

2014

SHAKTI

Stigma reduction, Health care provider
Awareness and Knowledge enhancement
on Transgender issues in India

The Hijra Health Manual for Healthcare Professionals

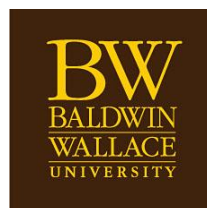
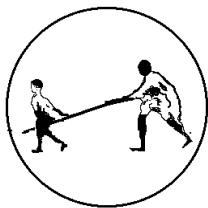


SHAKTI project is funded by National Institute of Health, US (R21 DA033719-01) and Indian Council of Medical Research, India (Indo-US/83/9/2010-ECD-II)

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Partners



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Executive Summary

This manual—titled **The Hijra Health Manual for Healthcare Professionals**—has been created as a part of SHAKTI study (Stigma reduction, Health care provider Awareness and Knowledge enhancement on Transgender issues in India), which aims to sensitize healthcare professionals and create awareness amongst them toward Hijra and Transgender issues.

This manual aims to provide healthcare providers with information about the Hijra community and would serve as an able tool to equip healthcare providers toward working with the Hijra community as well as to aid their understanding of Hijra needs and issues.

This manual draws attention to various aspects of the Hijra community such as their background, history, various definitions pertaining to gender and sexuality, their pressing health needs, as well as communication tips and techniques to assist healthcare professionals in dealing with Hijra clients.

The Hijra community is a vulnerable population, particularly for infections such as HIV and other STIs. Their vulnerability to these infections is often enhanced as many Hijras practise sex work to earn their livelihood. The fact that they are ostracized from the society further contributes toward a decline in their general health and wellbeing. Hijras often seek support from alternate social structures similar to clans that often play an important role toward influencing their health-seeking behaviour.

Healthcare professionals often face dilemmas when approached by the Hijra community for seeking health advice. Myths about Hijras, lack of awareness of their issues, limited interaction with them often act as barriers for healthcare professionals toward providing this community with the required care, support and even empathy.

The Hijra Health Manual for Healthcare Professionals is a tool that all healthcare professionals could use to build on their awareness of the Hijra community and to overcome these barriers. This manual is a useful guide to reflect on common behaviours and practices of The Hijra community and incorporate the tips shared while providing services to the Hijra community.

It is recommended that healthcare providers refer to the content of this manual for the following:

- to know more about the history and background of the Hijra community
- to familiarize themselves with various terminologies under the transgender umbrella
- to familiarize themselves with common behaviours and practices of The Hijra community
- to understand their needs, vulnerabilities and requirements pertaining to health
- to gain an understanding of the communication and language pointers while addressing the Hijra community
- to ensure an empathetic approach to all humans who do not fit into a hetero-normative model

Section 1 Background

The Hijra community has been a part of the Indian society since times immemorial. However, colonisation and greater emphasis on hetero-normativity in the society challenged the stand and status of Hijras and contributed to their neglect. Over a period of time they have been edged out of the mainstream society and have been denied their basic rights. However, reading down of IPC Section 377 at the Delhi High Court (anti-sodomy law) and increased focus on HIV prevention especially among marginalized and vulnerable communities, has highlighted issues faced by the Transgender and Hijra communities across India.

National AIDS Control Organisation (NACO) recognises Hijra and Transgender communities in India as a high risk group for HIV/STI in India. As per the 2010-2011 Sentinel Surveillance figures, HIV prevalence among the Hijra and Transgender communities is 8.2% in India and around 18.8% in the metros. These figures are much higher than those observed for the general community who show an HIV prevalence of 0.4%.

These figures highlight the need to increase the uptake of health-related services by the Hijra and Transgender communities. While studies have explored aspects of stigma and discrimination faced by these communities, limited literature is available to guide healthcare providers around issues, needs, and care of the Hijra and Transgender communities.

Section 2 Purpose of this manual

SHAKTI is a two year Indo-US collaborative study. A formative research was conducted in Year 1 to understand the issues of stigma and discrimination faced by Hijras in health care settings. The findings from the study were used to design a Pilot-Intervention which was then presented to subject experts and Hijra community members in a day-long consultation. This manual has been developed as part of the pilot-intervention.

The purpose of this manual is to provide health care professionals with an introduction to the issues and needs of Hijras in India. Hijras face enormous stigma and discrimination in India. Societal pressure accompanied by psychological and emotional stress experienced by them adversely affects their general health and well-being. While the need for healthcare professionals is crucial, health care professionals are often not trained nor sensitised to address issues pertaining to the Hijra community. This manual intends to bridge this gap and serve as a tool that can be used for advocacy and enhancing knowledge about Hijra community among Health care providers in both government and private settings.

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Section 3 The Humsafar Trust's Role in Supporting Hijra and TG communities

The Humsafar Trust is a community based organisation working with sexual minorities in Mumbai, India since 1994 towards achieving their health and human right. Humsafar Trust currently implements six HIV intervention projects of which one focuses exclusively on reaching out to and providing HIV AIDS and STI care to the Hijra community. The Humsafar Trust has also conducted a number of studies with support from Indian Council of Medical Research (ICMR, India), United Nations Development Program (India) and National Institutes of Health (NIH, United States of America) to understand issues and needs (such as stigma, feminization) faced by the Hijra community in Mumbai. The Humsafar Trust has also nurtured and extended support to community-based organizations (CBOs) with a board comprised entirely of Hijra individuals such as Kinnar Kasturi (Wadala, Mumbai). Funded by Global Fund - Round 9, The Humsafar Trust has also nurtures and supports 51 CBOs for the MSM, Transgender and Hijra community across 5 states.

About The SHAKTI study

'SHAKTI: *Stigma reduction, Health care provider Awareness and Knowledge enhancement on Transgender issues in India*' is an Indo-US collaborative study funded by NIH/ ICMR (2012-2014). Dr. Swagata Banik (Baldwin Wallace University) is the US principle investigator (PI) on this project and the Dr. H R Jerajani (Mahatma Gandhi Mission's Medical College and Hospital) is the Indian PI. The project has been approved by ICMR and has also received ethics clearance from The Humsafar Trust – IRB and MGM Medical College and Hospital – IRB.

The project has three main aims:

- To conduct formative research necessary to develop an innovative and culturally relevant intervention
- To develop a provider-focused cognitive-behavioural stigma-reduction intervention, and obtain feedback from the community and experts
- To pilot test and evaluate preliminary effect of the intervention

Section 4 Key Definitions

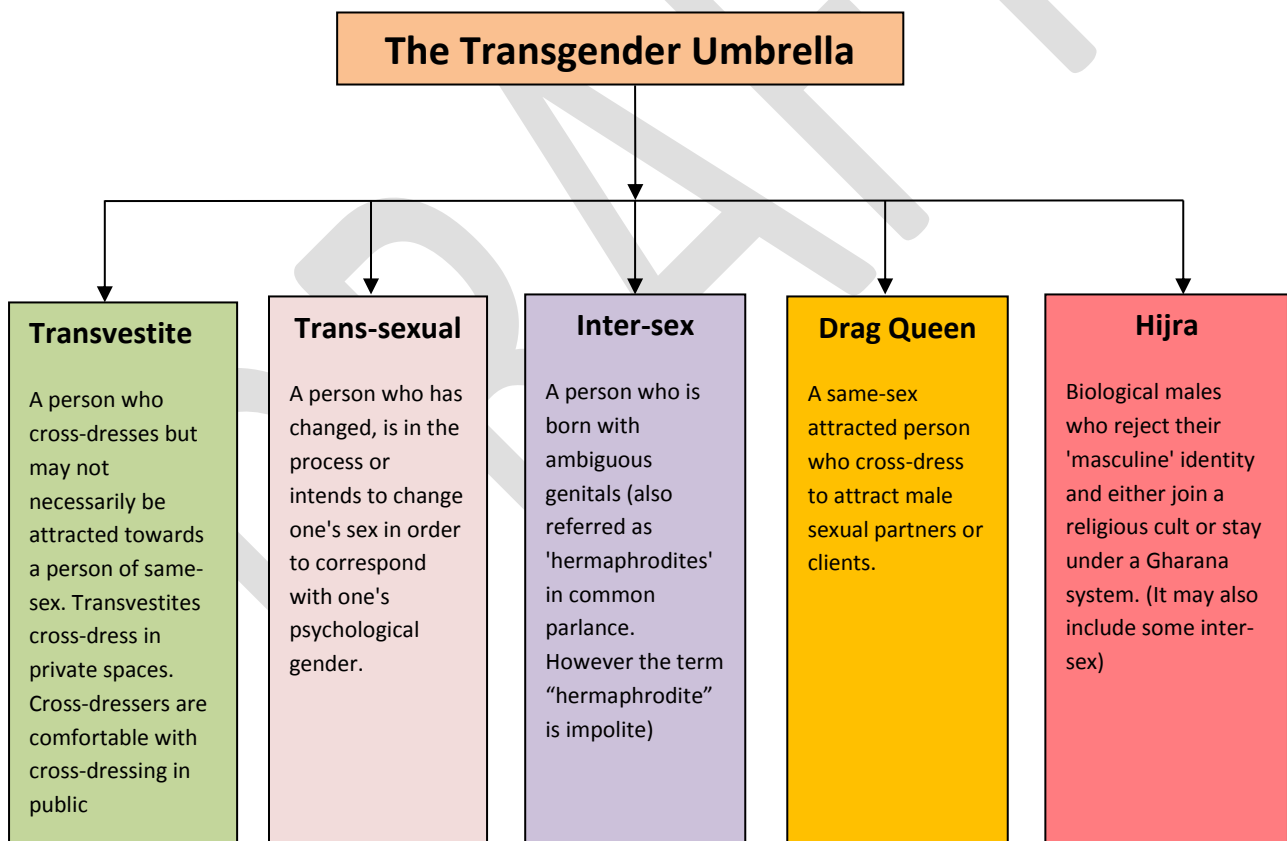
Sex: Refers to being "male" or "female" as assigned at birth with reference to genitals a person is born with.

Gender: Refers to being "masculine" or "feminine", and corresponding social roles and behaviour.

Sexuality: Refers to one's sexual attraction, desire or behaviour with respect to another person of same/ opposite or both sexes.

Transgender: A Transgender person is someone whose gender expression does not correspond with the socially expected gender roles and performance attributed to one's sex at birth. This manual focuses on the male to female (MTF) transpersons.

Third Gender: The terms third gender and third sex describe individuals who are categorized (by their will or by social consensus) as neither man nor woman. As well as the social category present in those societies who recognize three or more genders.



Section 5: Segment in Focus: Hijra

Hijras are biological males who reject their 'masculine' identity in due course of time to identify either as women, or “not-men”, or “in-between man and woman”, or “neither man nor woman”. Hijras can be considered as the western equivalent of transgender/transsexual (male-to-female) persons but 'Hijras' have a long tradition/culture and have strong social ties formalized through a ritual called “reet” (becoming a member of Hijra community). After acquiring a “reet”, the Hijra comes under the patronage of a senior Hijra who is known as a “guru”. The Hijra is then known as the guru’s “chela”. Gurus have substantial control on their chelas’ lives as well as their health seeking behaviour.

There are regional variations in the use of terms referred to 'Hijras'; for example, Kinnars (Delhi) and Aravanis (Tamil Nadu).

Hijras may earn by blessing new-born babies, or dancing in ceremonies (*badhai*). Some Hijras may engage in sex work (*pun*) for lack of other job opportunities, while others are into begging (*mangti*). Few Hijras may be self-employed or work for non-governmental organizations; very few may have their own community based organizations¹

5.1 Social Structure of Hijra

Hijra community is highly structured and organized as an alternate family. Hijras come together to form different gharanas (clans). It is a hierarchical structure where each gharana is led by the head of the family (Nayaks).

There are strict rules and regulations laid by the gharanas which have to be followed by all members of a Gharana. Any violation or disobedience by any younger members is liable to be strictly punished and ostracized in severe cases.

The community and gurus in particular can influence or dissuade health seeking behaviour of younger members.

5.2 Sexual practices of Hijra

It is crucial to remember that not all Hijras are intersex. Some Hijras may undergo castration (*nirvaani*) at a later stage in their quest to renounce their “masculinity”. These Hijras are known as *nirvana Hijras*. The Hijras who do not undergo castration are known as *akha* or *ackwaHijras*. Very few Hijras may also have female sexual partners and may also be married to a woman.

Partners: Hijras are likely to have following types of male partners:

- Male Spouse: Hijras may live with a husband (spouse), however the marriage is not legally recognized.
- Regular Partner: These may be the sexual partners who visit them frequently but are not spouse.
- Casual Partner: These may be sexual partners from casual pick-ups or hook-ups.
- Paying clients: These are the male clients who pay Hijras in cash or kind in lieu of sex.

Sexual Practices: The following comprise sexual practices of Hijras:

- **Foreplay (Body sex):** Involves hugging, kissing and cuddling.

- **Fellatio (Oral sex):** Involves a person sucking/licking their partner's penis or getting their penis sucked/licked.
- **Anal intercourse (Anal sex):** Involves the penetration and/or receiving of the penis in another person's anus.
- **Annilingus (Rimming):** Involves a person inserting and/or receiving one's tongue into another person's anus.
- **Inter-femoral sex:** Involves reception and/or insertion of the penis between the thighs. This type of sexual activity is most commonly seen among the Hijra population with their commercial partners during sex work.
- **Vaginal sex:** Involves inserting one's penis in a female partner's vagina. Some of Hijras may also have female partners (married to women).

5.3 Addressing myths about the Hijra community

- All Hijras are not inter-sex/ hermaphrodite
- Hijras are not people with mental or physical disability
- Hijras could have male, female or other Hijra sexual partners
- Hijras may or may not be castrated
- Being Hijra and gay is not the same
- Hijra is a social category specific to South-Asia
- Hijras don't like to be included within the category of men who have sex with men.

Section 6 Health Issues of Hijras

6.1 Typical health risks to Hijras

Practices and behaviour	Implications	Health Risks
Hazardous working and living conditions	General impact of mental, physical and emotional wellbeing	Malnutrition, lifestyle diseases, and general illnesses
Non-gender conformity on account of Gender identity dysphoria	Stigma and discrimination, lower self-esteem, social and familial un-acceptance	Depression, anxiety, suicidal tendency, alcoholism, substance use, inter-partner violence
Limited access to health care	Self-medication (hormone pills and injections, contraceptive pills) Approaching quacks	Case-basis Seeking health care at very late stage
Higher number of sexual partners	Increased vulnerability to STI and HIV	Contracting HIV and STI
Commercial sex activity	Limited power of condom negotiation Increased number of sexual partners	Contracting HIV and STI
Unprotected Oral sex	Increased vulnerability to oral STIs	Contracting herpes, gonorrhoea, syphilis, HPV, Chlamydia, hepatitis B,
Greater instances of unprotected receptive anal sex	Increased vulnerability to STI and HIV	Contracting HIV and STI (Chlamydia, Hepatitis B, gonorrhoea, herpes, syphilis)
Rimming	Increased vulnerability to STI and other infections	Contracting Hepatitis A, gonorrhoea, herpes, stomach infections (amebiasis)
Castration	Increased vulnerability to UTIs Increased vulnerability to renal infections	Contracting UTIs; difficulty in micturation, urethral stricture Kidney issues such as infections and stone formations
Breast Implants	Post-surgical complications	Implant rejection; inadequate post-operative care
Hormones	Side effects of long-term or prolonged hormone intake	Obesity, liver and heart diseases, mood swings, depression, fatigues, acne, blood pressure, etc
Sex-reassignment surgery	Post-surgical complications	Graft rejection, difficulty in micturation, vaginal stricture, numbing of external genitalia; other side-effects as stated in castration

6.2 Common barriers to health care seeking

A Hijra participant quotes, “Once I visited a hospital Skin OPD, the doctor took my case paper and told me that I was the first Hijra client he was seeing and he did not have any idea about a Hijra person. He asked me to wait there and told me he would consult his superior and come back. I waited there and he never turned up again. I had to leave the hospital that day without any treatment”.

Accessing quality health care is one of the most important pre-requisites for the well-being of the individual. Unfortunately, Hijra people face many barriers that prevent them from receiving quality health care. Societal discrimination is one of the most important barriers as Hijras are misunderstood and unaccepted. Hijras are often discriminated and stigmatised due to their transgender status, sex work status or HIV status or combination of all of the above. Lack of Hijra-specific knowledge among health care providers may drive stigma among health care providers.

Some other commonly faced barriers are listed below:

Barriers	Reasons
Fear	Hijra clients prefer not to show their male genitalia to their doctors fearing about the reactions from the doctors or health care providers. Similarly, health care providers may be scared or repulsed by Hijras given their social understanding of the community
Past negative experiences	Hijra also are not willing to visit the health care providers due to the past negative experiences. Similarly, health care providers may be unwilling to provide services to a Hijra based on his/her past unpleasant interaction.
Language	Language is often a problem for Hijras, as most of them are migrants from other states who are unable to explain their health issues to health care providers. Similarly, health care providers may not be aware of the appropriate pronouns to address Hijras.
Refusal to treatment	Health care providers often refuse to treat Hijra clients citing the lack of information about issues of Hijras or discomfort examining the clients.
Lack of support from Gurus	Some gurus chose to ignore the health needs and wellbeing of their chelas, and often delay proper health care. In addition, relying on knowledge of quacks
Lack of documentation	Due to lack of documentation required to access social welfare schemes meant for below poverty line (BPL) individuals or for registration of health services, such as seeking ART health care, Hijra often become ineligible to access health care services.
Experiences at time of hospital admission	During admission, doctors unilaterally decide which wards they must be admitted to - male or female ward. Hijras in addition to the name given at birth, also have 'community' names. This often creates issue in office-work and filing of case- papers.

Section 7 How to provide health care to Hijra patients

7.1 Some Do's and Don'ts for health care providers

Do's

- It is always recommended to ask a Hijra person of the pronouns (his/her) they would prefer to be addressed by. Additional information on Hijras can always be sought by contacting or visiting community based organizations (such as The Humsafar Trust and/or referring to the resources listed at the end of this manual.)
- Treat Hijras as any other patient with dignity and respect.
- Prefer using terms like *kinnar*, *Hijra* or *transgender* while addressing the community.
- Goal of the treatment is to treat the problem that is presented and is medically diagnosed.
- Refer to National AIDS Control Organization's Operational Guidelines for STI management.
- Familiarize yourself with Hijra lingo (attached as Appendix)
- It is advisable to check with Hijra person which ward (male or female) they would to be admitted to.
- Detailed sexual-history taking with Hijra clients is helpful in diagnosis, or what tests to be conducted or advised.

Don'ts

- Do not insist on knowing their male names or whether they are castrated or not.
- Certain terms have derogatory connotations and are best avoided like *chakka*, *gud*, *mamu*, *gandu*, *eunuch*, *hermaphrodite*.

7.2 How can health care providers take sexual history sensitively from the Hijra patients?

In most of the health care settings, when a Hijra patients visits the doctors for seeking treatment they are often treated based on the symptoms reported by the Hijra patient. Most of the doctors don't ask for sexual history in detail as they may feel uncomfortable discussing sexual encounters with their clients or feel they don't have the skills to ask questions on these sensitive topics.

It is important for the doctor to probe about sexual history with the Hijra clients so that they can provide them with risk reduction counselling and provide appropriate treatment.

Remember: The Hijra patient is a vulnerable person here in need of treatment; the person is not here to beg or harass you.

Example of a clinical session with a Hijra Client:

Case 1:

Doc: Hi, I am Dr ----, may I know your name?

Hijra Client: Gopal

Doc: How would you like to be addressed?

Hijra: You could call me Gulabo. [*doctor may refer to the client with feminine pronoun*]

Doc: How may I help you?

Hijra Client: I have been experiencing pain in my anal region (colloquial term used 'wate!') since two weeks and bleeding after sex?

Doc: Can you tell me when did you have your last sex?

Hijra client: Yesterday.

Doc: Okay, could you explain a little more about your last sex?

Hijra client: I am a sex worker. Last night my last sex was with my male client. I just had foreplay and oral sex, and then he inserted his penis in my anus but then I started bleeding and it even hurt me a lot while having sex. It continues to hurt me even later.

Doc: Would it be okay if I examine your back region?

Hijra client: yes.

Doc: How often have you experienced this before?

Hijra client: Yes, but it has been unbearable since last night.

Doc: I request you to relax, and be comfortable while we conduct this exam. If you are uncomfortable or if it hurts, please let me know.

[*physical examination*]

Case 2:

Doc: Hi, I am Dr ----, may I know your name?

Hijra Client: Rajjo. [*doctor may refer to the client with feminine pronoun*]

Doc: Rajjo, can you tell me what health problems are you facing?

Hijra Client: I have been experiencing loose motions for last one month. I feel giddy and nauseous.

Doc: Have you experienced anything else?

Hijra client: Yes, I feel constantly tired.

Doc: Since how long have you been experiencing this?

Hijra client: Since almost a month.

Doc: Ok. I will recommend a few tests but prior to that I would like to ask you a few questions that we generally ask our clients. So, when was the last time you had sex?

Hijra client: Yesterday with my husband.

Doc: Did you use a condom at your last sex?

Hijra client: No, I never use condom with my husband.

Doc: Ok, so this is the list of tests. One of these is HIV and for that you need to go to the counsellor first, who would guide you on steps ahead. I will see you once you get your reports. In the meanwhile I recommend that you use condom everytime you have sex.

Case 3:

Doc: Hi, I am Dr ----, may I know your name?

Hijra Client: My name is Saira. [*doctor may refer to the client with feminine pronoun*]

Doc: Saira, can you tell me what health problems are you facing?

Hijra Client: I have been experiencing severe burning sensation while peeing.

Doc: Ok, any other symptom.

Hijra Client: Yes, and also greenish yellow discharge that gives off a bad smell.

Doc: Since how long have you been experiencing this?

Hijra client: Since a week

Doc: I would like to ask you a few questions that we generally ask our clients. So, when was the last time you had sex?
 Hijra client: Last night. I am a sex worker, so I have sex every day.
 Doc: How often do you use condom during sex?
 Hijra client: It depends on my customer.
 Doc:Ok. I will prescribe you some medicines that you would need to take; in the meanwhile I recommend that you for a physical examination and some blood tests. Please ensure that you use condom every time you have sex.
 Hijra Client: Thank you doctor.

Case 4:

Doctor: Nurse, please follow-up on admission of this client.
 Nurse: Ok. What is your name?
 Hijra Client: Akram Sheikh, but call me Aishwarya
 Nurse: Aishwarya, where would you prefer to be admitted, male or female ward?
 Hijra Client: Female
 Nurse: As I understand from your case papers, you haven't undergone any sex change surgery, so I wanted to confirm with you once again.
 Hijra Client: Yes, I haven't gone any surgery, but I would feel comfortable in a female ward.
 Nurse: Alright, will ensure your admission in a female ward.

7.3 Is there any special care to be taken during physical examination?

- Be sensitive while performing a physical examination of the Hijra clients
- imperative to discuss with Hijra clients about the importance of genital examination
- Some of the Hijra clients who have not been operated (Ackwa Hijras) would not be willing to show their male genitalia due to shame.
- Examine anal region for screening of STIs.
- May discuss the operative status of the client and also encourage the clients to get their male genitalia examined for any penile STIs.
- Follow Universal Safety precautions with all clients irrespective of their gender, HIV status, sexuality, appearance and risks.

Example of physical examination of Hijra client:

Doc: Is it okay, if I examine your anal region to check for any STI symptoms or other infections?
 Hijra client: Yes you can.
 Doc: Would you like to lie down on the bed for examination or turn around and bend down so that I can do the examination?
 Hijra client: I would like to turn around and bend down.
 Doc:The examination may also involve check-up of other private parts.

Section 8 Referrals and linkages

The Humsafar Trust and Allies

No.	Service	Individual	Contact Details	E-Mail ID
1	Humsafar Helpline	Hemangi Mhaprolkar; Rinku Das	022 – 26673800 022 - 26650547	hemangimh@gmail.com
2	Humsafar Affiliated Trans/ Hijra friendly Counselors / Doctors 1. Psychiatric Social Worker 2. Counselor	Dr. PritiPrabhughate Kavita Bhatia Nair	09999968828 (Delhi) 9867272720	priti23@gmail.com kavitainair.bhatia@gmail.com
3	Legal Counsel	UshaAndewar	9820071150	devush@yahoo.com
4	Nutritionist	UshaKamdar	9324215302	
	Mental health Counseling (Gay/ Trans Friendly Private Doctors)			
6	Psychiatrists	1. Rajeev Jerajani 2. Harish Shetty 3. Dr. S. L. Khanna	9870066828 981959109 (appointments) 25706000 9820067355	11am- 1pm, 5pm- 7pm 5pm - 9pm 24/7(Vandreal mental health help line) 10am-1pm ,7pm-9pm 10 am - 1pm, 5pm- 9pm
8	Psychologists	1. KuldeepDatey 2. IshitaMandal 3. HemangiMhaprolkar 4. VaishaliSathe	9324544991 9833122303 022-26650547 9930989955	
9	HIV Testing / STI Examination and Treatment (Humsafar VakolaSantacruz Center)	RakeshThorat	9322952213	thoratrakesh@gmail.com
10	HIV Testing / STI Examination and Treatment (Sion Hospital)	Harish Kambli	9870457574	kambliharish@gmail.com
11	HIV Testing / STI Examination and Treatment (Nair Hospital)	Satish Mali	8108912998	

ICTC Supervisors in Mumbai

Zone	Contact Person	Contact Numbers
Zone I	SudhirChavan	9987550600
Zone II	DipakSonawane	9029959919/8384832264
Zone III	JyotiBorkar	9221242680/9029283112
Zone IV	Maya Singh	9930601551
Zone V	PrakashBhagade	9029360836
Zone VI	Anita Patil	9820487343

TG/ Hijra CBOs in Mumbai

Name	Contact Person	Contact Numbers
KinnarKastoori	Urmijhadhav	9892013805
KinnaAsmita	Neeta Keni	7666032380/ 9167947771
Asthitava	Lakshmi N. Tripathi	9594885000
Dai Welfare Society	Lata Guru	022-25482129/ 9323393911
Ekta Foundation	Abhirami	022-25966161/ 9867646323
Darpan Foundation	Satyashri	7738879197
Triveni	Vasavi	9867943077
Sakhi Char Chowghi	GauriSawant	9833243117

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Appendix

Appendix 1 Important terms and definitions

Gay: Men attracted to men. Colloquially used as an umbrella term to include all LGBTIQ people.

Gender Conformity: When your gender identity, gender expression and sex “match” according to social norms.

Gender Expression: The way in which a person expresses their gender identity through clothing, behavior, posture, mannerisms, speech patterns, activities

Gender Identity: An individual’s internal sense of gender, which may or may not be the same as one’s gender assigned at birth. Since gender identity is internal it isn’t necessarily visible to others.

Sex Reassignment Surgery (SRS): A term used by some medical professionals to refer to a group of surgical options that alter a person’s sex to match their sex identity.

Sexual orientation comprises sexual or romantic attraction to another person. It can be considered as ranging along a continuum from same-sex attraction only at one end of the continuum to opposite-sex attraction only at the other end. If it slides along this continuum midway or anywhere in between it may be termed bisexual.

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Appendix 2 Glossary of words/language

Komat: A word used by Hijras to denote oral sex performed by them on their male partners.

Dhurum-peatam: Term used to denote sexual intercourse between a Hijra and her partner. It could be both insertive and receptive in nature.

Reet: A ritual performed to initiate a person into a Hijra gharana. During this ritual the potential guru introduces the young person to the head of the gharana (Nayak) and seeks permission/authorization to bring him/her into the Hijra gharana as her chela (disciple).

Chapti dhorrana – Hijras use this term to denote inter-femoral sex (insertion of penis between the thighs) with their male partners. This type of sexual activity is seen more during sex with commercial partners in sex work which is often painless and also considered to be a form of safer sex practice by the Hijras.

Vateel: Hijras use this term to denote buttocks of an individual.

Vateel beelpan: Term used in Hijra cultures to describe problem experiencing in anal region, which could be anal tear or presence of a STI in anal region.

Nickum: Term used to denote penis among Hijra community.

Nirma: Term used to refer to semen or the ejaculate.

Nickum satla/kaccha satla: Term used to refer to condom in the Hijra language.

Taypher: Term used to refer to money in Hijra community.

Khowdi: Terms used to describe problem or trouble. This word is often used to describe problem faced due to policemen/ cheaters on sex work site. It also used among Hijras to express anger/ exert control on other transgender

Panathi: Term used to refer to the regular male partner of the transgender/Hijra persons. They usually play the insertive sex with transgender/Hijra persons and are also referred to as the husband of transgender/Hijra persons.

Ghodi: Term used to refer to policemen.

Bheela- Panathi: Term used to refer to local cheaters who often inflicts violence on the Transgender/Hijra or often has unpaid sex with transgender/Hijra persons at sex work site through coercion. In sex work, transgender/Hijra often find it difficult to use condoms with bheela-panthis.

Naad: Term used to denote the house or of transgender/Hijra persons.

Satla: Terms used to refer to a female dress.

Sarpu: Term used to refer to gold ornaments.

Sutarna: Term to denote urinate.

Sutarna beelpan: This is the term to denote problems with urination. Usually experienced more among transgender/Hijra persons who have recently been castrated or have gone through SRS process.

Sulda: Term refers to an old man, usually to an old customer.

Keti/Zawra- term to refer to alcohol.

Jog: term to refer to hair of a transgender/Hijra person

Shepu: Hijra/TG term used for a vagina either of a female or to the private part of the transgender/Hijra persons who has undergone operation.

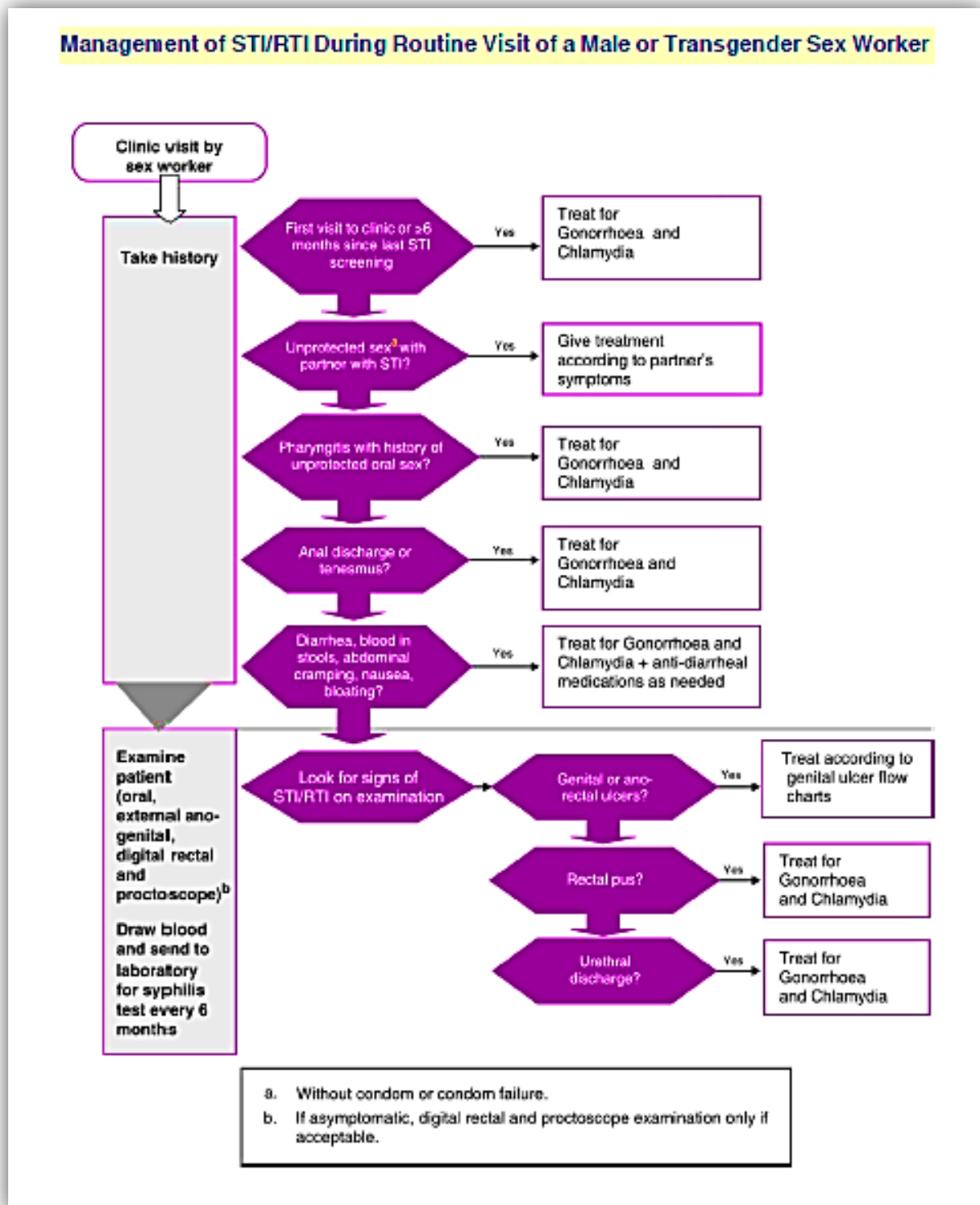
Nagla: Term refers to a circumcised male or to a Muslim person.

Chimta: Term used to denote to a tool to remove facial hair.

Darhsan: Term to refer to facial hair.

DRAFT

Appendix 3 Operational flowchart for STI management



Reference: Department of AIDS Control, National AIDS Control Organization (NACO)

<http://naco.gov.in/upload/Publication/STI%20RTI%20services/STI%20operational%20guidelines/STI%20operational%20Guidelines1.pdf>

References:

Chakrapani, V (2005): UNDERSTANDING MEN WHO HAVE SEX WITH MEN (MSM) AND HIJRAS&PROVIDING HIV/STI RISK-REDUCTION INFORMATION - Handbook for Clinicians & Counselors in Sexual health/STI/HIV. www.indianGLBHealth.info

Kalra, G. (2012). "Hijras: the unique transgender culture of India." International Journal of Culture and Mental Health5(2): 121-126.

Makadon, H. J. (2008). The Fenway guide to lesbian, gay, bisexual, and transgender health, ACP Press.

Manual for Counselling MSM: The Humsafar Trust

Shankle, M. (2013). The Handbook of Lesbian Gay Bisexual and Transgender Public Health, Routledge.

<http://www.transhealth.ucsf.edu/trans?page=protocol-exam>

<http://naco.gov.in/NACO/>

<http://www.wpath.org/>

WPATH Website is an important resource for HCPS!! Include wpath IN THE RESOURCE SECTION!

Referred from Pehchān Manual on TG issue