



# Understanding Transgender Community: An Explorative Study

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**Abstract**— This study makes an attempt to collect information regarding the day-to-day life of transgender living in and around Chennai City, Tamil Nadu. A sample of 280 transgender residing in this city are the respondents for this study. This explorative study had collected details regarding issues like their gender identity, demographic characteristics, education, daily activities, information sharing, health-seeking, sexual life and mental health status and their knowledge on fundamental rights and discrimination they meet out in their day-to-day life. Even though the Supreme Court, the Central and State Governments of India enacted different laws for the upliftment of this neglected community, the lack of enforcement of such laws makes these people to struggle for their identity. This socially excluded group is vulnerable to abuse by public, and self-harming behavior such as suicidal attempts. This study will help us understand the present lifestyle of transgender of Chennai City.

**Keywords**— Transgender Community, Lifestyle, Information sharing, exploratory analysis

## I. INTRODUCTION

Transgender are marginalized people who have changed their gender identity from the sex that they were assigned at birth. Some transgender who has taken medical assistance to change their sexual identity are known as transsexual. In India they are known as *Hijras* in Hindi, *Kothis* in Telugu and *Aravani* or *Thirunangai* in Tami [1]. The Indian ancient works of literature mentioned the presence of this community and they maintained their own identity and were respected till the Mughal period and lost their special identity during the British period [2]. In recent times, even though these people become more visible, there is no proper understanding and contact with the general public. The non-recognition of the mainstream community make them extremely vulnerable to discrimination, harassment, violence and sexual assault in public places, at home and workplace. The social impacts of such encounter include identity concealment, fear, homelessness, suicide, self-esteem issues and mental health disparities [3]. In India, the research studies conducted till date on this community indicate multiple disparities including untreated mental condition, barriers to transgender-specific medical intervention and HIV infection [4].

According to the 2011 census of India, the population size of this community is about four lakh and eighty thousand. The population of this community varies from state to state but the majority of them found in states like Uttar Pradesh (28%), Andhra Pradesh (9%), 8% each in Maharashtra and

Bihar and over 6% both in Madhya Pradesh and West Bengal. In Tamil Nadu State the population size is about 22,000 which is about 4% of the transgender population of India. The literacy rate of this community is 46% whereas it is 74% in the general population. Social exclusion from the general society and low literacy rate make them choose begging and sex-related work as an occupation for earning to meet their daily expenses and has become a high-risk group of STI and HIV/AIDS.

This explorative quantitative study attempts to collect details regarding their demographic characteristics, education and financial status, daily activities, information sharing, health-seeking, and drug use behaviours, sexual life and mental health status and their knowledge on fundamental rights of 280 transgender residing in and around Chennai City, the capital of Tamil Nadu state. This study also deals with ascertaining the views of these people on harassment and discrimination they meet out every day in their life. The speciality of this study is that it availed the service of a transgender to contact and collect information from the members of this community.

The rest of this paper is organised as follows: Section II has the related work, Section III provides methods. Section IV discusses the results followed by the conclusion of the study in Section V.

## II. RELATED WORK

Recent developments of the last few years have been changing this situation. The Supreme Court of India in one

of its rulings recognized this community as “Third-Gender” to protect their rights. It is considered as an important judgment enabling the third gender to exercise their rights. The Election Commission of India allowed these members of this community to take part in the election process by providing a third gender option in the voting machine. Census of India had collected statistics regarding these people by notifying as “others” under gender category and also this census reported that 55,000 children were recognized as transgender by their parents. The Government of Tamil Nadu State, for the first time in India, developed a welfare board with a vision of providing them free housing facility, employment opportunities, and free service for sex reassignment surgery at Government hospital[2]. The UNDP-India study reported that proper enumeration would help this community to avail quota in education and job that help them to lead a decent life.

### III. METHODOLOGY

#### *Study Design and Population*

Initially, a tool in the form of a questionnaire in the local language (Tamil) was developed to cover many above mentioned domains. A panel consists of experts from different disciplines like public health, anthropology and statistics reviewed the content of the questions for its relevance and appropriateness and the tool was refined based on their suggestions. A pilot test was conducted to determine the time taken to administer the tool and the ease of administration. The tool was further refined based on the findings of the pilot study.

The Indian Council of Social Science Research of India sponsored this cross-sectional study and it was conducted between September and December 2020. The participants are transgender living in and around Chennai City referred by the leaders of a local non-government organization meant for this community. The leaders of this organization briefed each participant about the intention of this study and obtained their informed consent in writing for providing the required information. The participants were contacted through their mobile phones for ascertaining their convenient time for participating in the survey. The survey was conducted in a separate room of the office of the NGO to maintain participant privacy. A sum of Rs.200/- was paid to the participants to compensate for their time and transport. This amount was paid through bank to those who have a bank account and for others paid as cash and receipt was obtained from them. The data were collected on palmtop computers using Epi Info version 3.2.5 datasheets. The research staff of this project reviewed transcript coding for consistency with the codebook and code definitions to ensure the quality of the collected data. This study was approved by the internal review board of the School of Public Health of SRM Institute of Science and Technology, India.

### IV. RESULTS AND DISCUSSION

#### *Demographic Characteristics*

In this group, nearly 30% are less than 28 years of age, 29% are in between 28 and 33 years, 22% are in the age group 34 to 38 and another 20% are more than 38 years. They all speak Tamil language and also 34% speak Hindi, 6% know Telugu and 4% speak Malayalam. As for as religion is concerned, 89% are Hindus, 6% are Christians and 5% are Muslims. The education status of this group is as follows: 27% completed primary, 40% completed secondary, 20% completed higher secondary, 4% completed diploma, 4% are graduates and 1% are postgraduates. A few of them work in either Government or private organization, some of them work as volunteers in self groups and the majority of them earn through begging and engage in sex work. Nearly 64% of them earn more than Rs.72, 000/- per year. Generally, transgender leaders and friends are helping these participants to find the source of income for their livelihood (Table 1).

#### *The self-realization of Gender Issues*

All the participants identified themselves as transgender. It seems that for these people, the feeling that something is different began early in life. Nearly 9% felt this feeling at the age of 11, 35% felt at 12, 26% at the age of 13 and about 26% from 14 to 16 years. This result indicates that these individuals started to realize that they are becoming transgender from the age of 11 onwards. Many of them recollected that as children how they felt the difference between how their bodies looked and how they felt on inside. Many felt that their body is incorrect and decided to change their outlook by using make-up, haircuts; clothing styles and some opted for medical treatment ranging from hormone treatment to gender reassignment surgery (Table 2).

#### *Information sharing/Seeking Behavior*

In this study, nearly 68% of the transgender let their friends know the feeling of their gender difference and only 15% preferred their relatives for the same. Once thrown out of their own house, these people received help for getting food and clothing mostly from transgender friends (81%) and also from male friends (29%). Only 5% received such help from relatives. In the case of providing shelter, the help came from Transgender leaders (51%), Transgender friends (81%), male friends (19%) and relatives (8%). Mainly friends (30%) and relatives (20%) were the persons responsible for these people not being able to continue their education (Table 3).

#### *Transgender-Specific Healthcare*

All of the respondents of this study had undergone gender assignment surgery. They received money as well as physical help from 56% of transgender leaders, 61% of transgender friends and very few male friends (5%) for such life-changing task. 232 out of 280 transgender had one or two mental health problems like anxiety, depression etc. for the past six months. They had these problems because of relatives (24%) and male friends (20%). The transgender lives in Mumbai City preferred pharmacy than a public facility for medical treatment due to fear of discrimination [5]. Verbal harassment by doctors, the

unfriendly attitude of health care providers, not having separate ward for medical examination and separate toilet facilities for this community in hospitals are some of the reasons spelt out by these people for not seeking medical professional's advice for their treatment (Table 4).

#### ***Sexual orientation and Drug Use***

More than 70% of transgender individuals had shared their sexual feelings to their male friends for the first time and about 83% had sexual contact for the first time with their male friends only. Nearly 28% of their male friends, 44% of transgender friends, and 24% of transgender leaders forced them to engage in the sex industry. 88% of transgender friends thought them the usage of condoms to prevent unwanted sex-related diseases. 186 out of 280 people said that they use to consume alcohol. Out of these 186 people, thirty-two per cent of transgender friends, 27% of male friends introduced them to alcoholism. Thirty-nine transgender respondents accepted that they use to take the drug now and then and their male friends, as well as transgender friends, equally played a significant role in introducing them to these unwanted habits (Table 5).

#### ***Discrimination, Harassment and Sexual Violence***

Discriminatory, verbal and physical harassment experiences are highly prevalent among the participants. Being transgender, many of them have undergone discriminatory experience mainly from relatives (59%) and neighbours (35%). Some reported that they had been forced into discriminatory situations by members of the public like classmates, school teachers, neighbours and police personnel also. In such a situation, transgender leaders (44%), transgender friends (61%) and some male friends (12%) have helped them to overcome such a difficult situation. They have been subjected to verbal and physical harassment mainly by relatives (50%), own brothers (46%), parents (26%) and by the general public (11%). Mainly their appearance, clothing and artificial behaviour made the general public to express hostile attitudes towards them. Out of 280 transgender, most of them said that they were sexually harassed in the public. The culprits are rowdies (65%), the general public (8%), male friends (15%), police personal (19%), old customers (5%) and relatives (9%). The individuals who have helped them in such situation are mainly transgender leaders and friends (79%), neighbours (17%), police (21%) and the general public (8%) (Table 6).

#### ***General Awareness about Civil Rights***

This community people nowadays have been recognizing the importance of education and employment. Transgender leaders (73%) and transgender friends (51%) are mainly responsible for creating such awareness for these individuals. Again only these leaders and friends help them to avail legal services for getting ancestral property right, marriage etc. The judgment of the Supreme Court of India of 2014 made this community person to lead dignified lives. This type of fundamental policies would empower this community and provide ample opportunities for getting a good education and increase their employment

prospects that in turn lift their socio-economic status (Table 7).

Indian transgender share with transgender persons worldwide including issues like gender identity, social rejection and discrimination. History says that transgender has always been a part of Indian culture and once they were treated with respect. They were mentioned in Hindu scriptures and epics like Ramayana and Mahabharata. They held important positions in the royal courts of Mughal emperors, but they were classified as criminals during British rule but still, these people were left on the margins of society even after independence.

This aim of this study is to explore how this community is recognized by the general public and how these people try to improve their status in the society by analyzing the experiences of 280 transgender living in and around Chennai City on gender identity, discrimination and transgender-specific mental health problems. Issues like their socio-demographic status, sexual orientation and drug-using habit are discussed.

Many of the participants of this study are less than forty years old and belong to the Hindu religion, and earn more than Rs.72, 000/ per year. As many of them are deprived by their family and school communities, they discontinued their education. On average, the participants of this study completed their school education only. Another study undertaken in the same city in 2017 indicates that 23% completed school education and 7% had a college education. Nearly fifty per cent of the people of this study earned money by visiting different shops and asking for money, blessing newly married couples and newborn.

The Central and many State Governments of India have been introducing many pioneering programmes like free housing facility, citizen documents, scholarship for continuing education, employment reservation and facility for free sex-change surgery [6]. In the State of Kerala, a school specifically for the members of this community was started for providing formal education and skill development programs, and the enrollment has been increasing steadily. The number of members of this community availing these facilities has been increasing. A good education has made some members of this community become Principal of a College, Members of Indian Police Service, Lawyers, and Elected Representatives etc. The Supreme Court of India instructed all the State Governments to provide separate public toilets for these people [7]. The lack of enforcement of the Supreme Court ruling became evident as transgender people and its community still struggling for their identity and desecrated by society on the grounds of sex.

As for as gender identity is concerned, this study indicates that only very few transgender people are satisfied with their social transitioning by coming out to their friends, relatives or social circles. Some prefer medical transition by undertaking hormone therapy and gender reassignment

surgery to change their physical characteristics to match the gender they identify with. Even after the transitioning many hesitate to reveal their new identity to people they move with for their privacy. Majority of the families disown their children once they came to know their gender identity and expression. Employers deny jobs; landlords deny shelter because these people do not conform to gender norms. General public describe them as deceptive people and in a social setting; some people make them sleep with them. Many respondents expressed that they have to struggle alone in their gender issues and this is true in Levitt and Ippolito (2014) study also [8]. Adam and Peirce (2006) in their study found that their transgender respondents also had felt that the difference between body shape and their inner feeling in their early school years but because of adverse surroundings it took until puberty or even adolescence to cope with that difference [9].

As this transgender are disowned by close family members, they preferred mainly transgender leaders and transgender friends and a few male friends to share information regarding their gender issues and also to seek help for their daily activities like clothing, food and residence. Studies of Beiriger and Jackson, 2007. Thompson, 2012 show that information needs and information-seeking behaviour of transgender depend on an individual's own gender identity. Initially, at the time of entering this new world, a transgender needs information related to causes of gender identity, experiences of other transgender people, support groups and counselling. Once the gender identity is established the type of information needed is get changed and they seek information on topics like employment, medical care etc[10][11].

Transgender health care includes prevention, diagnosis and treatment of physical and mental conditions. Questions implicated in such health care include gender variance, health risk due to gender reassignment surgery. Transgender people have a variety of reasons for seeking the help of medical professionals and psychologists. It seems that discrimination and harassments they face from the unhelpful society made them get anxiety and suffer from depression very often. These issues bring these people into contact with mental health professionals. In addition to general health problems, these people seek medical professionals help to understand their gender identities and patterns of gender expression and in getting help in gender change surgery [12][13]. Evidence suggests that the rates of depression and anxiety of individual transgender decrease once the gender identity is accepted and live in the supportive household [12][13][14].

Sexual orientation is defined as an individual's physical and romantic attraction to another individual. Trans gender's sexual orientation is early effeminacy, adulthood femininity, and attraction to masculine males and they do not have the right to sexuality. In our study also the majority of the transgender have expressed the first time their sexual feeling to male friends. Lack adequate education and lack employment opportunities and

unfriendly circumstances forced these people to become commercial sex workers mainly to meet their economic needs but they are used face multiple vulnerabilities due to inconvenient legal system and live under constant threat [15]. The unhealthy and unprotected sexual practice exposed them to AIDS and HIV. The WHO report on Transgender indicates that these individuals are 49 times more likely to be living with HIV than other adults of reproductive age with an estimated worldwide HIV prevalence of 19%.

Thirty to forty per cent of respondents accepted that they have the habit of consuming alcohol and addict to the drug. It seems that transgender and male friends are equally responsible for introducing them to these unhealthy habits. Early studies indicate that due to personal and cultural stresses, higher rates of depression, anxiety, and suicidal tendency, these people have become a habitual user of alcohol and drugs than the general population and become heavy drunker in later life [16]. Mayor (2008) says that the drug usage of these people is associated with unsafe sex practice and the transmission of infections, including AIDS and HIV. These people who live between and outside a male-female binary, have been facing many problems like lack of education and medical facilities, unemployment, homelessness, no proper recognition by the public and proper constitutional and legal systems.

## V. CONCLUSION AND FUTURE SCOPE

This situation analysis describes the present lifestyle of transgender of Chennai City and also discusses various issues related to their identity. These people face discrimination and hatred not only from families but also from friends and coworkers. This socially excluded group is vulnerable to abuse by public and of police, to substance abuse, to diseases such as AIDS and HIV and self-harming behaviour such as suicidal attempts. Even though the Supreme Court, the Election Commission, the Central and different State Governments enacted different laws for the upliftment of this neglected community, the lack of enforcement of such laws makes these people struggle for their identity and discriminated by the general public on the grounds of sex.

At first, proper training needs to be given to families raising trans diverse children for creating awareness regarding such children. The public responsibility is to bring this marginalized group to the mainstream by allying and showing support to this group, and encouraging fair and inclusive media coverage of transgender issues and to support them in their struggle for their identity, equality and dignity. It is desirable to remove barriers for these people to gain policy inclusion of gender alignment that has direct implications for accessing proper employment and resources. There need changes in laws and policies that enable them to avail legal recognition and human rights protection, and enable them to access to transgender-specific health care and psychological support easily and

live dignified and fulfilling lives together with the public in the future.

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Table 1: Frequency of Demographic Characteristics

Age		
Age group	Age group	Age group
Less than 28	Less than 28	Less than 28
28-33	28-33	28-33
34-38	34-38	34-38
Above 39	Above 39	Above 39
Spoken language		
Language	Frequency	Percentage
Urdu	10	4%
Tamil	279	100%
Hindi	94	34%
Telugu	18	6%
Malayalam	10	4%
Education		
Education	Frequency	Percentage

Secondary	111	40%
Under Graduate	11	4%
Others	10	4%
Diploma	11	4%
Primary	76	27%
Post Graduate	4	1%
Higher Secondary	57	20%
<b>Income</b>		
<b>Income</b>	<b>Frequency</b>	<b>Percentage</b>
Below 72K	102	36%
Above 72K	178	64%
<b>Helping Source</b>		
<b>Helping Source</b>	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	143	51%
TG Friends	227	81%
Male Friends	53	19%
Panchayat Leaders	15	5%
Relations	23	8%

Table 2: Frequency of self-realization of Gender Issues

<b>Gender Identity</b>		
<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
7	1	1%
8	2	1%
9	1	1%
10	6	2%
11	25	9%
12	99	35%
13	72	26%
14	32	11%
15	39	14%
16	2	1%

Table 3: Frequency of Information sharing/Seeking Behaviour

<b>Did you let people in your home know when you realized the gender difference?</b>		
	<b>Frequency</b>	<b>Percentage</b>
Male Friends	189	68%
Friends	134	48%
Relations	41	15%
<b>To whom did you first ask for food, clothing, and location outside?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Friends	227	81%
Male Friends	80	29%
Friends	52	19%
Relations	15	5%
<b>Who helped you get the location?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	143	51%
TG Friends	227	81%
Male Friends	53	19%
Panchayat Leaders	15	5%
Relations	23	8%
Others	2	1%
<b>Who were the persons responsible for not being able to continue their education?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	3	1%
TG Friends	5	2%
Male Friends	17	6%

Friends	114	40%
Relations	75	27%

Table 4: Frequency of Transgender-Specific Healthcare

<b>Have you undergone gender assignment therapy?</b>		
	<b>Frequency</b>	<b>Percentage</b>
Yes	213	76%
No	67	24%
<b>If yes, who helped with gender reassignment therapy?</b>		
TG Leaders	157	56%
TG Friends	171	61%
Male Friends	15	5%
Relations	2	1%
Others	9	3%
<b>Who are the people responsible for your mental problems?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	39	14%
TG Friends	25	9%
Male Friends	55	20%
Others	46	16%
Relations	66	24%
Panchayat Leaders	1	0%

Table 5: Frequency of Sexual orientation and Drug Use

<b>To whom did you first talk about sex?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	12	4%
Male Friends	200	71%
TG Friends	33	12%
Friends	123	44%
Panchayat Leaders	3	1%
Relations	43	15%
Others	1	1%
<b>With whom did you have sex first?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	3	1%
TG Friends	3	1%
Male Friends	233	83%
Friends	119	43%
Relations	72	26%
Panchayat Leaders	28	10%
Others	6	2%
<b>Who inspired you to engage in the sex industry?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	67	24%
TG Friends	124	44%
Male Friends	78	28%
Others	16	6%
Friends	16	6%
Relations	23	8%
<b>Who first introduced the use of condoms?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	123	44%
TG Friends	245	88%
Male Friends	45	16%
Friends	3	1%
Relations	2	1%
Others	2	1%
<b>Who introduced alcoholism?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	15	5%
Male Friends	75	27%
TG Friends	89	32%

Friends	5	2%
Relations	1	1%
Others	71	25%
<b>From whom did you get the drugs?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Friends	3	1%
Male Friends	4	1%
Relations	1	1%
Others	100	36%

Table 6: Frequency of Discrimination, Harassment and Sexual Violence

<b>Are family members / friends discriminating against you? If so, who are the persons who have acted in such a manner?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	13	5%
TG Friends	11	4%
Neighbours	99	35%
Friends	78	28%
Relations	165	59%
Panchayat Leaders	4	1%
Others	34	12%
<b>Who was the person who helped you in such a difficult situation?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	123	44%
TG Friends	171	61%
Male Friends	33	12%
Neighbours	6	2%
Friends	7	3%
Relations	6	2%
Others	29	10%
<b>Have you been subjected to verbal or physical harassment by your family members / friends? If so, who are the persons who did so?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	11	4%
TG Friends	8	3%
Male Friends	26	9%
Friends	38	14%
Brothers	128	46%
Relations	141	50%
Parents	74	26%
Others	31	11%
<b>Who are the people who helped you in such a difficult situation? Or whose help do you seek?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	110	39%
TG Friends	143	51%
Male Friends	28	10%
Friends	2	1%
Brothers	3	1%
Relations	5	2%
Parents	45	16%
Others	26	9%
<b>Were you sexually harassed in public? If so, who were the perpetrators?</b>		
	<b>Frequency</b>	<b>Percentage</b>
Neighbours	51	18%
Male Friends	41	15%
Police	53	19%
Relations	24	9%
Others	22	8%
Old Customer	14	5%
Rowdy	183	65%
<b>Who are the people who helped you in such a difficult situation? Or whose help did you seek?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	115	41%
TG Friends	105	38%
Neighbours	48	17%



Male Friends	15	5%
Police	58	21%
Rowdy	45	16%
Relations	4	1%
Others	22	8%
Old Customer	3	1%

Table 7: Frequency of General Awareness about Civil Rights

<b>Is there awareness about education and employment? If yes, who were the people responsible for it?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	203	73%
TG Friends	144	51%
Male Friends	22	8%
Neighbours	5	2%
Panchayat Leaders	11	4%
Friends	5	2%
Male Officer	77	28%
Female Officer	26	9%
Police	2	1%
Others	28	10%
Old Customer	1	1%
<b>Who educated you regarding legal assistance such as Fundamental rights and Civil rights?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	230	82%
TG Friends	187	67%
Male Friends	28	10%
Panchayat Leaders	17	6%
Relations	4	1%
Neighbours	7	3%
Male officers	36	13%
Female officers	12	4%
Others	19	7%
Male coworkers	38	14%
Female coworkers	19	7%
Police	1	1%
Friends	4	1%
<b>Do you know about the Medicare plan? If so, who did?</b>		
	<b>Frequency</b>	<b>Percentage</b>
TG Leaders	215	77%
TG Friends	145	52%
Male Friends	16	6%
Relations	3	1%
Neighbours	7	3%
Panchayat Leaders	32	11%
Male Officer	54	19%
Female Officer	23	8%
Friends	1	1%
Police	5	2%
Others	19	7%