

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

Anshay Tomar^{1*}, Dr. Maria Lourdes L. Chavez²

ABSTRACT

This study examines the socio-economic, legal, and healthcare challenges faced by the Hijra community in India after their legal recognition as a third gender. Using a narrative inquiry framework, semi-structured interviews were conducted with five Hijra individuals from Madhya Pradesh. The research explores their experiences of identity formation, community ties, and mental health amidst societal expectations and exclusion. Findings aim to inform developmental psychology and inclusive policy-making by addressing the long-term psychological effects of exclusion and strategies for supporting marginalized populations.

Keywords: *Hijra Community, Third Gender, Gender Identity, Social Exclusion, Mental Health, Narrative Inquiry*

The Hijra community comprises gender non-conforming individuals in South Asia who challenge traditional gender norms. Historically associated with ambiguous genitalia or castration, Hijras have been equated with eunuchs or hermaphrodites, yet they differ from transgender individuals, who identify with a gender different from their assigned sex (Aziz & Azhar, 2019; Chakrapani, 2010). Hijras represent a culturally distinct third gender, encompassing diverse identities like Kothis, Panthis, and Khwaja Siras, shaped by regional variations and cultural traditions (Boyce, 2007).

The Hijra identity, deeply rooted in South Asian history, is referenced in ancient texts such as the Ramayana and Mahabharata and has evolved through various eras, including the Islamic and colonial periods. Hijras often face social exclusion, marginalization, and stigma, impacting their access to education, employment, and healthcare (Kalra & Shah, 2014). Many live in organized communities led by Gurus, performing rituals like nirvaan and blessing ceremonies linked to spiritual beliefs (Cohen, 1995; Dharmadhikari, 2018).

Legal recognition of Hijras as a third gender in India in 2014 was a milestone, yet they continue to encounter barriers to employment, healthcare, and social acceptance. Discrimination in healthcare settings exacerbates their vulnerability to mental health issues and illnesses like HIV, while limited educational opportunities restrict their socioeconomic mobility (Khan et al., 2009; Ganju & Saggurti, 2017).

¹Miriam College, Quezon City

²Miriam College, Quezon City

*Corresponding Author

Received: December 18, 2024; Revision Received: February 01, 2025; Accepted: February 05, 2025

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

This study aims to address gaps in understanding the socio-economic, legal, and healthcare challenges faced by the Hijra community since their legal recognition. It explores whether legal acknowledgment has improved their socio-cultural, economic, and political status in India. The research contributes to ongoing discussions on gender identity, social justice, and inclusive policies for marginalized groups.

For developmental psychologists, this study provides insights into how social exclusion impacts gender identity development and mental health. It offers a unique perspective on resilience in the face of chronic exclusion and economic hardship and examines how legal recognition influences psychological outcomes and social belonging in marginalized groups.

Problem Statement

1. What are the experiences of Hijras in their daily life to maintain their sense of identity and community?
2. How do Hijras attain financial security within mainstream employment and economic opportunities?
3. How do Hijras navigate gender identity and societal expectations in the context of mental health, self-esteem, and overall well-being?
4. What strategies can be explored for supporting marginalized populations such as the Hijras?

REVIEW OF LITERATURE

Hijra & Social Exclusion

The Hijra community, recognized outside the male-female binary, has historically faced significant social exclusion and discrimination. While they once held respected cultural and religious roles, colonialism entrenched their marginalization through the imposition of Western gender norms.

Historical and Sociocultural Context:

Sibsankar Mal (2015) documented the socioeconomic exclusion and stigma faced by Hijras in India, showing how family rejection often pushed them into marginalized occupations such as begging or sex work. His subsequent work (2018) highlighted severe discrimination in housing, healthcare, and employment, while recognizing their unique cultural roles.

Regional Studies:

- Mal (2019) linked molestation and mental health issues among Hijras to harassment and lack of social support.
- Aziz and Azhar (2020) studied Hijras in Bangladesh, finding persistent social exclusion despite their recognition as a "third gender."
- Sifat and Shafia (2021) and Amanullah et al. (2021) emphasized the prevalence of family rejection and economic disparities among Bangladeshi Hijras, often predicting violations in other human rights domains.
- Sadiq and Bashir (2022) focused on discrimination and healthcare challenges among Hijras in Punjab, Pakistan.

Comprehensive Reviews and Case Studies:

- Al-Mamun et al. (2022) reviewed over 90 documents on Hijra discrimination in Bangladesh, advocating for systemic reforms.

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

- Majid et al. (2023) used mixed methods to study 50 Hijras in Lahore, uncovering issues of unemployment, police harassment, and financial instability.
- Verma et al. (2023) explored the crises of societal rejection and efforts for meaningful engagement, presenting a balanced perspective on challenges and resilience in the Indian Hijra community.

Hijra & Mental Health

Research on the mental health of Hijras and transgender individuals highlights their vulnerability due to social stigma, discrimination, and exclusion.

Early Insights:

Saleem et al. (2011) found moderate psychological distress among 316 Hijras in Pakistan, with social dysfunction exacerbated by unemployment and illiteracy.

Progression of Studies:

- Runwal et al. (2018) and Sartaj et al. (2020) reported high levels of depression, stress, and alcohol abuse among Hijras, attributing mental health issues to violence and societal rejection.
- Pathak et al. (2020) emphasized the role of discrimination in reducing resilience while highlighting some positive coping strategies.
- Fahmida et al. (2021) found alarming rates of Major Depressive Disorder (62%) and Substance-Induced Psychotic Disorder (20%) in Dhaka, calling for better psychiatric support.

Recent Studies:

- Singh and Kumar (2023) identified low self-concept and significant alexithymia among Hijras in Haryana, with a negative correlation between the two.
- Das et al. (2023) reinforced the link between stigma and higher rates of mental health problems in transgender communities.
- Mehar and Verma (2024) studied discrimination's impact on quality of life, finding worse outcomes for community leaders ('Gurus') compared to their followers ('Chellas') in Rajasthan.

Hijra & Quality of Life

Research on the quality of life among Hijra individuals underscores the multifaceted impact of societal attitudes and systemic discrimination:

- **Shalini Lakshmi pathy and Dr. S. Thenmozhi (2019):** Studied 25 male-to-female transgender individuals in India using WHOQOL-BREF, finding low quality of life with no correlation to age or education. The study was limited by its small sample size and purposive sampling.
- **Chakraborty and Bhattacharjee (2020):** Analyzed quality of life using the SF-36 health survey on 74 Hijras, highlighting emotional well-being issues but noting no differences in physical health or social functioning. The study excluded non-medically accessing Hijras, which limited its scope.
- **Anirban Majumder et al. (2020):** Confirmed emotional health challenges among Hijras but observed other dimensions of quality of life aligning with control groups.
- **Mansi Tiwari et al. (2022):** Examined self-concept and life satisfaction in 154 Hijras, showing that self-perception influenced life satisfaction and self-esteem but not happiness, with emotional well-being impacted by complex dynamics.

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

- **A.S.M. Amanullah et al. (2022):** Explored human rights violations in 346 Hijras in Bangladesh, finding older, educated, and employed individuals experienced fewer abuses, suggesting socio-economic factors reduced violations.
- **Sameena Azhar et al. (2022):** Studied gender fluidity and HIV stigma among 16 gender-nonconforming individuals in Hyderabad. They found that keeping gender identity secret to avoid discrimination negatively affected self-esteem and quality of life.

Employment Studies

Challenges in employment for Hijras reflect deep-seated social and institutional barriers:

- **Fariha Abedin and Md. Atiqur Rahman Sarker (2019):** Investigated the employment challenges in Bangladesh post-2013 legal recognition of Hijras as a third gender. The study noted that most Hijras remained in informal sectors such as begging and sex work due to societal discrimination, despite NGO efforts in skill development.
- **Nishi Chopra, Jalak Sukhadia, and Prof. Nisha Dang (2021):** Surveyed 70 Kinner individuals in Mumbai, highlighting a growing interest in higher education and job reservations. However, employment disparities persisted due to societal perceptions.
- **Janhavi N. and Dr. Ahmadi Begum (2024):** Conducted semi-structured interviews in India, identifying social exclusion and lack of governmental action as barriers to employment despite supportive legal frameworks. The study called for bridging the gap between policy and implementation.
- **Roshni Narendran et al. (2021):** Focused on self-employment among trans women in Kerala, noting autonomy as a benefit but emphasizing continued discrimination, familial rejection, and inadequate legal protections.

Hijra & Healthcare

Healthcare access remains a critical area of concern for Hijra communities:

- **Shamayeta Bhattacharya and Debarchana Ghosh (2024):** Developed the Multi-Dimensional Access to Healthcare Index (MAHI) to evaluate healthcare access among Hijra, Kothi, and transgender individuals. The study identified six dimensions (affordability, acceptance, accommodation, accessibility, accompaniment, and awareness) and found significant disparities, emphasizing the need for inclusive policy reforms.
- **Shrikala Acharya et al. (2024):** Investigated barriers to antiretroviral therapy (ART) adherence in Mumbai. Major barriers included stigma, mental health issues, and disclosure challenges. Support from families, friends, and NGOs proved beneficial in overcoming some of these barriers.
- **Nicola Etter (2024):** Examined healthcare challenges in Bangladesh, identifying systemic discrimination and inadequate infrastructure as major obstacles. The study advocated for inclusive policies and greater stakeholder engagement to bridge gaps in healthcare access.

Hijra & Social Support

Social support is a critical factor influencing the well-being and integration of Hijra individuals, yet it is often inconsistent and inadequate:

- **Wangqian Fu et al. (2017):** Conducted a qualitative study across 17 Indian states, highlighting the dual role of the Guru system as both a support network and a source

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

of exploitation. External support from NGOs and government social schemes was essential for survival, although broader societal acceptance remained minimal.

- **Chaturvedi et al. (2018):** Investigated the relationship between social support and psychological well-being using Ryff's Six Dimensions of Psychological Well-Being. Despite low reported social support, no significant correlation with well-being was observed, emphasizing the need to explore the complex dynamics of social relationships in transgender communities.

Hijra & Legal and Human Rights

Legal recognition and human rights remain pivotal yet underdeveloped areas for the Hijra community:

- **Shahinur Akter and Shankha Saha (2024):** Examined the impact of legal recognition in Bangladesh, finding improved social participation and service access. However, discrimination persisted in employment, healthcare, and legal services, limiting the benefits of recognition.
- **Madhulika Gupta (2024):** Highlighted the abuse faced by transgender individuals in India, including familial rejection and economic vulnerability. While NGOs provided some support, the lack of strong legal protections exacerbated their challenges.
- **Dr. G.K. Venugopal (2022):** Focused on the sociological aspects of Hijra lives in India, identifying significant violations of fundamental rights, limited employment opportunities, and social rejection. The study stressed the importance of education, healthcare access, and legal justice to address these issues.
- **Apurvakumar Pandya and Alex Redcay (2021):** Explored the compounded struggles during the COVID-19 pandemic in Gujarat, including economic hardships, mental health challenges, and restricted healthcare access for transgender women and Hijras.

Hijra & Identity

Identity formation and navigation are central to the lived experiences of Hijras, influenced by cultural, social, and personal factors:

- **Bithika Mondal et al. (2020):** Explored the unique experiences of Hijras concerning identity formation, relationship dynamics, and societal exploitation.
- **Nazir et al. (2021):** Analyzed the discursive practices of Hijras in Lahore, Pakistan, emphasizing their gender fluidity and the ways they navigate societal expectations and identity pressures.
- **Himanshi Singh and Pradeep Kumar (2020):** Offered a sociocultural and historical perspective, discussing the cultural roles of Hijras in rituals and their marginalization in modern society, with significant implications for mental health.
- **Jannatul Mawa (2019):** Studied the empowerment of transgender individuals in Bangladesh, revealing systemic barriers such as low education levels and economic vulnerability resulting from pervasive discrimination.

Other Studies

Broader research on LGBT individuals and Hijras sheds light on their struggles and coping mechanisms:

- **Shivank Mishra (2022):** Focused on challenges faced by LGBT individuals in Delhi NCR, including discrimination, mental health issues, and the lack of societal acceptance.

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

- **Dr. Raminder Kalra and Anushka Sharon Dayal (2023):** Studied transgender experiences in Uttarakhand, India, highlighting prejudice, rejection, psychological struggles, and rights deprivation. The study also explored coping mechanisms, such as learning through rituals and finding motivation in supportive relationships.

METHODOLOGY

Design

This qualitative study adopts a narrative inquiry approach to explore the social, economic, and identity experiences of Hijra individuals in Bhopal and nearby areas. Qualitative research focuses on understanding human experiences and interpreting social phenomena in natural settings (Creswell, 2013). Using Connelly and Clandinin's (1990) narrative framework, the study emphasizes the temporal, social, and spatial dimensions of participants' stories, providing a rich understanding of their lived experiences. Semi-structured interviews are employed to gather detailed narratives regarding daily life, financial security, identity formation, and societal challenges.

Participants

The study involves 5 Hijra individuals selected through non-probability convenience sampling from Bhopal and nearby areas to ensure diversity in age, socioeconomic background, and living situations. Participants are recruited via community leaders, social networks, and local contacts, based on their willingness to share their experiences.

Measures

Data collection is conducted using a semi-structured interview questionnaire designed to capture narratives related to participants' social, economic, and identity experiences. Open-ended questions encourage detailed responses, and the questionnaire is validated by qualitative research experts to align with the narrative inquiry framework.

Procedure

Face-to-face interviews are conducted with participants at convenient locations, ensuring privacy and comfort. Verbal and written consent are obtained, outlining the study's purpose, procedures, and confidentiality measures. Interviews are audio-recorded with participants' permission. The researcher guides the conversation using the semi-structured questionnaire, encouraging participants to reflect on their past, present, and future experiences as Hijra individuals. The interviews also focus on personal and social dimensions of identity formation and interactions, following Connelly and Clandinin's narrative framework.

Data Analysis

Transcribed interviews are analyzed using Connelly and Clandinin's narrative methodology. The analysis explores the temporal (past, present, future), social (interactions), and spatial (settings) dimensions of participants' narratives. Themes and patterns related to social, economic, and identity challenges are identified and organized into a coherent narrative, supported by direct quotes. Findings are compared with existing literature to contextualize the results.

Ethical Considerations

The study adheres to APA ethical guidelines, ensuring beneficence, non-maleficence, and respect for participants' autonomy. Confidentiality is maintained using pseudonyms, and participants are informed of their right to withdraw at any time. Support resources are

offered if needed, and the handling of participants' narratives is conducted with respect and sensitivity.

RESULTS

This chapter presents findings from a qualitative study exploring the social, economic, and identity experiences of Hijra individuals in India. The findings are grouped into four key themes—Acceptance and Inclusion, Identity, Health and Wellbeing, and Social and Community Support—based on data from narrative interviews. Each theme and its sub-themes are defined through participants' narratives to offer insights into their lived experiences.

1. ACCEPTANCE AND INCLUSION

1.1 Rejection and Discrimination

Participants shared pervasive societal and workplace discrimination. Participant 1 remarked, *“Even though the government offers jobs for transgenders, people still see us differently,”* highlighting the gap between policy and acceptance. They added, *“We give blessings and dance for others’ happiness, but no one asks about our problems or if we have food.”* Participant 2 described the rejection in all spheres of life: *“Nobody accepts us in school, coaching, on the road, or in the market. We are always judged.”*

Economic marginalization was also noted. Participant 2 shared, *“People hesitate to give even a hundred rupees, forcing many into sex work.”* Participant 3 criticized tokenism in hiring, stating, *“Employing us should not be tokenistic,”* and noted the lack of Hijras in formal workplaces. Participant 4 emphasized the reliance on traditional roles: *“We survive by blessing others and receiving offerings.”* Participant 5 reflected, *“People call us for blessings but don’t want us as family. Who will give me work?”*

1.2 Education and Skills Development

Participant 2 shared aspirations of overcoming marginalization through education, saying, *“I am studying, doing a Master’s, preparing for UPSC.”* They see education as a path to empowerment. Participant 3 highlighted the role of entrepreneurship, noting, *“Some in our community have started businesses, creating jobs for others.”* Participant 4 emphasized education’s transformative power: *“Any child studying should strive to succeed. Become an employer, not a job-seeker.”* However, Participant 5 pointed out the challenges of inclusive education: *“We can study through distance learning, but without interaction, who will know us?”*

1.3 Legal and Other Systems

Participants highlighted systemic challenges and the need for institutional reforms. Participant 1 criticized the lack of real action, stating, *“They’ll just say words to appease us.”* Participant 2 stressed the importance of advocacy, saying, *“When we protest, the government will take action.”* Despite obstacles, they noted supportive mentors like Guru Kanguru, who encouraged education. Emerging opportunities were acknowledged by Participant 3, who noted, *“In Hotel... transgender people are working,”* while calling for workplace sensitization: *“Where will I go to the bathroom? Institutions need to be sensitized.”* Participant 4 celebrated legal milestones, such as the 2014 recognition of transgender rights but demanded more inclusion: *“It’s time to hear our voices; we too are part of your society.”* Participant 5 emphasized systemic changes and criticized slow progress: *“In India, we move like the turtle. Even in Western countries, transgenders struggle for basic rights like using washrooms.”*

2. IDENTITY

2.1 *Misconceptions and Stereotypes*

Participants shared their struggles with stereotypes and societal judgment. Participant 1 addressed personal struggles, stating, "I didn't want to study; I only wanted to live like a girl." They criticized false portrayals in the media: "Don't attack from behind like Hijras." Participant 2 highlighted constant stereotyping: "People call us 'plus-minus.'" They also shared struggles with gender dysphoria and the need to hide their identity: "I had to keep my female mannerisms hidden." Participant 3 emphasized traditional spiritual roles and frustrations from societal myths: "The term 'Kinnar' originates from Vedic traditions... but myths increase frustration." Participant 4 discussed the complexities of self-identification, stating, "We are often faced with the question of who we are." They condemned dehumanizing views, saying, "People see us as less than human." Participant 5 underscored the challenges of self-expression, remarking, "They believe dressing feminine is wrong for a man, but this is who I am." They also noted the pain and joy of surgical transformations: "It's painful, but we feel happy when we are healing."

2.2 *Advocacy and Awareness Campaigns*

Participants emphasized unity and organized efforts for societal change. Participant 1 highlighted their community's social contributions during crises: "During the lockdown, they distributed ration from their own homes." Participant 2 advocated for education and activism: "If transgenders study, it is good; otherwise, what to do?" Participant 3 called for reclaiming dignity through cultural roots: "We should re-establish our dignity in the Sanatan Dharma." Participant 4 stressed educating society to improve awareness, saying, "Their minds need to be educated." They also demanded recognition of their abilities: "Why don't you recognize our abilities? We can work alongside you." Participant 5 emphasized the need for equal opportunities and suggested creating NGOs to promote advocacy: "We want to live a normal mainstream life with acceptance... we are ready to do everything."

3. HEALTH AND WELLBEING

3.1 *Religion and Spirituality*

Participant 1 shared that Hijra funeral rites depend on their religion. Participant 2 described spirituality as central, with oaths and rituals providing unity: "A true Hijra takes an oath before their guru to live as transgender." Participant 3 emphasized the community's Vedic roots and spiritual dignity, noting their role in blessings: "Kinnars were once considered demigods and blessed Lord Ram." Participant 4 highlighted their divine heritage, adding, "In the Ramayana, our blessings are never in vain." They advocated for unity across faiths. Participant 5 underscored the cultural significance of Hijras, stating, "In Shiva's court, Hijras sit at the front," and mentioned their traditional roles in Ram Leela.

3.2 *Psychological Wellbeing*

Participant 1 displayed resilience and self-acceptance, saying, "We feel this life is right because men and women face many problems." Participant 2 highlighted societal rejection and depression, recalling slurs like "chakka" and "meetha." Participant 3 described childhood rejection leading to homelessness and abuse. Participant 4 noted marginalization, especially in hospitals, but expressed pride in their unique tradition. Participant 5 discussed depression and trauma, recalling sleepless nights and suicidal thoughts. Despite struggles, they found self-worth: "Looking in the mirror, it feels like I was meant to be this way."

3.3 Intentional Activities for Wellness

Participant 2 used classical dance, singing, and playing instruments to combat loneliness. Participant 4 linked spiritual practices to mental health, stating, “Salvation comes from working for the greater good.” Participant 5 stressed self-reliance: “I found my own ways of earning, though it wasn’t easy.”

4. SOCIAL AND COMMUNITY SUPPORT

4.1 Hijra as Family

Participant 1 highlighted the community’s support, saying, “We only have each other; relatives won’t come.” Participant 2 hid their identity from their family due to fear of rejection but found belonging in the Hijra community: “I never opened up to my family because they wouldn’t understand.” Participant 3 described children facing rejection and emphasized the community as an alternative family: “Our guru and community are our family.” Participant 4 recounted societal rejection: “Social expectations remind us we are neither man nor woman,” but expressed pride in their traditions: “We are blessed with longevity and the power to give blessings.” Participant 5 noted family resistance but found identity within the community: “I saw they were like me and realized I belonged.”

4.2 Role of Gurus

Participant 1 described gurus as parental figures providing love and care: “The guru takes the place of a parent.” Participant 2 shared how their guru encouraged education: “Guru Kanguru said, “You might not have to leave your education.” Participant 3 saw gurus as mentors and spiritual guides: “We learn from our guru; our community is our family.” Participant 4 recognized gurus as custodians of tradition: “Our community does not let us abandon tradition.” Participant 5 stressed the importance of unity, stating, “We need to gather people like us and help others understand.”

DISCUSSION

1. ACCEPTANCE AND INCLUSION

1.1 Rejection and Discrimination

The Hijra community faces persistent rejection, especially in the workplace and public spaces. Participant 1 shared ongoing bias during job interviews, despite supportive policies, echoing Mal (2015) on Hijra exclusion. Participant 2 described universal rejection in public spaces, mirroring findings by Sifat and Shafia (2021). Participant 3 criticized tokenistic hiring practices, reflecting concerns by Sadiq and Bashir (2022) about charity-driven hiring instead of true inclusion.

1.2 Education and Skills Development

Education and entrepreneurship are key to Hijra empowerment. Participant 2’s aspiration to take competitive exams aligns with Chopra et al. (2021), who found education transformative for the community. The study also emphasizes mentorship, crucial despite systemic barriers. Participant 3’s focus on community-driven employment reflects Abedin and Sarker (2019), highlighting skill-building initiatives that foster economic stability and dignity.

1.3 Legal and Other Systems

Structural inclusion and policy advocacy are vital for the Hijra community’s rights. Participant 4 stressed the need for reforms in government institutions, reflecting Akter and Saha (2024). Despite legal recognition, barriers like lack of gender-neutral facilities persist.

Participants advocated for collective advocacy, aligning with Gupta's (2024) emphasis on NGOs in driving systemic change.

1.4 Economic Marginalization

Financial instability is a major theme. Participant 2 shared their financial struggles, reflecting Majid et al. (2023), where 74% of transgender individuals were unemployed. Hijras often rely on low-paying or informal work due to limited education and training, reinforcing their economic marginalization, as found by Hossain et al. (2024).

1.5 Societal Exclusion & Mental Health

Exclusion impacts mental health, with Participant 3 sharing experiences of ridicule, mirroring Mal (2019), where 68.6% of Hijras showed depressive symptoms due to isolation. Bullying and harassment worsen this emotional toll, as highlighted by Sadiq and Bashir (2022), contributing to a cycle of psychological distress.

1.6 Challenges in Accessing Legal & Political Rights

Participants highlighted difficulties in obtaining identity documents, echoing Majid et al. (2023) on legal barriers hindering societal integration. Frustrations with tokenistic policy enforcement align with Janhavi and Begum's (2024) findings on the inadequate implementation of legal frameworks like the NALSA judgment.

1.7 New Insights & Implications

The study introduces new perspectives, such as Participant 3's critique of tokenistic inclusion, stressing the need for systemic change. Participant 5's reflections trace the shift from reverence to marginalization, adding historical context. Mentorship plays a crucial role in supporting educational aspirations, while self-employment emerges as both an economic and cultural strategy. The study emphasizes the importance of overcoming infrastructural barriers for workplace dignity and inclusion.

2. IDENTITY

This section explores participants' experiences with misconceptions, stereotypes, and advocacy efforts, connecting them to previous studies and highlighting new contributions.

2.1 Misconceptions and Stereotypes

Participants discussed struggles with societal misconceptions and media portrayals, aligning with Mondal, Das, and Banerjee (2020), who noted the Hijra community's challenges in identity formation. Similar findings were observed by Nazir, Nazir, and Rehman (2021) in Pakistan. Participant 1's frustration with media misrepresentation echoes Singh and Kumar (2020), who highlighted how media perpetuates stigma. Participants also mentioned misconceptions about wealth, reflecting Jinsy K. Mathai and Pradeep (2021), who discussed the community's financial vulnerabilities.

Unique Findings

The study adds new insights into identity conflicts. Participant 2's experience of "hiding female identity" in smaller towns reveals geographic variations in societal acceptance, while Participant 3 links Hijra identity to Vedic traditions, reframing it as "demigods," challenging stereotypes of inferiority and dehumanization. This perspective is a new angle not extensively explored in earlier studies.

2.2 Advocacy and Awareness Campaigns

Participants emphasized education and activism to challenge stereotypes. Participant 2's advocacy aligns with Kalra and Dayal's (2023) finding that community-driven efforts can drive change. Participant 3 discussed the role of traditional practices in advocacy, supporting Singh and Kumar's (2020) findings on the spiritual role of Hijras. Participant 5's call for NGOs aligns with Mishra's (2022) push for stronger institutional frameworks.

Contributions to Literature

This study adds new dimensions to the understanding of Hijra misconceptions. While prior research explored societal rejection, this study highlights how perceptions vary across regions, age groups, and social strata. It also reveals how Hijras challenge stereotypes through education, reframing their narrative as contributors, not dependents. The study further emphasizes the importance of community-led, culturally anchored approaches, such as reviving dignity through Sanatan Dharma. Additionally, it explores the intersections of identity and health, offering new insights into how gender-affirming surgeries can influence psychological readiness for social engagement, with implications for policy support.

3. HEALTH AND WELLBEING

3.1 Religion and Spirituality

Religion and spirituality are central to the Hijra community's identity and collective functioning. Participants emphasized reliance on religious diversity and cultural traditions for unity and purpose.

Cultural and Spiritual Identity

Halli et al. (2021) noted the cultural role of religion in coping with societal rejection and fostering self-acceptance. Similarly, Runwal et al. (2018) linked spirituality to resilience. Participant 3's reference to Hijras as "demigods" aligns with Vedic traditions, underscoring a spiritual identity often underexplored.

New Findings

This study highlights the integration of spirituality in social practices, such as religiously tailored funeral rites. Participant 4's invocation of texts like the Ramayana emphasizes the community's divine heritage, adding a culturally nuanced perspective. Religious diversity, as described by Participant 1, reflects pluralistic practices, aligning with Chakraborty and Bhattacharjee (2020). Participant 5's portrayal of Hijras as divine figures reinforces their spiritual heritage, challenging societal marginalization.

3.2. Psychological Wellbeing

The study highlights resilience and mental health challenges in the Hijra community, echoing prior findings while providing nuanced insights.

Mental Health Struggles

Participants reported struggles with depression, isolation, and trauma, aligning with Saleem et al. (2011). Familial rejection, highlighted by Participant 3, adds a new dimension not extensively covered in previous research (Mehtar & Verma, 2024).

New Insights

Cultural pride emerged as a buffer against mental health challenges. Participant 4's statement, "our blessings are never in vain," symbolizes spiritual resilience. Reflections on

childhood bullying and societal rejection (Participant 2) align with Amanullah et al. (2022) but reveal resilience amid vulnerability.

3.3. Intentional Activities for Wellness

Participants identified activities like classical dancing, singing, and spiritual practices as vital for alleviating loneliness and improving mental health.

Creative and Spiritual Coping

Participant 2's engagement in classical arts reflects their therapeutic potential for marginalized communities, enriching Pathak et al.'s (2020) focus on positive coping.

New Dimensions

Participant 4's link between wellness, altruism, and salvation adds a spiritual-ethical perspective. The use of classical arts and selfless acts underscores resilience and highlights new pathways for emotional healing.

Novel Contributions

This study offers fresh insights into the Hijra community's experiences, emphasizing the role of religious diversity, spiritual traditions, and cultural pride in fostering resilience. It explores the therapeutic value of classical arts and the impact of familial rejection on mental health, expanding the discourse on coping strategies and wellness within marginalized groups.

4. SOCIAL AND COMMUNITY SUPPORT

This study affirms and expands on existing research regarding social and community support among the Hijra community in India. It emphasizes the significance of communal bonds, the role of gurus, and the impact of familial rejection, offering deeper insights into these dynamics.

4.1. Hijra as Family

The Hijra community serves as a surrogate family for many members, a theme echoed in Subramanian et al. (2016), which highlighted the community's emotional, material, and psychological support systems. Participant 1 emphasized, "we only have each other," underscoring their reliance on communal ties.

This study adds nuance by exploring identity negotiation within biological families. Participant 2 shared their strategy of selectively revealing their identity to maintain partial family connections while finding full acceptance in the Hijra community, a dimension unexplored by Chaturvedi et al. (2018). Participants 3 and 5 detailed familial rejection as a key driver for seeking solace within the Hijra community, deepening our understanding of societal stigma and its manifestation in families.

4.2 Role of Gurus

Gurus emerged as vital parental figures and mentors, consistent with Subramanian et al. (2016), who highlighted their role in providing emotional and psychological support. Participant 1 described the guru as "taking the place of a parent," while Participant 2 noted their guru's encouragement to pursue education, reflecting a nuanced mentorship role. This study diverges from Chaturvedi et al. (2018), which found no significant correlation between social support and psychological well-being among transgender individuals. Here, the mentorship of gurus is shown to enhance purpose and belonging, directly influencing

psychological well-being. Participant 5 also emphasized building broader networks within and beyond the Hijra community, highlighting a shift toward collective advocacy and empowerment over dependency, a trend not extensively covered in prior studies.

This study uniquely explores identity negotiation within biological families and the dual roles of gurus as spiritual guides and societal advocates. While prior research (e.g., Subramanian et al., 2016; Chaturvedi et al., 2018) highlights social rejection and internal support within the Hijra community, this study adds insights into strategies for balancing familial ties and community belonging. Additionally, participants' pride in their traditions offers a fresh perspective on resilience and cultural identity. For instance, Participant 4 described feeling “blessed with longevity and the power to give blessings,” introducing a positive dimension often overlooked in marginalization-focused narratives.

REFERENCES

- Abdullah, A. (2018). *Living through resistance: A feminist analysis of Bangladeshi Hijras* (Master's thesis, Oregon State University). Oregon State University.
- Abdullah, M. A., Basharat, Z., Kamal, B., Sattar, N. Y., Hassan, Z. F., Jan, A. D., & Shafqat, A. (2012). Is social exclusion pushing the Pakistani Hijras (Transgenders) towards commercial sex work? a qualitative study. *BMC International Health and Human Rights*, 12(1), 32.
- Aditi Dharmadhikari (2018, February 26). *The Hindu goddess worshipped by India's transgender community*. Homegrown.
- Agrawal, A. (1997). Gendered bodies: The case of the “third gender” in India. *Contributions to Indian Sociology*, 31(2), 273-297.
- Al-Mamun, M., et al. (2022). Discrimination and social exclusion of third-gender population (Hijra) in Bangladesh: A brief review. *Heliyon*.
- Arafat, S. M., & Sikder, J. (2009). Living on the extreme margin: Social exclusion of the transgender population (Hijra) in Bangladesh. *Journal of Health, Population and Nutrition*, 27(4), 441–451.
- Aziz, A., & Azhar, S. (2019). Social exclusion and official recognition of Hijra in Bangladesh.
- Bokhari, A., Nizamani, N. M., Jackson, D. J., Rehan, N. E., Rahman, M., Muzaffar, R., Mansoor, S., Raza, H., Qayum, K., Girault, P., Pisani, E., & Thaver, I. (2007). HIV risk in Karachi and Lahore, Pakistan: An emerging epidemic in injecting and commercial sex networks. *International Journal of STD & AIDS*, 18(7), 486–492.
- Boyce, P. (2007). Conceiving kothis: Men who have sex with men in India and the cultural subject of HIV prevention. *Medical Anthropology*, 26(2), 175-203.
- Burton, R. F. (1883). *The Kama Sutra: The classic translation of 1883 by Sir Richard Burton*. London: Chiswick Press.
- Chakrapani, V. (2010). Hijras/transgender women in India: HIV, human rights and social exclusion.
- 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*. University of Chicago Press. ISBN 9780226001821.
- Cohen, L. (2005). The Kothi wars: AIDS cosmopolitanism and the morality of classification. In V. Adams & S. L. Pigg (Eds.), *Sex in development: Science, sexuality and morality in global perspective* (pp. 269–303). Duke University Press.
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of Experience and Narrative Inquiry. *Educational Researcher*, 19(5), 2-14.

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications, Inc. D'Souza, O. (2012, February 5). Karnataka HC creates history; Takes transgender on its payroll. DNA India.
- Dreger, A. D. (2000). *Hermaphrodites and the medical invention of sex*. Harvard University Press.
- Dubey, R. (2011). Right to work and working conditions: Its constitutional aspects. *Indian Journal of Law and Justice*, 2, 61. Department of Law, University of North Bengal, Darjeeling, West Bengal, India. ISSN: 0976-3570.
- Ganju, D., & Saggurti, N. (2017). Stigma, violence and HIV vulnerability among transgender persons in sex work in Maharashtra, India. *Culture, Health & Sexuality*, 19(8), 903–917.
- Halder, Alpona (2015). *Education Inequality and Global Justice for the Third Gender. Hijras in India - Kindle edition by Politics & Social Sciences*.
- Hinchy, J. (2019). *Governing gender and sexuality in colonial India: The Hijra, c.1850–1900*. Cambridge University Press.
- Hossain, A. (2017). The paradox of recognition: Hijra, third gender and sexual rights in Bangladesh. *Culture, Health & Sexuality*, 19(12), 1418-1431.
- IANS. (2014, April 15). Supreme Court's Third Gender Status to Transgenders is a landmark. news.biharprabha.com. Retrieved from <http://news.biharprabha.com>
- Islam, S. (2019). A theoretical analysis of the legal status of transgender: Bangladesh perspective. *International Journal of Research and Innovation in Social Science*, 3(3), 117–119.
- Kalra, G., & Shah, N. (2014). The cultural, psychiatric, and sexuality aspects of hijras in India. *International Journal of Transgenderism*, 14(4), 171-181.
- Khan, A. A., Rehan, N., Qayyum, K., & Khan, A. (2008, December). Correlates and prevalence of HIV and sexually transmitted infections among Hijras (male transgenders) in Pakistan. *International Journal of STD & AIDS*, 19(12), 817–820.
- Khan, S. I., Hussain, M. I., Parveen, S., Bhuiyan, M. I., Gourab, G., Sarker, G. F., Arafat, S. M., & Sikder, J. (2009). Living on the extreme margin: Social exclusion of the transgender population (hijra) in Bangladesh. *Journal of Health, Population, and Nutrition*, 27(4), 441–451.
- Khan, S. I., Islam, S., Hussain, M. I., Parveen, S., Bhuiyan, M. I., Gourab, G., Sarker, G. F., Lal, V. (1999). Not this, not that: The hijras of India and the cultural politics of sexuality. *Social Text*, 61(1), 119-140.
- Lach, D. F. (1998). *Asia in the making of Europe, Volume III: A Century of advance. Book 2, South Asia* (3rd ed.). University of Chicago Press. ISBN 978-0226466972.
- Mal, S. (2015). *Consequences of spatial mobility among hijras of Kharagpur town, West Bengal, India*. M.Phil thesis, Fakir Mohan University, Department of Population Studies, Odisha, India.
- Malterud K. (2001). Qualitative research: standards, challenges, and guidelines. *Lancet* (London, England), 358(9280), 483–488.
- Modern Asian Studies*, 21(2), 371-387.
- Mposo, P. (2018). *South Asian studies: History, arts, and culture of Asia*. University of Leiden, Faculty of Humanities.
- Nanda, S. (1991). Deviant careers: The hijras of India. In M. Freilich, D. Raybeck, & J. S. Savishinsky (Eds.), *Deviance: Anthropological perspectives*. Bergin & Garvey.
- Nanda, S. (1996). Hijras: An alternative sex and gender role in India. In G. H. Herdt (Ed.), *Third sex, third gender: Beyond sexual dimorphism in culture and history* (pp. 373-417). Zone Books.
- Nanda, S. (1999). *Neither Man Nor Woman: Hijras of India, 2ND EDITION*. Wadsworth.

A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India

- Nanda, S. (2003). Hijra and Sadhin. In S. LaFont (Ed.), *Constructing sexualities*. Pearson Education.
- Narrain, Siddharth (October 2006). "In a twilight world". *Frontline*. 20 (21). Archived from the original on 21 October 2006.
- OHCHR. (n.d.). International Covenant on Economic, Social and Cultural Rights. <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>
- Peoples Union of Civil Liberties (Karnataka). (2003). Report on human rights violations against the transgender community. Retrieved February 2, 2007, from the Wayback Machine. As reported in Narrain, S. (2003, October 14). Being a eunuch. *Frontline*.
- Preston, L. W. (1987). A right to exist: Eunuchs and the state in nineteenth-century India.
- Reddy, G. (2005). Geographies of contagion: Hijras, kothis, and the politics of sexual marginality in Hyderabad. *Anthropology and Medicine*, 12(3), 255–270.
- Rehan, N., Chaudhary, I., & Shah, S. K. (2009). Socio-sexual behaviour of hijras of Lahore. *Journal of Pakistan Medical Association*, 59(6), 380-384.
- Rhude, K. (2018). The third gender and Hijras. *Hinduism case study - gender | 2018*. Harvard Divinity School.
- Sen, A. (2000). *Social exclusion: Concept, application, and scrutiny*. Oxford University Press.
- Singh, H., & Kumar, P. (2020). Hijra: An understanding. *Journal of Psychosocial Research*, 15(1), 77-87.
- Shroff, S. (2020). Operationalizing the "new" Pakistani transgender citizen. In A. Roy (Ed.), *Gender, sexuality, decolonization: South Asia in the world perspective*. Taylor & Francis. ISBN 9781000330199.
- Snigdha, R. K. (2021). *Beyond binaries: An ethnographic study of Hijra in Dhaka, Bangladesh [Doctoral dissertation]*. Auckland University of Technology.
- Stief, M. (2017). The sexual orientation and gender presentation of Hijra, Kothi, and Panthi in Mumbai, India. *Archives of Sexual Behavior*, 46(1), 73-85.
- Towle, E. B., & Morgan, L. M. (2002). Romancing the transgender native: Rethinking the use of third gender concept. *GLQ: A Journal of Lesbian and Gay Studies*, 8(4), 469–497.
- United Nations Development Projects (UNDP). (2015). *Human development report 2015: Work for human development*. United Nations Development Programme.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Anshay, T. & Maria, L.L.C. (2025). A Qualitative Study on Social, Economic, and Identity Experiences of Hijra Individuals in India. *International Journal of Indian Psychology*, 13(1), 565-579. DIP:18.01.053.20251301, DOI:10.25215/1301.053