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SELF-IMAGE AND WORLDVIEW OF 'HIJRAS' IN INDIA: A QUALITATIVE STUDY OF LIFE EXPERIENCES, BELIEFS, AND EMOTIONAL PROBLEMS OF TRANSGENDER INDIVIDUALS

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ABSTRACT

The Hijra community in India holds a special socio-cultural value in history, respected but still battle marginalization. This qualitative study explores the self-image, worldview, and lived experiences of eight Hijras residing in Delhi-NCR, India. To fulfill the objectives of the study, semi-structured interviews were carried out and the verbatim was analyzed through Interpretive Phenomenological Analysis (IPA). A total of six major themes were observed through repetitive patterns across interviews such as traumatic childhood experiences, absence of familial nurturance, social exclusion, lack of access to education and formal employment, physical exhaustion from sex work, and systemic discrimination. The themes uncover deep rooted negative self-schemas, sense of hopelessness, and viewing the world through a lens of mistrust and absolute withdrawal. The results of the study can be better interpreted through intersectionality theory, social identity theory, and cognitive-behavioral frameworks, highlighting the need to address the marginalization experienced by Hijras through designing culturally sensitive, trauma-informed psychological interventions.

KEYWORDS: Hijra, self-image, worldview, life experiences, beliefs, emotional problems, IPA, intersectionality, mental health, social exclusion

1. INTRODUCTION

The Hijra community in India represents one of the world's oldest and most culturally diverse gender populations. Individuals such as transgender women, intersex, eunuchs and who don't confirm themselves with either the female or male gender are usually the ones who comprise within the umbrella word, "Hijras" (Nanda, 1990; Reddy, 2005). They have been an integral part of the Indian culture and subcontinent since the times of important mythologies and epics such as the Ramayana and Mahabharata, having an important identity of being well known to be showered with divine power to bless or curse. Their contributions as reliable courtiers, caretakers of royal woman and some in some administrative roles during the Mughal era (16th-19th centuries), have been well spoken of and acknowledged in history (Hinchy, 2019).

A huge blow to the social identity of Hijras came in during the colonial period which was marked by the Criminal Tribes Act, 1871, that invalidated the existence of the community and their practices by criminalizing them and barring them from having any legal rights or identity (Hinchy, 2019). Even though the decision was reversed post-independence, the outlook of people towards the society did not change and they continued to stigmatize the members of the Hijra community. Till date, the Hijra community in India tends to face discrimination in usually all areas and aspects of everyday life such as from their own family members, educational institutions, employment sectors, healthcare industry to even housing which secludes them into being the most vulnerable and sidelined community in the nation (Chakrapani, 2010).

The NALSA (National Legal Services Authority v. Union of India) judgment passed by the Supreme Court of India in 2014 officially recognizes and protects the identity and rights of transgenders by giving them the title of the "Third Gender" in India. Thereafter, the Transgender Persons Act came about in 2019 that was sought to protect the legal rights of the community. The legislative actions have not been sufficient enough in bringing about enough change due to lack of proper implementation that has left the Hijras/ transgenders still in harsh live realities such as financial struggles, social out casting and heightened levels of stress (Bhattacharya, 2020).

The psychological and emotional challenges faced by the Hijras-especially related to their self-image, worldview and overall wellbeing still remain underexplored. The social and structural concerns and situations have been studied and reported by

scholars (Nanda, 1990; Reddy, 2005; Cohen, 1995) studying anthropology and sociology, however their lived experiences, outlook towards the world and perceptions about self-have received negligible attention. The loop holes can be well understood through observation of the significantly high levels of depression, trauma specific psychological disorders, anxiety and even suicide rates prevalent among the community across the globe (Reisner et al., 2016; Bocking et al., 2013).

The current study aims to address this gap in literature by attempting to study the self-image and worldview of Hijras through an exploration of their subjective experiences. The Interpretative Phenomenological Analysis (IPA) was employed as a basis to study and understand how childhood experiences, interpersonal relationships, discrimination and financial struggles have defined and built the perspective/outlook of Hijras through which they view themselves, others and the world. Moreover, the study aims to explore the possible pathways for developing culturally adapted cognitive-behavioral therapeutic (CBT) interventions that could target the specific psychological needs of this community.

2. METHODOLOGY

The study aimed at exploring the self-image and worldviews of Hijras through understanding and interpreting their life experiences, beliefs and psychological concerns.

There are majorly four objectives for the research:

1. Explore and report the life experiences, beliefs, and emotional challenges of individuals of the Hijra community.
2. To recognize and identify any mental health concerns of the individuals arising from their life situations.
3. Evaluate whether there is any relationship between childhood experiences and current view of self, perception of others and the world.
4. Exploring the possibility of adapting the CBT framework for therapeutic work with this population.

2.1. Research Design

The current study followed a qualitative research design, with a focus on Interpretive Phenomenological Analysis (IPA), to help understand the lived and subjective experiences of Hijras. IPA was chosen as it is best suited to delve into an understanding of how individuals make sense of their personal and social worlds, mainly when it concerns complex, emotionally significant experiences (Smith, Flowers, & Larkin, 2009). Unlike

other qualitative techniques, IPA helps build a deeper understanding of personal and social concerns that affect a person's life whose experiences are sensitive and personal.

2.2. Participants

Eight Hijra individuals residing in Delhi-NCR were included in the study through purposive sampling, with help and guidance from local community organizations and some known informants from the Hijra community. The individuals had to identify themselves as Hijras, had to be over 18 years of age and sign the informed consent which included permission to be voice recorded during the interviews. Participants were assigned pseudonyms (M, H, Bobby, Prashant, Pari, Mona, Anu, Tulsi Chandra) to protect confidentiality. The sample was diverse as it included individuals with varying levels of involvement in sex work, different positions within the guru-chela hierarchy, and varied educational levels, that ensured that the study comprised of a variety of perspectives from the Hijra community.

2.3. Data Collection

The data was collected through in-depth semi-structured interviews conducted in Hindi and Hinglish (a mix and blend of Hindi and English usually used in urban India) that ranged from 45 to 90 minutes. Prior to the interview a preset guide was developed with the help of literature to explore aspects such as childhood experiences, family relationships, social interactions, financial conditions and circumstances, perception of oneself, others and the world. The interview was flexible enough to enable the participants to introduce topics that fit their own personal experience. The participants were asked for informed consent to record the verbatim during the interview. Transcripts were translated into English while not discarding some of the original Hinglish phrasing to preserve any important culturally significant aspects.

2.4. Ethical Considerations

Ethical approval was taken from the relevant institutional review board prior to the commencement of the study. All participants were asked to sign an informed consent form prior to participation in the study. Given the sensitive nature of the study and discussion around topics such as sexual exploitation, violence, and social rejection—the participants emotional state was taken care of during the entire interview and they could leave the study at any time without having to face any consequences. The participants were helped to

ground themselves during the interviews in case of an emotional outburst. Referrals were made to mental health practitioners when and where needed. Confidentiality was given utmost priority by using pseudonyms and the removal of identifying details from verbatim and the transcripts were handled with care to avoid any form of data leak.

3. RESULTS

The verbatim of the eight participants was assessed through IPA that yielded six prominent themes, each explaining a unique aspect of the participants' lived experiences. These themes are presented below with raw verbatim from the participants, followed by interpretive remarks.

3.1. Theme 1: Remembering childhood as a traumatic memory

All eight participants described their childhood as traumatic memory and experienced rejection, harsh words and seclusion. They often understood their gender through choices such as feminine clothing, dancing and play which was then treated differently by the society. Consequentially triggering negative responses from family members and peers that left participants with a long-lasting psychological impact.

Tulsi Chandra said: "Jab ghar se taane padte, tab ghar chod dia, bhag gyi mai, Socha wapas jau, toh Mama & Mami ne accept nahi kia, or aise hi kaam karna chaalu nahi chilta tha jagah jagah pata ho nahi chilta tha kyun ke rahe h."

Translation: When I received taunts at home, I left the house. I thought of going back, but my Mama and Mami did not accept me, and so I had to keep working, moving from place to place, not knowing why I couldn't stay anywhere.

Bobby said: "Bachpan to dekha wo kaha, aise he nail polish lgate the, naachte the, Dheere laga mai normal nahi, fir Delhi aa gya, Culcutta se, ghar ghar kaam kia, pata chala mai to hijra hu."

Translation: In childhood, I used to apply nail polish and dance. Slowly people realized I was not normal. Then I came to Delhi from Calcutta, worked in houses, and eventually found out that I am a hijra.

Prashant's verbatim indicated the theme of early labeling and its psychological consequences. He remembered being labeled as 'half-lady,' 'chakka,' and 'halwa' by his classmates and friends from the age of 8–9 years, and that he was excluded from playing cricket and other activities that usually are accepted as masculine activities. The internalization of these harsh comments can be understood through the Beck's (1979) cognitive model as the formation of negative core beliefs about the self usually are

established early on in the childhood due to negative experiences that manifest themselves into interactions with others and the world in adulthood.

Mona's narrative explained how the absence of parental involvement and care can be a compounding factor of trauma. She mentioned being told to stay away from home and receiving threats of being killed upon return. This experience of parental rejection was observed in six of the eight participants that is in sync with the research that suggests that family rejection could be one of the strongest predictors of negative mental health outcomes among transgender youth (Ryan et al., 2010).

3.2. Theme 2: Absence of parental nurturance, care and protection

The childhood trauma was associated to being deprived of basic nurturance, care and protection, not only from family members but also from the social community. Participants described their childhood as being a developmental stage of emotional deprivation, physical danger, and the absence of protective adult figures.

Mona said: "Maa pehle pyaar karti thi, Baap bhi. Jab unhe pata laga to bahut buri baatein boli, jab unhe pata chala kabhi pyaar nahi kiya, nikal diya, aaj bolte hai jaha dikhegi waha maar denge."

Translation: My mother and father used to love me. When they found out, they said terrible things. They said they never loved me, threw me out, and now say they will kill me wherever they see me.

Pari's statements suggested how this theme was not only limited to the family members but the broader social environment, describing how neighbors and local community residents would throw threats at her of killing her if she ever returned to the society. The absence of any safe space and protective family figures gave rise to psychological insecurity that participants stated formed their early and fundamental perception of the world as unsafe and unreliable.

3.3. Theme 3: Experiencing Social Exclusion

All participants consistently highlighted experiences of being seen and treated as the not so normal people of the society who don't fit in. This experience of social exclusion was felt in various situations such as interpersonal relationships, institutional, and structural which accounted for being a source of emotional pain and a definite if you identified as a Hijra.

Tulsi said: "Log pata nahi kaise dekhte h, specially addmi log, mai ek ladka baitha tha, pata nahi usko kya hua, mero shakal dekh os achanak uth gaye noh apni seat se, alag alag sa feel hota h, jaise hum kuch ajeb ho."

Translation: People look at me in a way I can't understand, especially men. I was sitting like a boy, and suddenly they got up from their seat next to me. It feels like we are something strange.

Anu said: "Ghar wale bhi alag nazar se dekhte h, jaise koi touch na, jaise koi ki sta ho, Society wale ajeeb tarah se dekhte, cheate h."

Translation: Even family members look at us differently, as if they don't want to touch us, as if we are something. Society looks at us strangely and cheats us.

Mona, through her sharing, highlighted a structural aspect to this exclusion, underlining that the society was responsible in barring the Hijras from the community and later ended up blaming them for being marginalized. She also mentioned how the clan was perceived as being dishonest and unreliable which made it almost impossible for Hijras to gain employment that resulted in further discrimination.

The concept of stigma as explained by Goffman's (1963) helps understand these verbatims as he describes how an individual's identity who has been stigmatized is often perceived as being totally negligible and wasteful in others mind. Hijras experience the discrimination and stigma at multiple levels together such as nonconformity with any gender, being associated with sex work, and belonging to a community that was previously criminalized which could be better understood with Crenshaw's (1989) explanation of facing levels of burden that could add to marginalization.

3.4. Theme 4: Limited to no access to formal education and employment

A consistent pattern observed across all participants was the difficulty in receiving formal education that made employment unachievable. This structural exclusion was experienced not only due to financial difficulties but also as a fundamental denial of the basics that could create the possibility of leading a different life.

Boby said: "Bachpan mai school mai koi nahi thi, gareeb tha school mai bhi ja nahi paya, ghar ki problem se, 2-3 class hi padh paya, pukaan mai kaam karta tha."

Translation: In childhood, I was not able to go to school properly due to poverty and family problems. I only studied up to 2-3 classes and used to work in shops.

Tulsi Chandra said: "Bachpan mai Acha nahi Bachpan, Mummy chord k dusre k saath shaadi kili, Toh Mama k Mami k saath rehti thi, voh ache se nahi behave kate the, unki dukaan ti, subah school jaati, fir school jaati, School dukaan kholti safai krti, fir school jaati, School mai zyada nahi padhai ki paayi."

Translation: My childhood was not good. My

mother left and remarried. I lived with my Mama and Mami, who did not treat me well. I had to clean their shop in the morning before going to school. I could not study much.

The lack of a formal education added to the difficulty of finding suitable employment options. Participants described being unable to find jobs due to their educational lackings as well as the discrimination they faced at workplaces. Prashant described the experience of being unable to find jobs in formal settings as the presence of a Hijra in the office was usually looked down upon by employers and colleagues. Pari also shared how she moved to different places in search of work and continued to face workplace harassment which eventually led her to quit, depicting the uncertainty of even those employment opportunities that were attained.

Prashant said: "Ghar mai dikkat h bohot, job nahi milti h hum jaise ko, Badhai maangne jaate h toh, Guru aadhe se zyada lehor pause rakh leti h, Isly bohot mushkil rehti h mai rahege fir."

Translation: There is a lot of difficulty at home, people like us don't get jobs. When we go for badhai (traditional blessing ceremonies), the guru keeps more than half the money. So, it is very difficult to survive.

The unavailability of work alongside discrimination leaves Hijras with no other option but to choose informal ways of sustaining a livelihood such as sex work and "badhai" (ritual blessing ceremonies). These finding aligns with Chakrapani's (2010) documentation of the scarce livelihood options available to Hijras in India.

3.5. Theme 5: Physical Exhaustion and Exploitation in Sex Work

Majority of the participants described choosing sex-work as means of earning a livelihood due to unavailability of other possible options. Participants described sex work as being physically and emotionally taxing that brought along its own dangers and exploitation.

Mona said: "Do saal se sex work kar rahi hu, fix thikana nahi hai, roz raat ko sar par kafan bandh ke nikalti hu, kuch pata nahi hota zinda rehne ka logo ki harkato ki wajah se. Kitne log paise bhi nahi dete aur 12 baje se subah 5 baje tak yahi karti hu."

Translation: I have been doing sex work for 20 years. There is no fixed place. Every night I leave with a shroud on my head because I don't know if I will survive due to people's behavior. Many people don't even pay, and I do this from midnight until 5 in the morning.

Tulsi Chandra said: "Majboori mai sex work karna milta nahi, mai shakal deti ka sirf 200 Rs bolte the to mujhe

laga mera hale h 200Rs h, fir maine seedha bhooki rehne se acha h, fir 200Rs ki lele, 2 waqt ki roti to aayegi."

Translation: Out of compulsion I do sex work. I get only 200 Rs. I thought it is better than starving, so I take 200 Rs to at least get two meals a day.

Mona's interview added to the aspect of health consequences related to sex work, mentioning that she had tested positive for HIV but she still couldn't stop engaging into sex work as the money being received from the NGO was not permanent. Together the factors such as financial crisis, health concerns and physical dangers create a vicious loop that is hard to break.

The physical exhaustion highlighted by participants due to working the entire night, having no permanent place to live, facing violence from clients can be understood with the term "structural violence" suggested by Farmer (2004) that explains how individuals are imposed with violence due to lack of social structures to protect them and let them access resources. The long-term prevalence of violence is usually normalized by individuals that makes them emotionally numb similar to states of being exposed to chronic trauma.

3.6. Theme 6: Negative Self-Image, Hopelessness, and Distrust

Interviews of all eight participants highlighted how a difficult childhood, social exclusion, educational deprivation, and financial difficulties could lead individuals into developing negative schema such as a compromised self-image, sense of hopelessness about the future, and mistrust towards others.

Six of the eight participants bluntly expressed a sense of hopelessness about the possibility of change, expressing the belief that they would never be treated better either by people or the society. The sense of hopelessness reflected not only as an emotional state but a rigidly held core belief that shaped the perceptions of the participants.

Mona said: "20 saal hogye, thik h ab jo bhi h, kya hi change ho skta h."

Translation: It has been 20 years, whatever it is, what can change now?

Tulsi said: "ha, thik h ab, kya hi change ho skta h. sakta hai"

Translation: Yes, it's fine now, what can change? Maybe it can.

The dual nature of Tulsi's response highlights a slight possibility for change which could be a resource to acknowledge and hold on to for breaking the vicious loop and belief of hopelessness through the right interventions.

All participants were of the belief that nobody was

their own and nobody could be trusted, a belief that was built on a pattern of being subjected to repetitive episodes of betrayal by family members who didn't accept them, by gurus who exploited them for labor, and by clients who refused to pay or inflicted them with violence. It has been observed through M's sharing that even members of the Hijra community could impose exploitation upon each other as she mentions how her guru would take a greater part of her earnings and others would inflict her with violence.

M said: "Maine naam ki guru bana rakhi hai taaki main zinda reh saku. Mujhpe meri jaat waalo ne hamla karwa diya tha, pair tod diye, Ganja karwa diya blade se, aap zinda nahi reh sakte iss community mein guru ke bina."

Translation: I have a guru just for name's sake so that I can survive. My own community people had me attacked, my leg was broken, my head was shaved with a blade. You cannot survive in this community without a guru.

The majority of participants also described feeling a sense of pity towards themselves that usually is a result of viewing oneself as unworthy and not good enough that has been internalized for years due to receiving an unfair treatment. Beck (1979) explains the sense of hopelessness, feeling unworthy and mistrust as the cognitive triad for depression that constitutes negative perceptions about oneself, the world and the future.

4. DISCUSSION

The present study highlights the interpersonal and socio-cultural factors that shape the self-perception and worldview of Hijras. Specifically, the research explored how childhood experiences, interpersonal relationships, experiences of discrimination, and financial struggles contribute to the development of their perspectives regarding themselves, others, and the world around them. The current study adopted a qualitative research design with a focus on Interpretive Phenomenological Analysis (IPA) to gain an in-depth understanding of the subjective and lived experiences of Hijras.

Most participants in the study recalled their childhood as deeply distressing, shaped by rejection, criticism, and social isolation. Many shared that they were treated negatively by family members and peers from an early age, and these experiences continued to affect their emotional well-being and relationships later in life. Over time, such repeated experiences appeared to shape the way participants viewed themselves and the people around them. Core beliefs such as "I am defective," "others are dangerous and untrustworthy," and "the world is hostile and unchangeable" were developed during

childhood. These findings are consistent with Beck's cognitive theory (1979), which suggests that adverse childhood experiences can contribute to the development of negative core beliefs and maladaptive patterns of thinking.

A common experience shared by all participants was being perceived and treated as individuals who did not fit societal expectations. Repeated experiences of discrimination and exclusion in interpersonal, institutional, and structural settings was mentioned by all which contributed to their emotional distress and feelings of alienation. These findings are consistent with Herman (1992) concept of complex trauma, which explains the psychological impact of prolonged and repeated interpersonal trauma, especially within relationships that are expected to provide safety and support.

Participants also consistently described difficulties in accessing formal education due to discrimination, financial hardship, and hostile social environments. Educational deprivation significantly reduced opportunities for employment and social mobility, leaving many participants with limited livelihood options. As a result of limited educational and occupational opportunities most of them engaged in sex work as a means of survival. Although it provided financial support, participants described sex work as emotionally and physically exhausting and associated with exploitation and violence. These findings can be understood through Crenshaw's (1989) intersectionality framework, which explains how different forms of discrimination, such as gender nonconformity, poverty, and social exclusion, combine and increase experiences of hardship and marginalization.

The study also highlighted feelings of hopelessness, mistrust, and compromised self-among participants. Most of them believed that "nobody can be trusted," reflecting on repeated experiences of betrayal and rejection by family members, gurus, and clients. While the Hijra community and the guru-chela system gave them a sense of belonging and identity, some also experienced exploitation within the same system. These findings can be understood through Tajfel and Turner's (1979) social identity theory, which explains that people often develop their sense of identity and self-worth through the groups they belong to. The Hijra community became a source of acceptance and support for the participants of this study when family or society was not with them, although negative experiences within the same community affected their trust and self-esteem. The findings also reflect cognitive triad of depression, as participants often

viewed themselves negatively, saw the world as unsafe and rejecting, and felt hopeless about their future (Beck et al., 1985).

5. CONCLUSION

The present study explored the lived experiences, self-image, and worldview of Hijras through an Interpretive Phenomenological Analysis approach. The findings revealed that childhood rejection, social exclusion, educational deprivation, financial hardship, and experiences of exploitation significantly shaped participants' perceptions of themselves, others, and the world around them. Many participants experienced feelings of hopelessness, mistrust, and low self-worth that appeared to develop through repeated experiences of discrimination and marginalization.

At the same time, the study also highlighted the importance of community, belongingness, and identity within the Hijra community, despite the presence of exploitation and difficult experiences within the same system. The findings suggest that the emotional struggles of Hijras are shaped not only by personal experiences but also by the larger social and structural challenges they experience. Overall, the study highlights the need for greater social acceptance, accessible mental health support, inclusive educational and employment opportunities, and policies that promote dignity, safety, and well-being for the Hijra community.

6. LIMITATIONS

This study has certain limitations. The small sample size (N = 8) limits the extent to which the

findings can represent the broader Hijra population. Since the study was conducted within the Delhi-NCR region, the experiences shared by participants may not reflect those of Hijras from different cultural or geographical settings. In addition, the study relied on participants' personal narratives and lived experiences, which may have been influenced by individual interpretation and memory.

7. CLINICAL IMPLICATIONS

The findings of this study have important implications for both policy and practice. All participants reported experiencing rejection from their families and society starting in early childhood. Families and communities in India still do not fully accept them as part of society therefore, there is an urgent need for interventions in India that address family attitudes and promote acceptance, such as the Family Acceptance Project model developed by Ryan et al. (2010).

Participants also face mental health challenges and are excluded from basic rights such as education, hospital services, and employment. Although the Transgender Persons (Protection of Rights Act, 2019) includes provisions for non-discrimination in education and employment, participants said that putting these rules into practice remains a major challenge. There is a crucial need for services that are both culturally sensitive and trauma-informed. Community-based mental health programs, created in partnership with Hijra community organizations, could provide a more accessible and acceptable model of care.

REFERENCES

- Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin.
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, 142(5), 559–563.
- Bhattacharya, S. (2020). Transgender rights in India: A critical analysis of the Transgender Persons (Protection of Rights) Act, 2019. *Journal of Indian Law and Society*, 11(1), 45–67.
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943–951.
- Chakrapani, V. (2010). Hijras/transgender women in India: HIV, human rights and social exclusion. UNDP India.
- Chakrapani, V., Newman, P. A., Shunmugam, M., McLuckie, A., & Melwin, F. (2011). Structural violence against Kothi-identified men who have sex with men in Chennai, India: A qualitative investigation. *AIDS Education and Prevention*, 23(2), 110–125.
- Cohen, L. (1995). The pleasures of castration: The postoperative status of Hijras, Jankhas and academics. In P. R. Abramson & S. D. Pinkerton (Eds.), *Sexual nature/sexual culture* (pp. 276–304). University of Chicago Press.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*,

1989(1), 139-167.

- Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology*, 45(3), 305-325.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.
- Hinchy, J. (2019). *Governing gender and sexuality in colonial India: The Hijra, c. 1850-1900*. Cambridge University Press.
- Nanda, S. (1990). *Neither man nor woman: The Hijras of India*. Wadsworth.
- National Legal Services Authority v. Union of India, (2014) 5 SCC 438 (Supreme Court of India).
- Reddy, G. (2005). *With respect to sex: Negotiating Hijra identity in South India*. University of Chicago Press.
- Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., ... & Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. *The Lancet*, 388(10042), 412-436.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method and research*. SAGE.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33-47). Brooks/Cole.
- Transgender Persons (Protection of Rights) Act, 2019. Ministry of Social Justice and Empowerment, Government of India.