 2014)—roughly equivalent to a full year’s per capita income in India. Those hijras who cannot afford sex-reassignment surgery by a qualified surgeon go to either a quack or a senior hijra (called *dai amma* or *daima*), who removes male external genitalia in a ritual ceremony (Chakrapani, 2015; Rushdie, 2008; Singh et al., 2014).

Some hijras may prefer *dai amma*, believing that the traditional way of removing male genitalia is better than that conducted by a quack or even a qualified surgeon (Singh et al., 2014). Postoperative complications (ure-

thral obstruction, multiple openings or fistulas) have been documented after some of these crude operations (Chakrapani, 2015). Sometimes the cost for the crude *nirvan* operation by quacks is paid by the hijra guru, and the hijra who underwent the operation later repays the debt by engaging in sex work. It is also reported that after the operation—whether crude or proper surgery—trans sex workers can earn more, though this is reported as an added benefit rather than a primary reason for undergoing sex-reassignment surgery (C-SHaRP & TAI-VHS, 2014).

Some transwomen who have completed high school or college and who have undergone sex-reassignment surgery or who live as a woman face difficulties in finding suitable employment. This is often due to either a mismatch in the name or gender on their educational certificate and current identity documents or a lack of understanding or apathy among employers in government and private institutions (C-SHaRP & TAI-VHS, 2014; Chakrapani & Narrain, 2012). This means that even among trans people who have completed formal schooling or college, some are forced to take up sex work for survival.

### **Gender Affirmation and Sex Work**

Another dimension of the impetus for some transwomen to engage in sex work, as reported in studies from India (Chakrapani et al., 2007; Chakrapani et al., 2008) and other countries (Reisner et al., 2015), is that having multiple male partners and engaging in sex work affirms their gender identity as women. Despite the risks of sex work, if many men are willing to have sex with them, that fact indicates that men appreciate them as women. This illustrates interconnections between transwomen’s gender identity, need for gender affirmation, sexual-reassignment surgery, and engagement in sex work.

### **Lack of Economic Opportunities and Underpayment in Regular Jobs**

Lack of education as well as gender minority status mean most transwomen have trouble getting any kind of employment, even in the informal work sector. If they do find employment, should they find a supportive employer, for example, transwomen have been reported to leave those jobs because of ongoing lack of support and stigma from their coworkers. One study reported lack of formal mechanisms for redress, perceptions of being underemployed and underpaid, and psychological stress

and negative life attitude as factors that affected transwomen's inability to sustain employment (C-SHaRP & TAI-VHS, 2014). During periods in which they lack a regular job, hijras/transwomen may be driven back to occasional or full-time sex work. According to one hijra: "When a hijra is in male attire, they can at least get some job, but when a male [here refers to hijra] is in female attire, nobody would be willing to give even a housemaid job. No options are opened to her [other than going to sex work]" (Chakrapani et al., 2008, p. 26).

In addition, restrictions that are based on dress codes and lower wages when compared to other staff (men and women) lead many transwomen eventually to leave their employment in the informal or formal work sector. This is especially true for those transwomen who had earned an adequate income through sex work, but for whom the income from a regular job is insufficient to cover their living expenses. According to a thirunangai: "They did that [low payment] in both the companies. When I asked about it, they said no one will offer you a job; we are offering you. So just take what we pay you" (C-SHaRP & TAI-VHS, 2014). Interventions that support or provide alternative employment opportunities or encourage trans people to complete their formal education need to take these contexts and factors into account in order to support their effectiveness.

### **SOCIAL PROTECTION AND TRANSWOMEN IN SEX WORK: A LIFE-STAGE APPROACH**

In light of the many contexts of stigma and marginalization faced by transwomen across multiple sectors and the risks of engaging in sex work—particularly as a sole option for earning one's livelihood, undertaken in a discriminatory social climate—we describe a social protection approach for transwomen in sex work in India. Social protection aims to ensure a life of dignity for everyone, including trans people in sex work, and affirms the need for the state to allocate and distribute resources to those who are most in need, in addition to protection of their human rights (Waring et al., 2013).

On the basis of the "Operational Social Protection" definition used by Devereux and Sabates-Wheeler (2004), social protection for trans people (including those in sex work) needs to cover all formal and informal initiatives that provide:

Social assistance (e.g., old-age pension)

Social services (e.g., assistance in getting entitlements)

Social insurance to protect people against the risks and consequences of livelihood shocks (e.g., self-help groups)

Social equity to protect people against social risks such as discrimination and abuse (e.g., formal mechanisms for redress, antidiscrimination laws)

Social protection for transgender sex workers needs to be rights-based, gender sensitive, transformative (i.e., addressing discrimination and inequities), and anticipatory (e.g., anticipating economic vulnerabilities and risks at particular stages in life). Accordingly, a transformative and anticipatory framework for social protection for trans people (including those in sex work), based on a life stage approach, is presented in Figure 14.2. This figure and the approach detailed below are not meant to be comprehensive or exhaustive, but to indicate possible strategies and activities that can be implemented. A transformative framework, which emphasizes reduction of stigma, discrimination, and violence against hijras/transwomen in sex work, is appropriate given evidence that social exclusion and discrimination against sexual and gender minorities, including trans people, negatively affect economic development in India (Badgett, 2014), and evidence for the connection between gender minority status and poverty (Dhall & Boyce, 2015).

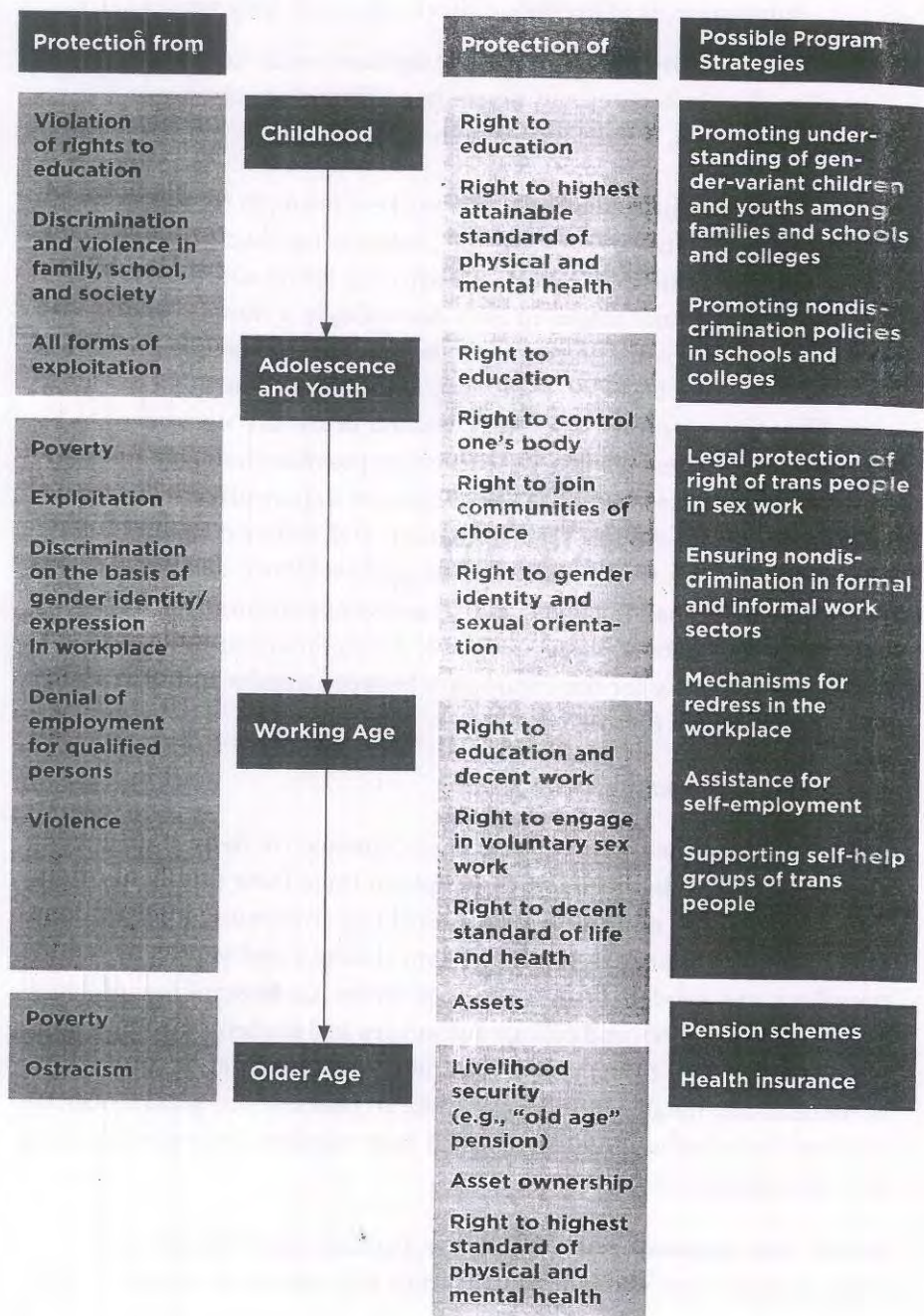
#### ***Life Stage Approach***

**CHILDHOOD** As the family's lack of acceptance of their transgender child or sibling often leads trans people to leave their family of origin and abandon their education, educational and counseling interventions to promote acceptance of gender-variant children and youths by family members are needed. Programs to promote understanding of trans people among school and college authorities and students also may support acceptance of trans people, thus removing a barrier to completion of education. Ideally, nondiscrimination policies on gender-variant children and youths should be enacted to strengthen these sensitization and educational initiatives.

**YOUTH AND WORKING AGE** While the fundamental human rights of those transwomen who voluntarily enter into sex work should be pro-

FIGURE 14.2

Social protection framework using a life-stage approach.



tected, transwomen who would like to take up other work should be provided adequate opportunities that are in line with their qualifications and abilities. Additionally, transwomen should be supported in building their capacities and skills to meet the requirements of their desired employment. Unemployment benefits (a stipend for the unemployed—both able-bodied and differently abled persons) should also be considered in line with this broader emerging trend in some states (e.g., Tamil Nadu [The Hindu, 2008]) in India.

Like some of the initiatives of the Tamil Nadu Transgender Welfare Board (Chakrapani, 2012), assistance to individual trans people and to self-help groups of transwomen for starting and running small-scale business enterprises may provide important support to those seeking self-employment or group employment. Furthermore, development of official mechanisms for redress and measures to ensure accountability for workplace issues in at least the formal work sector may be integral to preventing workplace discrimination and thereby to promoting sustained employment of transwomen.

**OLDER AGE** Once hijras in sex work become older, they are less likely to be able to sustain their income through an adequate number of clients. They are more likely to become gurus, depending on their chelas (disciples) who engage in sex work to support them. There is a need to support older hijras, including those who are current or former sex workers. Providing an old-age pension is one possibility.<sup>2</sup> Increasingly state governments have started providing old-age pensions for hijras/transwomen (e.g., Delhi, Tamil Nadu, Kerala, Odisha), although the amount of financial support is seen as inadequate by trans communities.

### CONCLUSION

Transwomen in sex work are highly vulnerable to HIV infection, harassment, and violence, and they face pervasive stigma and discrimination across multiple life domains and life stages. It is important that programs aiming to improve their health and well-being take into account long-standing sociocultural and historical contexts of transwomen/hijras in India to ensure that their rights are protected, and opportunities in education and employment are expanded, without coercing them to engage in jobs other than sex work.



At present, many community-based organizations of hijras and other transwomen in India are supported by the government only for HIV prevention work. However, a few initiatives have begun to explicitly improve social protection of transwomen on a pilot basis—either as stand-alone projects or as part of larger projects (e.g., Svavritti [SAATHI, 2016], Utkarsh [Swasti, 2013], Pehchan [Shaikh et al., 2016]). The lessons from these initiatives will be useful in further refining and scaling up social protection programs for transwomen, including those in sex work. Although building on the work of HIV program infrastructures in community-based organizations offers one viable pathway for rapid scale-up of social protection for trans people in need, it is important that other means of reaching trans people—for example, by supporting and strengthening trans community organizations that are not currently implementing HIV prevention projects—are also considered and integrated to achieve more comprehensive programming.

Emerging strategies and initiatives for the provision of social protection to transwomen in India, while a positive development, seem to exist only under the Ministry of Social Justice and Empowerment. Other government ministries, such as the Ministry of Women and Children, Law Ministry, and Ministry of Education and Human Resource Development, should also be involved in bringing the breadth of their expertise and experience to support comprehensive social protection programs for transwomen in sex work. This broader approach may also serve to reduce the marginalization that is characteristic of the experience of many transwomen in sex work.

Importantly, many transwomen in sex work do not explicitly assume or articulate identification as sex workers, and as a result their unique needs may not be addressed. In some regions and cities such as Kolkata and Mumbai, a sex worker identity may be equally present among transwomen in sex work and other women in sex work, which may help transwomen in working together with women in sex work to realize and protect their collective rights. Elsewhere in India, consciousness-raising in relation to sex work among trans people may offer one pathway to better address the unmet social protection needs of transwomen in sex work.

Finally, engagement and ongoing involvement of trans communities in India in initiatives designed to support their health and well-being are critical from multiple perspectives. For one, such engagement is an

important mechanism for reducing pervasive stigma and discrimination faced by transwomen from the broader society. Second, engagement of the trans community, including sex workers, serves to actively support empowerment of transwomen in sex work, a key component of reducing vulnerability. Third, measures for greater social inclusion, with expanded opportunities in education and employment, help render sex work a choice rather than a pathway imposed because of a lack of other choices to earn a livelihood. And fourth, the design, development, evaluation, and monitoring of programs designed to support trans communities have a greater likelihood of being acceptable and effective if they address the expressed needs of the population.

Although trans people, and transwomen in sex work in particular, are marginalized populations—across family, work, social, legal, health, and community domains—the thousands of years of culture and history of trans people in India suggest enduring strengths and mechanisms for community survival that should be integrated in effective social protection programs and government responses in the future.

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## NOTES

1. In community consultations, trans activists who are living with their parents claimed that because of their supportive parents they did not join a hijra community, although they do have close ties with hijra activists.
2. The Lawyers Collective notes that the Pension Parishad, a national movement to mandate a universal old-age pension, has demanded relaxation of the eligibility age to 45 years for highly vulnerable groups, including transwomen in sex work.

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