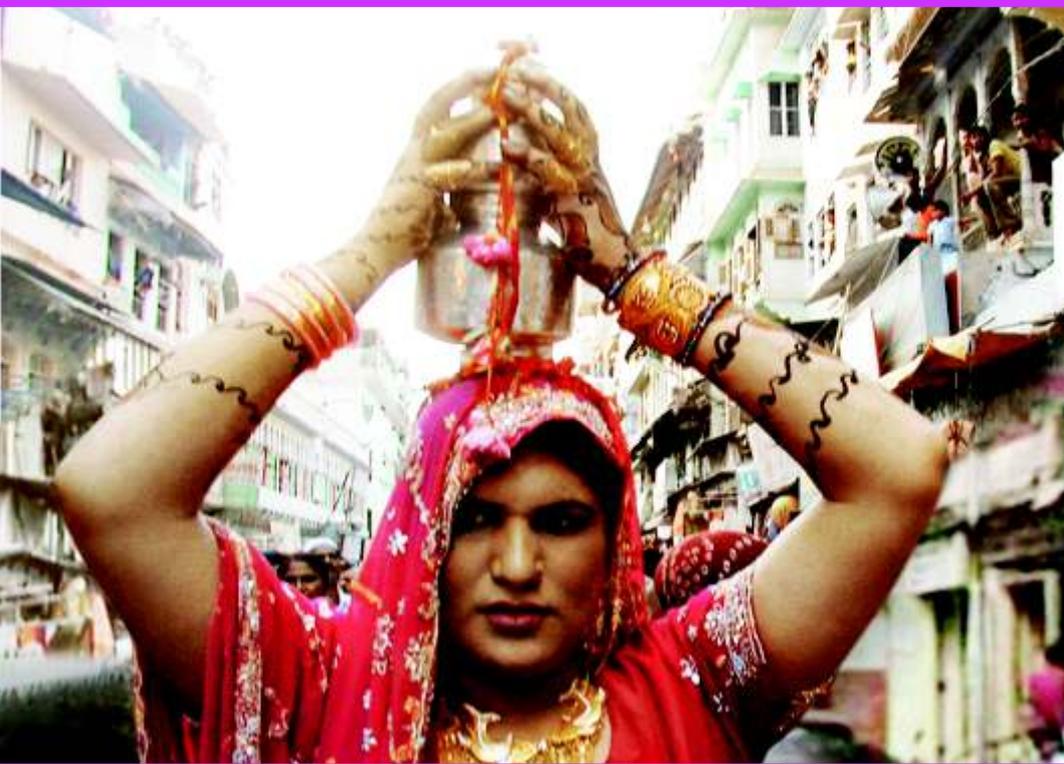


Life Of A Eunuch

An investigative and empathetic study of transgendered people in India, a socially and psychologically victimised community



Dr Piyush Saxena

Foreword
By A
Mother



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All names and addresses in this book are factual, except where the *guru* necessitated otherwise. Most photographs are factual, barring a few for representational purposes.

All disputes are subject to Navi Mumbai jurisdiction only.

This book is dedicated to all those
who have faced contempt and been mocked,
merely because they are deprived of a clear gender

Foreword

It was a cool, crisp Diwali morning in November 2009 and I was in a joyous mood as I walked with my son Piyush to the neighbourhood sweet shop. I looked up at the azure sky and was struck by the beauty of the season, made even better for me since my children and grandchildren were spending the holidays with us.



Upon reaching the shop, Piyush went inside to buy sweets and snacks, while I waited outside, lost in my reverie. It is not often that our children visited us in Ghaziabad, UP and I was thankful to God for such occasions, when we got together and spent time with one another as a happy family once again. All of them had done well for themselves and yet found the time to visit us in our old age and address our occasional need that required their attention. How fortunate we had been to have such children, I thought to myself!

I was rudely jolted out of my trance by a rather gruff voice. Turning to face the intruder, I was again accosted by a hoarse voice. I realised that the voice belonged to an apparition that we usually refer to as '*hijra*'. The *hijra* flashed a grin at me, revealing a stained mouth full of '*paan*' and reminding me of the festive occasion, asked me for money.

I was reminded of what my parents, friends and just about everyone else had dinned into my ears since childhood – “Do not invoke their curses, they always come true.” I had also heard horror stories about how they threatened to flash their genitals at those who did not give them alms. I instinctively shrank back and hastily reached into my purse, fishing out a Rs 2 coin, which I promptly forked over. The *hijra* gleefully accepted the coin and spontaneously blessed me, saying, “*Ma, tere bachche phule phale* (May your children prosper).” Then she sauntered off to join her mates, who were busy collecting alms from shopkeepers and other people on the street.

I was relieved at having escaped rather lightly, when I noticed Piyush standing next to me with a bemused expression on his face. He asked me if I had given alms out of my fear of *hijras* and I truthfully answered in the affirmative. Piyush mentioned that I was sadly mistaken in my belief, as were countless others who had similar apprehensions. He mentioned that *hijras* were bound by strict commandments, which precluded them from pressurising anyone or indulging in any criminal activity. I asked him about how he knew so much about them and it was then that he mentioned that he was writing a book about *hijras* or eunuchs, as they are referred to in English.

My interest was aroused. I requested him to let me take a look at the manuscript and he agreed to do so. After a few days, he returned home to Mumbai and I forgot about the event but Piyush kept his promise to me and I was rather surprised when a fairly voluminous

parcel arrived for me shortly thereafter. Upon opening it, I saw pages upon pages of information, along with a lot of photos depicting *hijras* on various occasions. At first, my heart sank upon having to read so much material but gradually, my curiosity overcame my apprehension and I resolved to read the book. Only a page or two at first, which gradually increased to more as the days passed, I read on, fascinated by the information contained in the book. How could this be possible, I kept asking myself? The matter contained therein flew in the face of everything that I had heard until then and defied conventional wisdom. I decided to uncover the ‘truth’ and cautiously broached the subject to my friends when we met for tea in the evenings. I asked them about the various things that we had all heard about *hijras* and their community. I enquired at length with each and everyone of my friends about whether any of them had ever been threatened by *hijras* for money or ‘flashed’ by them upon their refusal to do so. I also asked them about if any of them knew about a family where a newborn had been forcibly carried away by them as was widely rumoured. Contrary to my expectations, I got an answer in the negative each time from all of my friends.

By now, I was truly surprised and a bit disappointed at having harboured such baseless negative feelings about the community for so long. Partly in order to clarify my doubts and partly to check if there was anything that we all know as the ‘universal truth’ about *hijras*, which could be affirmed by the book, I went through everything. Then I reread it once again at slower pace, to see if I had missed anything. However, not only did I

find nothing to bolster my previously held misgivings about the community but the feeling gradually grew within me that here was a group of people who had been discriminated against and often viciously oppressed due to no fault of theirs but merely on the basis of baseless rumours and for the sake of vindicating the mistaken notions of the rest of us.

We are a species that loves to classify everything into neat categories. Thus, we have a ‘summer’ and a ‘winter’; we evolved through the ‘Bronze’ age and subsequently through the ‘Iron’ and ‘Industrial’ ages, on our way to the ‘Technology and Information’ age. We segregate ourselves into discrete races, religions, nations, languages and regions, often bringing these diverse groups into conflict with one another. However, there is one distinction that is so deeply ingrained into our psyche and so fundamental to our thought process that we are never even consciously aware of it – being a man or woman and the fact that gender is a privilege.

Brought up as boys or girls, we position ourselves in society as men or women, assuming those qualities that are thought to be the domain of our respective sex. Thus, men are considered to be assertive, forceful and ambitious while women are supposed to be nurturing, caring and accommodating – the two genders at diametric opposites. Scarcely is any thought given to the existence of a continuum, a gradation of the scale where all qualities blend in various degrees to form a harmonious whole, the way that Mother Nature had intended us to be. A ‘complete’ man or a ‘complete’ woman is a fallacy, since no man

is devoid of love and caring, just as no woman lacks ambition and drive. Yet every person is thought of as one or the other at a subliminal level, whenever we interact. We even force ourselves to exhibit only those traits that are attributed to our gender and suppress those that could be remotely associated with the other gender.

When confronted by someone who exhibits the dominant psychological traits of one gender while manifesting the physical characteristics of the other, our penchant for rigid classification is suddenly thrown into disarray. People cannot comfortably deal with those that cannot be clearly categorised, since they are unsure of which qualities of the other person they can identify with. Also, the lack of meaningful interaction leads to being judgemental, using predetermined benchmarks. The usual response has been to brush the issue under the carpet and avoid any mention of it. In those situations where interaction with a person of ambiguous gender is unavoidable, the exchange is characterised by uneasiness and a desire to terminate it as soon as possible. The unfortunate community of eunuchs is forced to live on the fringes of society, despised and feared, never loved and welcomed. They eke out a living by either appealing to our mercy or offending our sensibilities.

It is a matter of no small pride and gratification that my son had the vision and courage to present the facts dispassionately and without preconceived notions. The book addresses most issues about the causes of the condition, the physical and psychological

aspects of dealing with it and perhaps leading to social acceptance of these people. Substantial research has gone into tracing their presence through history, their singular lifestyle, culture, rituals and traditions, social attitudes towards them as well as their hopes and desires.

It is only with this unbiased information and attitude that one realises that gender too is a gift of God. The lack of a clear gender is not an abnormality. It brings to the forefront how society has deformed this will of God into an ugly stigma. I hope the understanding of this through the book will go a long way into recasting our thoughts the way we desire to be treated - with respect.

The book made me take notice of how misinformed I had been about these hapless people and how cruelly society deals with them. It definitely changed my attitude from one of indifference to a sympathetic one and dispelled all those baseless fears lurking within.

I thank the Almighty for having blessed me with a son who stands up for those who cannot have a child of their own. To defend the defenceless, to raise a voice in the silence – this is God’s work that I am happy to be a part of, as a mother and also as a human.

Shanta Saxena

Shanta Saxena
(A Mother)

Preface

“**S**how me yours, I’ll show you mine” – this is an innocuous exploration that children begin around three years of age. It is part of the growing up process that nature has instilled in us, an innate sense of specific gender identification/differentiation, allowing boys and girls to form different groups and indulge in play activities specific to each. For example, boys tend to indulge more in ‘rough



Show me yours,
I’ll show you mine

and tumble’ physically active games like cops and robbers, war games etc, while girls prefer the ‘thinking and feeling’ types involving associations/relationships like doctor-patient, teacher-student, mummy-daddy, cooking with toy utensils, babysitting with dolls etc.

However, what of the child who is forced to form part of one group, while identifying innately with the other? The little boy, who prefers dancing to playing football, who likes to dress nicely and feels more comfortable indulging in ‘girl speak’ and hanging out with girls, rather than letting out war cries, chasing down enemy soldiers or robbers and wrestling them to the ground,

is usually left out in the cold by both sides. He is generally regarded as too effeminate by boys and out of context by girls.

The confused boy's parents desire and hence push him to be strong and assertive, often trampling his feelings in the process. Parents of other boys tend to make fun of the poor child. Those of girls face discomfort and do not want the boy to form part of their daughters' groups. The child is forced into a state of withdrawal, not only due to rejection by the peer group but also more so by adults. Life becomes increasingly freakish for this little 'girl' trapped in a boy's body or vice-versa, so to speak and this sense of isolation and deprivation becomes even more acute as s/he grows up.

A turning point in life often comes around the time of puberty, i.e. between 8 – 14 years of age, when this child suffers from malfunctional hormonal development and consequently, cannot grow up to be either male or female, both mentally and physically. For most of them, the combined stress of abnormal physical and sexual development is so great that they run away from home, in an attempt to hide their disapproved behaviour and in a quest to discover the answer for themselves.

It is then that they are often pushed into the murky corridors of a parallel existence, where the members of the community lead a shadowy way of life . Years of enforced guilt and isolation has taught eunuchs to remain hidden, hoping that one does not discover their 'secret'. Little is known about them, even lesser about their community, adopted families, lifestyles and rituals or

even their death. Tales of them abound, surrounded by myth and folklore. Those of us familiar with Indian mythology might have heard of Shikhandi and Brihannala from the *Mahabharata* but not much is known about this stigmatised and oppressed group.

We rarely give them a second thought, save for those moments of irritation when we come across them waylaying us on the streets or standing in our doorways, appealing for alms and in the process, often offending our sensibilities. It is one thing to be born with chromosomal patterns or genitalia that are different from normal but quite another to be judged by others based on this. People should be defined by what makes us whole as human beings – our souls, thoughts and desire to contribute to others.

‘Life Of A Eunuch’ attempts to unearth the answers to some of these issues, taking a dispassionate look at those that society at large struggles to grapple with. It addresses the fundamental question of why this rather complex issue is caused in the first place, the physical causes that lie at the core of this problem and how to identify the existence of this problem as the first step towards acknowledging it and perhaps addressing it.

The book proceeds to look at the different aspects of transformation from both male to female, as well as female to male genders, the medical procedures involved, as well as the socio-economic ramifications of such gender transformations. The study also traces the history of gender misfits, outlines the issues facing them in various countries and cultures, in an effort to

gain a better understanding of the often insurmountable problems faced by such people. The book is replete with photographic testimonials and reports, which bring out the fact that these people are very similar to the rest of us, leading lives filled with emotions and desires just like ours. They can play meaningful roles in society, only if the rest of us stop discriminating and being judgemental and finally accept them as 'one of us'. We accept and sympathise with the deaf, dumb, blind and lame but not with the gender deprived, who do not even have a family, which is the unit of love, care and affection and is most needed for human life.

While sitting in judgement, we need to remind ourselves that they too need sustenance and have stomachs to feed. It is our discrimination that drives them to begging or worse. We have been primarily responsible over generations for having made them outcasts and forcing them to develop this way of life. Are there no goons, vagabonds, rapists or dacoits amongst us who are fully equipped with all natural faculties? It is the force of social circumstances, which generally make a man into what he turns out to be. If we spare no effort to bring normal outlaws back into the social fold, then why not at least give these disabled people an honest chance? I share my findings with you in the hope that this knowledge will result in a better appreciation of them. When shame, secrecy and isolation plagues people very much like us, a helping hand and community and peer support become the call of the day. I learned that theirs is a different world, far removed from ours but one which is deserving of being explored, written about and understood by society at large.

This book contains description of and anecdotes about eunuchs and their lives. The scope of my research for information about eunuchs has been restricted primarily to India, since the eunuch community in India as a whole, occupies a unique position in society and faces some singular challenges. Wherever necessary, global references and quotations have been mentioned in order to better explain and differentiate the situation that eunuchs find themselves in. These are contextual in nature and limited to their scope of enumerating the contrasting circumstances prevailing in those countries.

I discussed the subject and all matter contained in this book with many senior *gurus* and *nayaks* (heads of eunuch groups), who encouraged me go ahead with my project in the interest of eunuchs and the common

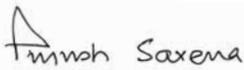


Author with eunuch heads of Mumbai Farid *nayak* and Saira Bano Sheikh at Lucky Compound, Byculla

man. If anyone wishes to contact them for further research, I shall be happy to provide their details.

'Life Of A Eunuch' provides a gateway to enter their world, feel and touch sensitivities so tender, ravaged by arrogance from unthinking minds and insensitive souls.

The book will have achieved its objective if we no longer get irritated at being accosted by them at a traffic signal or shrink from their laughter at a ceremony and instead pause to give thought to this mindless discrimination and accept wholeheartedly such people, who are just like us. To integrate them into mainstream society and offer them a life equal in opportunity, humanity and emotion is a duty we owe to them and the Almighty.



Dr Piyush Saxena

Mumbai

6th August, 2011

Cover Story

This photograph depicts an exclusive custom of Indian eunuchs and is an honour accorded to a select few. Carrying the *kalash* is an integral part of the rites of worship in many eunuch festivals, which are extravagantly celebrated. The cover photograph depicts a *kalash* procession in Ajmer, Rajasthan.



The sacred *kalash* depicting worship, sacrifice, power and *karma*

Every year, a large number of eunuchs assemble there from all over India to offer their prayers to *Khwaja Gharib Nawaz (KGN)* during the annual function known as '*Urs*'.¹ Attired in gaudy dresses, loud makeup, gold and precious stone ornaments, the festival is symbolised by ostentatious eunuchs. Through their celebrations, eunuchs show gratitude to the divine for prayers granted by KGN over the year gone by.

¹ The word '*Urs*' has been derived from '*Uroos*' which means the ultimate meeting of an individual with God. It is said that the *Khwaja* spent the last six days of his life in seclusion in a *huzra* (room meant for prayers) and on the 6th day of *Rajab* (the seventh month of the Islamic calendar), his noble soul left the corporeal body. *Urs* is celebrated on his death anniversary every year.

During the *Urs* festival, a *kalash* (vessel normally made of polished copper or brass) is filled with coins and in some cases, gold and silver ornaments, after which it is topped up with scented rose water. This is then offered at the *dargah*. Many groups of eunuchs traverse to the holy shrine in processions through the city, carrying their *kalash*, on roads lined with thronging crowds. The prized *kalash*, carried on the head by a select few, leads each procession. *Kalash* carriers are usually either eunuch *gurus* or newcomers to the group.

This walk is symbolic of the journey of life of a eunuch-surrounded by peers, festive moments commemorated by fanfare all around, hiding deep desires and confusion within; a lost sense of context and direction but a determination guided only by spiritualism to make sense out of a life that means little.

At a profound level, the picture depicts worship (the act of offering), sacrifice (giving up one's possessions), power (*kalash* on the head) and *karma* (using both hands for holding).

Their humble effort at carving out some semblance of dignity and purpose in their lives is symbolised by this pious act and challenges onlookers like us to appreciate and humanise these creations of God. Such simple, undemanding faith provokes us to realise the gift of a gender bestowed upon us and be grateful for the numerous things that we take for granted in our lives.

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Social Aspects

1

Nomenclature

Most popular dictionaries are unanimous that the word 'eunuch' has its origins in the Greek word for a castrated person employed to take charge of the women of a harem and act as chamberlain.

The Merriam Webster dictionary defines 'eunuch' as:

1. A castrated man placed in charge of a harem or employed as a chamberlain in a palace,
2. A man or boy deprived of the testes or external genitals or
3. One that lacks virility or power.

The dictionary gives the etymology of the word as being derived from the Middle English 'eunuk', from Latin '*eunuchus*', from the Greek '*eunouchos*', from '*eunç*', i.e. bed + '*echein*' which means 'to have' or 'have charge of'.

The Oxford English dictionary defines the word as:

1. A man who has been castrated, especially (in the past) one employed to guard the women's living areas at an oriental court,
2. An ineffectual person – thus, we may have a nation of political eunuchs.

The dictionary gives the etymology of the word as being derived from Old English, via Latin from Greek 'eunoukhos', literally 'bedroom guard', from 'eunç', i.e. bed + a second element related to 'ekhein', which means 'to hold'.

As can be seen from the definition listed at no. 2 at Merriam Webster, it is not clarified how the man or boy was deprived of his testes or external genitals but one may deduce from the mention of 'deprived' that the unfortunate person probably had to undergo some physical procedure in order to become a 'eunuch', with or without his consent.



The symbol of the
'In-between' sex

Obviously, such a person who was deprived of the basic power provided by Mother Nature became 'a person devoid of power', i.e. the power to reproduce and hence 'powerless'. This resulted in the term also being used figuratively to mean an ineffectual person, who could not carry out the tasks expected of him and hence dictionaries include this meaning in the definition of the term, as listed at no. 3 (Merriam Webster) and no. 2 (Oxford).

The use of the word eunuch is a total misnomer and is very unfortunate, because the English word has long been used to signify castrated adult males who identify with females. Unlike Indian etymology of the word for

eunuchs, which has mythico-religious roots in the term for 'hermaphrodite', the English surrogate of eunuch clearly registers an ingrained fear of sexual difference. The word conjures up images of loss and neutering, rather than of feminisation and the resolution of gender conflict. Thus the word does not convey the transsexual nature of the eunuch and tends to further marginalise them as social outcasts.

The emphasis in the Western world has always been on the physical act of castration, the act of making of an otherwise 'normal' man into something different or rather into a person who was physically incapable of having sex with women. This was done primarily to safeguard the harems of kings and protect queens from opportunistic liaisons in the absence of the kings. This powerlessness is also reflected in the informal use of the word to denote an 'ineffectual, powerless or non-masculine man' - in other words, a reflection on the deficiency of the person due to the taking away of his virility or power.

Thus, eunuchs were 'made', not born and this has been the concept of 'eunuchism' or 'state of being a eunuch' in the Western world.

However, the Indian concept of a eunuch (for lack of a more appropriate word) differs from the Western one in that, a eunuch is born, not made. The only true eunuchs in India are those who are genderless and suffer from the lack of any distinct sex organs that may set them apart from normal males and females. Even if they have a penis, they can never get an erection

and hence, they are eunuchs. Though, in order to attain *nirvana* (page157), they have to undergo voluntary castration, it is done more to remove any traces of the male gender in the person, rather than result in the removal of his virility.

There are many terms used to describe eunuchs in India - *ali, aravani, aruvani, chhakka, hijra, jogappa, khusra, khasuaa, kinnar, kojja, maada, mukhannathun, napunsak, nau number, pavaiyaa, thirunangai* etc¹, depending upon the region. All of these describe and are used to refer to a person deprived of a gender, with very fine nuances pertaining to a social or religious context.

Perhaps, more appropriate in English are the terms 'transgender' and 'transsexual', since they come closer to defining a lack of gender or a phase in transition. However, even these terms connote a change from one gender to the other or someone trapped in the wrong gender, exhibiting the outward physical manifestations of one while psychologically identifying with the opposite. They do not explicitly denote a 'genderless' state, as is the case with *hijras*.

Also, they have a very clinical tone to them and are probably more appropriate in a medical context, rather than for the dissemination of information, as is the case with this book.

¹ These words, when spoken with reference to normal gendered people, are assumed to be abusive since they are synonymous with eunuchs.

In the context of the book, the word 'eunuch' is used simply for lack of a more appropriate word. In fact, due to the rather unique social and religious circumstances which are an integral part of their existence in India, there exists no parallel term in English which adequately describes the Indian concept of '*hijra*'.

In order to address this anomaly, we may propose a subtle differentiation in terminology, for the following definition:

Eunuch

A person whose gender identity does not conform unambiguously to conventional notions of male or female roles and has a dysfunctional male or female reproductive system. Such a person combines the qualities of each to a varying degree, with a predominantly female psychological identity and follows the tenets of a eunuch lifestyle.

This will finally provide an impetus for society to even begin to recognise the plight of this ostracised category of humans by first acknowledging the problem as the means to alleviating it.

2

Eunuchs – Who Are They?

They are very much like other people, made of flesh and bone, have similar blood coursing through their veins and have the same feelings and emotions. However, even now, there is still a significant lack of understanding of these people as human beings, who are torn between their biological sex and gender identity.

They are '*hijras*', as we call them, South Asia's ancient and secretive community of eunuchs. They are acknowledged in Hindu, Muslim as well as other ancient cultures and have existed in most of South Asia with their own local identities, customs and rituals. They dress as women; they live and function as women; most of them consider themselves women but are male in the eyes of the law. For us, they are neither male nor female but freaks of nature.

In India almost nineteen lakhs (10 lakhs = 1 million) eunuchs live as outcastes. They are a caste unto themselves, living a marginalised life, abused and despised by one and all. The lies commonly mouthed by those who dislike them pass into the realm of fantasies like, "Everyone knows that *hijras* kidnap boys and cut off their genitals." Even the government is least considerate towards these less privileged human

beings. The apathy and discrimination of the general public, as well as their so called 'democratically elected' governments has reduced them to a life of penury, scratching out an existence by begging, prostitution or even crime on occasion.

Civilised society tosses terms like 'differently abled' for the handicapped, 'commercial sex workers' for prostitutes etc as a sign of understanding and to accommodate them into society at large.

These feelings of ours towards the less privileged are laudable but our feelings towards eunuchs are in no way civilised. Instead of showing the same level of understanding towards eunuchs, we call them by derogatory names like *hijra* etc, although they are merely born with a genetic anomaly and may have deformed genitals.

It is not that our behaviour towards eunuchs is totally negative. It is said that those who cannot procreate have occult powers to bless infertile couples with healthy children. They are seen as having special powers due to their presumed 'third sex' dimension and hence, are also invited during religious ceremonies.

People accord special status to *hijras* in Rajasthan, Gujarat, Punjab and other states during auspicious occasions, since they believe that they (*hijras*) have been blessed by God and can invoke fertility among even infertile couples. In contrast to the more rigid attitude towards eunuchs in the northern states, people in the southern states tend to be slightly more

accepting. However, the general, all pervasive attitude of fear and loathing still runs deep.

It is really strange that on one hand we call them by derogatory names and on the other, we invite them to confer blessings on newlyweds, newborns, new establishments and enterprises!

3

Eunuchs In Mythology

Indian mythology is replete with numerous instances pertaining to eunuchs. In general, eunuchs occupied a niche position and were looked upon as an integral part of society, sometimes enjoying unique benefits. This is stark contrast to their situation in modern India.

In the legend of *Ramayana*, when Lord Rama was banished from the kingdom of Ayodhya by his father King Dasharath, upon the insistence of Queen Kaikeyi, all the residents of Ayodhya accompanied him to the border of the kingdom to see him off. Many were desirous of accompanying him during his *vanvas* (exile).

At the border, Lord Rama faced the assembled crowd and said, “*Ayodhya ke sabhi nar nari, apne gharon ko laut jaye* (all men and women of Ayodhya may return to their homes)”, since he alone was meant to go into exile. Purportedly, everyone left for their homes but for the eunuchs who stayed on, since Lord Rama had inadvertently requested ‘men’ and ‘women’ to go back and they were neither.

The eunuchs stayed there for a period of fourteen years, homeless, bearing heat, cold, rain, thunder and lightning, waiting for Lord Rama’s return from exile.



Statue of
Ardhanarishvara

After conquering Ravana and returning from exile, Lord Rama was shocked to find them waiting for him at the border. Apologetic for forgetting about them, he rewarded their loyalty with a boon that their blessings would be sought on every auspicious occasion.

In *Shaiva* mythology, we know of Lord Shiva's form as *Ardhanarishvara*, in which the left half of his body is female. This form of God existed even in earliest times, when the human mind was mainly preoccupied with concepts of creation and fertility.

Lord Vishnu's incarnation as *Mohini*, a beautiful woman, is a unique example of the same.

Shiva-Ardhanarishvara represents the divine hermaphrodite and *Vishnu-Mohini*, the divine transsexual.

In the epic *Mahabharata*, at the end of the period of exile of twelve years, the Pandava princes had to further undergo *agyatvas* (period spent without revealing one's identity) for an year. During this period, Arjuna was turned into a eunuch, according to a curse given earlier by Urvashi, for a period of one year, which he passed as Brihannala.



The *Mahabharata* is replete with incidents featuring eunuchs

In another episode, they came across a Brahmin who complained that a deer had carried away his *arani*¹ on its antlers and therefore, he was not able to light a fire for the performance of his Vedic rituals. The valourous Pandava princes set out to retrieve the Brahmin's *arani* and followed the hoof marks of the deer.

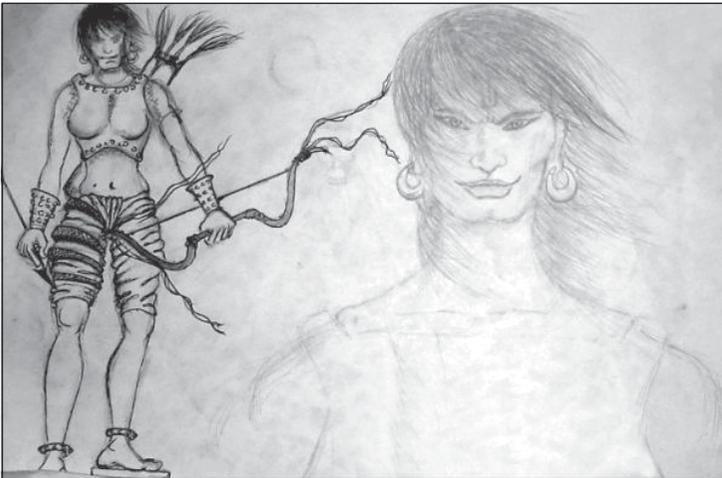
In their quest, Yudhishthira became exhausted and thirsty. Therefore, Sahadeva, the youngest, ventured to fetch water and found a beautiful lake. The lake was devoid of any living creature except a *baka* (crane). When Sahadeva attempted to take water from the lake, the crane spoke, "O Sahadeva! The water of this lake will turn into poison if you take it without answering my questions satisfactorily."

¹ Pair of wooden blocks used to generate fire by friction.

Sahadeva, in his arrogance, drank the water which appeared crystal clear and died instantly of poisoning. In turn, Nakula, peerless Arjuna and mighty Bheema also met a similar fate.

Following the same path taken by his brothers, Yudhisthira came across the lake and found all his brothers lying dead. However, Yudhisthira proceeded to answer the questions put forth by the crane, who revealed itself as a *yaksha*. The *yaksha* asked eighteen mystical questions with philosophical and metaphysical ramifications. The *Yaksha-Yudhisthira* dialogue is embodied in the *Madhya Parva* of the *Mahabharata*. The *kinnars* (eunuchs) of North India believe even today that a *yaksha*, *gandharva* and *kubera* are neither man nor woman.

The *Mahabharata* has many more instances involving eunuchs. During the epic war, Bhishma, acted as the



Artist rendering of Shikhandi

‘*senapati*’ (commander-in-chief of army) of the Kauravas. The Pandavas could not win the war until the mighty warrior was defeated. This was achieved through Shikhandi, a transgendered man.

When Bhishma’s younger brother, Vichitravirya was due to get married, Bhishma abducted the daughters of the King of Kashi, Amba, Ambika and Ambalika and brought them to Hastinapura. There, Amba told him that she had already promised herself to Shalya, the King of Saubha. Bhishma sent her to Shalya but he had been humiliated and refused to accept Amba. He advised her to marry Bhishma instead. Bhishma, however, had already taken a vow of celibacy and he refused.

Amba turned to Parashurama (the sixth avatar of Lord Vishnu), who fought Bhishma without result. Amba was utterly disheartened and undertook twelve years of very intense penance. Lord Shiva appeared to her and granted her a boon that in her next life, she would be the cause of Bhishma’s death. Amba promptly immolated herself by jumping onto a funeral pyre.

Meanwhile, Lord Shiva told King Drupada, the king of Panchala, that his wife would conceive a baby, who would start life as a female but later become a male. Drupada named the baby Sikhandi and raised her like a boy and even sent her to learn the martial arts from Dronacharya. Sikhandi eventually became the successful commander of one of the Pandavas’ seven *akshauhinis* (divisions).

The Pandavas, at Lord Krishna's behest, stationed Sikhandi between Bhishma and Arjuna during the war. Bhishma had made a vow that he would never raise arms against any woman, one who was born a woman, one with a woman's shape or even one with a woman's name and so he wouldn't fight Sikhandi. Arjuna and Sikhandi together shot Bhishma down and thus, Sikhandi fulfilled his destiny, to destroy Bhishma.

There are many like Shikhandi and Brihannala who served essential functions in mythical times. The above examples are but a few instances where either the services of eunuchs were gainfully employed in the pursuit of objectives or their presence deemed as a necessary part of the social fabric. Sadly, this situation did not persist through modern times and eunuchs saw a fall from grace. Their condition was transformed from that of being regular and sometimes exalted members of society to the present one of oppression and penury.

4

Eunuch Deities, Rituals And Festivals

A community steeped in mystery tends to have customs and traditions that are even more esoteric for the common man. Some eye witness accounts of a few of the celebrations are presented here so that one may have a glimpse of the religious and spiritual lives of eunuchs.¹

Regardless of their individual faith, eunuchs participate in all festivals, whether Hindu, Christian or Muslim, like *Holi*, *Diwali*, Christmas, *Eid* etc. There are some festivals which, though celebrated by one and all, are of prime importance for eunuchs. The nine day *Urs* festival at *Khwaja Garib Nawaz's dargah*, eighteen day long festival celebrating Aravan's sacrifice, *kalash* ceremonies, festivals celebrated for Goddess Yellamma etc are examples of some festivals that are celebrated by eunuchs with much more fervour than common people.

¹ The author has participated in various festivals and rituals celebrated by them. He has maintained a record of over 68 hours of exclusive video recording of various festivals and get togethers of eunuchs in which, normally gendered people are not permitted. Films and documentaries can be made using this exclusive, uninhibited coverage of their closed rituals, unknown culture and clandestine arrangements.



Cobra shielding Aravan

Kuttantavar Festival

Aravan is a minor but significant character from the epic of *Mahabharata*. Arjuna, the third Pandava prince, married Ulupi, a widowed '*naga kanya*' (girl belonging to the '*naga*' tribe of North Eastern India) during his exile. They had a son Aravan from this wedlock, who later sacrificed himself to the goddess Kali to ensure her favour and victory for the Pandavas. He was also

granted the boon that he would be able to witness the war through the eyes of his severed head.

Legend is that, Aravan requested Lord Krishna that he be married before the sacrifice, thus entitling him to the right of cremation and funerary offerings that were the due of a married man, since bachelors were buried. But no woman wanted to marry Aravan, fearing the inevitable doom and widowhood.

Lord Krishna solved this dilemma by taking on his female form – *Mohini*, the enchantress – marrying Aravan and spending that night with him. The next day, Aravan prayed with bowed head and sword in one hand before Goddess Kali and offered his head to the Goddess. Lord Krishna mourned as a widow in the form of *Mohini* the day after Aravan's sacrifice,

following which, he returned to his original masculine form for the duration of the war.

Aravan is known as *Kuttantavar* in the South Indian cult that bears his name and in which, he is the chief deity. His main temple is in Koovagam, Tamil Nadu. Here, the marriage of Aravan and *Mohini*, her widowhood and mourning, form the central theme of an eighteen-day annual festival celebrated during the period on either side of the night of the full moon in the Tamil month of '*Chittirai*' (around April/May) every year.

The *Kuttantavar* festival sees eunuchs, who call themselves *alis or aravanis* in this area, re-enact the marriage of Aravan with *Mohini*. They participate in similar festivals, on a smaller scale, in other villages like Devanampattinam, Tiruvelkalam, Adivarahanattam and Kothatai (all in Tamil Nadu) as also in Pillaiyarkuppam, in Puducherry.

During the first six days of the *Kuttantavar* festival, *cami* (Aravan's head) is 'danced' around the streets of Koovagam, with music and fireworks accompanying it. Each household offers a *pooja* to Aravan, with *aarti* (lamp waving), coconut offerings and other rituals. On the 13th day of the festival, Aravan's 'soul' is ritually transferred from his head to a pot and the head is repainted.

Eunuchs arrive in increasing numbers from the 14th to the 16th day of the festival. Late on the 15th night, they dance with the *karakam* (flower-crown) of Aravan, which is believed to possess his power. After this dance, the

priest marries the *alis* to Aravan, with the traditional *thali*-tying ceremony. Young and middle-aged male farmers and traders, men afflicted with diseases from Koovagam and surrounding villages, who have vowed to marry Aravan, purchase *thalis* – the traditional mark of a married woman, in this case a pendant with a piece of turmeric at its centre. The *alis* then indulge in role play, symbolic of consummating their ritual marriage, without the actual act. While *alis* wear women's clothes and jewellery, villagers generally retain their ordinary men's clothes.



Mourning the death of Aravan

On the 16th day, the 'soul' of Aravan is transferred back from the pot to his repainted head (*cami*) and the '*cuvamitirukkamtirattal*' (opening of God's holy eyes) ceremony is performed by painting the pupils. Aravan's head is fixed on the post, with his large epaulettes and chest plate fixed to his body, which is made of straw and surrounded by a

garland. The image is then paraded across the village in preparation for his *kalappali* (sacrifice) and ritual re-enactment of his death on the 8th day of the war. At noon his chariot turns north, to face the ceremonial Kurukshetra battlefield, symbolising his

entry onto the battlefield, to die at the hands of Alambusha. On arrival in Kurukshetra, the garlands are removed, indicating the removal of his flesh and his demise.

Returning from the battlefield, the chariot turns towards the location prepared for the ceremonial mourning rituals, the *alukalam* (weeping ground). The 'widowed' *alis*, with their hair disheveled, lament the death of their 'husband' as he performs the *kalappali*. The garlands from Aravan's image are thrown at devotees one by one, symbolising his gradual loss of vitality. At this weeping ground, the *alis* mourn Aravan's death by breaking their bangles, beating their breasts and discarding their bridal finery, like the legendary *Mohini-Krishna*.

The *alis* and the men wedded to Aravan cut their *thalis*, which are flung at a post erected for the ceremony (*vellikkal*). After bathing, they put on white saris as a mark of their widowhood. The *alis* bear these signs of widowhood for a month, before re-adorning themselves with bangles and wearing coloured saris again.

Also at the *alukalam*, a symbolic sacrifice of cooked 'blood rice' is distributed in honour of the deceased Aravan. This rice is believed to make childless women conceive. It is this belief in general, which brings *alis* across India to this sleepy town in Southern India. They believe that they too will be blessed by Lord Aravan with either a masculine form and virility or get a clear feminine gender and be able to conceive in their next birth.

After the death rites at dusk, the head is taken to the temple of Kali, where it is 'revived'. On the 18th and final day, the head is decorated and paraded around the village a final time. In the evening, the '*pujari*' (priest) as Yudhishtira (*Dharmaraja*) crowns Aravan's head in a coronation ceremony held in the inner sanctum of the temple. The head symbolises not only self-sacrifice, but also regeneration and continuity because of his ability to witness the war after his sacrifice.

Yellamma Devi

In the southern parts of India, Goddess Yellamma is known for her abundant strength. Also known by other names like Jogamma, Renuka, Holiyamma etc, her temples are located at Saudathi in Belgaum district, Chandraguthi in Shimoga district and Hulgi in Bellary district of Karnataka.



Idol of Goddess Yellamma in Saudathi,

The Yellamma *Devi* fair is held about five times between October and February every year at the Yellamma temple located at Saudathi in Belgaum district. The most popular celebration and the largest gathering takes place on the full moon day of *Margshirsha* (Hindu calendar month beginning in November and ending in December). On this occasion, the annual Yellamma *Devi* procession is taken out and hundreds of eunuchs, with vermilion on their foreheads and wearing ornaments made of cowries, participate to seek her blessings.

The belief is that Yellamma alias Renuka, a beautiful Brahmin, was married to sage Jamdagni, famous for his short-tempered nature. She had five sons from the sage and one of them was the famous Parashurama. One day while she was at the river to fetch water, she saw a group of youths playing water sports. So engrossed was she in watching them play that she forgot to return home on time. This led her husband to suspect her chastity. He ordered his sons one by one, to kill their mother but four of them refused on one pretext or another. Jamdagni cursed them to become eunuchs and got her beheaded by his equally short tempered fifth son, Parashurama. To the sage's surprise, Renuka's head multiplied by tens and hundreds and moved to different regions.

This miracle turned her four cursed sons and others into her followers. Eunuchs consider themselves to be the favourite sons of Renuka and every year, they throng to her various temples in southern India to seek her blessings. Infertile couples, people suffering

from chronic ailments etc visit Yellamma *Devi* with the belief that she will bless them with a child and good health.

Similar to Aravan's followers, those of Yellamma too worship her head. One can find a number of similarities between Yellamma *Devi's* fair and the *Kuttantavar* festival. Both have a large presence of the eunuch population; the followers of both basically belong to the lower strata of society, who are going through the hardships of life everyday and are unable to face the same. A number of men dress like women (symbolising the sons of Renuka *Devi*, who were cursed to become eunuchs) and sometimes engage in female sexual gestures. The staunchest followers of Goddess Yellamma are none other than eunuchs, who are primarily responsible for propagating the virtues, powers and achievements of the Goddess.

Bahuchara *Mata*

The temple of Bahuchara *Mata*, another diety of eunuchs, is located in Varakhdiwala in Bechraji town, 35 km west of Mehsana in Gujarat. The original temple complex was built in 1783 AD. Every year, about 4 lakh pilgrims, a large number of whom are eunuchs, visit this temple.



Image of Bahuchara *Mata*

The followers of Bahuchara *Mata* believe that she is an incarnation of Mother Durga, the goddess of power and patroness of eunuchs. There are two different

stories involving Bahuchara *Mata* and the transgender community.

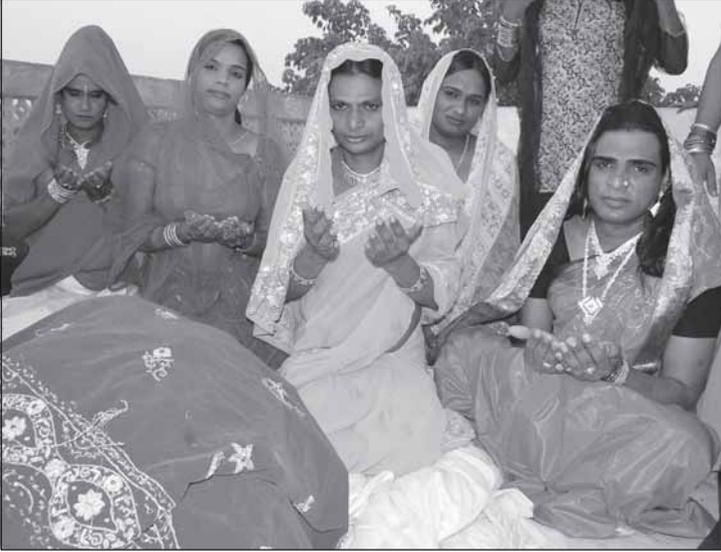
One belief is that Bahuchara *Mata* was a princess. She was married to a man who was transsexual in behaviour. Every night, he would run into the woods and act like a woman, rather than have sex with his wife. Angry with his sexual abnormality, Bahuchara *Mata* castrated him and cursed him to become a eunuch.

Another belief is that she was once travelling through a dense forest. Finding her alone, a man tried to rape her. She cursed him with impotence. The man begged for her forgiveness and requested her to free him from the curse. She agreed to pardon him, only if he went into the woods and acted like a woman.

Eunuchs consider Bahuchara *Mata* as their patroness and visit her temple to seek her blessings. They believe that they may have been cursed with non-functional gender due to their sins. By seeking her blessings, they hope that *Mata* will forgive them and bless them with a clear gender, either of a man or woman in the next life.

Urs of Khwaja Garib Nawaz (KGN)

This is held every year, in the Muslim month of *Rajab*, to commemorate the death anniversary of *Khwaja* Moinuddin Chisty in Ajmer. The festival takes place about every 355 days and the 1st, 6th and 9th day of *Rajab* are days of processions and offering by devotees.



Offering prayers at the shrine

The prime reason for the huge participation of eunuchs in the *Urs* of *Khwaja Garib Nawaz* is thanksgiving for their wishes being granted by him. The notion arose from the belief that in the 12th century, the *Khwaja* had blessed eunuchs and allegedly, one of them even got pregnant after being blessed by him. This eunuch used to fetch water from far away in the desert for the *Khwaja* and also do his daily chores. Pleased with her devotion, *KGN* blessed her with a son. Since then, eunuchs across all over India and abroad gather at the *Khwaja's dargah* during the *Urs* festival, wearing flashy, richly embroidered dresses, make-up, ornaments etc and offer a *kalash*, so that they may also be blessed like their ancient counterpart. Not all eunuchs offer *kalash* though, most of them only offer a *chaddar* (holy cloth) at the *dargah*.

The *kalash* contains coins and occasionally, gold/silver ornaments etc. Eunuchs fill it with rose water, *attar* (scent), flower petals etc. Processions covering the distance of about 200 meters to the *dargah* are led by selected eunuchs who carry a *kalash*. These eunuchs normally include newcomers, elderly eunuchs or the *guru* of the group. Eunuchs, unlike common people, go strictly barefoot to the *dargah* after taking a bath. Normal people wear caps similar to those worn by Muslims to cover their heads at the time of entering the *dargah* but eunuchs cover their heads with saris or scarves right after leaving their residences. Midnight or afternoons are preferred for their prayers and processions are generally seen after the *qawwali* sessions are over.

After reaching the *dargah*, they put the *kalash* in front of the '*jannati darwaja*' (door to heaven) of the *dargah*. After offering their prayers, eunuchs distribute the scented liquid contained in the *kalash* to the assembled crowd. There are many who wish to receive this, since the liquid is considered to be very holy.

After offering the contents of the *kalash*, eunuchs go to the left of the entrance to the shrine, where there are two metallic pots called *deg*. The smaller pot has the capacity to hold up to 2,400 kg of cooked rice at a time, while the bigger pot can hold up to 4,800 kg. Eunuchs carry the *kalash* containing the ornaments, currency etc to the pots and pour the remaining holy liquid from the

Note: The personal experience of eunuchs in this festival is shown in the documentary 'India's Ladyboys' aired on National Geographic Channel and also on BBC Three Channel series 'Taboo'.

kalash into the pot kept for cooking. The other pot is for collection of religious offerings like ornaments and cash.

On their way back from the *dargah* after offering *kalash* and/or *chaddar*, if anybody, even a non-eunuch, requests eunuchs to join his/her *chaddar* procession, they will gladly do so, regardless of their condition or the weather.

Earlier, eunuchs used to line the balconies of the hotels along the *dargah* road wearing only brassieres and petticoats and clap and dance while the procession was on its way. This distracted the people on the road and led to unruly scenes. Eunuchs were requested to abstain from vulgar public display of their bodies during the procession but they turned a deaf ear and refused to comply. Finally, the district administration informally instructed hotels along the way not to rent their rooms to eunuchs during the festival or they would stand to lose their licenses. Obscenities have reduced since.



Food for *niyaz*

Distributing Free Food

At one such festival, Chandrakala, a eunuch of around 28 years, was observed standing alone and distributing *biryani* (a fragrant dish of rice cooked with mildly spiced meat or vegetables) in plastic bags to a queue of *faqirs* (mendicants who live by begging) and other poor people in the Moti

Katla area in Ajmer. She maintained that she distributes free food (*niyaz*) every year because she owed a lot to KGN. "If I feed these people once a year, their good wishes will double my earnings during the following year, which I further pass on", she said, happily doling out food among the assembled crowd of a hundred people. Every day, during the *Urs*, different groups of eunuchs bear the expenses of distributing *niyaz* to the poor.

Entertainment

In the afternoon and late evening, eunuchs engage the services of *qawwals* (singers of religious and devotional songs), since they are fond of listening to *qawwali*. During the *qawwali* shows, eunuchs shower money on the *gurus* and other seniors.

Eunuchs were forbidden to attend regular song recitals patronised by normal people. Making their own arrangements led to *qawwali* concerts, which are devoted to the praise of *Allah* as the central theme.

Decked in their finest attire, they shower currency notes on the assembled people, mainly *gurus*. They enjoy this and feel proud of it. The assembled crowd rushes to pick up this money, since the common belief is that it is holy and more valuable than just ordinary money and will attract good fortune to them. It is observed that there is competition between the groups to shower more money. If one group showers a total of say, Rs 2,000 then another group enhances their offering to Rs 3,000 and so on. The money showered is mainly in the form of Rs 10 denomination currency notes.

There is competition among eunuch groups pertaining to dressing up as well. Showmanship is on display and each group tries to outdo others, by wearing flashier, more decorative and gaudier dresses and jewellery.

Crime During the Festival

During *Urs*, the incidence of petty crime such as pick pocketing, chain snatching, theft etc goes down. Thieves are scared to steal or snatch the valuables of eunuchs. They fear that the curse of the eunuchs will befall them and destroy them in some way or the other, e.g. monetary loss, family sickness, physical accident etc.

Eunuchs are not much bothered about their ornaments, money etc knowing they are safe in the *Khwaja's* shrine. If any ornament like a ring etc belonging to a eunuch is accidentally dropped on the road, it is promptly returned to the rightful owner. As a last option, the finds are deposited with the police, who open special counters for lost valuables.

On the road to the *dargah*, no person dares to tease any eunuch, because they move in groups of 3 – 5 or more. The police also provide special security during processions. Eunuchs also appoint their own people to guard these processions till they reach the *dargah*. If eunuchs retaliate when abused, even the police do not intervene in these matters, being scared of their ferocity.

A few years ago, the police arrested a eunuch for indecent behaviour in a public place. The news went to a eunuch called Sonam, who was the President of

Kali Mata Temple at Sion



the Akhil Bharatiya Kinnar Samaj based in Ajmer. In response, she came down heavily on the police officers. From that time onwards, the police are more cautious about their actions against eunuchs.

There is an exclusive temple devoted to *Kali Mata* on S M Road, near Sion-Koliwada, Sion, Mumbai 400 037. All the priests of this temple are eunuchs. Believers from all over India offer prayers at this temple, to be blessed with children.

5

Eunuchs Abroad

Medieval, traditional, post-colonial and third-world societies treat overtly transgendered/transsexual (TG/TS) women in much the same way that they have always treated women and other deprived classes at the bottom of the social order. Even when such cultures were not politically or militarily colonised by western countries, the desire to imbibe western values often resulted in the repression or elimination of gender minorities.

In some countries, traditional gender minorities are remembered through word-of-mouth tradition, while in others they barely survived, perhaps 'underground' or in geographically remote areas. This is in stark contrast to history, where many non-western cultures have long recognised and accommodated eunuchs and transgendered people in a wide variety of ways.

However, in general, western society has proven to be much more accepting of eunuchs and transgendered people after the Middle Ages.

We can visualise the large variations in TG/TS life by making a base level comparison of the following acceptance parameters:

- (i) social responses to the conditions,

- (ii) the ease of access to transition services or Gender Reassignment Surgery (GRS) and medical treatment,
- (iii) legal status before/after transition,
- (iv) degree of recognition as men or women after transition,
- (v) access to employment before, during and after transition,
- (vi) who pays for these services and treatments and
- (vii) variations in the freedom to 'start a new life'.

Based on the above, we come across a wide range of acceptance and fair treatment meted out to TG/TS people in various countries.

United States of America (USA)

By most measures, USA now is the country with the best opportunity in the world for TG/TS people. Here they are treated on par with normal gendered people. At present, transition expenses are rarely covered by health insurance and must be paid out-of-pocket by transitioners themselves. However, the wide range of good employment opportunities in USA provides transitioners with the means to support themselves and pay for expensive procedures before, during and after transition. Many companies even support 'on the job' TG/TS transitions.

Most states in USA now enable post-operative women to apply for and obtain revised birth certificates and other ID (identification documents) after TG/TS transition and have full legal rights as women, including the opportunity to marry men. All these things work to

the great advantage of transitioners. USA has also made rapid progress in formal civil rights for TG/TS people and they are protected by anti-discrimination legislation.



Amanda Simpson - believed to be the first transgender woman to be appointed to a senior government role. She is senior technical advisor at the Commerce Department in the Bureau of Industry of Security, USA

USA also has a long social tradition dating back to their frontier days of 'starting over again, somewhere else with someone else'. Family bonds may get severed and such people build 'extended families' among their friends at work and in their recreational activities. Unlike India, not feeling the constraints of a traditional society and being able to build lives far beyond their birth families and communities, people do not fear pulling up roots, moving and starting over.

American society, for the most part, is a friendly 'live and let live' one and transitioners are relatively free

from harassment. No other country provides such wonderful opportunities for TG/TS in the workplace and life in general and many post-operative TG/TS women can go on to have fine careers and lives.

Latin America

The ancient Mayan civilisation may have recognised a third gender. This can be noted in their androgynous Maize deity, masculine Moon goddess, iconography and inscriptions, where rulers embody or impersonate these deities. The Olmec, Aztec and Maya people understood 'more than two kinds of bodies and more than two kinds of gender'. It is suggested that the third gender could also include two-spirit individuals with specially assigned roles such as healers or diviners. Anthropologists generally agree that gender was a fluid potential, not a fixed category, before the Spaniards came to Mesoamerica.

Childhood training and ritual shaped but did not set adult gender, which could encompass a third gender and alternative sexualities as well as 'male' and 'female'. At the height of the Classic period, Mayan rulers presented themselves as embodying the entire range of gender possibilities, from male through female, by wearing blended costumes and playing male as well as female roles in state ceremonies. Many figures of Mesoamerican art are depicted with male genitalia and female breasts, while other figures in which chests and waists are exposed but no sexual characteristics (primary or secondary) are marked may represent a third sex, ambiguous gender or androgyny.

The advent of modern society after Spanish colonisation and influence brought attitudes that were more in conformity with those of Southern European countries or Roman Catholic Europe. Though not as liberal as western Europe, they are currently far more accepting than most countries in the rest of the world.

Thailand

Thailand may be the only country in Asia where eunuchs and TG/TS people are rarely discriminated against by normal gendered people. There, they are often perceived as helping the nation's economy which is mainly dependent on tourism, especially sex tourism. The sex trade in Thailand is widely known around the world as having large numbers of very beautiful 'she-males' and transwomen. Also, Thailand has a long tradition of 'lady-boys' or '*kathoey*' as bar girls and entertainers.

Many TG/TS girls there manage transition at a young age, eventually undergoing GRS, which is easily and inexpensively available. Although Thai society is tolerant of these 'lady-boys', they are unfortunately not considered women after their transition and cannot get updated IDs or working papers as women. Thus, a very large number of *kathoey* remain marginalised in jobs as bar-girls and prostitutes, even after becoming women.

Many post-operative girls in Thailand also try to find work or husbands in other countries, in order to escape from a life that is limited to sex work and entertainment. Some emigrate to countries such as

Germany, where they make wonderful wives and are fully accepted as women.

China

In Chinese history, the tension between eunuchs in the service of the emperor and virtuous Confucian officials is a familiar theme. Reality was not always that clear cut and there were instances of very capable eunuchs, who were valuable advisors to their emperor. In many cases, eunuchs were considered more reliable than the scholarly officials. Resistance to them from 'virtuous' officials often stemmed from jealousy on the part of the officials. Eunuchs represented the personal will of the Emperor, while the officials represented the alternative political will of the bureaucracy.

Court eunuchs in China reached the height of their political power during the Ming dynasty. Emperor Wanli employed over 200 eunuchs in the imperial court and had about 5,000 of them in official positions throughout the country. While the emperor was preoccupied with his beautiful concubines, powerful eunuchs embezzled huge fortunes. In the 1620s, a eunuch named Wei Zhongxian ruled China for all intents and purposes.

The demand for eunuchs was so high that the Forbidden City contained a special eunuch clinic, where candidates had their genitals removed while sitting on a special chair with a hole in it. Those who did not survive were carried away with their penises and testicles in a pouch for reunification in the afterlife.

China has recently begun quietly permitting transitions. Very few transitions are done there compared to the size of the population but such women are also permitted to marry men after their transition.

Japan

Japan is an intensely conformist society that strongly rejects those 'outside the norm'. This was reflected in their attitude until the advent of American influence. Subsequently, the attitude of the ruling class, as well as the general public towards eunuchs is changing. In this scenario, a few TG/TS women have undergone transitional surgery.

Transsexuals from Japan usually go to Thailand for their surgeries (due to the cost advantage) and take a chance on somehow being able to survive back home afterwards. Some highly successful, beautiful, post-operative girls are now influencing public opinion for the better in traditional Japanese society.

Turkey, Indonesia and Malaysia

TG/TS women in these Muslim countries find themselves in situations similar to those in the countries of Catholic dominated Latin America. Many girls undertake TG/TS transitions. Although some may manage to obtain female hormones and feminise their bodies, few ever manage to complete a transition. However, those who do transition become identity-less and unemployable and are marginalised into living in urban slums. There they usually resort to sex work, street entertaining or begging to survive.

Pakistan & Bangladesh

Many eunuchs are found in the Muslim countries of Pakistan and Bangladesh, where the eunuch custom was inherited from undivided India long ago. The



United in 'sisterhood' - eunuchs from Pakistan

situation of eunuchs in these countries is somewhat similar to or worse than in India, with most eunuchs relegated to a marginalised existence as dancers, beggars and street prostitutes.

Saudi Arabia

It is said that in the Muslim world *mataf*, the circular inner area around the *Kaaba* was in the care of fifty black eunuchs, who also doubled as the mosque police. They were either Africans or of African origin and called *agha* or colloquially, *tawashi*. Their chief ranked directly below the *shaybi*. They wore distinctive clothes and were diligent in instantly removing any litter. If women became involved in any incident in the mosque or had

to be ejected, the *agha* could deal with them without impropriety and hence the rationale for their usefulness.

However, in modern times, the bleakest scenario for TG/TS people exists in the strict Islamic world, where any variation of sexual orientation or gender is treated with the utmost ostracism and cruelty. In these countries, gay men and lesbian women are routinely executed, simply for being gay or lesbian. As one can imagine, there is no hope whatsoever for TG/TS people in such countries. It is inconceivable that one could transition in such a repressive environment without risk to life and limb.

Iran

There are exceptions to the marginalisation and persecution of TG/TS people in the Islamic world. The most notable is Iran, which provides social and medical help for gender transitioners and state recognition of their new social gender. This practice has quietly expanded there in recent years, building on a favourable ruling years ago by the late Ayatollah Khomeini. However, same sex relationships are repressed in Iran and many young gay people have been executed there.

The Internet, Media and Migration

Every country has always put a different spin on how it treats TG/TS people and transitioners can often find special advantages in medical services, jobs or citizenship in countries other than their own. Every aspect of transition and post-transition life is affected by one's nationality and culture.

Different countries have divergent customs, social traditions, cultural taboos, legal rules and bureaucratic regulations regarding TG/TS conditions and transitions. One's nationality thus has a large effect on how difficult it is to complete a TG/TS transition, as also the degree to which a transitioner is accepted by society and can obtain opportunities for a fulfilling life after transition. Hence, transgenders from all over the world have often looked beyond their own country's borders when trying to escape the gender traps they find themselves in.

Fortunately, the internet is helping these people become more aware of the situation in countries other than their own. These contacts are helping many transgenders living where it is difficult or impossible to transition, to figure out ways to somehow escape the trap that they are in. Many transitioners study detailed country-to-country differences when seeking medical treatment, finding employment, seeking love partners and planning their long-term futures.

Many TG/TS women evaluate surgeons from all over the world before deciding on where to go for critical procedures such as GRS. Due to differences in the cost of quality medical care, especially the cost of surgery, many people in expensive countries such as USA and Japan prefer to go to countries such as Thailand for treatment.

Many TG/TS people attempt to emigrate from less tolerant countries to more supportive ones - such as from Latin America to Europe or USA. In USA, UK and

all other developed countries, a person cannot be denied an opportunity to work on grounds of gender. Laws protecting their rights are implemented and discrimination cannot take place. Transitioners get respectable jobs based on merit and they enjoy life like the mainstream.

The possibility of being able to undergo gender-changing transformation is now widely known about in India and exerts an incredibly powerful and mystical calling to all young transgenders. Recently, some eunuchs have begun interacting with western TG/TS women and are learning about western methods of gender transition. More eunuchs are likely to seek hormone therapy and even full gender changes in the future, if they can find ways to afford such treatment. This feminises them and makes them look more like women and enables them to be better accepted in society.

Discrimination on account of gender is not legal in India, yet it is predominant. One hopes that the improvements now being made in advanced countries e.g. USA, UK etc will provide a model for rapid improvement in countries like India as well.

6

Eunuchs In India

Eunuchs are ubiquitous in India, standing out in crowds throughout the length and breadth of the country. Their fortunes are determined to a large extent by their looks. Intersexual people are not visibly distinguishable in the West. In marked contrast, eunuchs in the Indian subcontinent are found to dress and behave differently, in addition to living apart in bands and groups. Caked in cheap rouge, *kajal* (kohl), powder and lipstick, they dress in ill-fitting blouses and colourful saris (with the exception of *hajis*¹) in a grotesque parody of womanhood, as they roam busy marketplaces in groups, often terrorising pedestrians and hustling them for a rupee or two.

These are not your average beggars on the street. With male sounding voices shouting expletives, palms meeting crossways in their trademark clap, they prey on the unsuspecting passerby, who will sooner part with his cash than be treated to the sight of the group collectively lifting saris and threatening to flash castrated genital areas right in his face, though an actual flashing may be a very rare event and more of the impression carried by the common man walking

¹ This term is prefixed to the names of Muslims who have been on a pilgrimage to Mecca.

on the street. Nobody wants to be accosted by one of them - be nudged by their elbows, stroked on the cheek, taunted, cursed and flashed.

Eunuchs as Social Outcasts

India and other South Asian countries are the only places where the tradition of eunuchs is prevalent today. There are about 19 lakhs of them in India, their role in life drastically changing from that of royal servants, confidantes and friends to a less meaningfully contributing one to society. For most Indians today, eunuchs are 'diabolic creatures', a source of eternal disgust and perennial fear. They are looked upon as hapless and strange creatures, bereft of sexual potency. This is evident from the way the word '*hijra*' is used in the day-to-day conversations of people. It is often found being used to abuse people. Even dictionaries in Hindi define *hijra* in derogatory terms. The very utterance of the word carries with it an obvious sense of denigration. In India they are a stigmatised, socially marginalised and economically impoverished people.

The eunuch community and its traditions, including their very basic form of 'gender change' from male to eunuch, has a recorded history of over 2,000 years in India. This widespread practice enables transsexual kids to escape the trauma and fate of masculinisation as teenagers and provides a safe though very low place in society. The agonising extremes to which these transsexual youngsters will subject themselves to in order to 'approximately have a female gender', with the full knowledge that they will never see their families again and will face social degradation for the rest of

their lives, is a testimonial to the reality and extremity of the gender conflict that they face within themselves.

During the Mughal era, harems of kings were full of eunuchs. It is said that they were used to entertain and keep a watch on the queens. Until a few hundred years ago, the Indian subcontinent was plagued by numerous wars. Many soldiers, who were drawn from the ranks of commoners, were killed on both warring sides. This resulted in the loss of male members in many families, leaving behind only widows. Women outnumbered men, with the result that polygamy became common. The higher up the social and financial ladder the man, the more was the number of wives or concubines that he kept and that increased the demand for eunuchs to keep watch on them.

Eunuchs lived fairly secure lives working as domestic 'girls' in the homes of wealthy people and by performing during numerous ritual ceremonies. This role of eunuchs ended with the advent of the British rule and abolition of many kingdoms. Eunuchs were left with no means of supporting themselves. Hence, they exist in this pitiable condition in the Indian subcontinent.

The British viewed them as freaks to be shunned, an attitude that prevails among westernised urban Indians. Many traditional eunuch social roles were eliminated by British colonials, unable to visualise the deeper meaning of eunuch traditions. Many Indians then came to view eunuchs as 'perverted' street people, by buying into the 'modern and advanced' British colonial attitudes towards this gender minority.

The roots of contemporary violence against the *hijra* community can in fact be traced back to the historical form that modern law in post-colonial India has adopted. It took the form of the enactment of the Criminal Tribes Act, 1871, which was an extraordinary legislation that departed from the principles on which the Indian Penal Code was based. Once a tribe was notified as a criminal tribe, all members of the tribe including women and children, would have to register with the specified authority, with non-registration rendering the person liable to prosecution.

The link between criminality and sexual non-conformity was made even more explicit in the 1897 amendment to the said Act, which was sub-titled 'An Act for the Registration of Criminal Tribes and Eunuchs'. Under the provisions of this statute, a eunuch was 'deemed to include all members of the male sex who admit themselves or on medical inspection clearly appear to be impotent'. Being a eunuch was itself a criminal occurrence, with surveillance being the everyday reality. The surveillance mechanism criminalised the quotidian reality of a eunuch's existence, by making its manifest sign, i.e. cross-dressing, a criminal offence.

Types of Eunuchs

Eunuchs of India define themselves as people who are neither male nor female. Cross dressers, i.e. men who wear women's clothing, makeup etc are also misconstrued as eunuchs at times.

Eunuchs can be broadly classified into three types, depending on their looks:

- a) **Neutral eunuchs:** They are eunuchs who look neither like males nor females.

They have hoarse voices and are sometimes flat chested.



Neutral eunuch

- b) **Male eunuchs (*jenanas*):** They tend to look like males. Their body and bone structures are more like males than those of neutral or female eunuchs. They do not have proper male genitalia.



Male eunuch

- c) **Female eunuchs:** They look like females. They have fully or partially developed breasts. However, they do not have proper female genitalia. They do not menstruate. Also, they do not have hair on their bodies, chests, hands or thighs (For more details, refer to the section on PAIS/CAIS at pages 318, 319).



Female eunuchs

All the above types exist as a continuum of gradation, rather than as discrete categories. Hence, the exact percentage for the occurrence of each 'type' as such cannot be ascertained.

7

Eunuch Statistics in India

According to surveys carried out by Salvation Of Oppressed Eunuchs (SOOE), the number of eunuchs in India is around 19 lakhs, as of March 1, 2011.¹



Standing up to be counted

¹ The figures are approximate, since eunuchs live in a secretive, shadowy world that they have created for themselves, away from the abuse and persecution of society in general. Here, the term 'eunuch' refers to only those people who wish to be treated as neither male nor female and embrace a lifestyle that is in conformity with their sexual divergence. This group does not include those intersex people who pretend to lead their lives as either males or females and embrace a normal lifestyle.

The process of estimation was not an easy task. Whenever the eunuchs were approached, in order to make an assessment of their numbers etc, the surveyors were usually turned away by them with the remark that they (eunuchs) were satisfied with their lot in life and did not wish interference by anyone else.

Arriving at these figures is achieved by:

1. Sampling their population in Mumbai, Kolkata, New Delhi, Chennai, Hyderabad, Chandigarh, Bhopal, Ahmedabad, Panipat, Pune, Varanasi, Ajmer, Koovagam, Cochin and Belgaum.
2. After normalising the figures with *nayaks*, *gurus* and leaders of various groups, the numbers are extrapolated.
3. Based upon the strength present during festivals, social gatherings and other activities in each state and the sample representation from each region and group, estimates are made.

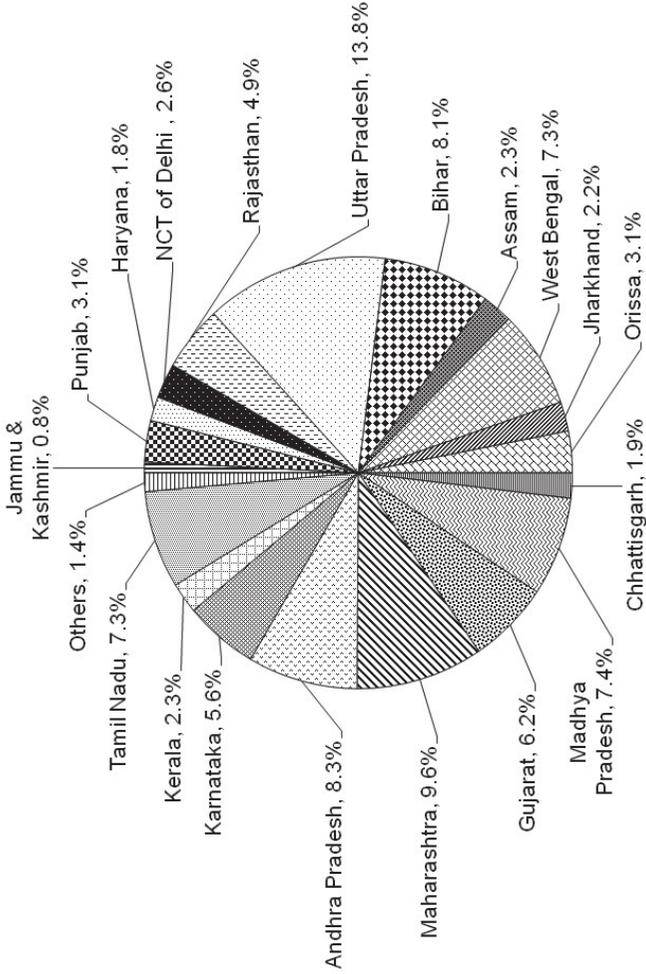
The charts (page 50-51) show the state wise population of India, as well as the state wise breakup of the total eunuch population, estimated at 19 lakhs.

The percentage of eunuchs compared to that of the normal population in any state or area depends upon the following factors:

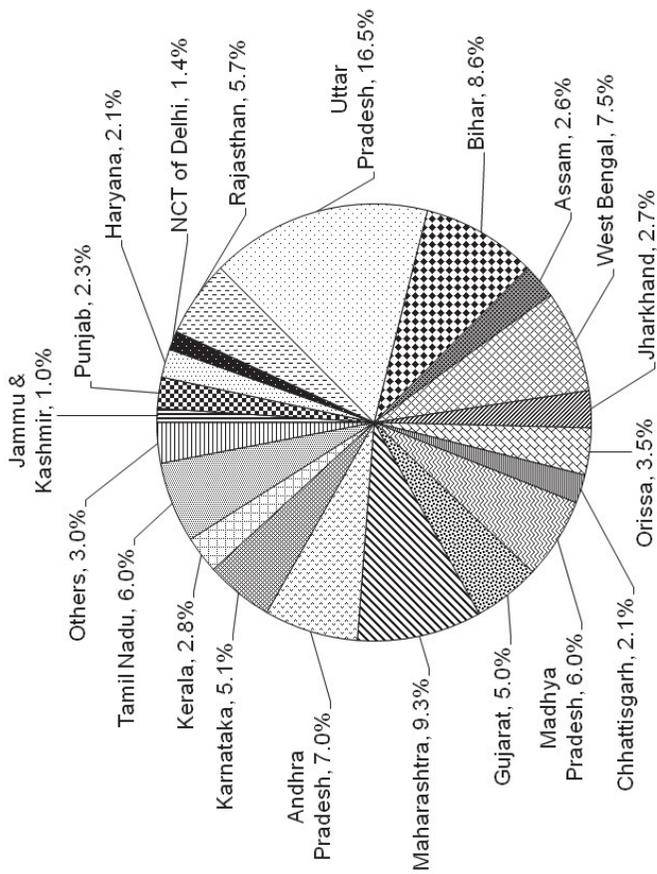
1. Birth ratio

The ratio of eunuch children to normally gendered ones is higher in Gujarat, Andhra Pradesh, Karnataka and Tamil Nadu. Eunuchs believe that the inhabitants of these regions have indulged in sinful activities in the past and hence, these lands

State Wise Eunuch Population



State Wise Total Population



have been cursed with the birth of a much higher ratio of eunuchs.

2. Social acceptance and tolerance

Acceptance of eunuchs by the general populace is much lower in societies with feudal structures, like Uttar Pradesh, Bihar and Rajasthan. Even female children are routinely killed in these parts. Obviously, eunuch children do not have much hope of survival in these places.

3. Earning potential

Eunuchs do not have family ties, so they prefer to migrate to places where they get better livelihood. *Gurus* also trade them off to places where earnings are higher. Therefore, they throng to Delhi, Kolkata, Chennai, Mumbai and other big cities.

4. Transitory population

In places like Gujarat and Tamil Nadu, they are in demand during festivals etc for their blessings, so they also migrate to these places, especially at such times of high demand.

The variance between the official estimate for the number of eunuchs in India (to be announced on 31 March 2012), likely to be around 5 lakhs and SOOE's estimate is due to the following reasons, as mentioned by many *gurus* and enumerators:

- 1) The parents of most eunuch children prefer to identify them as male, due to the stigma attached, until the children move in with eunuchs later on.
- 2) Many eunuchs come to know the truth about their gender only around puberty; hence those who are still young are listed in male/female category.

- 3) The 'other' category has been introduced for the first time for census in India. When enumerators come across people of nebulous gender, they often exclude them from the list and move on to the next person/household or list them as male/female.²
- 4) The census is undertaken primarily with the aim of classifying the population, based on twenty nine parameters, whereas SOOE has focussed solely on eunuchs. SOOE urges that a fresh survey in areas with eunuch concentrations may be undertaken in coordination with the authorities, so that the magnitude of the problem may be realised.

As the book goes to press, the provisional population estimates of the 2011 census of India (http://www.censusindia.gov.in/2011-prov-results/prov_results_paper1_india.html) are as given below:

India/State/ Union Territory#	Total Population			Sex ratio (female)
	Persons	Males	Females	
2	3	4	5	6
INDIA	1,210,193,422	623,724,248	586,469,174	940

Understandably, eunuchs have been included in either category at this stage. If we presume that our extrapolated figure of 19 lakhs for eunuchs is primarily included in the male category and deducted accordingly, then the sex ratio goes up from 940 to 946. However, this is the most extreme interpretation and is not representative.

² In order to prove the veracity of the figures mentioned in this book, an actual count of the gender-wise population in any sample area, in coordination with SOOE and government authorities should suffice.

8

Distinguishing Characteristics

As a minority who have always been treated as castaways by the mainstream, eunuchs have developed a unique lifestyle. Their difference from the mainstream society is well reflected in their idiosyncratic lifestyle, social, religious and cultural practices.

For centuries, eunuchs have retained these norms. There is a large difference in the distinguishing features of eunuchs in different regions of India. Only the prominent and shared characteristics are mentioned in the book, for the purpose of gaining an insight into their community.

Some of these distinctive traits of the eunuch community of India are delineated below:

a) **Gender Association and Names**

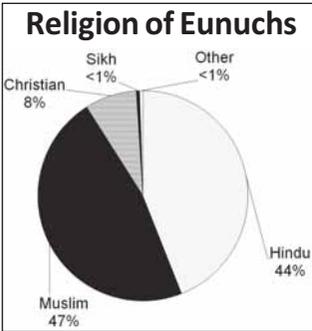
Upon starting their lives at the *guru's* home, eunuchs are generally given new names and have to discard their old family names. All relationships start and end with other eunuchs, with whom they develop close bonds. *Gurus* of eunuchs are invariably eunuchs themselves.

Eunuchs call one another *nani* (grandmother), *dadnani* (great grandmother), *mausi* (mother's sister), *didi* (elder sister), *gurumai* (head of the band), *gurubhai* (disciples of the same *guru*), *chela* (disciple), *natichela* (disciple of disciple) or *amma* or *ma* (mother) etc, depending on relative age but do not relate to female relationships on the father's side, e.g. *chachi*, *tai*, though they have words to describe male characters like *chodda* (aged man), *tonna* (young male), *billa* (hooligan), *dengu* (police) etc.

Eunuchs are secretive during conversations with non-eunuchs, more so since it is often without the permission of their *guru*. Hence, they generally do not disclose their real names. During the research for the book, when it was sought to find out some confidential and personal information, they gave out false names. Later, when these eunuchs were addressed by their disclosed names, they did not respond, since the names were fake and they could not remember the names they had given out.

b) Religion

Eunuchs generally do not retain the religion of their parents but assume that of their *guru*, if any, e.g. Heena, a eunuch disciple of *guru* Yasmin alias Rasool Sheikh gives her name as Heena Rasool Sheikh. Similarly, Heena's disciple Shakeela Bano gives her name as Shakeela Heena Sheikh. Though they are free to retain the faiths that they were born with, i.e.



those of their parents, most of them adopt the faith of their *gurus*.

Muslims practice ritualistic circumcision, which involves the removal of a part of the foreskin of the penis. Most eunuchs believe that since

they were born without a part of genitalia, just like in a circumcised person, God intended them to be Muslim. Hence many eunuchs, especially later in their lives, tend to be followers of the Islamic faith and have Muslim names. Prayers are in accordance with the religion followed by the individual or the *guru*.

Like musical '*gharanas*', e.g. the Jaipur or Benares *gharanas* etc, eunuchs too are generally known by their *gharanas*. There are seven *hijra gharanas* or clans in Mumbai at the moment, viz.

- 1) *Haji Ibrahim*,
- 2) *Dongri*,
- 3) *Bhendi Bazaar*,
- 4) *Lashkar*,
- 5) *Poonawala*,
- 6) *Lalan and*
- 7) *Chakla*.

Rivalry between *gharanas* is common, just like in the regular Indian social fabric. Eunuchs of some *gharanas* are considered superior to those of

other *gharanas*, similar to Brahmins amongst Hindus or Sheikhs or Syeds amongst Muslims.

Of the above, *Haji Ibrahim* is the most prestigious *gharana* and considered to be superior to all others. This is headed by Farid *nayak*. By virtue of the superiority of her *gharana*, she is the head of all other *gharanas*.

Each *gharana* is headed by a '*nayak*'. Local *gurus* get associated with them. For example, all eunuchs, who were disciples of the first *guru* based in the Dongri area of Mumbai, considered themselves to be of *Dongri* descent. These disciples, in turn, became *gurus* themselves and subsequently, had disciples of their own, who also considered themselves to be of *Dongri* descent. This tradition is handed down to all subsequent additions to the *gharanas*.

However, religious animosity is unheard of amongst eunuchs and they celebrate all festivals with equal enthusiasm and devotion.

The process of research for this book involved participation in two socio-religious eunuch gatherings, which were impressive in the peaceful nature shown by eunuchs and their adherence to secular tenets of co-existence. At one of the gatherings in Dashashwamedh Ghat in Varanasi, eunuchs of various faiths were observed offering *aarti* (prayers) at the nearby Lord Shri Rama temple, sharing '*roti aur sabji*' (bread and



Bonhomie at home

vegetables) with each other and residing in the same camp. Their love, affection and care for each other were exemplary, like siblings of a loving family.

On another occasion, at an All India Eunuch Summit held in New Delhi, a traditional '*Kalash Yatra*' was undertaken to a Goddess Durga temple, 3 km away from the venue. The *kalash* was carried by Julie, a eunuch from Tamil Nadu and decorated by Catholic eunuchs of coastal Goa and Muslim eunuchs from Ahmedabad. Everyone was singing songs in praise of the Goddess. When a Muslim eunuch was asked, how despite being a non-Hindu she could chant '*shlokas*' very precisely and beautifully, she said, "It's people like you who discriminate between fellow human beings, not us. For us everyone is



Congregation of eunuchs

equal – only the sisterhood of eunuchs can bring out this feeling.”

Similarly, during the *Urs* festival, eunuchs of all faiths take part in the festivities with equal fervour.

c) Language

Though most eunuchs of India speak Hindi and other vernacular languages like Telugu, Tamil, Punjabi, Bengali etc, they also communicate among themselves in a language that they term as ‘*gupti*’ or ‘*ulti bhasa*’ (clandestine or secret language). However, whether what they speak can be accorded the status of a language may be questioned, since it closely resembles Hindi, though somewhat distorted. Most eunuchs do not admit the existence of such a language to a non-eunuch but they often quickly resort to that tongue

in the presence of outsiders. The purpose of using this coded language is apparently to inhibit outsiders from fathoming their internal matters.

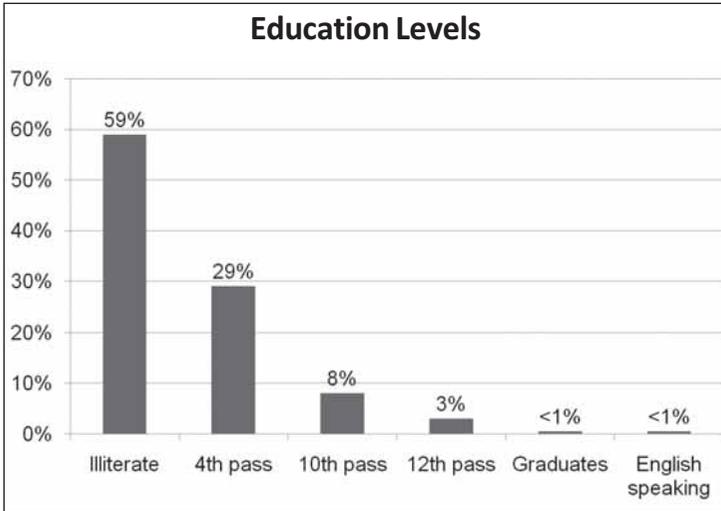
This arcane language also reflects vintage eunuch kinship patterns, belief systems and attitude towards outsiders and their world. Their kinship patterns and terminology revolve around feminine roles, except for the use of the term '*gurubhai*'. This is suggestive of their explicit desire to identify themselves as females.

When initiated into eunuch society, they are always renamed and given female names. Thus eunuch language has eunuch substitutes for words like *kothi* (sister), *thappar* (money), *nikam* (penis) etc.

d) Education

The education level of eunuchs is abysmal. Approximately 9% have passed the 4th class. Only 3% have passed the 8th class. It was found that much less than 1% were graduates and the same percentage knew English. These few came from educated families and had their initial education in English medium schools, before leaving their parents' homes for their new abodes.

During early childhood, the difference between a eunuch and normal child may or may not be clearly visible. Hence, eunuch children are generally able to integrate into the larger group of children and

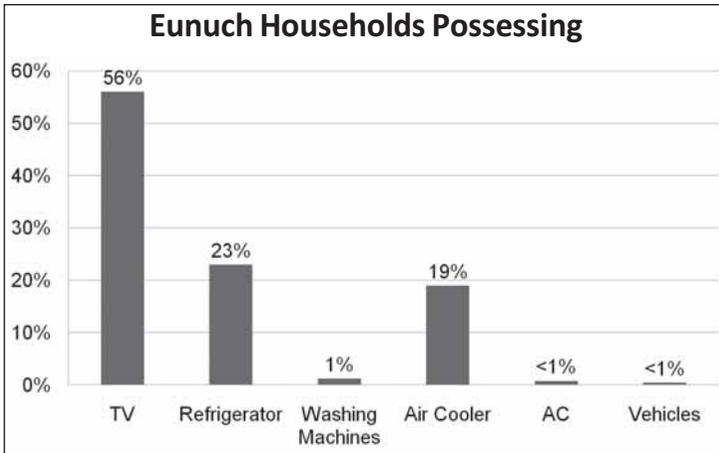


complete at least primary education. However, once they reach puberty or sometimes even earlier, the difference between normal gendered and eunuch children is much more apparent and hence, as a result of social discrimination, most of them drop out of school.

e) Habitat

When one observes the scores of eunuchs living throughout India, it is greatly saddening to note that very few reside in colonies of normal gendered people. What is the reason behind this? Are they afraid of normal people and feel secure in slums or do they consider themselves to be inferior to 'normal' denizens? While this may be true to some extent, the main reason is that they are never allowed to settle among regular people. A highly qualified celebrity eunuch, who has appeared in a number of television shows, said

despairingly, “If a Muslim is denied an opportunity to buy or rent a house in a Hindu colony, a large hue and cry is made and vice versa. At least they are better off, in the sense that people don’t run behind them or treat them like animals. Look at us! I tried renting a flat in Carol Bagh Area (a posh suburb in Delhi) and though the flat owner was willing, other society members objected. If this can happen to me, who people consider to be a celebrity, then think of my fellow sisters who survive by begging, singing or dancing. For normal people, we are not human beings but animals suffering from some contagious disease, which need to be isolated.” Mere words cannot convey the pain and anguish in her voice.



The houses that eunuchs live in are typically dilapidated shanties, away from civilised colonies, generally bereft of even basic amenities like water, electricity, lavatories etc. Common, shared toilets defying cleanliness and sanitation

are the rule rather than the exception. Their rooms contain the bare essentials of survival, typically a few stained mattresses and a naked bulb hung from a low ceiling. A corner of the hutment is used as a kitchen, which normally consists of a kerosene burner, few aluminium and stainless steel utensils etc. Ceramic and glass utensils, pressure cookers, gas burners, refrigerators, microwave ovens and other modern kitchen appliances are a distant dream for the majority of eunuchs. Modern cooking utensils cost too much compared to their meagre earnings. Though gas burners are more cost effective compared to kerosene stoves, it was found that quite a few eunuchs are paranoid about gas burners, for fear of a blast of the LPG cylinders.

A corner of the home is generally reserved for a television set. Nowadays, one may find large screen LCD colour televisions in a few homes. However, these sets are generally not bought by the eunuchs but gifted to them.

Jogatis (page 91) reside in local temples. They find shelter in these divine places and perhaps, an invisible hand to protect them.

f) Food Habits

Eunuchs generally prefer non-vegetarian curries cooked at home. However, they are not finicky about their selection of food. They eat whatever is available, usually Indian delicacies like *dal*-rice, vegetables, *chapattis* or street foods like



Eating food while seated on the ground

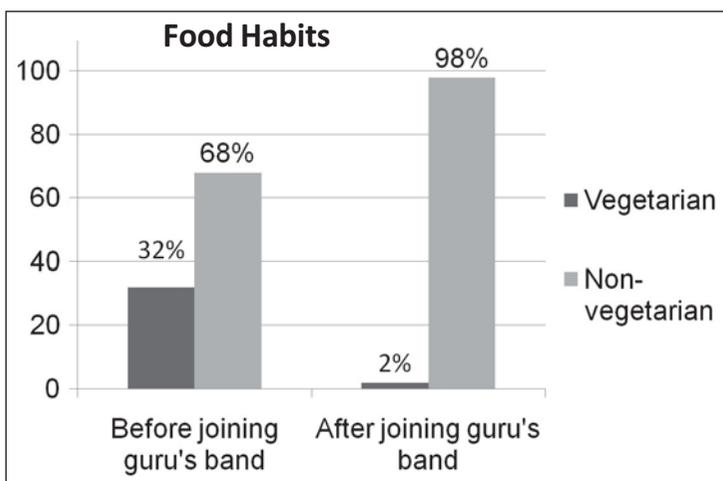
vada-pav, pakode, jalebis, chhole-bhature, samosas, machi-jhol, idli, dosa, dabeli, dal-bati etc. They are found to be generally voracious eaters, who eat three major meals and two small meals/snacks every day. The average food intake of a eunuch is around 4000 calories per day. They like to drink tea frequently, often a cup every hour or so, totalling to about a half litre per day.

Most eunuchs eventually become non-vegetarian, once they join the community of eunuchs. The process begins with eating only the gravy of non-vegetarian dishes, which is gradually progressed to eating all types of non-vegetarian food. In fact, eunuch festivals and celebrations invariably include meat dishes. During big festivals, eunuchs rent huge cooking utensils and cook jointly for a large congregation (more than 1,000

persons) of eunuchs and others. There is a stiff fine of Rs 11,000 or more imposed on any eunuch if she refuses to partake of food at a function.

Another striking habit is that they do not have their food sitting at a dining table. Even well-to-do eunuchs eat their food sitting on the ground, as do their *nayaks* and *gurus*, with rare exceptions. During eunuch social summits and other get-togethers as well, they eat food sitting on the ground.

“*Mitti mein rehna hai, mitti mein chalna hai aur isi mitti mein mil jana hai* (here we are and here we will stay, ultimately, we all turn into dust)” is the philosophical reply of some of the *gurus*, who nevertheless have huge houses with all modern amenities. “*Hawa mein udne ki koshish karenge to paon tale zameen bhi nahin rahegi* (let us not aim for the sky, lest we suffer a bad fall). We have



been cursed by the almighty and abused by society,” was the answer of the late *guru* Neelam who had a sprawling mansion in old Delhi, nevertheless.

Though they also enjoy serving/distributing food to non-eunuchs, acceptance of their offer is rare. The following example serves to highlight this fact. Khadija, a 23-year old eunuch lives in Nizamuddin, a suburb of Delhi.

Once, Khadija was waiting at the Nizamuddin railway station at 11.30 pm, when she spotted another person, who also seemed to be waiting for a train. Khadija started chatting with him and offered Ramesh, the stranger, a cup of tea which he accepted. After having tea together, Ramesh asked her for *surti* (chewing tobacco), which she happily shared and exclaimed, “How nice of you to accept this from me!” indicating such acceptance was rare.

g) Dress

Eunuchs are very picky and selective about their dresses, trying many different shades before making a choice. Often, the advice of fellow eunuchs is trusted in matters of dress, hair styles, jewellery and other items of personal use. They tend to go in for fast and bright colours. *Gurus* never accept used clothes from anyone but disciples often accept and wear the old clothes discarded by their *gurus*, as well as those received as alms from the public.



Eunuch dresses - regular and *haji*

Some Muslim eunuchs do the Haj pilgrimage and visit Mecca and Madina. Their attire consists of white *salwar-kameez* (loose trousers and half-button shirt) or *lungi* (loose cloth tied around the hips) and it is customary for them to wear a scarf blessed in Mecca/Madina on their heads or shoulders. Eunuchs other than the *hajis* are supposed to wear only *salwar-kameez* and saris. Nowadays however, some of them have taken to wearing jeans, T-shirts or other western outfits, which is punishable by a fine of Rs 11,000 or more if a complaint is made in this regard.

Once, a young eunuch Paro came to meet *guru* Shabnam in the Sector 21B area of Chandigarh, dressed in T-shirt and jeans. Shabnam was standing with two of her eunuch friends at the entrance. On seeing the smartly clad young Paro, the *guru* clapped in their usual style and

taunted, “*Tu hijra hai ya heroine?*” (Are you a eunuch or an actress?), indicating disapproval and warned her against wearing such attire.

h) Undergarments

Eunuchs usually do not wear undergarments, viz. panties and brassieres at home. When they are travelling outside their homes, most of them wear padded bras to support their breasts, regardless of the size, i.e. small, medium or large and to look sexier. Whenever worn, undergarments are either white or light coloured.

i) Toilet Practices

In India, where more than half of the population urinates and defecates in the open, one can rarely see a eunuch doing so. They use public toilets instead. The reason behind this is that eunuchs think that the cause of their sufferings is their unclear genitals.

They are neither men nor women and thus, they do not want others to see their genitals. When using public toilets, the women’s section is used and they urinate in a squatting position like Indian women.

j) Ornaments

Eunuchs, especially *nayaks* and *gurus* wear a lot of jewellery, including heavy necklaces, chains, bracelets, anklets, rings etc . Most of them usually wear *mangalsutras* (necklaces that adorn married Indian women), as also apply *sindoor*



All that glitters is gold!

(vermillion) on their foreheads in the name of their *gurus*. *Haji* eunuchs shun wearing ornaments and makeup as per Islamic tenets. Jewellery is generally of imitation type, made of cheap metals. But this is not the case with cash rich *nayaks*, *gurus* and relatively better off eunuchs. They wear jewellery made up of gold, silver and occasionally diamonds.

During festivals, *nayaks* and *gurus* indulge in a game of one-upmanship. Each one tries to wear more jewellery than the other. However, this jewellery is procured through the hard earned money of their disciples.

Before festive occasions, *nayaks* and *gurus* often demand jewellery or cash from their disciples and

it is mandatory for the disciples to follow these diktats. If the disciples fail to meet these demands, then they are slapped with a fine of up to Rs 25,000, in addition to the demands.

It is rumoured that eunuchs have intuitional powers by which they are able to recognise the purity of gold. Like the rest of us, eunuchs do not like to be cheated when buying jewellery. Hence, they buy jewellery only from preferred and trusted shops. In Vijaynagar, Tarsali, Baroda, one jeweller mixed more copper in the necklace of Sapna, a *guru*. When she found out about this, Sapna went to the shop, accompanied by 4-5 of her disciples and created a noisy scene at the shop. The jeweller was forced to shut the door to avoid embarrassment and later apologised and replaced the ornament with pure metal.

Eunuchs generally do not like to pawn ornaments, even in times of dire need. They prefer to raise money through their contacts or colleagues.

k) Wills and Inheritance

They do not normally make wills. Upon death without a will, the deceased person's savings, ornaments and other assets, if any, are handed over to the *guru* or the most senior eunuch of the band, as a traditional practice and norm or distributed as per the wishes of the '*jamat*' (committee). Obviously, the larger the deceased eunuch's estate, the more the likelihood of disputes over succession and inheritance.

I) **Cosmetics and Toiletries**

We are accustomed to thinking that people try to look their best with intent to attract the opposite sex. Since this is not applicable to eunuchs, one may wrongly conclude that they are not bothered about their looks and appearance. However, the truth is that, very much like the rest of us, eunuchs also like to look attractive. As they themselves say, “Not to attract men but rather, just to feel good and fresh and get more alms.”

In ancient times, when eunuchs had direct access to harems and *ranivaas* (queen’s residence), they used to spend a lot of time on their looks. One comes across numerous occasions where kings were so fond of eunuchs that queens plotted to eliminate them. Even in the current times of hardship, the desire and fondness of dressing and makeup has not worn off.



At a beauty parlour

They buy locally made, low quality cosmetic products like cream, powder, foundation, lipsticks, *kajal* or eyeliners, nail polish, eye lashes etc and their make-up often looks gaudy and cheap. Well-to-do eunuchs who are dancers, attractive and are part of the prostitution racket, spend a fortune on cosmetics. A few of them avoid any make-up and prefer to stay natural.

Considering the social and financial levels of eunuchs, it is seen that Level 1 and 2 eunuchs (page 89) use high quality cosmetics. They try out many different shades to match the colour of their skin and clothes as well. Level 3 eunuchs use ordinary lipsticks and talcum powder to beautify themselves.

The personal hygiene maintained by eunuchs is comparable to that of gendered people of equal socio-economic strata. They brush teeth regularly, using toothpaste or burnt tobacco powder. The tobacco apparently helps to clear their stomachs and improve bowel movement. Rich and poor alike, they keep their bodies clean by bathing regularly. Baths are taken in private and eunuchs as a rule, never visit public baths. Also, one can never find eunuchs in a public pool.

m) Hair style

Eunuchs like doing their hair in attractive styles but do not like to pay for getting it done at a parlour. Instead, they use the help of others within their community; any one equipped with a beautician's course or even just familiar with a makeover volunteers.



At a salon

Preference for colouring hair is with natural *mehndi* (henna) instead of regular dyes. Very often, they adorn their hair with *gajra* (decorative flower garland).

Cutting of hair is not permitted and is punishable with a fine. In a shocking incident, a eunuch named Chandrakala was slapped with a fine of Rs 5,000 by Hasan *nayak*, since her disciple had got her hair trimmed.

A plucker has to be used by the eunuchs who have joined the community, to remove facial hair. This plucker is provided by the eunuch's *guru*. There is a fine of up to Rs 11,000 for a eunuch for using a razor. Prior to *nirvana*, they sometimes use a razor, albeit clandestinely. After *nirvana*, bodily hair becomes sparse.



Plucker

n) **Footwear**

Eunuchs mostly wear *chappals* (open sandals). High heels or pointed shoes are avoided, as are canvas/sport shoes. Monetarily better off Level 1 and 2 eunuchs wear costly sandals. Eunuchs avoid wearing footwear for men, as they are afraid of being labelled as a *bahurupia* or eunuch imposter. However, the upkeep of the footwear is quite poor and they are rarely polished.

It is observed that some eunuchs walk barefoot on certain days, in fulfilment of a vow that they may have taken. Normally, they suffer from cracked feet, since they walk a lot and do not take proper care of their feet. The big toe is separated from the rest, as if tearing apart.

o) Spectacles

Most eunuchs do not wear spectacles. The reason is that they neither do fine jobs e.g. reading and writing etc nor do they indulge in any activities requiring good eyesight, such as driving, sports, manufacturing etc. Also, for minor weakness of eyes, they try to manage so that they do not incur the associated costs.

p) Dancing and Singing

In most cases, eunuchs are neither good singers nor dancers. This may be due to lack of any training and physical abilities, in addition to psychological reasons. They tend to dance and sing like women but their bodies are neither flexible nor are their voices as melodious as women's. Thus, one finds their body movements awkward while dancing and the pitch of the sound quite rough, hoarse and male-like while



Dancing queen

singing. Their voice is monotonous and they depend on a minimum of musical instruments to support singing. *Dholaks*, harmoniums and in some cases, *tablas*, *manjiras* and other sundry musical instruments are used to support their singing. Eunuchs do not play classical music, only the loud raucous kind. Their effort is often a clumsy affair but their enthusiasm is contagious and listeners often make believe the harmony in the effort.

Eunuchs also have their own unique style of dancing. Rather than the rhythmic and synchronised movements of regular dancing, eunuchs emphasise pelvic thrusts. Moving to the tune of movie songs, imitating the styles of popular actors, they enjoy themselves thoroughly. Dancing for them does not involve any traits of established dance forms. Merely amounting to the tossing of hips and breasts, their movements are not choreographed, each eunuch gyrating and beating the drum and *dholak* in her own style. Eunuchs who have undergone *nirvana* can never spread their legs fully due to the surgery. This fact affects their dance performance to a great extent.

At 'eunuchs only' social gatherings, their lewd songs, repressed sexual attitude and flirtatious behaviour with one another come to the fore. In a number of eunuchs, there are strong sexual feelings, though suppressed; it comes out in the form of their crass language and insensitivity to the ethical sexual feelings of other genders.

Like regular folk and wedding songs with their overpowering sexual obsession and sensuality, giving expression to the suppressed feelings of women, eunuchs also use a lot of expletives in their songs. Full of words that are cheap Hindi substitutes for genitals, every other line in their songs treats these with vulgarity and venom.

q) Entertainment

Television is a major source of entertainment for eunuchs and in the evenings, they gather and enjoy TV programs together after the day's hard work. Eunuchs generally do not watch news, reality shows etc. They like to watch movies, soaps or music channels which telecast movie songs.

Eunuchs are very fond of listening to *qawwalis* and one can see them showering singers with a lot of money during such concerts.

r) Clapping

Eunuchs clap loudly in their own distinctive way, the open palms hitting each other in crossed manner and resulting in a large popping clap. They say



The distinctive clap

that their distinctive way of clapping is natural and God's gift to them, not a tutored one. However, in reality, they are taught this art by their *gurus* when they move into the *guru's* home.

It is their different way of clapping through which one can recognise that they are not normal gendered people. When eunuchs interact with each other, only *gurus* are entitled to clap. Any violator of this norm is fined. Prohibited from clapping unnecessarily and causing nuisance to others, it is looked upon as sinful behaviour.

s) Shopping and Bargaining

Eunuchs normally enjoy bargaining while buying products or services, exhibiting the customary Indian shrewdness. If someone does not offer them a concession, they chide the shopkeeper about being stingy to eunuchs and extract a hefty discount. Interestingly, a few of them do not bargain but pay whatever is demanded of them.

t) Photographs

Eunuchs love to be photographed. They are quite willing to give various poses and as soon



A eunuch posing for the camera

as a picture is taken, they often come running and ask, “How do I look?” before peeping into the monitor.

If they are not satisfied with the result, they request to be photographed again. Many of them are not familiar with digital cameras. Thinking that the photographer has spent extra money on the film for another photograph and are thankful for this.

u) Beauty Contest

Of late, eunuchs stage at least one popular beauty contest for themselves every year in all major cities of India, Pakistan, Bangladesh, Burma, Bhutan, Nepal and Sri Lanka. These events are eagerly awaited and thoroughly enjoyed. Many contestants are drawn from all over the country and the occasion is attended by an even larger eunuch audience. Eunuchs participating in these



Winner and runners up of Koovagam beauty contest

events are well to do. Criteria for judgment are figure, facial features, complexion, gait, dress, wit, intellectual talent, response to judges' questions etc. Though happy with the beauty contest, they are against being judged by regular males or females. Eunuchs believe that gendered people do not associate them with beauty and therefore, only fellow community members of repute, activists sympathetic to their cause or film personalities, who are conversant with a 'eunuch's perception of beauty', can judge the same.

v) Breast Enhancement

A few Level 3 eunuchs use oestrogen hormones for temporary breast enhancement. Eunuchs undergo this mainly to enhance their looks and earn a bigger livelihood through begging, dancing and prostitution. Breasts are the most elastic organs of the human body. The softness is imparted by fat and elastic fibres. The frequent use of hormones adversely affects their suppleness. Some people claim that they enhance the size of the breasts as well as impart some firmness. Hormone injections, e.g. stilbestrol or oral tablets e.g. methoxyprogesterone are taken on a fortnightly schedule. These injections may cost up to Rs 250 per dose. Such eunuchs spend around Rs 5,000 each annually and bear constant pain in the injected areas, in order to make themselves more attractive.

Eunuchs occasionally use various oils, gels and lotions formulated by quacks. These are normally



A few eunuchs do not need hormones

sold by pharmacists without any prescription, along with an assurance of enhancing breast size within a few days or weeks. Unlike hormone injections, these 'magical remedies' are of no benefit. A number of normal women also try these products without any benefit.

The author, an alternative therapist himself, sought information regarding the effectiveness of these products from various medical practitioners and cosmetologists. They were quite vocal against these products. "They are just fooling innocent women with misleading advertisements, as these gels or lotions cannot enhance the size of breasts by even a few millimetres, let alone inches," was the general opinion. It is cautioned that these products do no benefit, in addition to increasing the risk of breast cancer. On the contrary, they pinch the pockets of unsuspecting patients. Breasts also lose their suppleness in the bargain.

w) Travelling

Though eunuchs are fond of travelling, they rarely get a chance to do so, other than *nayaks* and *gurus*. Given a choice, they love to visit religious places like Shirdi, Amritsar, Tirupati, Ayodhya, Ajmer, Mehsana, Koovagam (near Villupuram), Mecca etc. Lack of resources, fear of security at unknown places and common people's scorn stop them from doing so.

Travel modes are in accordance with affordability. They travel by bus, train, taxi or car and rarely by air. Like children, they prefer window seats. Those eunuchs who have not travelled by air feel that flying is for someone more privileged in life. During a long journey, a group of eunuchs will exchange seats among themselves, so that everyone gets a window seat in turn and a fair chance to enjoy the view. Eunuchs, even high up in the hierarchy, do not normally own vehicles in Mumbai or Kolkata. However, in places like Delhi and Punjab, higher ranking *gurus* own personal vehicles, given the ostentatious culture prevalent in those places.

Nayaks and other Level 1 eunuchs travel by reserved AC or sleeper class compartments in trains. Level 2 and 3 eunuchs travel by trains in sleeper or general class on long journeys.

In Delhi, Mumbai, Kolkata and other metropolitan centres they enjoy the privilege of free rides on local suburban trains as a matter of right. They

generally travel in the ladies compartment or the first class compartment. No train ticket examiner dares to check their ticket.

x) Vices

Most eunuchs indulge in some form of intoxication or drug abuse. They drink *toddy* (made from fermented date or palm tree sap) and other intoxicating drinks such as arrack or other liquor. They do not use drugs like cocaine and heroin because they cannot afford costly intoxicants.

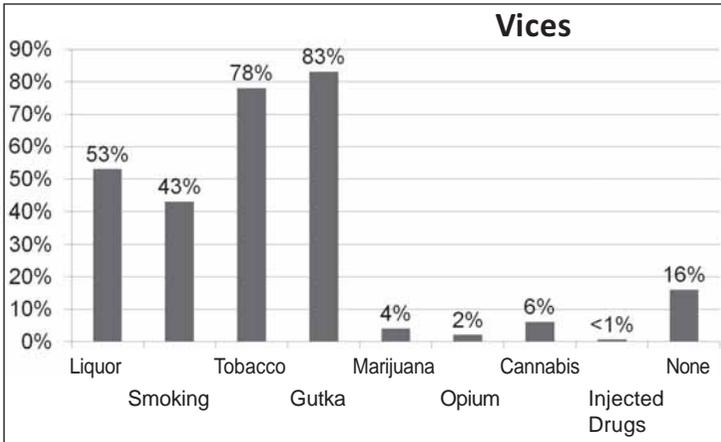


Escape from reality?

However, smoking of *ganja* (marijuana), *charas* or *afeem* (opium) and plain tobacco, cigarettes (mostly *beedies*) or consumption of *paan* (betel leaf), *gutka* (mixture of tobacco and areca nut), *zarda* (chewing tobacco) etc is fairly common. The intoxication provides a means of escape from the harsh realities of their lives.

Centres of entertainment like cinema, theatre, parks etc, frequented by normal people may be out of bounds and hence, drugs serve to lessen the turmoil they face.

Those who interact with alcoholics at a personal level may note that they (the alcoholics) feel alive only when intoxicated. Fully aware of the irreparable damage to health caused due to



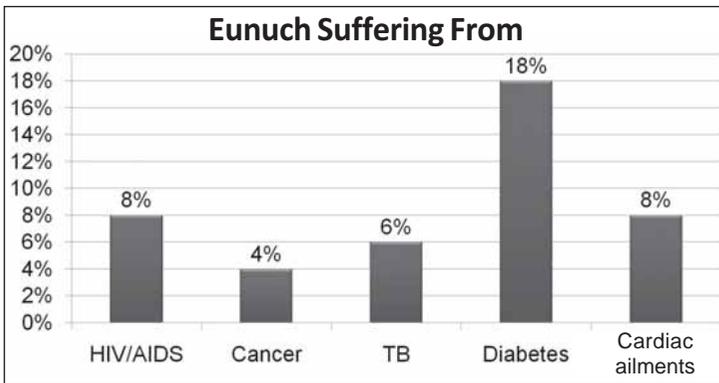
excess use, they care little and have made addiction more of a lifestyle. Drowning sobriety and the misery of life, they take refuge in intoxication and live out their fantasies.

In light of these facts, even teetotallers may empathise with the craving of addicts. Though it may be easy to level criticism at such people, it may be pertinent to draw appropriate conclusions from the example of Pradeep Singh, who was afflicted by cancer and drank at all odd hours. He had a conviction that he would live only as long as he drank. There was no life without intoxication for him. Similarly perhaps, these are the only pleasures which a eunuch can draw out of life.

y) **Sickness**

Since some of the hormone secreting endocrine glands in eunuchs are dormant, medical complications arising from their malfunctioning,

which often result in procedures/diseases like hysterectomies, ovarian or prostate cancer etc in normal people are very rare. Though their vices put them at a higher risk, their active nature decreases the occurrence of lifestyle illnesses such as heart problems, blood pressure, diabetes etc. These are generally found among elders or *gurus* who do not walk much and are confined to the comfort of their homes. Lower level eunuchs suffer from TB and other infections but do not normally fall prey to lifestyle diseases.



Many of them practice unsafe sex with their clients and are extremely vulnerable to various Sexually Transmitted Diseases (STDs) and infections like HIV. Documentaries and modern parables are used to improve their social skills and highlight health issues, such as the importance of using condoms and other protective measures. Government departments looking after public health, social justice etc and NGOs working in the red light areas train them about safe sex and the utility of condoms.

z) Massage

Eunuchs are very good masseurs. Often, they are hired by elderly people to give them massage. They acquire knowledge of this art from their peers in the *guru's* home. *Gurus* are very fond of being massaged and they insist on being given whole body massages every day. Disciples, who are forced to give massage after they return home from a hard day's work often curse the *gurus* under their breath but have to comply out of fear.

There are also some disciples who give massage to their *gurus* in order to gain favour with them and avoid the physical and mental torture that is meted out to others.

aa) Organisational Structure and *Gurus*

A hierarchical *guru-chela* structure exists in the eunuch society. Each band has its own *guru*. These *gurus* also have superiors above them, called '*nayaks*'. A eunuch becomes a *guru* on the basis of age, seniority (counted from the date of initiation into a band), wisdom and one's ability to lead and troubleshoot. Many a time, the *guru* takes the initiative to take care of new entrants. This is her investment. Such *gurus* need not be old or senior people. Their society is strictly hierarchical and a eunuch's life is governed by regulations laid down by her immediate superior. For example, a senior *guru* Saira Bano Sheikh, aged 75 years, lives on Chandansar Road, Virar (East), a distant suburb of Mumbai. She in turn, reports to Farid *nayak*,

who is the head *guru* of Maharashtra and lives in Lucky Compound, Byculla, Mumbai. She is 95 years old and in deteriorating health. A trusted eunuch named Hasan *nayak* takes care of all matters pertaining to eunuchs in Maharashtra, on behalf of Farid *nayak*.

Eunuch homes all over India send a particular amount of funds to their leaders every month. Funds are raised through contributions. The amount collected is significant, a part of which goes to charity. In many festivals, *niyaz* (free food) is distributed for the local poor, doors always open for the needy. They are also an extremely hospitable society and lavishly treat all visitors to their homes.

bb) Duties of *Gurus*

The *guru* is responsible for the welfare of all the eunuchs in her band. They train their disciples and protect them. The *guru* provides food and shelter to her 'wards' and in return, receives a part of their daily income. The *guru* is also responsible for sorting out any issues, such as rivalries or the occasional brush with the law. If a eunuch falls ill, the *guru* gets her medical treatment and nurses her till the sick eunuch regains her health. This is done primarily so that the sick disciple starts earning as soon as possible.

cc) *Chelas* (Disciples)

Of much speculation and conjecture is the subject of how a eunuch hooks up with a *guru* and

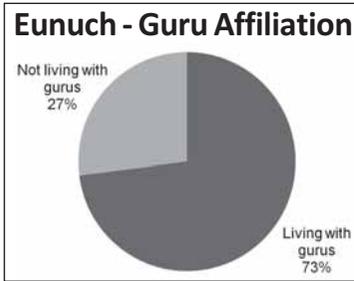
becomes her *chela* after joining the eunuch community for the first time.

When a eunuch is thrown out of her home, usually at short notice and as a result of a precipitating factor, she has no one to turn to for assistance and no shelter to turn to. She cannot depend on her friends or relatives either, since she knows only too well about the ridicule and derision that she would have to face at their hands.

In her desperate search for succour, she turns to the only people that she can identify with, i.e. a band of eunuchs. Recognising that the outcast is one of their own, they welcome her into their band and take her to their *gurus*, who are always on the lookout for suitable *chelas*. If the newcomer has a choice of more than one *guru*, then she is free to compare her living conditions with both of them before settling for one.

In turn, before accepting her as a *chela*, the *guru* enquires about any offences committed by the newcomer in the past. If there are any legal issues or outstanding loans, charges of theft, assault, disputes, *jhagda*, *lafda* etc or *leti*¹ due to the previous *guru*, then the prospective *chela* is turned down. The world of eunuchs is closely intertwined and hiding such facts is practically

¹ Amount owed to a *guru* in case a *chela* decides to leave her band - according to *gurus*, this amount has supposedly been spent on the training, upkeep and care of the eunuch by the *guru* and has to be reimbursed to the *guru* before the eunuch is allowed to leave the *guru*.



impossible. There is exemplary punishment meted out to the *chela*, in case she lies or covers up any relevant facts. After ascertaining her suitability for the band, the newcomer is

welcomed to the fold, whereupon the *chela* has to pay an initial fee of Rs 5 to the *guru*. In addition, the *chela* has to pay an amount of Rs 101 to the *jamat* subsequently.

Now the *chela* has a roof over her head and a guardian to turn to in times of need. Hence, whatever may be the living conditions at the *guru's* home, all newcomers join a band of eunuchs and live with their *guru*.

dd) Duties of *Chelas*

Gurus are highly venerated by her *chelas* and carry an air of superiority about them. They consider her their protector, similar to a husband. It may be one of the reasons that eunuchs never wear white garments, whether saris or *salwar-kameez*, as long as the *guru* is alive.

Eunuch *chelas* have to be ready always to serve their *gurus*. They cook food for *gurus*, wash her clothes and spittoons. When *gurus* become old and infirm, their disciples relieve them of work but provide psychological and monetary support for their sustenance and well-being.

Chelas normally accede to the wishes of their *gurus*. However, this deference of the *chelas* is more due to the pressure on them of having a roof over their heads and someone to turn to for emergencies, rather than arising out of a genuine feeling of love or gratitude.

ee) Social Level

We may classify eunuchs into distinct levels 1, 2 and 3, merely for the sake of enhancement of our understanding of their structure.

Level 1 consists of those eunuchs who are in the top position (comprising less than 1% of the total eunuch population), consisting of *nayaks*, district head *gurus* and heads of eunuch *gharanas*, who are fairly affluent. They receive funds from a part of the collection made by eunuchs in Levels 2 and 3 down the line. This amount ranges between Rs 5,000 to Rs 10,000 per annum and is not collected on a daily basis, unlike in the case of Level 2 *gurus*.

Level 2 eunuchs (about 11%) deal with and manage Level 3 eunuchs directly and receive a part of their income. They are *gurus* who maintain local homes and also earn from their *chelas* living there. A portion of it is sent to Level 1 eunuchs.

Level 3 consists of the majority of the eunuch population (about 88%). They earn money through begging, dancing and prostitution. These eunuchs classify themselves into three types, depending



Level 1



Level 2



Level 3

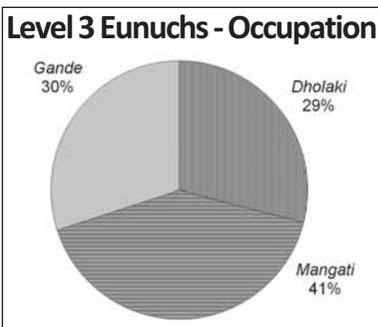
- 1 Affluent and arrogant
- 2 Living in comfort
- 3 A doomed destiny

upon their profession or way of earning their livelihood, i.e. *dholaki*, *mangati* and *gande*.

Dholakis earn their livelihood by singing and dancing upon the birth of a child or during wedding ceremonies, inauguration of shops etc. They have less regular income but they make good money at a few of these functions, where they are invited.

Mangatis are those, whose sole income source is begging. They are considered to be inferior to the *dholakis*. They have more regular income.

Gande literally means 'dirty' and these eunuchs make quite a bit of money by doing 'dirty jobs' that are frowned upon by the eunuchs in other categories. They

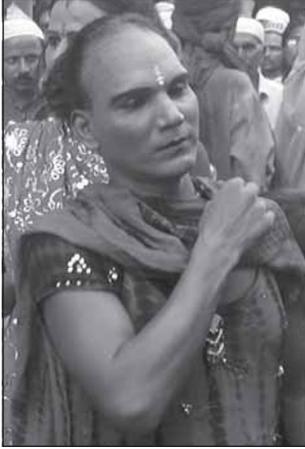


solicit male clients to earn quick money. They are not respected by other eunuchs and are considered to be a criminal group. However, these eunuchs are a happier lot due to the accrual of 'easy money'. They pity *dholaki* and *mangati* eunuchs.

Jogatis are another category of eunuchs, who do not form a part of the regular structure. They are either women given away in the service of the Goddess Yellamma or men who are converted into eunuchs at a young age by emasculation, either by a willing family or by force. *Jogatis* do not have to undergo *nirvana*. They normally reside in temple courtyards and are not affiliated to any *guru* or band. They earn a living through the alms and other offerings of devotees who visit the temple.

ff) Bahurupias

There also exists a different variety of eunuch lookalikes called *bahurupias* (impersonators). These so-called eunuchs are normally endowed passive homosexual men who shave and wear clothes in such a manner as to resemble and be



Bahurupia

mistaken for eunuchs. They prefer the eunuch lifestyle, in search of pleasure and easy money. Quite a few of them are married and may have children as well. They are not associated with a home or *guru*. Upon being asked why they do this, some *bahurupias* replied, “What to do? We too

have stomachs to feed.” *Bahurupias* hail mainly from Andhra Pradesh and Tamil Nadu. When eunuchs spot them, they beat them and shoo them away.

On asking eunuchs why they quarrel with *bahurupias*, a *guru* enumerated them as imposters. “They feign being eunuchs to earn money from people. Worse, they go from door to door in our guise and commit crimes, e.g. robbery or even rape, quashing our goodwill in the bargain. Our strict discipline, of not crossing the threshold of anybody’s door goes unnoticed and the crimes of these fakes make us suspects.”

gg) Resignation to Fate

Even though eunuchs face a very tough life at the hands of *gurus*, they hardly bear any grudge or feelings of jealousy towards their *gurus*. During leisure, they sit together in a close group,

discussing income and expenditure. The inescapable conclusion is that, despite each eunuch contributing about Rs 200 or more per day, the *guru* spends only about Rs 50 per day on each of them. Yet, they can never complain about food, accommodation and other facilities provided to them, for fear of losing even the little that they receive. They have to be content with what they have. However, their deprivation in other areas makes them rather unconcerned about monetary gains. As a eunuch quoted, “The biggest wealth for a human being is to have a baby, to be able to be part of the reproduction process. When God has deprived us of this precious wealth, then where is the need for this temporary and movable wealth? We are happy being what we are and with what we have.”

hh) Marriage

Eunuchs generally do not marry. “Nobody wants to marry eunuchs because we cannot bear children,” says Sunita, a eunuch from Sonagachi, a red light area of Kolkata. However, they do have live-in relationships, where they live like married couples with men, women or even other members of their community, as per their convenience. On the other side, Kashish represents the new breed of married eunuchs in India. They have found husbands in unscrupulous, pleasure seeking men, who promise them love, respect and acceptance. Some eunuchs have proven to be very caring wives. Their husbands get everything from them, except natural sex and progeny.



Kashish of Mira Road,
Mumbai A happily
married eunuch

However, exceptions prove the rule. One sub-registrar of marriage confirmed that in her career spanning 22 years, she had registered four marriages between eunuchs and non-eunuchs, one between a eunuch and a woman, while the other three were between eunuchs and men. She also mentioned that in the application form, the identities and addresses of both parties need to be mentioned, along with proof.

They have neither any requirement nor process to verify the sex of the applicants. The sex of a eunuch, as advised in the application form, is accepted by them. It is sufficient if they provide the identity documents and witnesses for the marriage to be registered.

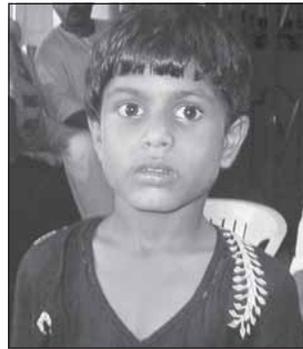
ii) Eunuch Children and Adoption²

The birth of a baby is always considered to be a joyous event for everyone but not if the new born is devoid of a clear gender. Though a eunuch child is indistinguishable from a normal one in most cases at birth and can only be recognised as such

² In some western countries, TG/TS people are legally allowed to adopt children. It is not possible for eunuchs to adopt children in India, where only married couples or women fulfilling certain criteria are allowed to do so. However, a number of eunuchs can be seen rearing and caring for homeless children.

when he reaches puberty, this difference is apparent in some cases at birth.

Parents often curse themselves for giving birth to such a baby. In contrast, eunuch *gurus* are always eager to adopt such unwanted kids. Why is such a child that is disowned by its own people, eagerly awaited by eunuch *gurus* to enter their clan? Many theories are suggested to answer this. It is often said that eunuch *gurus* have felt the pain of being eunuchs, being unwanted by their own people and do not want these kids to go through the pain and suffering and are willing to adopt them at the earliest. This may be true to an extent but a grim picture lurks behind this rosy view.



Adopted eunuch child

Each *guru* wants to make a certain amount of money every day. If she adds a new member to her clan, her earnings will get further enhanced after a few years. If the kid grows up to be a beautiful eunuch, she may even sell her to some other *guru*, in exchange for a hefty amount. Thus, a eunuch kid is a future investment for the monetary needs of *gurus*. They own and adopt such kids for their future monetary benefits and not on humanitarian grounds, as is apparently made out.

jj) Adoption of Eunuch Children by Church

If a poor family gives birth to a eunuch, the family avoids contact with other people. When the child attains the age of 2-3 years, it is handed over to the Church priest, with explanations about the child being a eunuch and their financial condition.

Even rich parents follow this system of turning over eunuch children to the community at the age of 2-3 years, with the consent of family members, to avoid a 'shameful life' in an otherwise high profile society. Accepting the child comes with some conditions set by the Church. The Church pastor informs the family that they can come back and reclaim their child within a few days, in case they regret their decision. After this, the family is requested not to request the child's return. Subsequently, the church shifts the child to an orphanage in the same or a nearby village. Parents have to give their consent letter before the church takes over the responsibility for the child.

The same conditions apply for everyone, rich or poor. However, the rich frequently offer donations to the church or an orphanage, to get their eunuch child admitted. The orphanage/church brings up such a child in the Christian faith.

kk) Eunuchs as Income Tax Payers

Eunuchs, as may be noted, are exploited physically and economically but a few of them, like eunuch *gurus* and their associates, have made very good money by exploiting their

disciples. They are financiers to numerous hoteliers and builders in big cities. Some of them have made investments in the highly organised corporate sector and also in other investor friendly countries. In spite of this, it is difficult to come across a single eunuch or *guru* who has ever paid income-tax or filed an income tax return. Authorities are aware of this fact but seem reluctant to book these third gendered offenders, fearing their 'nuisance' value.

II) Eunuchs as Philanthropists

Most people may not be considerate towards eunuchs – for them, they may be lesser human beings. However, when it comes to charity or generosity, eunuchs prove that they are more human than us, gendered people.

During festivals or eunuch gatherings, one can easily see and feel this. They help people in need with open hands and hearts. For sustenance, eunuchs do all odd jobs, beg and borrow but they are not greedy and give least importance to the accumulation of money. If they find anyone in need of money, they hand over their hard earned money to him/her, without giving it a second thought. One may see them providing financial assistance to the poor for medical emergencies, house repairs, weddings, functions etc. The majority of eunuchs may be illiterate but one can find them sponsoring the educational expenses of a number of kids. There have been instances of a few *gurus* sponsoring the wedding expenses of poor girls.

Guru Reshma of Dadar in Mumbai has borne the expenses of two such weddings.

When a few of them were queried about how they could give money to others, instead of saving it for their future, they replied, “We do not give more importance to money than a piece of paper. If this paper can make a difference in someone’s life, then what’s the harm in giving it to him?”

As a eunuch *guru* from Trivandrum has said, “Our community has suffered so much that we cannot bear to see others suffer. If needed, we can sell our clothes, belongings and bodies to help some suffering soul. In this way, we may get some goodwill. The sins of our previous lives may be reduced and we will get rid of our sufferings in our next lives.”

mm) The Ten Commandments³

Eunuchs have a well-defined code of conduct, in accordance with which they ought to behave. Any breach of the behavioural code attracts stringent penalty. Perpetrators are at best fined monetarily or at worst, excommunicated.

³ These tenets are rarely practiced in real life however, since these principles are subservient to the overriding need of being able to provide for the hierarchical extortion of the *gurus*.

⁴ The primary religion is the cult of ‘*hijraism*’ but members are free to follow any religion. No force or pressure is ever applied. Most of them convert to the religion of the *guru*. Smarter newcomers choose *gurus* from their own religion.

Each *guru* teaches her disciples the principles of the so-called eunuch cult. Some of the salient points are as under:

1. Follow your own faith⁴, good principles and avoid the bad.
2. Be polite while begging, never curse or abuse those who are not benevolent.
3. Do not lift saris and threaten to exhibit your private parts or clap to cause irritation to people.
4. Bless people who are the giver of your livelihood. Pray for those who need help.
5. Do not cross the threshold of any house, strictly staying outside while begging.
6. Avoid touching the body of another person.
7. Return home by a certain time after daily begging.
8. Share earnings with the *guru*.
9. Wear proper clothes.
10. Do not use intoxicating substances.

nn) Complaints and Penalties

In the event of a complaint being lodged by a eunuch against a fellow eunuch, for transgressing these commandments, a stiff fine is levied instantly. Incurring a hefty fine or '*dand*' only adds to the woes of the unfortunate eunuch. The repercussions of incurring a penalty can be imagined when the amounts are compared to the daily earnings of an average eunuch, which are in the range of Rs 200-300. Most eunuchs find it impossible to pay these hefty fines. When a eunuch is wronged by another, she gathers four other eunuchs and goes to the

Penalties for violations⁵

No.	Violation	Approx. amount of fine
1	Erasing a mark made by another eunuch, as a right to earn alms at that particular place for an impending event	11,000
2	Acting against other eunuchs	1,100
3	Clapping (mocking) before a <i>guru</i>	2,100
4	Pointing fingers at <i>guru</i>	11,000
5	Refusing to eat at a function of eunuchs	11,000
6	Driving a vehicle (travelling as passengers is allowed)	11,000
7	Riding a bike/scooter/cycle or as pillion	11,000
8	Crossing the threshold while begging	11,000
9	Cutting hair (other than trimming)	21,000
10	Using a razor (for shaving)	11,000
11	Wearing male clothes	11,000
12	Lifting of clothes and threaten to flash privates	11,000

⁵ Listed above is a sample list of fines (in Rupees) imposed for violations. The list is not exhaustive and is a representative tabulation for a sample population of transgressions.

dadguru (senior *guru*). There, she claps in the distinctive way of eunuchs and informs her about her grievance. If the charge is proved, a penalty is levied on the offender. The amount collected from the offending eunuch is split into five parts – one is retained by the aggrieved eunuch, while the remaining four are distributed among the four eunuchs who accompanied her to the *dadguru*.

In case the fine is not paid, the offending eunuch is declared '*dandail*', which means guilty and is thrown out of the community. This entails a complete dissociation by all eunuchs from the guilty. No other eunuch will fraternise with or even acknowledge the presence of a *dandail* eunuch. When viewed in the context of how almost everything is shared by eunuchs on a daily basis and how completely dependent eunuchs are on their ability to earn as a group, such isolation wreaks havoc in the life of the penalised eunuch. Hence, they take the route of apologising for their misdeeds and begging for clemency from the wronged person. In these cases, the fines may be reduced or in rare cases, totally waived.

All eunuchs are mortally afraid of such 'policing' of their activities by other fellow eunuchs.

9

Recognition By Government

This section covers various identification issues, viz. Census, Voter Identity Card, Driving Licence, Ration Card, PAN card and Passport with respect to eunuchs. The root cause of the issues faced by eunuchs in obtaining various essential documents is the recognition of them as a separate gender identity. Also, many identification documents are obtained on the basis of information such as date of birth, father's name, proof of residence etc. Since eunuchs cannot furnish these, they cannot obtain any official documents either.

Census – Until the 2011 census, the population census had only two categories of gender. There was no choice of a third gender. However, the situation has changed and a separate category of 'Other' has been



included from the 2011 census onwards. The concerned enumerator visits each house and asks for the genders of the residents. They accept whatever is reported. Parents mostly report male for eunuch children. Known eunuchs are included in 'Other' category.

An unknown population of humans exists, not only unaccounted for but in limbo in a system where their identity cannot be recognised.

Voter Identity Card –The Election Commission of India, on 12 Nov. 2009 gave transsexuals and eunuchs a distinct identity. Instead of faking themselves as



No Father's/Mother's/Husband's Name - the root of the problem

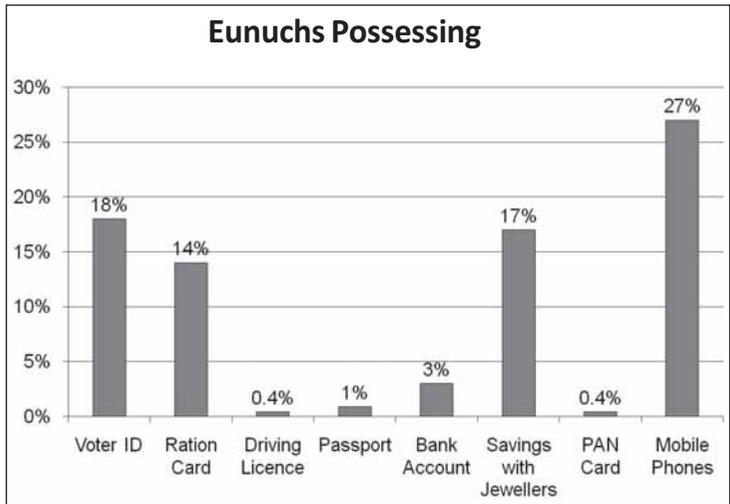
male or female, they can now identify themselves in electoral rolls as 'Others'. Enumerators and booth level officers will also be asked to indicate the gender of eunuchs/transsexuals as 'O' if they so desire, while undertaking any house-to-house enumeration/verification.

Driving Licence – When a random sampling of Regional Transport Officers was done, an officer in Guwahati confirmed on conditions of anonymity that he and his colleagues have so far not come across a case, where a eunuch has applied for a driving licence. He said that a licence is given when the applicant is medically fit and he/she knows how to drive a vehicle. They will issue a driving licence, so

long as he/she can drive a vehicle and passes a medical examination. On the licence, there is no space for a third gender. The RTO will mention whatever gender is declared by the applicant (male or female).

Ration Card – There is no separate provision for listing gender, other than male or female in ration cards. Eunuchs mostly mention female as their category. Issuance of ration cards being a state affair, some states are considering the issuance of ration cards to eunuchs under ‘O’ category.

Passport– Passports can be issued to anybody who is eligible, regardless of gender. There is provision in the Passport Application Form (No. 1) for listing gender as Male, Female or Others vide para 3 of the form. Thus, eunuchs have a separate classification for the purpose of identity in passports.



Sports – For competitive sports, declaration of gender is required. Males compete with other males and females with females. Ambiguity arises when an intersex tries to compete as a female in the women’s category. So during the Olympics, Asian Games and other events at the international and national levels, participants are required to undergo oestrogen tests. On failing this, they are directed to compete in the male category.

Country Representation at Olympics – For more than thirty years until 1999, the International Olympic Committee (IOC) conducted genetic ‘gender-testing’ on all women athletes, to make sure that they were ‘really female’ (this was done to prevent ‘sex changers’ from competing).

In a number of cases, tests conducted on girls suffering from Complete Androgen Insensitivity Syndrome (CAIS) identified them as ‘males’ and disqualified them from the competition. These were truly tragic misidentifications, since the presence of the Y chromosome in AIS girls



does not make them males genetically, nor does it confer any advantage of strength to them. The mislabelling of their gender, often made public, resulted in humiliating the women involved, worsening their gender identity crisis.

The gender testing screenings were dropped before the summer 2000 Sydney Games. On May 17, 2004,

the IOC announced that post-operative, who have undergone GRS, transsexual women and men athletes will be eligible for the Olympics if their new gender has been legally recognised and they have gone through a minimum 2-year period of post-operative hormone therapy.

The decision covering both male-to-female and female-to-male cases, came into effect starting with the XXVIII Athens Olympics in August 2004.

The following measures were approved by the Olympic Board:

1. Gender reassignment before puberty.

It was confirmed that 'individuals undergoing gender reassignment of Male to Female (MtF) before puberty should be regarded as girls and women' (female) and similarly those undergoing Female to Male (FtM) reassignment would be regarded as boys and men (male).

2. Gender reassignment after puberty.

The group recommended that individuals undergoing gender reassignment from male to female after puberty (and vice versa) be eligible for participation in female or male competitions respectively, under the following conditions:

- a) Surgical anatomical changes have been completed, including external genitalia changes and gonadectomy.
- b) Legal recognition of their assigned gender has been conferred on them by the appropriate official authorities.

- c) Hormonal therapy appropriate for the assigned gender has been administered in a verifiable manner and for a sufficient length of time to minimise gender-related advantages in sport competitions.
- d) No sooner than two years after gonadectomy.

Since transsexuals competing in high-level sports were becoming more common, it was decided that a confidential case-by-case evaluation would also be conducted. In the event that the gender of a competing athlete is questionable, the medical delegate (or equivalent) of the relevant sporting body shall have the authority to take all appropriate measures for the determination of the gender of a competitor.

10

Means Of Livelihood

Not so long ago, eunuchs were much in demand as royal guards of harems, chamber maids and keepers of holy places. In olden days, employment as cooks in palace kitchens, bodyguards to queens, dance and etiquette tutors to princesses and many other highly sought after duties were taken up by them. Not a single incident is recorded where they failed to perform the duties assigned. Traditionally, eunuchs were invited to sing and dance at the home of a newborn. Even today, they drop in uninvited at the house of a newborn and dance with fanfare. They are also found singing and dancing at marriages and other social gatherings, in exchange for a few hundred rupees.

However, in recent times, they are rarely called upon to celebrate the arrival of the newborn or perform at wedding functions. During earlier days, singing and dancing supplemented their income substantially. However, this declining popularity as entertainers has left them with little option other than begging¹ and prostitution.

¹ SOOE could not get registered initially, when two eunuchs, who are founder trustees, listed their profession as 'begging' - it is an offence as per Indian Law. Finally, their profession had to be changed to 'household', in order for them to be shown as being occupied in legally permissible activity.

Also, one of the major reasons behind eunuchs working as beggars or commercial sex workers is not getting an opportunity to work in regular trades. The unwillingness of the larger mainstream society to accept them as normal humans has an equal hand in barring eunuchs from seeking new sources of income.

The general thought of society is that they will beg, borrow, steal or do other immoral or illegal jobs to earn easy money but not work at regular, respectful jobs. Hence, they rarely get opportunities in regular avenues of employment, such as manufacturing, retail, marketing, service sectors etc (1%).

Movies and fashion (< 0.1%) are two industries where transsexuals are making an entry, though restricted to a select few. A few eunuchs (<0.1%) also work as temple priests, as laid down by tradition. However, by and large, India's development has bypassed the eunuch community. Recently, eunuch owned and operated fast food stalls can be found, especially in Tamil Nadu and people have responded favourably by patronising such eateries.

Begging by Eunuchs

Eunuchs are never stationary while begging, like physically disabled beggars. They are always on the move, going from door to door in search of alms. Whereas, in the former case, donors willingly go up to beggars and feel blessed by giving alms to the less fortunate, they feel irritated at being approached by eunuchs and are relieved when they get rid of them by yielding to their demands.

They are regular collectors of alms from market places, shops, hotels or at traffic signals etc. When denied or refused, they sometimes force people to part with money. They often gatecrash weddings, newborn celebrations and other festive occasions, threatening to disrupt the celebrations with vulgar behaviour and bring bad luck unless paid off handsomely. Though these threats are rarely carried out, people are often sufficiently intimidated and part with money. Such behaviour amounts to a mild form of extortion.

The territory (area of operation) of each group is defined but not strictly demarcated. Since there is no formal demarcation for each group, this results in an occasional overlapping of visits by different groups. Generally, disciples of a *guru* stick to begging in her area and will not ply their trade in an area belonging to another *guru*. However, there are exceptions to this norm.

Eunuchs usually follow a code of conduct. They normally visit each market or residential colony about once a week. When a eunuch is informed that another has already collected alms from that place on that day, she will move on. Eunuchs observe a day of rest each week, which may be Monday or the day the market is closed. On selected days of the week, they visit wholesale markets of the area, along with their *gurus* and pick up fruits, vegetables, fish etc from each vendor as a matter of right. No shopkeeper dares to stop them, for fear of being humiliated or cursed.

At times eunuchs are found to lose their temper while begging, since they may not have earned sufficiently

during the day. Threatening to flash their private parts, which is prohibited by their community, may also be resorted to. Having done so, they beg for their sins to be forgiven in the evening. There is a designated prayer area in the eunuchs' home. They assemble there late in the evening after returning home from the day's work and apologise for the sins and irregularities committed during the day.

Begging in Trains

Trains are also a source of income generation. The eunuch community is bifurcated into groups begging on local suburban trains and others that beg on long distance mail/express/passenger ones.

Normally, a group of four to six eunuchs enter a train and form groups of twos or threes. Division of the bogies is made amongst themselves, i.e. two or three bogies per group and then they proceed to collect alms from the passengers.

Their territory of operation is fixed on railway routes. Hence, if one group begs from one station to another, say Dadar to Kalyan, it will get off at Kalyan and another group will take over from there and so on. On long distance trains, they travel for short stretches like Mumbai to Surat or Delhi to Jaipur and not for the entire length of the journey. Also, they beg only in the unreserved, general and sleeper class coaches and not in the air conditioned ones.

Occasionally, the authorities clamp down on begging and eunuchs are also hauled up. On such occasions,

they are detained at the railway station for 8-10 hours and fined around Rs 200 each. This, however, hardly discourages their activities.

Prostitution

While eunuchs support themselves to a major extent by begging, a much more lucrative source of income is prostitution, for which they are much in demand. While this mode of earning supplements the income of the eunuch to a large extent, it is generally not encouraged by the *gurus*.

Invariably the passive partner, they satisfy their customers orally, anally or between the thighs. Often found to sell their bodies to homosexual and bisexual males at a very cheap price, eunuchs are flexible, based on the customer's paying capacity. The frequency of selling sex is high among young eunuchs, as they work almost six days a week. Usually, they throng various places like *dhabas* (highway eateries), markets, parks, railway trains and stations, bus depots, traffic signals etc in search of clients.

Some eunuch prostitutes claim that once a man enjoys sex with them, he seldom goes back to women. An explanation for this could be the tireless service provided by eunuchs.

Sex with a prostitute is purely mechanical and involves no attachments. As soon as the sexual act is over, she parts ways. On the other hand, a eunuch cares and enquires about her customer, his likes and dislikes, his general state of affairs and whether he was satisfied

with the service provided by her. Sometimes she gives credit facility as well, whereas a prostitute always demands advance payment.

A normal prostitute gets exhausted soon but this is not the case with a eunuch. Also, eunuchs are willing to try innovative sex positions such as sandwich sex. This is a position where the male customer is between two eunuch prostitutes. This is quite common among eunuchs but a rarity among female prostitutes. Some eunuchs have also learnt better stimulation techniques. They have flat stomachs and better body shape than regular prostitutes because they are always on the move. The most sensitive organs in a eunuch's body are her lips and about 2" above the urethra, where there are maximum nerve endings. Sometimes, eunuchs have orgasms² too (page 461).

Blessings

'*Hijda*' or '*hijra*' is an insulting and derogatory remark directed towards eunuchs in India, as is generally known. However, people fear that if a eunuch says something, it is bound to happen. This may only be superstition but because of this, people are fearful of eunuchs cursing them. The belief is that if a eunuch curses a man, the person may become impotent for life, incur major financial or business losses or may lose health. In the case of women, the curse is feared to even make them infertile.

² Details of achievement of an orgasm in a eunuch cannot be delved into here; however, if one wishes to research this aspect, guidance on the subject can be provided.

On the other hand, as eunuchs are considered to be pious souls, the contrary belief that their blessings can change one's destiny for the better also exists. Hence, many prefer to seek their blessings before starting a new venture.

Almost all eunuchs are ready to go to any extent, if someone has done a good deed to them. If someone has helped them in their time of need or otherwise, they will bless him/her spontaneously. Their blessings are not pre-meditated and invoke health, wealth and prosperity for the giver, such as:

- 'May my life be added to yours'
- 'May God bless you with a happy family'
- 'May your children always enjoy good health'
- 'May you prosper in life'
- 'May all your wishes be granted' etc

Blessing Newborns

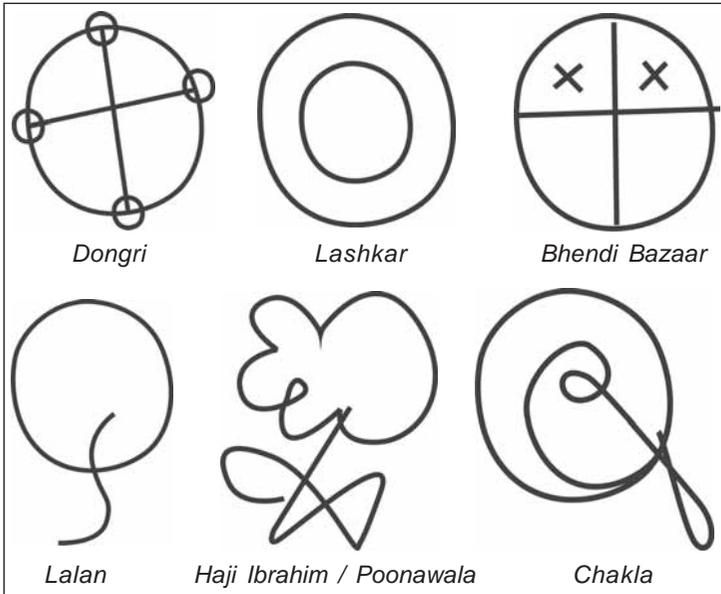
Eunuchs get news of auspicious and celebratory events from the neighbourhood of the baby, hospitals, chemists, shopkeepers or even infants' clothes drying in balconies etc. They visit the house to confirm the news and then make a mark on the door of the house.



Blessing a newborn

The mark denotes first right to collect gratuity for a particular group from the residence.

After this mark is made, no other group of eunuchs will ask for a tip for the birth of that newborn. If two or more groups reach the home of the newborn



Marks representing various eunuch *gharanas* of Mumbai

at the same time, then they will distribute the money or gifts in equal proportion. They do not fight or argue amongst themselves on such issues. If eunuchs learn well in advance about the expected arrival of a baby, they visit the house even as early as the 8th month of pregnancy and put a mark. There is a stiff penalty if a eunuch erases a mark made by another.

On a mutually decided day, a group of 5-6 eunuchs reach the home of the newborn. They sing, dance, beat *dholaks*, pass the baby among themselves and put the baby in their laps. They lift the child to their breasts and cover it with their saris, as if they are breastfeeding the child. Eunuchs behave as if it was their own child and experience motherhood in the act. That is the child's gift to them. The parents, who are witnesses to

the proceedings, confer that privilege to the eunuchs for the moment. Eunuchs pray for the long life of the child and say in unison, “*Jug jug jeeyo mere lalla* (May you live long).” The eunuchs bless the mother with the exclamation, “*Doodho nahao, pooto falo* (May you lead a long and prosperous life and beget healthy children).” Parents and elders of the house offer them clothes, utensils etc, as also any money they wish to donate, usually ranging from Rs 101 to Rs 2,500.

However, in modern residential areas comprising of high-rises, eunuchs hardly come to know about a newborn. Even otherwise, they are prevented from entering by the building security and hence this once revered custom is on the wane, especially in metros and other big cities.

Blessing of Hotels, Shops and Others

Before starting a new business or the inauguration of restaurants, shops etc, entrepreneurs sometimes invite eunuchs for their blessings, before the ritual *pooja* (prayers). Eunuchs visit the location and sing and dance. On such occasions, they expect as well as receive much larger amounts as gratuity. However, if a shopkeeper does not invite them, they barge into the establishment uninvited and demand an amount which is normally in excess of Rs 5,000, depending upon the size of the establishment.

Blessing at Weddings

Occasionally, people invite eunuchs to invoke their blessings during the weddings of their sons or daughters. When eunuchs visit these ceremonies, they

first bless the *pandals*, then the hosts and finally the visitors. Starting with a small prayer, they start dancing with anklets, to the beat of drums. This dance may last up to an hour and is performed in a corner of the hall. After the dance, they bless the newly wed couple.

In some states, especially Uttar Pradesh, Bihar and Karnataka, it is customary to invite eunuchs to perform on auspicious occasions. Usually they earn handsomely during such occasions, admittedly amounting to thousands.

Overseas Entertainment

Bollywood biggies, struggling starlets and dancers from Mumbai bars performing at private parties overseas is a common phenomenon. But lesser known is the fact that eunuchs are much in demand in the Gulf



Dancing at a private event

and African countries as entertainers and dancers at private parties.

Various recruitment agencies and event management companies in Cochin, a coastal city of Kerala and Hyderabad, the capital of Andhra Pradesh, supply eunuch dancers to overseas countries, especially the Middle East. The charge to the customer works out to around Rs 3 lakhs to Rs 5 lakhs for a single or maximum of two events. Sadly, eunuchs get only peanuts from this amount. A few of them like Bhavna, a well groomed and educated dancer from Bandra, Mumbai are paid handsomely, i.e. Rs 50 thousand to Rs 1 lakh for a single event. On the contrary, recruitment agents and *gurus* have made lakhs through these means.

Although none of the event organisers agree, the fact is that the majority of eunuch dancers recruited for events held in the Gulf countries are more for the purpose of commercial sex workers, in order to solicit rich sheikhs. It may be due to social or religious compulsion or their plentiful availability, physical intimacy with eunuchs is quite popular in these countries. Also, the myth that an individual's virility increases after having sex with eunuchs gives encouragement to this practice.

Sharing of Income

Eunuchs in metropolitan cities like Bangalore, Chennai, Delhi, Kolkata, Mumbai etc visit about 200 shops daily. Getting Rs 1 to 2 from each shop on average, the daily collection works out to Rs 300 to 350.

The distribution of the eunuch's earnings (approximately Rs 300 per day in a metro) is pre-determined. The

guru's entitlement is Rs 200 or about two-thirds of the daily earnings and the individual gets the balance. However, if the collection is below the minimum amount due to the *guru*, e.g. if earnings are a meagre Rs 150, then the eunuch owes Rs 50 to the *guru*, which is to be made up from the next day's earnings.

Alternatively, the *guru* gives the eunuch about Rs 100 per day as allowance and retains the balance.

As an illustration, the earnings³ of a eunuch under the two schemes are as below:

S. No.	Total daily earnings	Arrangement 1 (rare)		Arrangement 2	
		for <i>guru</i> (variable)	for eunuch (fixed)	for <i>guru</i> (fixed)	for eunuch (variable)
1	200	100	100	200	0
2	250	150	100	200	50
3	300	200	100	200	100
4	350	250	100	200	150
5	400	300	100	200	200

In lieu of the daily contribution, the *guru* provides them food and shelter. Other necessities like clothes, makeup kits etc are to be managed by the eunuch from her share of the earnings. Many a time, the interest of the *guru* extends to whatever the eunuch earns - against food and shelter provided by the *guru*, she does not permit any savings of her own to the eunuch. However, savings are normally retained by

³ All the amounts are in Rupees

the eunuch for use when she visits her native place or festivals at places like Ajmer (*Khwaja Gharib Nawaz*), Belgaum (*Yellamma Devi*), Nagapattinam (Mother Vailankanni), Koovagam (*Aravan*) etc or when a medical need arises. The loyal ones also keep their share of earnings if any, with the *guru* and hope that the *guru* is loyal to them in turn.

Business Funding

“For me, they are *Mohini* (a form of Lord Vishnu) and Goddess Laxmi”, says Anand Shetty, the owner of a hip and happening eatery. Starting August 15, 2005, due to change in government policies, dance bars spread across Mumbai and its surroundings were shut down. Many lost their jobs. Huma and Anand were two of them. Huma, a eunuch, worked as a dancer in a bar at Dahisar, Mumbai, where Anand Shetty was the manager.

Huma, along with some other eunuchs, helped Anand to start a food joint on a partnership basis. The restaurant has flourished within few years of its opening and Anand and his venture capitalist eunuchs have plans to open more such joints. Similarly, Sandip Agrawal, owner of a famous sweet shop in Panipat, Haryana, owes his success to eunuchs. He was thrown out of home and business by his elder brothers, after the sudden demise of their father. Neither his friends nor relatives came forward to help him. Fed up with all these troubles, he had decided to end his life. On a gloomy evening, he threw himself on the nearby railway tracks but fate had something else in store for him.

“Like Bollywood movies”, Sandip says, “Salma *didi* came to my rescue.” Salma is a eunuch and was passing along the Panipat-Ambala railway line on the fateful day. She not only saved his life but after knowing the reason behind this cowardly act, she took him to her *guru* who helped him to start his own sweet shop. Today, Sandip is the owner of one of the biggest sweet shops in Panipat but hasn’t forgotten his Salma *didi*. “My brothers threw me out and my sister didn’t help me either. Just look at Salma *didi*, she is no less than an angel to me!”

One can find hundreds of Sandips and Anands who have been helped by eunuchs to start their own ventures and are successful businessmen.

11

Eunuchs And Crime

The common perception about eunuchs is that they forcefully carry away eunuch children from their biological parents, as well as kidnap normal children and turn them into eunuchs by cutting off their genitals. However, contrary to regular belief, eunuchs never take away a child by force, despite its being a eunuch. It seems that many families simply hand over their abnormal children to avoid humiliation. Due to their visibility, it is very easy to perceive them as hookers or extortionists. We tend to club them with the few tribal communities who survive, earn money from and often thrive on criminal activities.

Is there any truth in this assumption or is it a belief born out of our misconception and bias against this victimised community? Four judges of the High Court and four from lower courts in Mumbai, Lucknow, Delhi and Allahabad were queried to ascertain the truth. The following are excerpts from the author's conversation with the judges:

Query Your honour, please comment about eunuchs and crime.

Reply They are an unwanted and uncomfortable presence. They always barge in uninvited and harass people at the time of festivities or inopportune moments.

- Query** But Sir, is it a crime/offence or a nuisance?
- Reply** No comment.
- Query** Then Sir, we may call it a nuisance. However, that is their only source of earning.
- Reply** But why should they harass unsuspecting people like that?
- Query** To earn money of course, Sir but wouldn't you agree that they do so peacefully? If you shut your door, they generally go away. They may call out loudly but they never cause damage to person or property or cross the threshold.
- Reply** But they should not behave in such a manner that may cause distress to the public.
- Query** Your Honour, let me pose a specific query regarding their involvement in crime. How many cases involving eunuchs have been tried in your court under the provisions of the Indian Penal Code?
- Reply** (Ponders to think) I remember one of my friends telling me about the trial of a eunuch in his friend's court 25 years ago under Section 323 of the IPC (non cognisable).
- Query** No Sir, I am referring specifically to your court.
- Reply** I can recall none.
- Query** Now Sir, can you recollect cases involving eunuchs anywhere in India?
- Reply** I have only heard of minor offences, mostly of a non-cognisable nature, where eunuchs were inadvertently involved. However, I have never witnessed their involvement in any major offence.
- Author** Thank you, your lordship!

Similar replies from all eight judges, who were interviewed, indicate that eunuchs are generally not involved in serious crimes. It is our bias and unsympathetic attitude rooted in ignorance that is the basis of our misconception of eunuchs as criminals.

On asking eunuchs about their involvement in kidnapping, abduction and forced castration of boys for conversion to their kind, they exclaimed that they had nothing to do with such offences. God-fearing and law abiding citizens, the conviction rate of eunuchs makes them appear above board.

When reports of forced castration are investigated further, most of them prove to be nothing more than rumours and quite baseless.

Eunuch Deviants

Exceptions serve to prove the rule. In the darkness of night, on many streets, state and national highways, one can see eunuchs standing like lamp posts, wearing shiny dresses. Some truck driver or passerby halts near them to satisfy his lust but occasionally, eunuchs also take advantage of the situation and relieve them of their cash and valuables. Rarely, this may even result in the poor man's death, especially if the 'customer' retaliates, as in the case of truck driver Akhilesh Kumar.

The Mumbai Mirror (Monday, July 20, 2009, p11), a popular tabloid belonging to the "Times of India" group, carried a headline, "Eunuch who killed truck driver arrested". The gist of the case is as follows:

On June 1st, the police found the dead body of a truck driver in Nala Sopara (East) on the Western Express Highway near Pelhargaon, Thane Dist., Maharashtra. The dead body found in the sitting posture behind the steering wheel did invoke suspense and mystery. Seeing no movement of the driver, a nearby *dhaba* owner informed the police. On 8th July, a eunuch named Pooja got arrested. Working as a prostitute, Pooja provided the necessary release to night halting truck drivers and other passersby at the location.

On the fateful day, driver Akhilesh Kumar Yadav engaged Pooja for her services but paid less than the agreed amount after the act. Losing her temper she called another eunuch Mona and her friend Mushtaq. All the three argued with Akhilesh, managed to grab his wallet and took out the short paid amount. On Akhilesh's protesting vehemently, they picked up a towel lying nearby and suffocated him to death.

After getting hint of the police manhunt, Mona and Mushtaq managed to escape but Pooja was arrested. Pooja's future is dark, as are those of Mona and Mushtaq, despite the fact that they were only seeking self-justice, within their framework of belief and knowledge.

Eunuchs criticise fellow-beings like Pooja. "Because of such people, we earn notoriety as criminals", they say.

A fairly common mild form of extortion practised by some eunuchs, which goes largely unreported, is their

harassment of 'lovebirds' and couples, who are looking for solitude along seafronts, parks, gardens, love-lanes etc. Eunuchs accost such couples and brazenly demand money from them in order to leave them in peace. They create raucous scenes and the implicit threat of being 'discovered' forces the couples to meet the demands of these eunuchs.

Incarceration of Eunuchs

Eunuchs are interrogated by women police officials and are spared the 'third degree' methods that are occasionally used while interrogating habitual male offenders.

Being overcrowded as they are, our prisons have no separate provision for housing eunuch inmates. In prison, eunuchs are always kept in the women's section. It has been observed that eunuchs tend to assimilate well with women prisoners and do not cause any problems, since they easily identify themselves with females.

Housing eunuchs along with male prisoners would subject eunuchs to physical and psychological abuse by the males, who are deprived of sexual contact during their stay in prison. This makes them very violent and prone to raping any eunuchs who may be housed with them.

Also, for the most part, eunuch offenders are as seen above, few and far in between and mostly involved in petty, non-violent offences that do not merit severe punishment.

Crimes Against Eunuchs

In contrast to eunuchs committing crimes, there are many more instances of the same being committed against them.

Eunuchs face molestation, physical harassment and even gang rape. For fear of humiliation by society and unwanted adverse publicity, they avoid reporting these crimes to the police, nor do they even confide in their community. If reported, the police rarely accept their cases, showing that they are least bothered about eunuchs.



Meeting Nargis Bano and Naina, who have borne the brunt of the brutality of our so-called 'civilised' society, can prove to be an eye opener. Recounting their horrific experiences here will make us aware of extent of cruelty and inhumanity meted out to them.

Nargis Bano

Nargis Bano, a eunuch, was just 21 years old, when she was gang raped by some antisocial elements.

A beautician by profession, she was on her way home from Sion, Mumbai one night. Getting down at Kurla railway station around 11.00 pm, she walked by the side of the tracks, which is deserted at that time of the night.

Hardly had she walked a few yards, when out of nowhere, three young boys, aged around 18-22 years, surrounded her with malevolent intentions. The boys caught hold of Nargis, who started shouting for help.

Nargis desperately looked around but found nobody. She hit one of the boys in the groin and bit the wrist of another. However, she was hit on her forehead and knocked down. All the boys raped her for over an hour, taking turns. After the gang rape, they whipped out a knife and threatened to finish her off. Suddenly, the men heard the footsteps of 3-4 persons approaching them. Afraid of getting caught, they vanished in the dark.

Nargis staggered back to the railway station and sat on a bench, trying to stem the bleeding caused by the rape. Thanking *Allah* for saving her life despite losing her honour, she went to the Kurla Railway police station. There, she explained the incident to the constable on duty, who rubbished her claim and loudly exclaimed, "Get lost! All you eunuchs have the same sad story. What were you doing on the railway tracks so late at night? You must have gone there to solicit clients or rob some unsuspecting passer-by and make it out to be a case of molestation and rape. Come back tomorrow morning. *Bada Saheb* (Inspector) will be here then and will take down your complaint." Finding herself helpless, Nargis went home. Preferring not to disclose the morbid event, she also avoided going back to the police station. This would not only start gossip among the neighbours but also affect her elder sister's wedding, if people came to know of her rape.

Naina

Naina, a 15 year old native of a remote village in Medak, Andhra Pradesh, lives in Virar, a distant suburb in the Thane district of Maharashtra. She earns a livelihood by begging. Naina's parents were destitute and she had to struggle to earn a living. Finally, she came to Mumbai and joined a group of eunuchs in Virar. She earns about Rs 200 – 300 daily, from which she sends Rs 1,000 to her village every month.

One evening, she was returning to her *guru's* home. On her way, she was accosted by a couple of familiar people, who informed her that a certain Mr. Salim in the construction business wished to see her in his office. "Boss wants to give something to your *guru*. Please accompany us and collect the gifts" they said.

Since the office was on the way to her house, Naina went along with them, not suspecting any mischief. However, upon entering the office, she was shocked to find three persons sitting inside, dressed only in their undergarments. All of them were totally drunk and eyed her lustfully. They offered her Rs 500 for sexual favours. Realising their intention, Naina tried to escape. However, the two persons who were waiting outside the door caught hold of her and dragged her back inside.

Inside the office, they ripped off her clothes. Ignoring her cries for mercy, the five of them raped Naina eight times. After the drunken group was finished with her, they let her go saying, "Don't tell anyone about this incident or be prepared for the consequences."

Naina was bleeding profusely from her anus and started crying. She somehow managed to drag herself back to the house. Although nobody had witnessed the incident, they could sense that something was terribly wrong. *Guru* Saira took her to a nearby hospital in Virar. Throughout the night, the doctor tried in vain to stop her bleeding. The blood loss had made her very weak and Naina lay unconscious for 5 days. Finally, the doctor in charge suggested shifting her to the comparatively better equipped Bhagavati Municipal Hospital, Borivli (West), Mumbai. Upon regaining consciousness, Naina told the *guru* about everything that had happened to her that night and the criminals involved.

A police complaint was lodged against the five persons involved in the outrage. Saira banded some of the local people and a large group of eunuchs together and marching to the builder's office, ripped it apart. However, even after a week, when no progress was made in the investigation, Saira took the police to task for their slow progress in the matter. She brought pressure from different quarters to bear upon the concerned authorities and forced them to speed up the investigation. Finally, the police arrested three culprits, who were later released on bail. Now Naina lives a silent life with a bruised memory, the fear of death still present in her eyes.

12

Portrayal Of Eunuchs In Bollywood

Hands clapping, gruff and hoarse voices singing in unison, teasing the heroine or the villain with lewd remarks and gestures, mainly to support the hero or on his behalf – this is how eunuchs are generally portrayed in Bollywood movies. They bear the brunt of crude jokes and are generally shown as buffoons and objects of ridicule.

In mainstream Hindi cinema, eunuchs have so far existed more as clowns than humans with hearts. During the so-called 'Golden Era' of Bollywood, i.e. the period from mid 50s to mid 60s, eunuchs were generally shown as companions to heroines, similar to those of queens in harems. Some of the cast, either lowly rated comedians or even lead actors, would cross dress with deliberate crudity, so as not to be mistaken for women but be clearly identifiable as eunuchs, in an attempt to evoke laughter. Even the legendary actor Amitabh Bachchan has been guilty of this offence. One can easily remember his '*Mere angane mein*' number from the 1981 super hit *Lawaaris*. The late Prakash Mehra, producer and director of the film, went to great lengths to make the megastar look as ugly, repulsive and bizarre as possible in that song. From the star's exaggerated

histrionics, flashy makeup and lewd gestures, it was clear that he was not trying to act like a woman but was actually mimicking a eunuch. Barring a few examples, the scenario has not changed much as yet, be it Govinda in *Aunty No 1* or Ajay Devgan, Tushar Kapoor etc in *Golmaal Return*. The majority of Bollywood actors are guilty of portraying eunuchs in a highly demeaning manner. Such movies might be entertaining to watch but are they fair in their treatment of eunuchs?

It was the late comedian Mehmood who, for the first time, represented eunuchs in a respectable manner in his blockbuster *Kunwara Baap*. He turned the tide, using real eunuchs for a longish song and dance number in this movie. Perhaps, for the first time ever, *hijras* were happy to be a part of a Bollywood movie, never mind if it was just one loud song in a lengthy film.

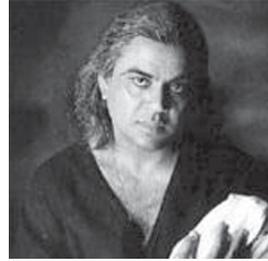
After the liberalisation of 1991, the scenario changed a little bit for the better. A new breed of rebellious movie makers represented eunuchs as normal human beings and not as clowns. For the first time in the history of Bollywood, movie maker Mahesh Bhatt cast actor



Sadashiv Amrapurkar as the vile and inhuman 'Maharani'

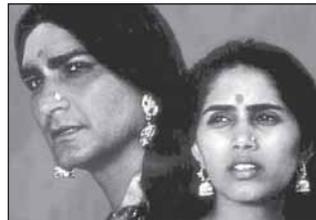
Sadashiv Amrapurkar as 'Maharani', a eunuch who was the lead villain of the movie *Sadak*. The portrayal fetched the actor the coveted Filmfare award but the role did little to improve the image of eunuchs in society, since Maharani in *Sadak* came across as a

vile, inhuman specimen. Once again, the rebel in Mahesh Bhatt showed courage and he made the much appreciated *Tamanna*, based on the actual life of a eunuch, 'Tiku'. The role was enacted brilliantly by the versatile Paresh Rawal. The character underscored the fact that often, people born genetically as men may be physical embodiments of manhood but in their hearts and souls, they are not man enough to do their duties. Tiku was more of a man than all the men put together in the film, yet had to bear the taunts of his own community, in addition to the harassment by 'normal' folk. However, in contrast to this stellar role, Rawal has also been guilty of mocking eunuchs, through his role as a pseudo eunuch in a scene in Umesh Mehra's multistar debacle *Vardi*.



Rawal portraying the human aspect as 'Tiku'

Kalpana Lajmi's *Darmiyan* was a brave effort, which was based on the relationship of a mother, an actor by profession and her eunuch child. The roles were effectively portrayed by Kirron Kher and the late Nirmal Pandey. Mani



A still from the movie '*Darmiyan*'

Ratnam's *Bombay* was also such a film, which showed that a eunuch can be tender as well. In a touching scene from this movie, based on the 1992-93 communal riots of Mumbai, one of these often ridiculed souls offers shelter to twins born to a Hindu father and a Muslim mother.

Through this well sketched scene, Mani Ratnam proved a point that this was the only human being who was not bothered about community or religion.



'Shabnam Mausi', the eponymous movie based on a eunuch MLA

In recent times, movies like *Shabnam Mausi* and *Welcome to Sajjanpur* were landmark films, in the sense that they showed eunuchs as clean politicians, mirroring real life incidents of eunuchs winning elections. It is a common feeling that the whole political class is

corrupt. The cause of this corruption is greed, to provide best of the world to near and dear ones. On the contrary, eunuchs who do not have families to feed or children to support, can be very good politicians, devoid of any lust or greed.



'Welcome to Sajjanpur' portrays an honest eunuch politician

Queens! Destiny Of Dance, is a movie that portrays aspects of the *hijra* community, without resorting to the cheap gimmickry that has characterised the portrayal of eunuchs in Bollywood for the most part.



Queens! Destiny Of Dance

The movie features actor Seema Biswas and eunuch Laxmi Narayan Tripathi in pivotal roles.

Launched at the 799th Urs of Sufi saint *Khawaja Moinuddin Chisty* in Ajmer on June 12, 2011, '*... Aur Neha Nahin Bik Payee - Life Of A Eunuch*' is an anecdotal documentary about eunuchs, the misery that they have to endure, living as bonded labourers and how they are traded like cattle . The film traces the life of eunuchs and depicts the harsh reality that is the fate of eunuchs, yet sensitively portrays their human side and their hopes and desires, similar to that of common folk. The film has been made by Salvation Of Oppressed Eunuchs, an NGO working for the upliftment of eunuchs in India.

While sympathy towards eunuchs is a recent one or two decade old phenomenon in Bollywood, its western counterpart, Hollywood has always been more or less sympathetic to the community. Movies like 'Between the Lines - India's Third Gender', 'India's Ladyboys', 'Bombay Eunuch', 'Butterfly Sword', 'Eunuch of Western Palace', 'Harem', 'Better than Chocolate', 'Big City Blue', 'Buffalo Girls', 'Just Like a Woman', 'Lai Shi', 'China's Last Eunuch', 'The Half Naked Truth' etc portrayed the cause of eunuchs and TG/TS people in a far more sensitive manner.

13

Empowering Eunuchs

Empowerment is the process of obtaining basic rights of food, clothing, shelter, education and health for marginalised people, either directly by those people or through the help of non-marginalised others, who have their own access to these opportunities. It also includes actively thwarting attempts to deny those opportunities to the marginalised community.

The eunuch community is a marginalised one at present. Everybody fears the curse of a tormented soul but this was not the case earlier. With changes in society and the dawn of modern technology, traditional art and music forms gradually disappeared and these doors closed for eunuchs to make a living. They were reduced to begging and this social stigma has remained with them.

Such excluded people who have no opportunities for self-sufficiency become, at a minimum, dependent on charity or welfare. They lose their self-confidence, because they cannot be self-supporting. The denial of opportunities also deprives them of the pride of accomplishment which others, who have those opportunities, can develop for themselves.

Empowerment also includes encouraging and developing skills for self-sufficiency, with a focus on

eliminating the future need for charity or welfare in the individuals of the group.

In modern times, that should be and is attempted by law. However, we have to realise that the law alone cannot reverse history and tradition of ruthless discrimination against these unfortunate souls. It can only be alleviated when we open our minds and hearts to the acceptance of these people as 'one of us' and accord them the same place in society as we do to other minorities.

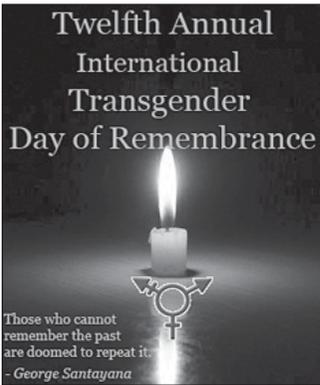
We need to actively involve all social and political classes in increasing the social, economic and political strength of the eunuch community, as the means to their empowerment. The process can be initiated by enabling the community to develop confidence in their own capacities.



The author serving food at a get together of eunuchs

Where mobocracy rules, they may not be a big vote bank but “Democracy is not merely the rule of the majority but also the respect of the minority.” In a sense, it is this smaller minority that should have greater respect in our democracy.

Let us take a look at what can be done to alleviate the overwhelming problems faced by this community.



Eunuch Solidarity Day

We have International Day Against Female Genital Mutilation (February 6), World Day of Social Justice (February 20), International Day to End Violence Against Women (November 25), Human Solidarity Day (December 20) etc.

Celebration of specific days devoted to a particular gender, community, profession etc are meant for empowering the exploited, for giving thanks to those who are doing something for our lives, society and the world at large and for forgiveness from the oppressed.

Eunuchs too are 'living on the edge', exploited and poverty stricken. To empower them and bring them into the mainstream of society, 'Eunuch Solidarity Day' should be celebrated with equal fervour, like any other festive day.

Rita Hester was a transwoman living in Boston, USA. She worked for transgender issues. She was murdered on November 28, 1998. In 1999, it was decided to observe an 'Annual Transgender Day of Remembrance' in her memory. A suitable weekend was chosen, which in that year, happened to be November 20. Since 1999, this day is celebrated every year as 'Annual Transgender Day of Remembrance'. It intends to raise public awareness of hate crimes against transgenders.

Every year, a few hundred transgenders lose life due to crimes of hatred and prejudice perpetrated against them by gendered people. The 'Day of Remembrance' publicly mourns and honours the life of the deceased transgender which might otherwise be forgotten. However, it is hardly accorded any publicity by the media - how many of us have even heard of this day? SOOE proposes to rename it as 'Eunuch Solidarity Day' and extend its scope to spreading awareness about eunuchs, with a view to integrating them into the general community at large.

To mark the festival, eunuchs could tie strings on the wrists of one another. Non-eunuchs would visit the homes of eunuchs and tie this 'string of solidarity' on the wrists of eunuchs, symbolising their support for the cause and present them with sweets and other gifts, as a gesture of solidarity. Thanksgiving, refreshments and entertainment programs would draw the festivities to an end in the evening. We need to discover that none of us is a complete man or woman. In return, we would get their blessings, an act that could heal much of our turmoil and solve relationship issues.

Right to Proper Childhood

The birth of eunuchs cannot be avoided. That is an anomaly of Mother Nature. Their birth is a deviation of the natural reproduction process but they are discarded as undesirable by unfortunate parents who fail to discharge their duty. Such parents need to be properly educated and suitable deterrents implemented to prevent them from abandoning a eunuch child. Under Section 317 of the Indian Penal Code, it is an offence to abandon the child under the age of 12 years, punishable with rigorous imprisonment up to 7 years. However, this is almost never invoked and mere publicity of its existence will cause several erring parents to mend their ways.

In the case of regular children, it is necessary for someone to lodge a complaint in order to enforce the relevant law. In the case of these children with ambiguous genitalia, the authorities may be notified by the existing machinery involved with the process of maternity. It should be impressed upon licensed '*dais*' or midwives and even hospitals that if they discover or are involved with the birth of such a child, then they should inform the medical authorities concerned about the birth of such a child, along with details of the parents in return for a nominal reward. Also, parents of such children should be encouraged by giving them some financial assistance for the child's upkeep.

Freedom From *Gurus*

Everybody needs shelter and social contact. The child that is cast out by parents has to find solace and shelter somewhere. It is up to the state and society to

assume the role of their parents but they usually end up in the wrong hands of *gurus*, which is a solution worse than the disease. If any person extends a helping hand, then it is only with the expectation of future gain. There may be other reasons also but so far as we can see them today, this factor is the worst.

It is not practical to expect *gurus* to give up their bread and butter easily. The psyche of these children is so badly affected that they cannot even think of freedom. They are also haunted by the problem of “Where else do we go?” Here are a few suggestions to strike at the root of the menace.

State Sponsored/Managed Homes

If the parents undertake to bring up the child, then only occasional supervision may be needed. If not, the child needs to be taken to a state orphanage or to other approved private and missionary orphanages.

India is a welfare state and the welfare of every child is the primary duty of the state. There are juvenile welfare facilities or comparable institutions in every state. There is no reason why these children cannot be housed and cared for in these places. Though it may become difficult for them to fraternise with normal children upon reaching a certain age, they can probably fit in with female children.

Some states may have institutions that are specially geared for the care of such children but they can always be created even in those places that do not have them. No problem is ever eradicated by cutting off only the

branches. A permanent solution has to involve digging up the roots of the problem.

Adoption

Adoption of a eunuch child is a blessing we can endow ourselves with, an act that would endear our grace and benevolence to the Almighty.

Children are sweet, playful, inquisitive and also troublesome at times. However, they provide immense pleasure – the power of fulfilment, the pleasure of parenthood. This would be multiplied manifold with the inclusion of these small unfortunates, whose parents lacked the vision or got over cowed by primitive tradition and made the mistake of parting with them. In case our constraints do not permit physical custody, we can designate one or more of them as our ‘wards’ within their homes and sponsor their livelihood and education to the extent possible and desired.

Inclusion in Academics

Students across the globe are inquisitive about the sex of eunuchs. Currently, no academic curriculum provides for education about them. The distinguishing features of eunuchs, the variance of their anatomy with normal people, social and other characteristics should form part of higher education in relevant fields of study, such as medicine, anthropology, sociology, history etc.

A two hour lecture of introduction to learners will provide a base to impart knowledge about them, which in turn will reduce hatred against them. Some eunuchs have

demonstrated their interest in such talks at medical and senior colleges of various streams.

Educational Empowerment

One way to foster empowerment among eunuchs at an early age is to educate them. We have worked towards the abolishing of child labour. We are taking steps for compulsory education. This will achieve the dual objectives of making them more aware in general, as well as providing them with suitable means of income.

However, in many cases, where the appearance and behaviour of a eunuch child is markedly different from those of his/her peers, these may lead to difficulties with other students. Ultimately, the child drops out of school, as is often the case at present.

To overcome this, the government can also consider setting up special schools, with lodging and boarding facilities, to cater to only these students or at least bracket them with handicapped children, so that they may attend schools that cater to differently abled children.

It is sad to note that whereas schools devoted to children who are blind or afflicted by cerebral palsy go to great lengths to impress upon them that they should not consider themselves incapable in any way, there is no such care exercised in the case of these children, whose behaviour is as normal as that of the person standing before them.

Suitable education will go a long way in enabling them to lead normal lives. Thus, raising literacy levels of

eunuchs is an important aspect of their integration into mainstream society at a later stage.

Economic Empowerment

Without economic empowerment, the emancipation of an exploited community is a distant dream. We can ascertain this merely by comparing the status and lives of women from liberalised western countries with those of the Gulf. Economic independence fosters social power and western women rarely have to toe the lines of their male counterparts or endure the kind of harassment that women from other socially backward nations face on a regular basis. The same is the case with eunuchs, especially in non-liberal countries. The problem lies with the provision of opportunities. Suitable vocational training may be provided to them, with a view to integrating them into the mainstream of society in appropriate jobs, viz. tailoring, beauticians, artisanship etc, in fact, anything that they may desire.

In our small way, we can trigger this integration by employing eunuchs as babysitters, domestic help, security guards etc. The versatility of such assignments speaks of the strengths offered by this community. Intricate feminine to muscular masculine jobs come easy to eunuchs, most of whom have a man's body with a woman's heart. Nurturing, caring for the weak, as well as dealing physically with the rough, both are handled adeptly by these versatile people.

Eunuchs are highly suited for national development duties. The Government may consider raising a

separate regiment of the eunuch community in the country. Eunuchs can effectively discharge duties along the border areas, since they are physically strong and healthy. In India, where communal tensions are always on the boil and paramilitary forces are accused of being partisan, eunuchs will do well if engaged in policing, since they are not fanatic in their beliefs. They do not have families, which results in their selflessness. This sets them apart from other humans.

As business owners or managers, we can allocate slots to eunuchs, compulsorily if required initially or due to peer action later, commensurate with individual skill, education and training. Bolstered by Government legislation, fixing mandatory employment reservation would catalyse this much needed action. Reservation of even a single job in a thousand will be enough to employ the whole eunuch community. Until legislation is finalised, the private sector should take affirmative action, like their western counterparts and employ eunuchs whenever there are suitable jobs for them.

There are many jobs that can be reserved for them, e.g. nursing, guards in female wards of jails, lady police constables etc. Jobs that need good health and physical strength while dealing with ladies are better suited to them than ordinary females.

Eunuchs can perform very well if they are assigned the job of recovery agents, be it a job for recovery of arrears of land revenue or wilful default of commercial banks and other lenders. Defaulters would give in at the sight of a group of eunuchs squatting outside his/

her house, causing public embarrassment. However, scared of any illegality, eunuchs are not keen on taking up such assignments. They prefer a simple and safe lifestyle rather than an affluent but risky one.

Eunuchs can also be included in the category of handicapped people for the purpose of reservation, subsidy and similar benefits.

Legal Remedies

The law in India has criminalised the very existence of eunuchs, making the police an omnipresent reality in their lives. Eunuchs in India continue to be treated (although not currently listed) as a 'criminal community' and are deprived of the protection and special treatment accorded to other oppressed classes, e.g. Scheduled Castes/Tribes (SC/ST). The provisions of Section 377 of the IPC (modified by the Hon'ble Delhi Court on 2nd July, 2009), Immoral Trafficking Prevention Act, 1956 etc are the weapons used by the police to harass eunuchs. Hence, to safeguard the rights of eunuchs, the following steps are recommended, in order to achieve the desired emancipation of the eunuch community:

1. Mobilisation of existing legal framework

While the existing legal framework often ends up serving the interests of the powerful, it is not a totalitarian structure, for there are many provisions of the law which can be used creatively to build up a jurisprudence of citizenship rights for eunuchs. Many procedural safeguards are specified in legislations such as the Criminal Procedure Code,

1973. Offences which are committed against eunuchs should be brought to the notice of the concerned police station. Any violation of the Criminal Procedure Code can also be taken cognisance of by the concerned magistrate. If these mechanisms fail, the National Human Rights Commission can be approached.

2. Interpretation of the existing legal framework in a constructive manner

In cases of atrocities or crimes committed against eunuchs, the law should be applicable in spirit and practice similar to instances of crimes against other oppressed sections of society, such as Scheduled Castes and Tribes etc.

3. Campaigning for progressive law reform

The importance of a campaign on the above laws is that it raises public awareness about the issues of eunuchs. If eunuchs are to have the same rights as other citizens, there is an urgent need for their recognition as a third gender. Hence, civil laws are in need of suitable reform. This modification of Civil Law will entitle them to an entire gamut of rights available to all other citizens, not only in spirit but also in practice.

The Scheduled Castes and Tribes (Prevention of Atrocities) Act, 1989, may include provisions so that anyone making derogatory remarks against eunuchs or discriminating against them on the basis of gender can be punished under the law.

The word 'rape' in Section 375, Indian Penal Code (IPC) 1872 should be replaced by the phrase 'sexual assault' to include all sexual crimes against women, men, children and transsexuals/eunuchs. Eunuchs are often the targets of some of the worst sex crimes, more so if they happen to be sex workers. If forceful sexual intercourse with even a prostitute is termed as rape and punishable as such, then such an action committed against a eunuch should also incur similar punishment.

4. Progressive international legal development

Through judicial deliberation and consistent activism, transgender people have been successful in winning recognition of their rights in developed countries. These developments convey the global nature of concern, which is forming around the rights of those discriminated against on the basis of gender identity and sexuality.

The International Bill of Gender Rights is useful in conceptualising the idea of a right to a gender identity and the right to freely express it. The decisions in various jurisdictions highlight the forms that discrimination against transgender people has taken and how it is being questioned. These developments provide some material on the basis of which, debate can be initiated in the Indian context.

5. Legalisation of *nirvana* (voluntary castration)

Nirvana is one of the most important events in the life of all eunuchs. In fact, their mental well-being

and social status is completely dependent on this ritual. Leading a life without undergoing *nirvana* is incomplete for a eunuch and there is intense craving for this procedure in all eunuchs.

However, such surgeons are not available, since their protocol for carrying out the procedure requires the eunuch to satisfy the following criteria, prior to undergoing the procedure:

- a. Live with the desire for being the other gender for more than 2 years.
- b. Have been living for at least one year full time in the new gender role. Living in this role should be successful and to the complete satisfaction of the individual.
- c. Take hormone therapy for at least 6 months.
- d. Obtain a recommendation from a psychiatrist or therapist.
- e. Have a negative attitude towards his current sexual organs.
- f. No psychiatric illness.

There is a high demand for qualified surgeons who can perform this surgery for eunuchs, either clandestinely or with minimum legal formalities, thus waiving the requirement of any certificates from psychologists, endocrinologists, gynaecologists, urologists, plastic surgeons etc. It is not easy to obtain the certificates mentioned above and hence, the requisites for the performance of the surgery under the care of qualified surgeons are not fulfilled. Hence, *nirvana* at a recognised hospital is not feasible.

It is the general feeling among eunuchs that this surgery is justified and *gurus* should be vested with the power to certify the necessity of such surgeries in the case of eunuchs. Where such certification is available, the surgeries should be treated as fulfilling the due process of optional and voluntary medical treatment as defined within the Indian legal framework.

6. Awareness Campaigns

Along with the above, it is equally important to make eunuchs aware of the rights granted to them as citizens of a free and democratic country. For this purpose, NGOs and other social welfare organisations can play an active role by imparting the necessary education at the grassroots level. Also, most material pertaining to human rights is normally published in the English language. These organisations can also translate this material into local languages that are easily understood by eunuchs and all others.

Social Empowerment

Nobody has made an effort to integrate eunuchs into mainstream society. It is remarkable that many efforts have been made in the recent past to bring even dacoits into the mainstream but none so far to improve the lot of these people. Is it because they are harmless and though people might hate them, they have no reason to fear them? Unlike dacoits, eunuchs would not make the grant of agricultural land an integral part of their rehabilitation process. All that is needed is a caring attitude and protection from exploitation.

Political Empowerment

The progress of the *dalits* and other backward classes is a fine example of what political empowerment can do for an underprivileged community. Eunuchs too cannot come to the forefront and be absorbed by the mainstream community, at least until they get some representation at the State and Central Government levels. As the 19 lakh eunuchs in India are unevenly distributed across the country, it is highly improbable that they would win an open seat. In this scenario, the reservation of a seat for them in the upper and lower houses of the Parliament, as well as State Assemblies should be considered. At least till such reservations are made, people that matter may elect/nominate eunuchs for such seats. Voters in Madhya Pradesh made history by electing India's first ever eunuch legislator, Shabnam *Mausi* to the Legislative Assembly from 1998 to 2003. The state also has two eunuch mayors and three senior business executives.

In a Mayoral election in the Sagar district in December 2009, eunuch Kamala *Bua* defeated her nearest rival by a margin of more than 43,000 votes. From the neighbouring state of Uttar Pradesh, voters of Gorakhpur elected Asha Devi, a eunuch, as Mayor, proving the beginning of acceptance by society. The path to achieving some semblance of parity with regular people is not an easy one. However, the right attitude on the behalf of all concerned, as well as a desire on the part of the common man to 'do the right thing', will go a long way in formulating a framework for addressing and alleviating the problems faced by this community.

Rehabilitation

Have sympathy for sex workers

Supreme Court, Aug 3, 2011

New Delhi: Sex workers, including those from Nepal, Bangladesh and CIS countries, are not bad persons but forced into flesh trade by terrible poverty, the Supreme Court said on Tuesday while directing the states to frame schemes for their vocational training to lead a dignified life.

“A sex worker is obviously not surrendering her body to a man because she loves and respects him, but just for sheer survival,” a bench of Justices Markandey Katju and Gyan Sudha Misra said. But the court was aware of the enormity of the task. “We are fully conscious of the fact that simply by our orders, the sex workers will not be rehabilitated immediately,” it said.

It directed, “The states should not only come out with schemes indicating therein rehabilitation of the sex workers but they should also demonstrate their commitment to the cause by coming out with some concrete results, at least in phases.” This is a brief of a landmark order by a double bench of the Hon’ble Supreme Court of India.

The apex court is silent on the topic of extending the same sympathy to eunuchs – not because it is apathetic to their cause but presumably because it has never been seized of the matter. As mentioned



The Hon'ble Supreme Court - landmark decision

elsewhere, the strict commandments of eunuchs preclude them from airing their grievances. Hence, no complaint from the community about their plight has ever reached any court or any government body working for the oppressed.

SOOE urges NHRC and the judiciary to mandate outreach by the State Governments to a few eunuch colonies for ascertaining the plight of eunuchs as stated by SOOE and for providing relief from their state of bonded labour. Initially, areas with high eunuch population, such as Malvani in Mumbai or Nishatganj in Lucknow may be designated as focus areas. Gradually, the initiative may be expanded to include other areas.

Courtesy: <http://judis.nic.in/supremecourt/imgs.aspx>

Believe It or Not

A faceless community

Although eunuchs are eligible for identity cards like Passport, Voter Card, PAN Card, Ration Card etc, like other citizens of this country, most eunuchs have none of these identification documents. They do not have bank accounts either, since one needs certain documentary evidence to apply for such identification, which eunuchs generally do not possess.

Gurus are able to get some of the identification and other documents, since they own houses and have the time to pursue such documentation, not having to go out to earn money.

It is mandatory to fill in the date of birth, father's name etc in various application forms. Eunuchs, after leaving their homes, discard their parental names. Many of them not only follow the faith of their *gurus* but also use their second and third names. As these changes are not legally notified, documentary evidence regarding this is seldom available.

When a eunuch, without proof of identity or address, approached the Election Office for issuance of a Voter ID card, the officer concerned, who was bound by regulations, had to decline. He asked her to get her photograph and residential address verified by the local police station, which was not possible either.

Also, coordination with various agencies needs a lot of time. There are agents for facilitation but they still need all the supporting documents. Eunuchs are always hard pressed for time because they have to

work hard to make both ends meet and give the mandatory share of their daily earnings to their *gurus*. They work for daily wages and they lose this income while running from pillar to post for obtaining the ID cards. Hence, most of them go through life without any sort of Government issued identity card.

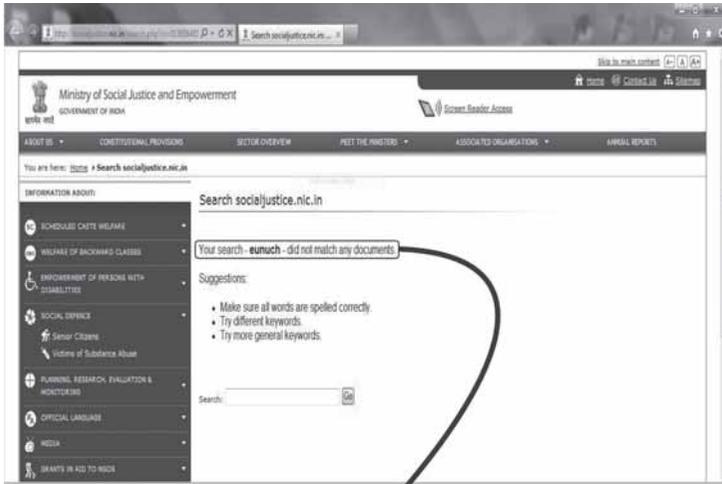
Even for something as basic as a mobile phone connection, eunuchs have to depend on their *gurus*, since they are the only ones with some of the necessary documentation. The *gurus* spare no effort to encash this opportunity, when one of their *chelas* requests them for proof of residence. Imagine the pain of having to carry something registered in someone else's name - it is as if you have no identity.

Thanks to the unstinting efforts of Salvation Of Oppressed Eunuchs (page 281) and other organisations, some progress is now being made in obtaining government documentation.

SOOE proposes that some *gurus* of long standing in their areas, say 20 years, be registered with the Social Welfare Department in each district and empowered to issue certificates of identity and residence, which may be valid for obtaining government documents.

India's forgotten children

Issues pertaining to eunuchs have not been raised or discussed in the Parliament, probably since they are not given to venting their grievances. When we searched for the terms 'eunuch', '*hijra*', '*kinnar*' or other terms that are used for eunuchs in the site of the



Your search - **eunuch** - did not match any documents.

Website search of the Ministry of Social Justice and Empowerment

appropriate ministry concerned – the Ministry of Social Justice and Empowerment (<http://socialjustice.nic.in>), the search did not yield any results (see attached photo). Our enquiries with the government officials concerned confirmed the same.

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***Nirvana* - Liberation**

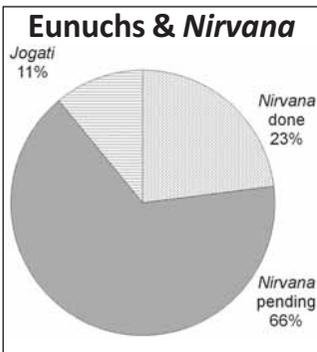
Nirvana, in popular Indian mythology, means liberation or freedom from materialistic desires or ties that bind the soul to this world. However, in the context of eunuchs, it means the traditional way of voluntary surgical removal of all male characteristics, such as the organs and feelings. Through this process, the non-erectile, undesired penis and the attached scrotum of the eunuch are removed.

Nirvana is done with the intent of developing female characteristics. The ritual, as practiced in the Indian subcontinent, has no parallel in the world. *Nirvana* has no equivalent in English. However, every eunuch knows what it means. It has been practiced since the 16th century, when eunuchs realised some benefits that were conferred by voluntary castration. These castrations and their effects are shrouded in mystery and religious symbolism.

Many of the 19 lakh eunuchs in India have a rudimentary or a fully grown penis with/without testicles since birth. This penis serves the purpose for urination but not for sexual activities. The baby is brought up like a normal boy. As he grows up, he starts feeling like a girl. This feeling becomes dominant by the age of 6-8 years. He likes playing games of girls and wearing female

clothes. He likes *naaz*, *nakhra*, *itrana* (coy feminine behaviour) and similar feminine activities. Gradually he realises that he has a female mind trapped in a male body. Some of them report miniscule erections from about 3" morbid to 4" maximum size but most of them report 0" increase in size by any stimulating technique.

They seldom feel attracted to females like normal males. Instead they feel attracted to males. This attraction has



a conflict. They don't have vagina for penetration by a male. While some may lack sensuality, most of them like being appreciated for beauty, kissed at various sensitive locations of the body and being hugged. However, the presence of a penis greatly hampers their

ability to seek male company and hence, they yearn to lose their male genitals at the earliest but in most cases, it does not happen until a late stage in her life.

After a while, this desire becomes so overpowering that they often commit random acts of dementia in their quest to achieve *nirvana*, e.g. stealing chickens in the dead of the night and lopping off their heads. Each surgery is followed by feasting and get together. Also, because of injury suffered during surgery, the eunuch has to rest for about forty days after the operation. She must have enough savings to meet her expenses during this period.

Salient Features of *Nirvana*

The salient features of *nirvana* are as under:

1. Though eunuchs may have a penis of any size, viz. full length, rudimentary or any size in between, with/without testicles that are at any stage of development, they may opt for this procedure.
2. *Nirvana* means voluntarily getting rid of these male organs through surgery.
3. It leads to profuse bleeding. Eunuchs believe that 'dirty masculine blood' is lost through the bleeding and only the feminine portion is retained.
4. Eunuchs firmly believe that *nirvana* results in loss of facial and bodily hair, making their voices more feminine (though this is never achieved through surgery alone) and achieving a curvaceous feminine body.
5. Although they view their emasculation surgery as a 'sex change', eunuchs are also realistic in their recognition that they are not really women.
6. Expenses for this surgery are approximately Rs 35,000, plus feasting etc amounting to Rs 50,000 or more, which are fully borne by the eunuch involved. This funding is not done by the *guru*, who would condemn the eunuch to a lifetime of bonded labour for this favour.

Before the ritual, eunuchs may need to hide their genitals, so they tuck them between their thighs and wear double panties. Another reason for this practice is that during dance performances, pervers often grope eunuchs in the genital area and the discovery of

a penis can be a major source of embarrassment for a eunuch who is dressed as a female.

Above all, *nirvana* gives eunuchs higher status in their community and this is the primary reason behind their decision to undergo the procedure. When two eunuchs meet, each eunuch is keen to know whether the other has undergone *nirvana* or not. Though eunuchs have an inherent capability to recognise the status of *nirvana* of other eunuchs, they still ask for confirmation.

The seniority of a eunuch in the group for any preferential activity is determined by two dates:

- i) When she left home to join a eunuch *guru*, and
- ii) The date of her *nirvana*.

Undergoing *nirvana* significantly enhances the status of the eunuch in her group. For example, if two eunuchs join a band, the eunuch who has undergone *nirvana* will be senior to the other eunuch who has not undergone *nirvana* or *akwas*¹.

Methods of *Nirvana* ²

Nirvana is done in two ways, depending upon the person who performs the ritualistic operation:

- 1. *Nirvana* by *Dai Ma* (midwife)** – This is carried out by a midwife. This type of operation entails a lot of blood loss but it is welcomed by eunuchs, who feel that all their masculine traits are removed through

¹ In large parts of India, a eunuch is called *akwa* before *nirvana*.

² *Nirvana* photographs on page 171 and penectomy illustrations on page 416.

the profuse bleeding that occurs during the procedure. As eunuchs say, the purpose is achieved to greater extent, since the loss of blood is much greater as compared to the other type. Therefore, some brave eunuchs prefer this surgery at great risk to life and limb.

All eunuchs desirous of undergoing the *nirvana* have to abstain from the consumption of liquor and other intoxicants or drugs for a period starting at least a week prior to the surgery and continuing to the end of the forty day ritual, regardless of the method employed. This is done in order to aid the recovery process.

The eunuch reports to the *dai ma*, accompanied by a senior or a *guru*. The *dai ma* is assisted by other eunuchs during this procedure. She begins with the preliminary check-up. The eunuch is undressed and a strong black nylon rope is tied around her waist, below the navel. The knot is made as tight as possible by two hefty eunuchs pulling on either ends of the rope. This is done in order to restrict blood flow to the lower portion of the eunuch's body and make it numb, since no anaesthesia is used. A pot of oil is heated on a stove in a corner of the room and kept in readiness.

The eunuch is then made to squat on an inverted copper pitcher. Two eunuchs take a firm hold of her legs, standing on either side and holding a leg each, pull them apart. The *dai ma* ties a piece of sturdy string tightly around the penis and testes and pulls on it to stretch the organs away from the body.

The other eunuchs begin clapping and shouting loudly, in order to distract the eunuch's mind from the impending procedure and the resultant pain. Using a very sharp knife, the *dai ma* quickly lops off the penis from the top and the scrotum from below.

Blood gushes out profusely from the wound. This bleeding is allowed to continue for as long as possible, due to the notion of 'male' blood flowing out from the body after *nirvana*. The *dai ma* has to make a life-or-death decision about when to stanch the flow of blood – too soon and not enough 'male blood' will flow out, defeating the purpose of this method; too late and the eunuch may bleed to death. An experienced *dai ma* knows when to do this through years of experience.

The hot oil is poured over the wound, cauterising the flesh and then the *dai ma* quickly stitches the wound closed, inserting a small stick into the urethra to keep it open for urination. Some more hot oil is poured on the wound and the eunuch is then taken away and made to lie on a cot in a corner. She is not allowed to sleep for a few hours. The other eunuchs clap, sing and shout among themselves in order to keep the castrated eunuch awake.

After a couple of days, the eunuch is taken back to her home by her companions, for undergoing the 40 days ritual described later. Eunuchs maintain that the period of recovery is much shorter – 6 days or so – with the *dai ma* method, as compared to the other method, which takes much longer.

The mortality rate of eunuchs undergoing this procedure is higher as compared to the other method - about 4 in 100 persons, during the first four hours after the procedure. In case of death, the corpse is not handed over to the relatives of the deceased (even if they arrive to claim it). The *dai ma* has the final say regarding the disposal of the body.

- 2. Nirvana by experienced quacks** – This is done by so-called ‘doctors’, who are usually quacks, masquerading as medical people. At most, they may possess some rudimentary degree in *ayurveda* or some other alternative therapy.

The main difference between the two is the use of anaesthesia and the amount of blood loss after the procedure. The *dai ma* method does not use anaesthesia and results in much greater blood loss as compared to the second method. However, eunuchs believe that the *dai ma* method confers a much greater degree of femininity as compared to the other method and imparts a feminine glow to the eunuch’s face, due to the much greater loss of ‘male’ blood.

Of late, a few Mumbai based eunuchs have started undergoing surgeries for creation of vaginas, i.e. MtF GRS. The primary reason for this is their over-sexuality. They also wish to possess the ability to be penetrated by a male, so that they can give their partners the maximum satisfaction possible and thus create greater attraction. However, no instance of someone who has undergone GRS successfully could be found.

***Nirvana* – An Eyewitness Account**

In order to obtain first hand information about this procedure shrouded in extreme secrecy, the author accompanied a eunuch, who had come from Bhopal to get her *nirvana* done at Kadapa, Andhra Pradesh, along with two of her eunuch friends. Kadapa, though a small town, is yet a district headquarters and has gradually developed into a primary centre of *nirvana* for eunuchs of India.

Travelling in the unreserved general compartment of the train, they arrived dusty and weary at Kadapa, yet filled with hope that the eunuch might be able to fulfill her long standing desire. When the author and the eunuchs alighted at Kadapa, the party was surrounded by local eunuchs who volunteered to provide complete guidance about the procedure. They furnished details of one Babu, who facilitated such operations to the author, who then spoke to him over the phone. Never before had a non-eunuch accompanied a eunuch for such an operation, so the doctor raised a volley of questions. Instead of calling the party to his 'clinic', the 'doctor' instead offered to come to the railway station to discuss the matter. He was highly suspicious of being exposed by a 'sting' operation. He informed the author that a certain 'Dr Naganna' used to perform the *nirvana* procedure but he had moved away 3 years ago and subsequently, no more operations were carried out in Kadapa. He also informed the author that Naganna's son occasionally performed the procedure. According to Babu, his role was merely to carry out an HIV test and ensure the general health of the patient, for a charge of Rs 600.

The author requested him to do the same for the accompanying eunuch desiring to undergo the *nirvana* procedure but the 'doctor' refused to open his 'clinic' and advised that the 'patient' was too weak to undergo surgery. He also suggested that the summer season is not a good period for this surgery. Instead, they would be better advised to come back later, during the rains or in winter. The lasting impression given by Babu was that he wanted to get rid of the author and his party at the earliest without divulging any details, for fear of his illegal activities being exposed.³

The author was subsequently able to confirm that the 'doctor' performs such 'surgery' even now and charges about Rs 27,000 for healthy eunuchs and about Rs 33,000 for eunuchs infected with HIV, since he has to exercise extra caution during the procedure, such as wearing two layers of gloves for infected patients and is exposed to high risk.

The 'operation' is carried out by the 'doctor', in a hideout situated close to their 'clinic' near the old bus stand, Shivalayam in Kadapa. The location of this hideout, known only to the 'doctor' and his assistants, keeps changing often, in order to avoid exposure. The objective of this secrecy is to ensure that word of these illegal activities does not leak out to the authorities.

On the appointed day, the 'patient' reports at the clinic around midnight, accompanied by a couple of other

³ After being declined, the author managed to find an alternative after a few hours. He succeeded in observing and documenting the procedure at a different location, on condition of anonymity.

eunuchs. Only eunuchs who have undergone *nirvana* themselves can accompany a eunuch who wishes to undergo the procedure. No other male/female relatives or friends are allowed. The late hour is designed to ensure the minimum of interruptions and to avoid any prying eyes. After arrival, the quack once again stresses the fact that this surgery is irreversible and asks the eunuch and her companions for their final consent. Once it is given, the other eunuchs accompanying the 'patient' are made to wait in the 'clinic', while the 'patient' is blindfolded and led clandestinely to the hideout by a team of two assistants of the quack.

The actual 'operation theatre' is a small room, measuring about 10ft by 10ft. It has no communication with the outside world, save through a solitary door. The room is devoid of furnishings, except a cot and a TV set in a corner. There is a small table beside the cot, where the tools of trade are kept, along with some clothes, surgical equipment, bandages and gauzes, towels and bottles of antiseptic etc. Needles to administer the local anaesthesia, vials of anaesthetic, saline drips and stand etc are also kept ready during the procedure. A gas stove stands in a corner of the room, on which a small pot of water is boiled for use during the procedure. A small jar is also kept in readiness on the small table – it serves a rather unusual and singular purpose after the operation.

Upon reaching the hideout, all the clothes of the eunuch are removed and she is made to lie on the cot. The quack administers the local anaesthetic through the spine. At the same time, the TV is set to the desired

channel of the eunuch undergoing the procedure, in order to distract her mind from the pain and keep away any unpleasant thoughts. The surgical tools are 'sterilised' by immersion in the pot of boiling water, followed by swabbing with antiseptic.

Once the anaesthetic begins to take effect, the eunuch is turned over on the cot and her body is arranged in a spread-eagle position. The quack's assistants stretch the legs of the eunuch as wide apart as they can and quickly shave off all pubic hair. Subsequently, the groin is swabbed with antiseptic and made ready for the procedure.

Uttering a final prayer, the quack dons gloves and firmly grasps the penis in one hand and a scalpel in the other. He makes two superficial cutaneous incisions around the shaft, close to the glans and then longitudinally along either side of the shaft. Then, he peels back the skin lengthwise along the upper and lower parts of the shaft, exposing the corpus cavernosum.

This skin is to be retained and used later for covering up the wound. Then the quack makes two deep cuts in the shaft of the penis, as close as possible to the base – one from above and the other from below. These two cuts meet somewhere in the middle and the penis is severed. The matching of the cuts is precise, due to the quack's experience of performing this procedure over the years.

Once the penis is severed, the quack stretches the upper half of the leftover skin over the wound and uses stitches

to close the wound. Making a small opening in the covering skin, he inserts a small catheter into the urethra for urination. Subsequently, the quack slices off the scrotum, containing the testes if present and stretches the lower half of the leftover skin over this wound, again inserting stitches to keep the wound closed.

There is profuse bleeding at first, which reduces after about 3-4 minutes. Eunuchs refuse the use of any medication to reduce this bleeding, since they believe that it results in the draining of male attributes from their bodies. Once the bleeding stops, the wound area is swabbed with antiseptic and cotton gauze is placed over it. Thereafter, the area is bandaged, while keeping the catheter free, so that the eunuch can pass urine.

The severed penis and testes are put in the jar and shown to the eunuch and her companions after she regains consciousness, in order to prove the success of the operation. Subsequently, the assistants dress her in fresh clean clothes and walk her back slowly to the 'clinic', where she is handed over to her companions. The remaining charges for the 'surgery' are handed over to the quack and the eunuch and her companions are asked to leave as quickly as possible. There is no documentation of this procedure and no records are ever kept by anyone. This is done in order to ensure that if there are any complications after the procedure, the quack does not have to face the repercussions. Before leaving, the quack also hands over some oral painkillers to the eunuch's companions for use during their return journey.

As the anaesthesia wears off, the eunuch experiences immense pain. She has to travel back to her home town, in this case, Bhopal. The wound is raw and chafes constantly and severely with each step. She has to constantly lean on her companions for support, who have to almost carry her throughout the journey. The blood loss also makes her severely anaemic and she loses consciousness more than once.

Normally, a person could be brought back to his home quickly by air but eunuchs cannot fly, since they cannot afford it and also because they cannot clear security at airports. In this case, the only option for them is to travel by land and that too by train, since road travel in India is fraught with numerous jerks due to the condition of the roads and this entails the danger of the wound opening up afresh.

The method normally employed by eunuchs while travelling back to their homes is to dress the castrated eunuch in a *burqa* (black gown and veil covering the face worn by Muslim women) and travel in the general compartment of the train reserved for ladies. Once inside, they create a ruckus and make a nuisance of themselves, forcing women to vacate some seats, so that they can occupy them. No ticket checker dares to ask eunuchs for tickets and the eunuchs travel unmolested to their home.

She is made as comfortable as possible, antiseptic is applied to the wound and her bandages are changed regularly. However, the general lack of hygiene makes castrated eunuchs prone to various viral and bacterial

infections of the urinary system, which may cause grave complications like blockage of the urinary tract and infections in the pelvic region. In such cases, they take antibiotics and analgesics for the treatment of infection and reduction of pain. Sometimes, a second surgery is required to adjust the mutilated skin parts. There is not much that eunuchs can do in a life threatening situation, since it largely goes unnoticed.

Eunuchs rarely visit speciality hospitals, due to illiteracy and poor financial condition. For them, these complications are '*Allah ki marji*' (God's will) and as they say, 'they die a slow death every day and every moment and if one of them actually dies, they don't feel sad about her', though they may mourn her for a few days. Despite this, the quack in Kadapa claims that out of the eighty-seven odd persons that he has castrated so far, only one 'patient' developed serious infection, which lasted for two months and there have not been any fatalities.

In the case of surgery being carried out by qualified surgeons under proper conditions, the risks following such major surgery, viz. infection, trauma etc are reduced. These quacks are neither qualified nor experienced healers but they have demonstrated expertise in a specific type of surgery, i.e. *nirvana*. The results of their operations are always good but the fear of the illegality of the operation reduces the level of care afforded to the patient. It is generally felt that such surgery by quacks recommended by senior *gurus* should be legalised or be performed at government run hospitals at subsidised rates.

**Eunuch Genital Area Post-*Nirvana*
(after removal of penis and scrotum)**



**Eunuch Genital Area Post-Nirvana
(after removal of penis and scrotum)**





A *nirvanee* getting ready for 40th day ritual celebration



A eunuch before and after *nirvana*



The 'clinic' for *nirvana* consultation in Kadapa



The author at Kadapa railway station to document *nirvana*

Forty Day Ritual and *Pooja* Ceremony

The arrival of the castrated eunuch and her companions at their home heralds the beginning of the forty days ritual, culminating in the *pooja* ceremony. The eunuch is confined to a secluded area. She is not allowed to meet any outsiders. All her needs are catered to by her companions.

During this period, another eunuch who has undergone *nirvana* is in attendance on her. Only this eunuch is allowed to come into physical contact with her and assist her with her daily tasks like taking a bath, cleaning the wound and dressing it, nursing her etc. Even if she needs to visit the toilet, which is normally located outside the house, she is taken in a *burqa*, accompanied by an attendant. This is ensured in order to prevent the castrated eunuch getting infected by others – since the wound is still not healed, the lesser the number of people coming into contact with the eunuch, the lesser her chance of picking up a stray infection in her weakened state. The wound is cleaned on a daily basis with antiseptic and dressed afresh.

She is fed a high calorie diet, comprising of *roti* with *ghee*, protein rich food like meat, *paya* soup, pulses etc. Spicy food, which may cause irritation of the wound is avoided during this period. On the 21st day, all facial hair is removed using a plucker. Eunuchs maintain that after this, facial hair does not grow back and takes on a feminine countenance. On the 39th day, massive preparations begin for the celebratory feast. About a thousand people, only eunuchs, are invited to a non-

vegetarian feast comprising of *dal gosht* (mutton cooked with lentils) or *biryani* to be held on the evening of 41st day. A tent is erected in open grounds near the home of the eunuch. This is elaborately decorated with flowers, garlands etc, just like for an Indian wedding ceremony. While the meat is prepared, dry fruits of many types, such as cashewnuts, almonds, raisins, walnuts etc (at least 1.25 kg of each variety) are also kept ready for use during the *pooja*.

The event is marked by singing and dancing throughout the day. Early in the evening, the ritual commences with the application of henna on the eunuch's palms and feet. This is followed a couple of hours later by the application of turmeric paste to the castrated eunuch's body. She is undressed and the *guru* applies thick turmeric paste, first to the groin and then the rest of her body. Afterwards, other eunuchs take turns in applying the turmeric paste to the eunuch's body.

Then, she is given the ritual bath. The *guru* offers the eunuch a green sari and green bangles. The eunuch dresses in this green sari, wears the green bangles and applies make-up. She wears a *mangalsutra* given to her by her *guru* and applies *sindoor* to her forehead in order to denote the bond between her and her *guru*, who assumes the role of her protector (just like a husband). Subsequently, the eunuch is escorted to the decorated tent by the *guru* and the others. A photograph of Bahuchara *Mata* is kept in the centre of the tent, next to a *kalash* filled with milk and other offerings. A lighted oil lamp is kept on this *kalash*, as a mark of devotion to Bahuchara *Mata*. This lamp

is symbolic of piety and devotion, similar to candles in churches. Upon reaching the tent, everyone offers prayers. Flowers, fruits and dry fruits are offered to the deity.

All the assembled eunuchs congratulate the *nirvanee* (eunuchs who have undergone *nirvana*) and bless her. The *nirvanee* is bestowed with gifts (cash or kind) by the invitees, who then proceed to feast on the *dal gosht* and *biryani*. This is accompanied by more loud singing and dancing by all those assembled that lasts till midnight or even later.

Well past midnight, at about 2 – 3 am, the *nirvanee* lifts the *kalash*, along with the lamp on her head and proceeds in a group to the nearest large water body (lake, river or sea), surrounded by her *guru* and other members of her band. Once the party reaches the water, the *kalash* is set down on the ground and prayers are offered, while its contents are poured into the water. The *nirvanee* seeks blessings and recites a prayer, which means “Just as no rock can obstruct your water, which flows unrestricted, let my urine pass unhindered while I am alive.”

When the prayer is concluded, the *nirvanee* proceeds to a nearby small banyan or *pipal* plant that has been procured by her fellow members and planted in the vicinity earlier. There, she lifts her sari, so that her head and face are covered by it and urinates on the plant. Eunuchs believe that if the plant subsequently withers and dies, the *nirvanee* will be blessed with a happy life, free from troubles and worries later on.

The party returns home by about 4 am. The *nirvanee* thanks the other *nirvanee* who has taken care of her during the past forty days and seeks her blessings for a happy life. She also offers her gifts in cash or kind (gold ornaments), amounting to about Rs 2,000 – 5,000.

The morning of the next day heralds a new life for the *nirvanee*. She is no longer an ‘*akwa*’ but a respected member of her community and takes her place in the hierarchy. Undergoing the procedure has greatly boosted her self-image. She has lost a lot of her bodily hair and acquired feminine curves during this period and she feels imbued with a feminine glow, giving her the confidence to be invited for functions by regular people on a priority basis.

Legality of Nirvana

The *nirvana* procedure, though desired by all eunuchs, is not legal in the country. It is primarily done in three locations in India, viz. Saudathi, Mehsana and Kadapa. Kadapa accounts for the majority of *nirvana* procedures. However, some eunuchs go to Bahuchara *Mata* temple in Mehsana, Gujarat for this ritual, since it is considered to be an auspicious place.

Nirvana or castration as such is not mentioned in the IPC but it is covered under various sections of the law. The closest term mentioned is ‘emasculatation’ under Section 320, Indian Penal Code.

Section 320

The following kinds of hurt, inter alia, are designated as “grievous”:

First - Emasculation.

Fourth - Privation of any member or joint.

Fifth - Destruction or permanent impairing of the powers of any member or joint.

Eighth - Any hurt which endangers life or which causes the sufferer to be during the space of twenty days in severe bodily pain or unable to follow his ordinary pursuits.

Section 326

Whoever (except Section 335 – grave and sudden provocation) voluntarily causes grievous hurt by means of any instrument for stabbing or cutting shall be punished with imprisonment for life or for ten years and shall also be liable to fine.

Section 87

It proceeds upon the basis of '*Volenti non fit injuria*': he who consents, cannot complain. This rule is founded upon two simple propositions, viz, - (1) that every person is the best judge of his own interest; and (2) that no man will consent to what he thinks is harmful to himself. It is to be remembered that the section does not permit a man to give his consent to anything likely to cause his own death or grievous hurt.

Section 88

An act is not an offence if it is not intended or known to be likely to cause death, which causes any harm to a person for whose benefit is done in good faith with his (express or implied) consent to suffer it.

Illustration: A surgeon, knowing that a particular operation is likely to cause the death of Z, who suffers from a painful complaint but not intending to cause Z's death and intending in good faith, Z's benefit, performs that operation on Z with Z's consent. The surgeon has committed no offence.

Scope – This section protects surgeons and surgical operations. Quacks are not protected by this section, as they cannot be said to act in good faith, which is a requisite of this section. Also, the consent clause may not be applicable in this case, since the purpose of the operation is not to save life.

Section 322

Whoever voluntarily causes hurt, if the hurt which he intends to cause or knows himself to be likely to cause is grievous hurt and if the hurt which he causes is grievous hurt, is said "voluntarily to cause grievous hurt".

Section 109

Abetment – Whoever abets any offence shall, if the act abetted is committed in consequence of the abetment and no express provision is made by this Code for the punishment of such abetment, be punished with the punishment provided for the offence. As *nirvana* is not legal, qualified surgeons do not perform this surgery, unless it is mandated due to medical reasons. Hence, eunuchs need to resort to quacks, who act in violation of all the Sections of IPC mentioned above. Therefore, all such surgeries are done in a clandestine manner and nobody comes to know of it.

Cremation And Burial

Having accepted the harsh life of a third gender as their fate, many not having great ambitions or big dreams, the lives of eunuchs do not suffer from the stress of careers, rearing children and other duties that are the norm in a regular human's life. They normally lead healthier lives than gendered people. Most of them are physically fit, the reason being they need to walk a lot to earn a livelihood.

Though they are not immune to diseases, recovery is faster, their response to treatment being quicker. Eventually, death overcomes them, just like the rest of us. The last rites are carried out in the normal way. Not many of us have witnessed the death of a eunuch. Death being a sombre affair, hence burial or cremation takes place without any fanfare. Developing filial and social relationships that cause bereavement on one's demise is limited to very few, due to the isolation this breed confines itself into.

Premonition of Death

Eunuch *gurus* are supposedly clairvoyant. It is said that they can foretell events. They can see their sins and also activities of disciples etc. Disciples are afraid that their clandestine plans would get known to their *gurus*, even without their disclosing them. It is believed that

Jamila was an eighty-eight year old eunuch from Jodhpur. When she felt that the end was near, she called all of her close friends and relatives. Upon their arrival, she asked for a cot and told the assembled people to be ready to transport her to the crematorium. She passed away peacefully within a couple of minutes.

they can even foresee their death. This ability to foresee their death is believed to be present only in born eunuchs.

When a eunuch comes to know about her death, she will not go out anywhere but will sit in a corner of the house without consuming any food or tea and surviving only on water, similar to birds and beasts. She immerses herself in prayer. In fact it is the best way to welcome a painless death. Other eunuchs start praying, ask for the blessings of the dying eunuch and beg for her forgiveness, in the knowledge that she is soon going to travel to the other world. Occasionally, their fellow beings inform other acquaintances about her being on the deathbed. Many eunuchs from different parts of the country come to take blessings, as dying eunuchs are considered godly and imbued with divine powers. Those who want to visit but cannot due to some reason, i.e. old age, sickness etc think of the dying eunuch and seek her blessings. Others pray for the soul. Amidst such surroundings, the dying eunuch peacefully travels to the other world, a belief subscribed to by most Indians. After her soul departs the body's last rites are carried out.

Disposal of Corpses

About 4000 years ago, in the Indian subcontinent, human bodies were exposed to the elements of nature or birds, buried in earth, rivers and occasionally in a cave or an urn. Centuries later, cremation became the favoured mode of disposal of dead bodies, with certain exceptions - bodies of infants, *yogis*, *sadhus* and a few others. According to Hindu customs, the body of a child under 28 months is buried and not cremated. Among some Hindu castes, bodies of children up to the age of 3 years are buried. The mortal remains of *sanyasis* are buried even now and sometimes, a temple is constructed in their name at that place.

Throughout the recorded history of humans, the most favoured methods for the disposal of dead bodies have been:

1. *Bhoo Samadhi* (underground burial)
2. *Jala Samadhi* (water burial)
3. *Agni Dah* (cremation) or *Agni Samadhi*

Apart from the above, consumption of the body by vultures and other birds or beasts, preservation in caves and mummification were also in use in ancient times.

Cremation became popular due to the notion that the soul cannot enter a new body until its former has been completely disposed of and cremation was considered to be the fastest way to expeditiously dispose of the dead bodies.

Performance of Death Rituals

Hindu

Upon hearing of the death of a eunuch, her eunuch friends gather. They inform other eunuchs, relatives (if available), friends and neighbours who have been close to the deceased. The group members also inform the crematorium authorities, who are requested not to disclose the death of the eunuch. Though most Hindu eunuchs are poor, they all contribute for these funeral requirements. The last rites are performed in a simple manner. Her body is ceremonially bathed and wrapped in clean, mostly white cloth. Jewellery, such as wristwatches and rings, is removed before cremation.

Similar to gendered Hindus in India, Hindu eunuchs too are cremated in open grounds upon wooden pyres. To kindle the fire quickly, resin, *loban*, *ghee* or oil is sprinkled over the wood logs and in some cases, they use kerosene and old rubber tyres as well. This is to facilitate the burning of the pyre during the monsoon or when the logs have high moisture content. Water from either the Ganga or from any other holy river is poured into the mouth of the deceased. Before cremation, any strings etc that tie the body are removed, symbolising the severance of all ties of the deceased with this world. The body is to be set alight by the male blood relative of the deceased, if present or the senior most member of the band.

Once the skull of the dead body bursts (usually an hour after lighting the pyre), the attendant people face the pyre and join hands in prayer, after which they return home.

This practice of cremation is universal among Hindu eunuchs. Contrary to popular belief, Hindu eunuchs are never buried but invariably cremated.

Muslim

Upon death, eunuchs from the neighbourhood areas assemble and visit the place to see the dead eunuch. If the dead eunuch is a *guru*, the eunuch next to her in seniority in the home bears the responsibility of performing all the rituals at home. Generally, everybody comes with garlands, flowers, *agarbattis*, *loban* or whatever they desire to offer.

Burial rituals should normally take place as soon as possible and this includes:

- Bathing the dead body.
- Enshrouding dead body in a white cotton cloth.
- Funeral prayer or *fatiha* before burial of the dead body in a grave, and
- Positioning the deceased so that the head faces towards the Ka'aba (Makkah Al-Mukarramah).

a) Bathing the Deceased Eunuch

The corpse is bathed, the purpose is to physically cleanse the corpse. The exact manner varies and may be different in method, style and accessories used for bathing the corpse. However, it is an essential ritual and the body is washed and a cloth is put on top of it. The water is then poured over the body with the cloth on the body. The genital area should be covered at all times. This is done to respect the dignity and privacy of the deceased. The “washers” are commonly the eunuchs and immediate

family members. In the case of violent death or accident where the deceased has suffered trauma or mutilation, morgue facilities accommodate this practice and mend or pack the body in a shroud.

b) Enshrouding the Deceased Eunuch

The corpse is typically wrapped in a simple plain cloth, the *kafan*. It is generally preferred to use white cotton cloth to serve as the shroud. Some perfume may be applied to the cloth as well.

Subsequent to the above, the body is handed over to the local mosque authorities, who are responsible for completing the process of burial.

Since women are not allowed to participate in the burial procession, eunuchs, who are considered akin to women, cannot accompany the procession either.



c) Funeral prayer

The fellow members of the community gather to offer their collective prayers for the forgiveness of the dead and it is obligatory for every Muslim adult male to recite the funeral prayer upon the death of any Muslim but when *janazah* is carried by only a few bearers, the ritual suffices to fulfil that obligation for all concerned.

d) Burial

The deceased eunuch is then taken for burial (*al-dafin*). Ideally, the grave itself should be aligned towards the Qibla (i.e. facing Ka'aba). The body is placed in an open grave without a casket, with the head pointing towards the Ka'aba.

Grave markers may be raised only up to a maximum of 12 inches (30 cm) above the ground.

Three fist-sized lumps of hand-packed soil (prepared beforehand by the gravediggers) are used as props, one under the head, one under the chin and one under the shoulder. Those present pour three handfuls of soil into the grave while reciting a Quranic verse in Arabic:

“Inna lillahi wa inna ilayhi raji’un.”

It means – Surely we belong to *Allah* and to Him shall we return.

More prayers are then said, asking for forgiveness of the deceased and reminding the dead of their profession of faith.

The corpse is then buried by the gravediggers, who may stamp or pat down the grave to shape. After the burial, those who have gathered to pay their respects to the dead eunuch collectively pray for the forgiveness of the dead. This prayer is the last formal collective prayer for the dead. In some cases, flowers and perfumed rose water are scattered upon the grave as the last action prior to leaving the grave.

e) Mourning

Beloved ones and relatives are to observe a three day mourning period. Mourning is observed by increased devotion, receiving visitors and condolences at the *guru's* home.

Eunuchs do not take photographs of the deceased or the funeral procession nor allow anyone else to do so, since it is prohibited.

Christian

Christian eunuchs are mainly found in Tamil Nadu, Andhra Pradesh and Kerala. Upon the death of a Catholic eunuch, various religious observances surrounding the mortal remains are observed as per the Catholic tradition.

The group members inform the family members about the death of the eunuch and obtain their oral consent about the burial location. They ascertain whether to perform the burial at the village of the dead or the place where she was resident at the time of her death.

a) Conveyance of the body to the church

Before the coffin is removed from the house of *guru* it is sprinkled with the holy water. Then the procession sets out for the church. The cross-bearer goes first, followed by members of the clergy carrying lighted candles. The priest walks immediately before the coffin and the friends of the deceased and others walk behind it. The feet are to be turned towards the altar.

A rule also exists that both before the altar and in the grave, the feet of all Christians should be pointed to the East. “A man ought so to be buried”, he says, “that while his head lies to the West his feet are turned to the East...” The second stage is a cycle of prayers, the funeral Mass and absolution.



A Catholic graveyard

b) Mass for the Dead

As in the case of the Office, the *Missa de Requie* (Mass for the Dead) is chiefly distinguished from ordinary Masses by certain omissions. Some of these may be due to the fact that this Mass was formerly regarded as supplementary to the Mass of the day. In other cases it preserves the tradition of a more primitive age.

During the Mass it is customary to distribute candles to the congregation. These are to be lit during the Gospel, during the latter part of the Holy Sacrifice from the Elevation to the Communion and during the absolution which follows the Mass.

c) Ceremony by the graveside

After the absolution, the body is carried to the grave. The tomb or burial plot is then blessed, if it has not been blessed previously. A grave newly dug in an already consecrated cemetery is considered blessed and requires no further consecration. However, a mausoleum erected above ground or even a brick chamber beneath the surface is required to be blessed when used for the first time. This blessing is short and consists only of a single prayer after which the body is again sprinkled with holy water and incensed. The priest intones the antiphon, "I am the Resurrection and the Life", after which the coffin is lowered into the grave and is again sprinkled with holy water.

At the end of the funeral service, the spiritual father of the deceased reads the Prayer of Absolution, which is printed on a separate piece of paper. After the prayer, he rolls the paper up and places it in the deceased's hand.

d) Last Kiss

Symbolic farewell is taken of the deceased by a 'last kiss', during which the friends and relatives of deceased eunuch come forward and give a last kiss of peace to the departed.

e) Memory Eternal

After the last kiss, the choir chants, 'Memory Eternal' three times, to a slow and solemn melody. If the deceased has a shroud, it is pulled over the face of the deceased.

Finally, the coffin is closed. In some traditions, the priest will sprinkle a little earth on the remains, in the shape of a cross, before closing the coffin.

f) Mourning period

In the light of the Resurrection, the death of a believer is not considered to be a tragedy but a triumph. The traditional mourning period of Orthodox Christians lasts for forty days. During this period memorial services are served to pray for the repose of the soul of the deceased and to comfort their loved ones. During this period, certain days are considered to have special significance: the third day (on which the funeral is usually held), the ninth day and the fortieth day. Of these three days, the fortieth is the most important, because it is believed that on that day the soul undergoes the Particular Judgment, which will determine where the soul will remain until its reunification with the glorified body at the Second Coming.

A noteworthy event of the funeral is that all the dead eunuch's group members and close relatives stand together in a row at the graveyard and rest of the assembled people walk past them, giving their condolences. The eunuch's group members and relatives respond with thanks to these.

Orphans

In the case of eunuch orphans, as the real parents or relatives are not known by the church, his godparents and proxy parents (If they are alive) have to complete all the formalities. The last rites of the deceased orphan

eunuch is carried out in a simple way. A simple white shroud is put on the body and she is buried in an inexpensive coffin. Only around twenty to thirty persons are present. In some cases, the church does not charge for offering mass and even provides a free gravesite etc. If an outsider wishes to donate for any reason, such as charges for the shroud, coffin, grave digging, mass, lighting candles, offering tea/coffee after burial etc, the eunuchs welcome it. Many people are keen to avail of this privilege, since they believe that eunuchs are God's special creation, a gift to their sinful lives.

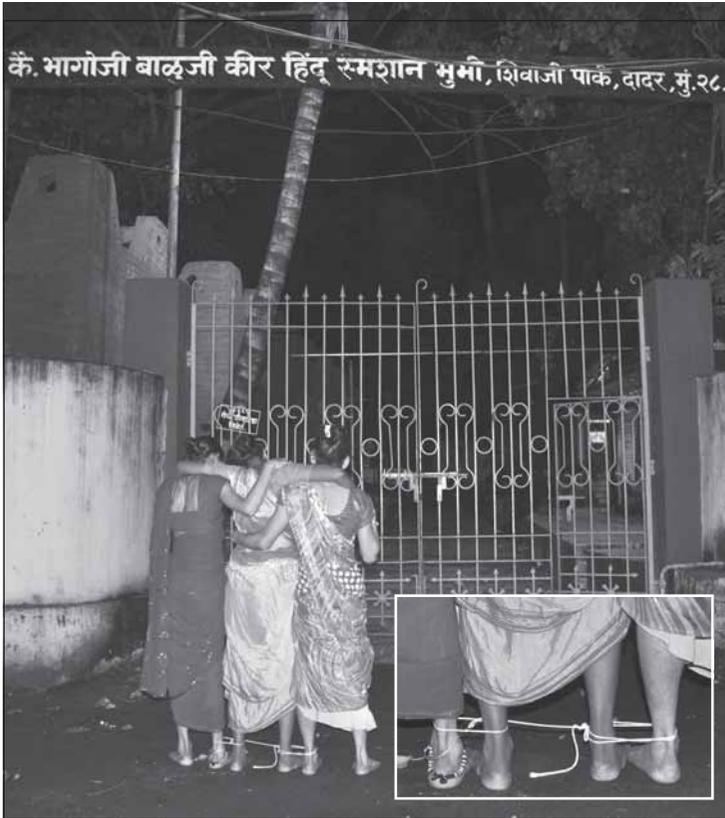
Some Uncommon Practices

Eunuchs normally observe the local custom for disposal of corpses. Thus, in some parts of the country, in keeping with local customs, the last rites are performed in singular fashion.

In case of a Hindu eunuch, two eunuchs tie leather belts, so that one leg of each person is tied to one of the dead eunuch in a standing posture. They are helped by two more eunuchs to hold the dead body. The belted eunuchs hold the hands of the dead body very firmly on their shoulders, standing on either side.

Then they walk with the body of the dead eunuch slowly to the crematorium where it is to be put on the pyre. There, they remove the belts and lay down the body on the pyre with the help of others. In the case of Muslim eunuchs, the corpse is buried in a standing position.

When a eunuch has cheated her *guru* and/or friends, earned income through illegal or forbidden means or



Walking the dead eunuch to the crematorium

on occasion, to denote the severance of all material attachments, the body of the dead eunuch is beaten with sandals and slippers by other eunuchs. This rite may last for up to five minutes.

The death of such a eunuch is mourned by others by beating their chests but they do not fast and eat food as usual.

However, the above practices could not be ascertained.

Eunuchs on Death of Common People

Eunuchs do not attend the death rituals of non-eunuchs at a crematorium or graveyard, since it is against their tradition. However, they may visit the home of the deceased, before the corpse is taken away for cremation/burial. They give condolences to the family members of the dead person. Taking money or drinking water from the house of the dead person is prohibited. This restriction continues for fourteen days after death of the person. This practice is generally followed by Muslim and Hindu eunuchs. Christian eunuchs can attend the death of gendered friends and relatives. However, even they normally avoid going to the cemetery or graveyard.

Common People on Death of Eunuchs

Not too long ago, blood relatives of the eunuchs were not permitted to see the dead body because the deceased had left the family of her blood relatives and belonged to the family of the eunuchs. Nowadays, eunuchs commonly remain in touch with their blood relatives e.g. parents, brothers, sisters and others who wish to see them during the last stages and at death. These people can visit the dead eunuch at her home, before the body is carried to the graveyard/cemetery. Here they can pay their last respects.

However, unrelated people are generally not allowed to accompany the funeral procession or last rites of a eunuch. It is erroneously believed that if a non-eunuch sees the face of a dead eunuch, then that person is blessed with fame, fortune and good health.

16

Astrology Birth Chart Of A Eunuch

Astrology is an occult and supernatural science. The Sun, Moon, Mercury, Venus, Mars, Jupiter, Saturn, Uranus, Neptune, Pluto, Rahu, Ketu and Chiron constantly emit rays. These rays combine with the rays of the cosmos and at a particular location, jointly write the future of the newborn child in its most nascent form. The whole world is run according to a well defined plan. The divine plan is well arranged. It is timed with amazing precision. Nothing happens by chance - even the birth of a eunuch.

Birth Stars Causing Gender Loss

Our zodiac has 12 solar mansions, of which odd signs Aries ♈, Gemini ♊, Leo ♌, Libra ♎, Sagittarius ♐ and Aquarius ♒ are male signs and Taurus ♉, Cancer ♋, Virgo ♍, Scorpio ♏, Capricorn ♐ and Pisces ♓ are female ones. Sun, Mars and Jupiter are male planets while Moon, Venus, Mercury and Saturn are female. Mercury has hermaphroditic tendencies.

Two common signs ruled by Mercury, i.e. Gemini and Virgo, the other two ruled by Jupiter, i.e. Sagittarius and Pisces, as well as constellations ruled by Mercury,

i.e. Ashlesha, Jyeshtha and Rewati have common gender tendencies.

Ardhanarishvara exists even today, as our bodies, sometimes expressing primitive genetic behavior by giving birth to a transgender, i.e. a child with incomplete male and female sex organs.

Moon in ascendant in common signs, with Saturn and ill aspect on Mercury by Mars may produce eunuchs. Gemini and Sagittarius produce she-males with male behaviour and Virgo and Pisces produce she-males with female behaviour.

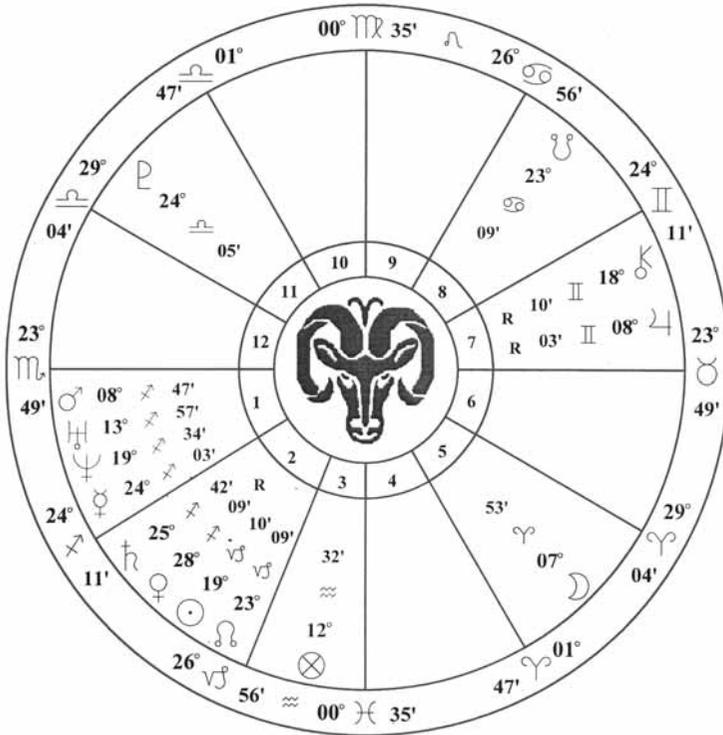
When Libra and Scorpio signs or Venus and Saturn are afflicted in IV or VII house, it may be in the form of both being retrograde, ill-positioned or having ill aspect from Mars, Rahu, Ketu and Neptune. They affect the proper development of male or female organs and as such, the body lacks organs developed due to male/female hormones. This lack of proper internal and external sex organs leads to the birth of a eunuch.

In such cases, affliction to Venus, Moon, Mercury and Saturn, along with Venus/Moon dominance, produces female eunuchs, whereas above affliction with Mars/Sun dominance produces male eunuchs.

Not all eunuchs are subjected to castration, as some may not need to be. Some are subjected to castration when their Mars is heavily afflicted with Saturn and/or Ketu.

Natal Chart of a Eunuch

Born February 2, 1990, Mumbai



Zodiac signs Gemini and Sagittarius pass through our own star-studded stormy galaxy. If planets fall there, the person is destined to a stormy and hectic life. If these planets are evil / retrograde or have bad association, series of negative events are in store for that person. If it is luminary i.e. Sun-Moon, eye-trouble is sure to come with fluctuating degree. Loss of vision due to some or other reasons is to be experienced. If planets of sex, emotions, male and female hormones, i.e. Mars or Venus are afflicted due to retrogradation,

association with Asteroid / Comet / Proto-Comet Chiron or Trans Saturnine planets Uranus, Neptune and Pluto, malady related to sex and sexual life is experienced. The degree of affliction / association determines the gravity of sexual capability from mild to extreme ones.

We analyse the nativity of a real eunuch here. She has hair all over her body, has a developed full-length penis with proper size testes. What lacks is erection and ejaculation. She has female behaviour instead and prefers to go with a male for a possible unnatural sex.

Her Moon is in Mars' sign where both are in trine, but Mars is conjoined with Uranus and Neptune making her prone to physiological and hormonal disturbances. Again, Moon is in Ketu's constellation Ashwini and Ketu on IX cusp in negative sign Cancer indicates curse of last birth from mother side.

Her chart clearly indicates the stellium in Sagittarius where Mars-Uranus-Neptune-Mercury-Saturn-Venus is in chain conjunction. Venus is retrograde and retrograde Jupiter - Chiron opposes the whole chain. All these 8 planets / pro-comet are posited in star-studded high action Milky Way. This may make her a celebrity. Mercury, Saturn and retrograde Venus conjunction opposed by retrograde Chiron made her a eunuch. Chiron's affliction amounts to the wound on the soul that never heals.

17

Eunuch's Life - Atonement For Past Life *Karma*?

'*Karma*' is an Indian religious concept where humans have free will to choose good or evil and suffer the consequences. It explains the occurrence of life events through a system where beneficial effects are derived from past beneficial actions and harmful effects from past harmful actions, creating a system of actions and reactions throughout a soul's reincarnated lives. The causality is said to be applicable not only to the material world but also to our thoughts, words, actions and actions that others do under our instructions.

A soul has the choice of being reincarnated into an appropriate body, so that previous *karmic* sins are atoned for and the soul can proceed along the path to salvation.

A person has to reap the fruits of one's personal *karma* and may need to undergo multiple births to be released from *karma*'s effects. This provides an explanation for why some people never get to see the fruits of their action in their lifetimes or why some children die at a very young age. The child's parents have to bear the trauma, which is a carryover from their previous lives.

Do past life actions or '*karma*', as Hindus say, cause a soul to take birth as a eunuch? The author has undergone PLR and also practices the same on others. He performed PLR on a few eunuchs to ascertain the causes, in the spiritual sense, for their births as eunuchs. A strong link between their births as eunuchs and their previous lives was found, based on the principles of PLR. The anecdotes that follow are the result of PLR done on eunuchs.

Past Life Regression (PLR) is a technique which takes an individual back through time to their previous lives by accessing normally hidden memories in the subconscious mind. It employs the use of hypnosis along with visualisation procedures similar to those used in some forms of meditation.

Past life regression is typically undertaken either in pursuit of a spiritual experience or for alleviation of chronic ailments or fears in a psychotherapeutic setting. The technique used during past life regression involves the subject answering a series of questions while hypnotised to reveal identity and events of past lives.

Saundarya's Testimony

Saundarya, true to her name, has been bestowed with ultimate beauty – a beautiful face with striking, sharp features that can make most others jealous. A trained dancer who gives dance tuitions to girls belonging to rich families of Hyderabad, the capital city of Andhra Pradesh, Saundarya hobnobs with the rich and the famous. However, Saundarya is not a normal woman.

Her beautiful face hides a terrible secret – the absence of a gender. She stays with her parents and a lot of men have a crush on her as they are not aware of her actual gender. She is a beautiful princess for them, as her parents haven't told anybody else about her actual gender or lack thereof. It was knowingly and tactically done so that their social status remained unscathed. In a way, life is beautiful for her. However, this idyllic existence is but a mirage, since she cannot lead a truly fulfilling life as a woman.

Saundarya's gender deprivation and pyrophobia made her very depressed and she decided to seek some answers to her condition. Not finding any among accepted norms of society or medicine, she decided to explore unconventional, yet effective solutions to her problems. In her quest, Saundarya decided to undergo PLR, which succeeded in uncovering the tragic story behind her reincarnation as a eunuch.

Under the influence of PLR, Saundarya started to relate her tale as Pandit Chandramohan. She assumed his identity and narrated the events of his life, as if she was Chandramohan himself. Her voice assumed a different tone and her expression changed to reflect her feelings in her assumed role. As per locations pointed out by Saundarya during PLR, Chandramohan was born, brought up and based in Kanha, about 100 km from Jabalpur in Madhya Pradesh. He was the son of a priest and had inherited the priesthood of the village temple from his father. "If there was anything in excess in those barren villages," Chandramohan said, "then they were snakes. These snakes outnumbered

humans residing in those villages. Every now and then, someone died due to snakebite.

My father, Pandit Suryamohan, built a '*Naga*' temple in the village with the help of the villagers and told them to worship *Naga Devta*, the king of snakes and pray to him to protect them. Then onwards, though snakes were still plentiful, no one died of snakebite. This irritated the evil spirits of the universe but since my father was a noble soul, they were unable to harm him. After my father's death, his legacy was carried on by me. Initially, I also performed my duties in earnest. As it is rightly said, it is very easy to corrupt, pollute and contaminate a young mind. At a young age, the evil spirits found a ripe time to undo the good deeds done by my father."

They sent an evil spirit to me in the guise of a young and beautiful lady. She was the most beautiful girl, I had ever seen. I was immediately tempted by her. Anyone else in my position would have also fallen prey to her charms and wiles. The temptation was so strong that I wanted to make that girl mine by marrying her through any means, fair or foul. I started making advances to her and she too responded as per the instructions of the evil spirits.

We started meeting everyday and night. In my lust for this woman, I stopped worshiping and sank to very low depths of morality. The evil forces were succeeding in their plans.

One night, *Naga Devta* appeared to me in a dream and warned me of the consequences of evil actions

and not performing my duties properly. However, I was so consumed by my desire for this girl that I did not pay any heed to this warning. In time, the villagers came to know of my illicit relationship and whispered amongst themselves. Love is not only blind but also deaf. I did not care for these murmurs of disapproval of the village folks either.

Finally, the worst happened as expected. One night, the village was hit by a violent storm. Thunder and lightning raged and crackled throughout the night and the villagers feared for their lives. Unaware of all this, I was engaged in my lustful activities with my paramour in a nearby hut. Next morning, they found the temple lying in ruins, while the revered idol of *Naga Devta* had disappeared. The villagers were devastated and were terrified of the future. Now, once again they would have to bear the brunt of the snake menace. Pointing towards my hut, someone shouted, 'Look at this evil son of a godly man! He has spoiled the name of his noble father. Let us kill him.'

The villagers cursed me to the high heavens, saying that in my next birth, I would be deprived of the ability to have sex, which was the very cause of my and the villagers' downfall. Before my beloved and I could do anything to protect ourselves, the villagers burned down our hut and both of us died amongst the flames.

I am still repenting for the mistakes done by me but don't know how to correct them," said Saundarya. It was clear that she was suffering from the curse of her

previous life. Saundarya realised the cause of her gender deprivation and pyrophobia.

The session made her realise that she had atoned for her sins in her present life by being born as a eunuch and that she would be rid of her problems in her next birth. As she realised the cause of her condition and came to terms with her situation due to the PLR, Saundarya has adjusted to her condition and feels much better.

Pinky's Testimony

Pinky aged 30 years, is a resident of Paud Road, Pune. She is a eunuch who solicits male clients in order to seek pleasure as well as earn money. However, Pinky regrets not being able to have a family like a normal woman and often wonders about why she has been singled out for punishment by God. Pinky agreed to undergo PLR and gave out some shocking details of her previous life incidents, which culminated in her birth as a eunuch.

Pinky's narration is briefly as follows:

"I am Indrayani, the princess of a small kingdom of Pratapgarh in modern day Uttar Pradesh. I have just attained 18 years of age and started to experience my sexuality. Just like other girls of my age, I keep dreaming of a princely figure, who makes passionate love to me.

I see myself in a dense forest. It is early in the morning and dewdrops are still fresh on the flowers. I am wandering lustily in the forest. Oh! Here comes a

young lad, about 20 years of age and very much like the guy I always dream of! He is very robust and has divine features. He is Rana, a strapping young soldier in the army. His father works as a charioteer to my father. He approaches me and holds my hands. I am so mesmerised by his charm that I accompany him without any hesitation.

We sit below a tree in the dense forest. He is seducing me. He kisses and hugs me. I am happy and like his advances. I feel my dreams coming true.

Alas, there is some interruption! A strange noise is coming from the bushes around us. We can hear someone approaching and wait for a moment until the passersby depart. He approaches me again and we make passionate love. I have done it for the first time and enjoyed the act. I have no remorse. We part ways and I depart for home. On my way, I come upon a pond. There are many birds, pigeons and peacocks around me. They are splashing about in the water and spraying water droplets on each other. I also feel like a free bird today. I play with them, take a bath in the pond and dry my hair.”

At this point, the story seemed quite flimsy. As her sexual orientation was quite evident, it was thought that her oppressed feelings were coming out during the trance and that she was living out her fantasies. It was felt that the PLR session would not be of much use. Just as she was being brought out of her trance, she started describing her life in a palace.

“It is a palace, huge and surrounded by acres of green lawns. Some ceremonial function is going on in the palace. Many people are having dinner and courtesans are dancing in the courtyard of the palace. I am not interested in the dance and move away. I am waiting for somebody. Lo and behold, here he comes! He is the same boy Rana, the prince of my dreams, who I had met in the forest and made love to. I feel happy to see him but unlike our passionate meeting in the forest, I do not have the courage to go with him or greet him.

As time passes, my fondness towards Rana grows. In the absence of others, I have started meeting him inside the palace as well. However, my love for Rana does not remain hidden for long. People residing in the palace have started whispering about this out-of-caste love affair. This love affair between a princess and a soldier may not gain acceptance but it fascinates one and all. Very soon, these whispers come out of the palace and start poisoning the ears of the whole kingdom. It becomes the talk of the town. People have started maligning me. My father, who is not in good health, hears about this and immediately plans my wedding with prince Narendra Dev, the prince of Rampur, the neighbouring kingdom. I do not like him. It is Rana who is always in my mind and with whom I want to get married. Very soon, prince Narendra Dev also comes to know the facts.

Narendra Dev cooks up a plan with the help of my ailing father. He is a good horse rider. My father invites Rana and Narendra Dev. He stages a competition to bring a black coloured rose from a neighbouring hill. He who brings the flower first will get my hand in marriage. I

know that it is a trap for Rana but I am also confident that he will do anything for my love. He brings the flower first and gives it to me.

My father's conspiracy has failed. However, that does not prevent Narendra Dev from carrying out his nefarious intentions. He wants to take me by force. However, Rana accompanied by his loyal friends, is already there and ready to face him. An unexpected battle starts at midnight. Shocked, I can only cry out and ask myself, 'What is wrong with falling in love?' Both groups are prepared to fight the battle to the finish. About 500 persons have died, leaving an equal number grievously injured.

Narendra Dev runs towards Rana, crossing everything in his path. Rana sees him and stabs him. Blood gushes out of Narendra Dev like a fountain, who dies soon thereafter. Seeking revenge, his soldiers attack Rana and pierce his chest with a javelin. Somebody hits me too and I lose consciousness. A while later, I come back to my senses and move towards Rana, who is gravely injured. Holding hands, we go to a nearby well. Our enemies are approaching us, so we jump into the well, still holding our hands tightly.

The traitors kill my entire family. There is chaos in the kingdom. What was once a happy kingdom is now transformed into anarchy. I am happy that I have honoured my love. 'What is wrong with falling in love', I keep asking myself." A glimpse of the solution showed itself but Pinky alias Indrayani still could not get the answer. She was asked to visit the scene of her death.

She continued her story, “People are crying. Many birds and animals flock to where I am being cremated because I loved animals and was loved by them in return.” Indrayani was still not getting the hint. Because of her love, a kingdom had come to ruin. Many people lost their lives and many families had been ruined. In her trance, she was guided to visit the mourning families who were cursing her.

Indrayani got the hint. She reached a family. “I am at the home of a soldier and close friend of Rana who has been killed in this battle. His mother is crying, ‘Go to hell, God will not have mercy on you. I have lost my only son, as have so many others. May you never bear a child. This is the curse of an old widow – who has lost her sole support at the altar of your illicit love.’ I can see the result of my actions now.” Things were becoming clearer to Indrayani. A newly wed young girl had lost her husband. She cursed Indrayani that she would not get a husband nor be able to make love in her next life.

Moving around, she saw many such bereaved families who were cursing her. Finally, light dawned on Pinky alias Indrayani. She asked me again, “What is wrong with falling in love?” But she already had her answer. Pinky’s PLR was over.

The author explained the answer to her problem – “Pinky, there is nothing wrong with falling in love. But life carries certain responsibilities. You were the princess. You could have sacrificed either your love or given up your kingdom. You could not have kept both, as you wanted to do. This was wrong. So in time, you

lost both. If you had renounced your kingdom in order to pursue your love, then there would have been no problem. Now go to the people who have suffered heavily due to your selfishness and apologise.”

Pinky was convinced. Later during the PLR session, she went to the people who had suffered heavily to apologise. The mother of the slain man and the widow of the newlywed young man slammed their doors in her face and refused to talk to her. Indrayani went from door to door but was turned away. She felt frustrated and realised the gravity of her fault. It was explained to her that people did not forgive her because her sins had wrought havoc and could not be forgiven easily. Pinky has now realised her mistake and repented for it. She is more relaxed now and feels much better in her present life.

As mentioned earlier, the misery and deprivation suffered by both Saundarya and Pinky in their present lives can be seen as a choice made by their souls to atone for the ‘misdeeds’ of their previous lives and progress on the path to salvation.

18

Advantages Of A Eunuch's Life

Every cloud has a silver lining. Beyond all adversity lies hope. It is said that 'When one door closes, another opens but often we look so long at the closed door that we do not see the one which has been opened for us.' Thus it is with eunuchs – though they suffer from extreme deprivation, Mother Nature has favoured them with a few bonuses, which are the result of their peculiar condition.

On the physical front, the lack of proper genitalia may be a deprivation for people like us but it has benefitted eunuchs in some way or the other. Generally, they do not suffer from either gynaecological problems like cysts, fibroids, cancer of the cervix or uterus etc or problems related to male genitalia like prostate cancer and enlargement, cancer of the testes etc. On an average, the life expectancy of a eunuch is around 14 years more than that of a normal person, all other things being equal.

Lord Krishna, in his religious discourse '*Bhagawad Gita*', has said:

अन्तवन्त इमे देहा नित्यस्योक्ताः शरीरिणः ।
अनशिनोऽप्रमेयस्य तस्माद्युध्यस्व भारत ॥18॥

The material body of the indestructible, immeasurable and eternal living entity is sure to come to an end; therefore, fight, O descendant of Bharata. (2.18)

य एनं वेत्ति हन्तारं यश्चैनं मन्यते हतम् ।
उभौ तौ न विजानीतो नायं हन्ति न हन्यते ॥19॥

Neither he who thinks the living entity the slayer nor he who thinks it slain is in knowledge, for the self neither slays not nor is slain. (2.19)

वासांसि जीर्णानि यथा विहाय ।
नवानि गृह्णाति नरोऽपराणि ।
तथा शरीराणि विहाय जिर्णा-
न्यन्यानि संयाति नवानि देही ॥22॥

As a person puts on new garments, giving up old ones, the soul similarly accepts new material bodies, giving up the old and useless ones. (2.22)

अव्यक्तोऽयमचिन्त्योऽयमविकार्योऽयमुच्यते ।
तस्मादेवं विदित्वैनं नानुशोचितुमर्हसि ॥25॥

It is said that the soul is invisible, inconceivable and immutable. Knowing this, you should not grieve for the body. (2.25)

Life is a journey; ultimately all souls will unite and merge into super consciousness. However, they have to follow a path by being reborn time and again and



Nisha suffered a double whammy - she lost a foot in addition to being born a eunuch. This added hardship has given her a headstart on the road to salvation.

doing *karma*. According to the theory of reincarnation, taking repeated births is necessary in order to attain the ultimate objective of salvation. The travails faced by an individual in his/her life are the result of choices made by the soul in its progress towards this objective. After death, the soul is present in a stage of existence between lives. This period is normally between five to ten years.

When the soul is ready to take birth in a new life, it is directed to select the modalities of existence in that life, such as parents, the joys and sorrows to be faced in that life and surroundings. Each soul is free to choose its fate in the next life, which includes fame and fortune, challenges of health and wealth, physical and/or mental disabilities, fear and phobia, career, business, job, love, loan, family problems, foreign travel and all such major issues of life.

These choices are embedded in the subconscious. The soul enters the selected womb around four months and four days after conception. The choices made by it before birth have to be followed during the course of its life. In the case of eunuchs, the soul chooses to become devoid of gender and bear the extreme physical and mental hardship associated with this deprivation.

While there may be seeming divergence on the issue of suffering, whether self-inflicted or otherwise, as interpreted by different faiths, there is some confluence of thought on the result of undergoing such tribulation on the emancipation of the soul. It is generally thought that the greater the quantum of such suffering, the greater the progress on the path to redemption.

The choice of undergoing *illat* (physical pain), *jillat* (humiliation) and *killat* (penury) offers an opportunity for the soul to cleanse itself of *sanskar* or the cumulative consciousness of actions (whether appropriate or otherwise) accumulated over many lifetimes. The purging effect of experiencing such deprivation results in liberating the soul from this accumulated 'baggage' and infusing the requisite impetus in its progress towards salvation.

All religions maintain that undergoing tribulations in life is essential for redemption. For example, Christians observe Lent while Muslims observe *Ramadan*, both periods of fasting (hence deprivation) as undergoing voluntary tribulations towards progressing on the path to salvation. This is congruent with the philosophy that the more the challenges in life, the closer the soul comes to *moksha* (salvation).

Karmic misdeeds in past lives have to be atoned for, before the soul can progress towards salvation. If the soul has chosen to be reincarnated in the body of a eunuch in this life, then due to the cumulative effect of so many hardships of stigma, ostracism, physical and

mental abuse, poverty, humiliation and others borne during this life, it triumphs over many challenges in one life and gets a head start, so to speak.

The most fundamental aspect of undergoing tribulations, in order to progress towards salvation, is the attribute of willingness or choice of the soul to undergo them. Souls have to incur such deprivation and torture out of choice for the cleansing effect to be applicable to such existence. Where such existence is accompanied by an externalisation of the issues, with the intent of affixing the blame to external factors or others, it cannot serve the intended purpose of self-realisation and the purge of the cumulative consciousness. When most normal people attribute their troubles to others and blame them for their hardship, their souls are not participatory to this act of voluntary denial of comfort and pleasure and thus, lose out on the expiatory benefits of the deprivation and cannot progress on the expected path to salvation.

Eunuchs accept their fate in life and do not ascribe their misery to others in society or even to the Almighty. They face their lot in life with stoic composure, perhaps realising at a subliminal level that in doing so, they are crossing that first barrier in the numerous hurdles that a soul has to face in the achievement of its final goal of salvation.

However, hardship alone does not make the road to salvation easy. The soul has to be virtuous and follow the path of righteousness. The following few dictums make the path of salvation easier:

Ahimsa (Non-violence) – Cause no harm to living beings. This is the fundamental principle, from which stem all other principles. It involves minimising intentional or unintentional harm to any other living creature. ‘Non-violence’ is sometimes interpreted as not killing but the concept goes far beyond that. It also includes not harming or insulting other living beings, either directly or even indirectly, through others, respecting the views of others (non-absolutism and acceptance of multiple views).

Satya (Truthfulness) – A person who speaks the truth becomes trustworthy like a mother, venerable like a preceptor and dear to everyone like a kinsman. Given that non-violence has priority, all other principles yield to it, whenever there is a conflict. For example, if speaking truth will lead to violence, it is ethical to be silent or even tell a lie.

Asteya (Non-stealing) – *Asteya*, ‘non-stealing’, is the strict adherence to one’s own possessions, without desire to take another’s. One should remain satisfied by whatever is earned through honest labour. Any attempt to squeeze material wealth from others and/or exploit the weak is considered theft. Some of the guidelines for this principle are:

- (1) Always give people fair value for labour or product.
- (2) Never take things which are not offered.
- (3) Never take things that are placed, dropped or forgotten by others.
- (4) Never purchase cheaper things if the price is the result of improper means (e.g. pyramid scheme, illegal business, stolen goods etc).

Brahmacharya (Celibacy) – Control the senses, including the mind from indulgence. The basic intent of this vow is to conquer passion and prevent the waste of energy. Through this vow, the householder must not have a sexual relationship with anybody other than one's spouse.

One of the primary urges of all living beings is the desire to procreate – hence, the primeval impulse for sexual pleasure. Living beings indulge in this act for the fulfilment of the deep seated desire to pass on or continue their characteristics to the next generation, thus ensuring the survival of their genes, as dictated by Mother Nature.

The preclusion of this act results in extreme deprivation of a fundamental nature. This voluntary sacrifice by the soul results in freedom from an elementary form of ties that bind the soul to the material world, enhancing its spirituality.

Where sex is indulged in by eunuchs, it is dictated by the necessities of survival rather than the desire to extend their lineage. The onus of bearing the depravity of sexual liaisons involving eunuchs is more the responsibility of 'normal' people, who are the perpetrators, rather than the eunuchs themselves, who are most likely the victims of such acts.

Aparigraha (Non-possession or non-materialism) – In order to absolve people of further sinful acts emanating from this desire to acquire and possess, religion propagates the dictum of non-possession. Maintain

detachment from people, places and material things. Mere ownership of an object itself is not possessiveness; however being attached to it is possessiveness. The notion of possession is illusory.

The reality of life is that change is constant. Thus, objects owned by someone today will be the property of someone else in the future. The householder is encouraged to discharge his or her duties to people and objects as a trustee, without excessive attachment or aversion. For monks and nuns, non-possession is complete renunciation of property and relations including home and family.

Inadvertently, eunuchs adhere to the same principles.

- At the emotional level, they are devoid of attachments. They do not have bonds of blood except with parents and siblings. Often, they have painful relationships with either one or both parents and siblings.
- They do not have attachment to property, never being allowed to harbour such ambitions on account of extreme social prejudices.
- They do not have feelings of lust either, since they are deprived of a clear gender. Thus, they follow the path of celibacy by default.

The initial stretch on the path to salvation has to be initiated and completed through self-realisation and correction. This helps the soul to imbibe the spirituality and consciousness necessary to embark upon the journey towards salvation and enables it to develop the requisite qualities for emancipation. Once this stage is completed, the final stretch of this arduous

journey can only be accomplished under the guidance of a suitable 'guru' or spiritual guide.

However, it is impossible for eunuchs to obtain the services of such *gurus* (not to be confused with the *gurus* of their bands) due to their marginalised existence on the fringes of society. Thus, they are restricted to experiencing religion at a basic level of ritualism and formalistic observance.

Structured, formal religion, steeped in rituals and adherence to mandated practices, is the first rung of the ladder of salvation. However, every soul has to pass through this before it can ascend to the higher levels of emancipation. By their adherence to the basic practices of religion, souls who have chosen the lives of eunuchs ascend this rung of the ladder and are subsequently ready to undertake the further steps necessary for their progress towards ultimate salvation.

Their future hopes do not go beyond their own selves. They have no children to feed and no reason to deviate from the path of non-possession and non-stealing. There may be some deviants on account of the surfeit of materialism around them but the majority of eunuchs follow the path of righteousness.

When there are no distractions of a life filled with artificial pleasures, then truth pervades the being. Their lives are a celebration of their spiritual journey towards salvation, though they may not consciously perceive it. This realisation usually dawns in a subsequent birth. They are set on a course and pursue it relentlessly.

One question remains – if being a eunuch is so rewarding, why did sages not desire a eunuch’s life, in order to proceed faster along the road to salvation? It is possible that their souls had already led previous lives as eunuchs and had been reincarnated as sages after progressing through that stage.

There is no evidence but it would appear that every soul needs to take at least one birth as a eunuch in its progress towards salvation. These deductions are based on the following observations:

The notion of possession originated in civilised history with the domestication of cattle, demarcation of boundaries for dwellings and storage of food/goods for future use. The recorded history of development of these traits is about 8,000-10,000 years. We may consider an average human lifespan to be about 40 years.¹ Then assuming a resting period of 5-10 years between lives, a soul on an average, has taken about 200 births, assuming that most of them have been as humans. The ratio of intersex population to the total population is 1.57 per thousand. It means that for every thousand births that a soul takes, it has to take 1.57 lives as a eunuch or once in about 600 lives.

We are still a few thousand years away from salvation. During the long trek on this path, though it may be the prerogative of the soul to select the type of trials that it

¹ It is only in modern times (post 20th century) that average lifespans have increased to their current levels. Prior to the advent of modern medicines and life support systems, the life expectancy was about the figure mentioned.

wishes to undergo during a particular lifetime and hence, the lessons that will be learned from that experience, it is nevertheless mandatory for the soul to undergo the cumulative experience of imbibing all the essential knowledge that is requisite for redemption. It is always easier and more enjoyable to experience pleasure and hence, probably more sought after during the initial phases of this long march of the soul.

However, along with repeated incarnations, resulting in the acquisition of more knowledge comes realisation of the fact that pleasure and pain are but two sides of the same coin and are inseparable. One cannot be experienced without the other following it. Thus, the lessons learned during a eunuch's lifetime are the complementary factor providing the necessary impetus for the journey of the soul and arguably, the more important since the experience is harder to assimilate. Perhaps, only when souls attain the necessary level of maturity are they presented with this rather singular opportunity to make the quantum leap in the journey towards the final goal.

19

True Life Stories

The birth of a eunuch child is a traumatic event, not only for the child but also for the parents. They have to deal with issues of social scorn, taunts and derision, while trying to come to terms with the fact that there are crucial and irreversible decisions that have to be made in respect of their child, sometimes at a stage when the child is too young to comprehend the ramifications and provide any meaningful informed inputs. Their happiness at being blessed with a child is often mixed with the sorrow of having to put the child through the misery of remedial measures and putting on a brave face.

The following narrations are factual events, as described by the people who have had the misfortune of having faced these issues, along with their explanation of how they dealt with such adversity.

A stepson is still a son but I was ...

Before saying something about myself, I would like to share a childhood memory with you. If you are a Bollywood fan, you must have seen in various movies step sons and step daughters being beaten by step mothers or being forced to go and seek alms. It was the year 1991 or 1992, cable TV had just arrived in India and I was watching a '*Ghar ho to aisa*' type movie

on TV along with my two siblings. The movie was a social family melodrama. During the show, I cried on many occasions when an innocent kid used to be beaten up by her stepmother, reminding me of my personal experience. After watching this movie, my innocent mind got this strong perception that if a kid is beaten up by his/her mother, then she must be the step mother, not the biological one.

After few days, my mother started beating me with a stick as usual. For the first time, I got angry of her and told her, "My mother must have died when I was born. You must be my stepmother, my father's second wife that's why you are beating me."

Today I realise that I was worse than a step son to my mother. A step son is still a son but I was neither a son nor a daughter. I was a born eunuch and a matter of eternal shame for her.

I was the younger of two brothers. My God fearing Brahmin parents wanted a daughter, Laxmi, in their family and what they got was a eunuch instead. I was an unwanted child for them. It was not possible for them to get rid of me, nor could they ever accept me. I was not allowed to attend school like my other siblings, given discarded clothes to wear and stale food to eat. There was not a single day when I was not beaten, either by my father or mother. This was routine for the first eight years. Then, I began to understand the difference of my sexuality as the neighbouring kids started mimicking me and calling me a '*hijra*'. Unable to bear the torture and humiliation, I left home one morning without saying

anything to my parents, never to return. For a week I survived by begging, till Sultana *Bua* came to my rescue.

It has been almost two decades since I left my home. Though I am happy with my fellow eunuchs, sometimes I feel sad thinking that my parents never tried to find me. If they had wanted to, they could have found me. Ever since I left my home, I have wanted to meet them, just to ask them if being born a eunuch was my fault.

- **Sarla**, 32 years
(Lahurabir, Varanasi 221001)

She must be a *chudail* ...

I am the mother of a 4 year old child with CAIS. Prior to the birth of my child, I had never heard of this condition. My first born was normal but the second was a girl with ambiguous female genitalia. Communicating with members of my family about this condition is almost like a taboo. My mother for instance is a very nice person but ignorance still claims the best part of her. I can remember once we were watching television and there was a program about a woman without a uterus, her exact words were 'she must be a *chudail*, of devilish origin'. Currently, she looks after my AIS girl and she loves her very much. On occasions she has asked, what's this 'bump' on her vagina and my reply was "Don't worry, she's just the way she is." Should I tell her that her grandchild is not of devilish origin? I am worried that if she comes to know of my daughter's condition, she may do her harm.

- **Sumitra**, 26 years
(Behind Mahesh Nagar, 80 Feet Road,
Jaipur 302004)

The struggle has exhausted me ...

Throughout most of my childhood my parents, especially my mother, laboured to instil in me a female identity. These efforts have had some effect. I present myself as a woman, have many womanly attributes and am treated by and large as a female. Unfortunately, this struggle has almost exhausted me. All this time I have laboured to prove something which is in some sense not true and at best a terrible simplification of a rather complex state of body and mind.

I'm not exaggerating when I say this process had for a while almost spent me. For much of my young adult life, for at least the years between the ages of 15 and 35, I remember having the experience of being in the midst of some positive experience almost daily. However, in the midst of the compliments paid to me, the exciting encounters and feelings of physical pleasure, the thought that something was not quite right would intrude into my mind, nevertheless.

I remember that almost daily experience as one of a lack of genuineness, an illegitimacy, a fear that I would be found out and ridiculed. From a very early age I felt my personal history was out of the norm, that I looked a bit different, felt a bit different and was treated differently than most females. This was never acknowledged. My doctors said only trivial things to me, my parents avoided any mention (and probably any thought) of my difference. My Indian culture dealt with the only gender ambiguity that seemed speakable – transsexualism – with a snicker. I internalised the apparent taboo and lived with a great fear of myself.

I fear that parents in their (desperately anxious) attempts to give their children normal lives, will rob them of the chance to come to terms with their own difference.

I don't wish to appear unkind or unfeeling to parents. I have so much empathy for these families, just as I have loved my family through our experience. What is important to emphasise, I believe, is that healing and a kind of wholeness and equanimity are possible. All children in this situation may not grow up to identify as intersexuals but there is a very good chance they will perceive of themselves as different to a greater or lesser degree. Not to prepare such children for this self-confrontation is to do them a terrible disservice. These children will run the risk of never being comfortable in their own bodies and never at ease with the world around them.

I realise that the prospect of a lengthy course of psychotherapy may seem daunting to parents who have already suffered considerable trauma but I can't imagine a substitute process. It would be hoped that these children can benefit from expert, informed counselling and be availed of the opportunity to join a group of others like themselves to facilitate self-exploration and gain support. I imagine the participation of loving, accepting parents in the early stages of this therapeutic process would be integral to success. Their child will become very special, someone who knows herself very well and someone who will very probably be capable of great courage and sensitivity to adversity.

- **Chitra**, 46 years
(Brij Vihar, Pitampura, Delhi 110034)

How can my daughter have testes?

In April 1994, when my daughter Maya hadn't started her periods, I took her to see my General Practitioner (GP), the month after her 15th birthday. I told him that I thought it could be an imperforate hymen. He started to examine her externally. I could see Maya was embarrassed and when he started to put on the rubber gloves I said that I wanted her to be examined by a female gynaecologist. He asked me to examine her myself.

I examined Maya and then my younger daughter, Usha, who was nearly 12 at the time. I could see a difference. It was the first time I had seen Maya 'down below' since she was about 4 year old. I could see more of Maya's 'insides'; in fact I thought that she might have damaged herself in some way on her bicycle.

We saw a lady gynaecologist at the hospital and asked for her opinion. She examined her and said it was not an imperforate hymen since she had been able to insert a cotton bud but she would arrange a scan. Later, the gynaecologist told us that Maya had been born with no womb and that her ovaries were in a strange place, in her groin. I was shocked to hear this and was unable to sleep that night. How could this happen to my daughter? How would she be able to get married? There were so many questions but no answers.

I phoned the gynaecologist next morning and asked for an early appointment. My husband and I went to see her the following week along with Maya. She told us that Maya could never have a child, that her vagina

might need to be stretched and that her ovaries would have to be taken out.

A couple of weeks later, I told my GP the news. When I told the GP that Maya's ovaries had to be removed, he told me they were not ovaries but testes. How I got home I'll never know. I couldn't say anything to Maya when she came back from school. My husband told me not to be so stupid, "How could she possibly have testes when she is a girl?"

I phoned the gynaecologist the next morning and told her what the GP had said. She asked my husband and me to visit her the following day. She told us they were 'gonads', not testes. I asked if these 'gonads' would make her look any different than she looked already and she answered no. That was all I wanted, gonads, testes, ovaries or whatever – as long as she looked the same. Then, in January '95, Maya had her ovaries/testes/gonads removed. She started her HRT (Hormone Replacement Therapy) in February. A year later, I consulted a surgeon in Mumbai about the possibility of Maya having a vaginoplasty. His reply was, "Why are you doing all this? It might never be used. After all she is neither woman nor man. She is an 'in-between' sex." I couldn't believe what he was saying and he even repeated it later on in the conversation.

I and my husband have not shared this truth with anybody, as we don't wish that others should make life miserable for my daughter.

– **Radhika**, 53 years
(M G Road, Bengaluru)

Why was I not told the truth?

I was told of my condition at age 15, when I was on a trip to New Delhi with my parents and was admitted to a hospital for a severe infection.

It's not that I was told the truth that caused problems but the fact that it was delayed so long.

I had been convinced that all the adults in my life - parents, doctors, even teachers - knew exactly what was wrong with me but were doubly punishing me for some unknown reason. By not telling me the facts and that they were aware that I had found out, they were thus imprisoning me with my own unutterable discoveries.

The usual course of management for the condition is to remove the testes and to put the AIS patient on lifelong hormone replacement therapy. Without full disclosure, it is at least a matter of debate as to whether agreement to such treatment constitutes informed consent. The same might also be said of the other medical procedures that AIS women have experienced - displayed as freaks in front of doctors, subjected to medical photography and having blood and tissue (often labial tissue) samples taken for research.

– **Lata**, 47 years
(Udhampur, Jammu 182302)

I was paraded naked before strangers ...

My decision to drop all medical care was the direct result of the humiliation and obfuscation I had been subjected to over the years. Junior hospital doctors were paraded past my vagina when I was 11 or 12.

Not once was I asked how I felt about any of what had transpired. I was a patient with a terrible secret that even the doctors and my own mother couldn't or wouldn't discuss and here, I was paraded naked before strangers. Is this treatment ethical?

– **Sukanya**, 32 years
(Bada Bazar, Shillong 793001)

My child will always be special to me ...

My own personal involvement is as the father of a 12 year old AIS girl, Poonam. Just before her first Diwali she was operated on for an inguinal hernia caused by internal testes. Against orthodox society, we as parents decided not to have the testes removed and to bring Poonam up in full knowledge of her condition from as early an age as possible.

My first reaction on being told of her condition was that of a proud parent: "Wow, I always knew she was special." But is she a girl or is she a boy or is she a? Is she neither or is she both? These are things that are both, perplexing and unnerving for me.

"What a lovely child! Is it a boy?" This is a common question. But why do they ask me this and why is it necessary to know the gender? I think it is a mix of curiosity, politeness and social conditioning.

Poonam has many qualities that I admire and respect and is growing into a healthy and bright, although talkative, child. Any negative attributes she may develop due to her AIS will come from society, not this family.

To be honest, doctors and parents shouldn't look for some panacea for telling children who they are. Each person must find the way best suited for them. It's not easy but it will be a damn sight harder and destructive if they're not told. The moments always present themselves, so be ready for it. Put it simply and appropriately for the child. The parents' feelings are unimportant. If you do your best, whatever the outcome, that is the correct way. There is no right or wrong way, no guilt or blame, no matter what happens in the future, only do your best for the child.

– **Ramesh**, 38 years
(Anegundi, Hampi, Karnataka)

We want our daughter to learn from us ...

My 9 month old daughter has mixed Gonadal Dysgenesis. The external genitalia is female, with what the Doctors have termed a 'moderately' enlarged clitoris. She has no uterus, a short vagina and one undescended gonad which they want to remove before her first birthday. The doctor/surgeon is also recommending a clitoral recession, to tuck it back but not reduce the size by removing anything. My husband and I are really torn about whether or not this is really necessary. We are also having a hard time deciding whether or not we should share any of this information with our families. The reasons being: 1) they may not be able to support us and 2) we want our daughter to learn from us, not a relative.

As first time parents, we were naturally excited when our 'daughter' was born. At that time her clitoris was slightly enlarged but no one thought anything of it

because she was premature and the doctors said that such swelling was normal.

The surgeons recommended cosmetic surgery, including a clitoral recession to 'normalise' the size of her 'moderately enlarged' clitoris. They suggested this be done at one year of age, while at the same time, removing her one undescended gonad. They also recommended a vaginoplasty and hormones at puberty.

After much reading, discussion, consultation and prayer, we have decided not to have the clitoral recession done. We did decide to have the gonad removed. It is evident now, that our child will develop a sexual identity within the next few years. What she decides remains unknown to us for now but that is okay, because we love her and will accept whatever decision she makes.

– **Maria**, 25 years
(2nd Main Road, Kurinji Nagar,
Lawspet, Puducherry 605008)

As a mother, I want to protect my daughter ...

I am the mother of an 8 year old daughter who has PAIS. My daughter was born by C-Section. The gynaecologist told us that we had a beautiful baby girl. Then she was taken by the pediatrician and was checked out. At that time I knew that something was wrong. I had been worried during my pregnancy because I needed to take medication for my asthma and one of the side effects of one of the medications, was that babies could be born with a cleft palate. So I thought that our baby had a cleft palate.

The pediatrician then came over and told us that he wasn't sure if we had a boy or girl. I find it incredible that I didn't say anything to him about his insensitive comment. I can only think that we were both still in shock.

Our baby was back in the hospital when she was 3 months old, having her testes removed because according to the doctors they could become cancerous. She needed to have surgery done on her genitals.

We have told only a few people about her genetic make-up. Our biggest fear was that people would look at her and treat her differently. Would they look at her as a boy pretending to be a girl? Some people can be so cruel and as a mother I want to protect my daughter. I love my daughter with all my heart and I am trying to do what is best for her.

All I want for her right now is a happy childhood. Yes, I think that she is happy. She is a very sensitive, kind hearted little girl. True, she prefers to play with her soft toys and horses rather than Barbies or dolls but so did I as a child. I know she prefers jeans to dresses but so do I. She is my wonderful daughter. Yes, I worry about her future but I worry about all of my childrens' future.

– **Gayle**, 30 years
(NH 17, Panji, Goa 403001)

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Trade Of A Eunuch

Eunuchs lead lives that are more akin to bonded labourers rather than free citizens of a democratic country. Thrown out of their own homes, eunuchs find shelter in the *gurus*' homes. But they have to pay a very heavy price for the same, viz. their independence and self respect. Every action of theirs is questioned, while even inactivity is frowned upon, since the emphasis is on earning the maximum possible.

Once they step into this lifestyle, they are embroiled in a web of deceit and abuse at every turn. They are subjected to harsh mental and physical torture in order to break their spirit and turn them into meek and subservient automatons, who live only to satisfy the unbridled greed of the *gurumais*. Worse, their situation is very much like that of a gangster who is lured into the underworld by the glitter and riches of a 'Don'. However, once inside, there is no way out of the very tightly knit fabric of his shady circle.

Eunuchs simply cannot leave their *guru*'s homes and go back to leading some semblance of regular lives, since they know too much about the highly secretive ways of the eunuchs and their *gurumais*. Those who try to do so are meted out the worst torture possible, including verbal, mental and physical abuse designed

to strike terror into their hearts and snuff out any whimper of dissent or hope of leaving.

When a new eunuch enters a *guru's* home, she is welcomed as if a new child is born in the family. But this child has no blood relationship with her *guru*. In a normal family, the mother carries the baby for 9 months. The father also feels responsible for the upbringing of the baby. This creates a bond of attachment between the child and its parents. The family is usually seen as an institution and a safe shelter free from violence, a haven in which the individual finds fulfilment, love and peace.

In reality, the so called mother-daughter relationship between the *guru* and *hijra* is an intriguing one with a somewhat religious and social basis. Eunuchs depend upon the *guru* for support and security while for the *gurus*, it is less of an emotional bond and more of a nefarious business deal. With each new additional entrant, the *guru* gets two more hands to earn for and support her. Since the *guru* has no biological source to enhance the number of disciples, such as the birth of children in normal homes, the new entrant is God's gift to her. The *guru* has to make full use of this opportunity. Soon the newcomer learns that she has to share the burden of the *guru's* household for the rest of her life.

Sometimes, a newcomer does not get along with her *guru* after the initial period. At this point, the eunuch is at liberty to leave her present *guru* and either carry on her life without a *guru* or move in with another *guru*. However, before parting ways with her present *guru*, she has to compensate her old *guru* by way of *leti*,

which may amount to between Rs 25,000 and 100,000 or even as high as Rs 10,00,000 in North Indian states. Getting this amount from another *guru* as an advance would entail working as a bonded labourer for her. She cannot hope for anything better even under the new *guru*. The common feeling among all eunuchs is, “All *gurus* are the same. *Ek sapnath hai to doosra nagnath hai* (If one *guru* is bad, the other is worse). Moving from one *guru* to another is like falling from the frying pan into the fire. It is our sad fate in life to be abused and exploited by one and all. We live a lonely life, not loved by anyone, despised by everyone and die a little every day, mourned by no one.”

If she dares to run away from the *guru* without paying her *leti*, she earns a bad name and becomes an outcast from the eunuch community. No other eunuch will talk to her. With no family or friends to fall back on for support, dire consequences await the rebellious. Therefore, no eunuch dares to commit such an act. The result, she is left in the grind till life breaths and to eke out whatever semblance of a human life is afforded to her.

However, some desperate eunuchs still attempt the flight to freedom, albeit rarely. On occasion, a group of 4-5 eunuchs decide to run away from their *guru(s)*. First they save some money and look for a suitable house in the slums, where they can move in after escaping. A lot of effort is needed to find a suitable room, more often than not and their spare time is limited. They skip begging on some days and locate a room in a distant locality. In the new locality, the local eunuchs ask the newcomers about their past. The *guru* of the local eunuchs also

enquires about the previous *guru* of the runaways. These runaway eunuchs boldly fabricate a cooked-up story. If there is acceptance, which is very rare, the coup is considered successful. The eunuch community is a small one and generally everyone knows one another, especially if they reside in the same town.

If the escaped eunuchs put up in a nearby area, their *guru(s)* may locate them and make life hell for them. In few cases the *gurus* have even tried to eliminate these runaway eunuchs. This practice is so random that NGOs working for the upliftment of eunuchs have started demanding that the government should undertake steps to alleviate the miserable conditions under which they exist. Alleging that eunuchs who grow old and whose earning ability is thereby lessened are then dumped and left to die on the streets, these NGOs are demanding that humanitarian treatment be meted to them and also that the eunuch *gurus* be booked and brought to justice for their heinous crimes.

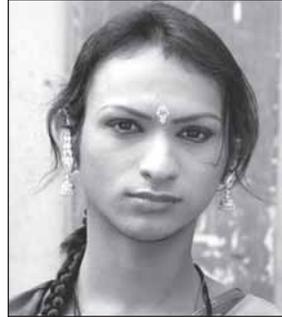
The following is the testimony of Neha, as narrated in her own words.¹ She was fascinated by the eunuch lifestyle as a teenager, only to discover the true horror that lay behind the smiles, once she cast her lot with them.²

¹ This is now available as a film “...*Aur Neha Nahin Bik Payee*”

² The testimony of Neha may be shocking and rude in terms of language but by retaining the passage in its actual form, an accurate portrayal of the eunuch lifestyle is sought to be depicted. Readers are left to draw their own conclusions whether such bonded labour and slavery and mental as well as physical violence can be tolerated in 21st century.

What Led Neha to Sell Herself?

Nalasopara is a laid back, conservative, distant suburb of Mumbai, the economic capital of India. It is mostly populated by people who struggle to make ends meet in their chaotic lives. However, in keeping with Indian tradition, they still manage to find the time to poke their noses in the lives of others, specially the downtrodden and cursed lot.



Neha alias Satish

A Troubled Childhood

I was born as Satish to Umesh and Shashikala Shellar, who lived near Achole Road in a colony of 2-3 storied buildings and clusters. I was born on 2nd February, 1990. My first few years evoke faint memories of being dearly loved and pampered. By the time I was around 8 years of age, I began to notice that something was amiss with me. I did not feel comfortable in the company of boys. I did not enjoy their rough and tumble games and preferred to play softer, less violent games with girls in my class. At first, I was able to get away with it but later my male friends began to tease me about being 'girly'. Also, girls began to keep aloof from me and did not allow me into their games. I withdrew into a shell and grew increasingly more depressed.

As time passed, my body language became quite feminine. However, there was something wrong with my body which only my parents knew. Even then they took me to the local doctor, who after making a cursory

examination, prescribed some tonics and advised me to be more outgoing and assertive. However, though I had a so-called 'healthy' body, my mind was becoming progressively sicker.

A Mother Will Always be a Mother ...

My mother often worried about me and tried to find ways to address the situation. Occasionally, she would take me with her on her shopping trips to the local market, where she used to buy vegetables and other items for daily use. During these trips, I often noticed beggars and mendicants who visited the shops or merely sat by the roadside, hoping for alms. However, there was a group of alms seekers who did not look like others. They dressed in saris and wore garish makeup. They moved about with an exaggerated swaying walk and spoke in harsh, almost masculine voices, though everything about them was made out to be female. Shopkeepers who otherwise rudely shooed away beggars would dip into their cashboxes without murmur whenever these people approached and gave them a coin or two. The group would then move on to the next shop, where the process would be repeated. Occasionally, they would accost a passerby, who would hastily hand over a coin and in turn, they would bless the alms giver. They would give me a strange look whenever they saw me looking at them.

I was fascinated at first by these people but whenever I tried to give them any alms, my mother pulled me away with a jerk and warned me to keep away from them, though the same treatment was not meted out when I

gave alms to 'regular' beggars and mendicants – in fact, I was encouraged to do so in these cases.

...But My Father was Not

By the age of ten, my life at school had become miserable and I had become a complete loner. Everyone could notice that my physique was like that of the average girl. My voice and mannerisms had a certain girl-like quality about them. My parents were aware of the fact that there was something abnormal with me and they must have anticipated these changes within me. Still as time passed, unable to cope with the trauma caused due to my being abnormal, the attitude of my father towards me changed for the worse. On a gloomy wintry evening, I had to bear the brunt of a particularly violent outburst of my father.

It was late in the evening, around my bedtime. I was sitting idly in the hall, turning the pages of a film magazine, while my mother was busy finishing her household chores for the day. I could sense something amiss as soon as my father entered the house. He was drunk and looked very angry. Noticing me sitting on the sofa, he walked over to me and tore the magazine from my hands, shouting, "Hey! You freak ... You want to be a Bollywood star... become like Shahrukh Khan... what do you think? People will adore you ... Nah... You are always going to be a pansy ... And they will taunt me for fathering a faggot." My mother tried to calm him down, saying, "Did someone say something nasty to you... Why do you fight with these jerks?" However, it was of no use, since it only worsened my father's temper and he spat out, "I don't

have to start anything. Everyone picks on me and says nasty things to me, mocks me... I am a man without a dick." My mother was taken aback by his outburst and tried to console him, "Jerks will be jerks... you don't have to humour them! Is it our child's fault that he has been born like this? No, definitely not ... but neither is it ours." My father staggered out of the room angrily, without a word.

However, though my mother had succeeded in calming my father, she could not change the attitude of our neighbours, which was the primary cause of my father's grievances. Not only my father but I was also the butt of ridicule and numerous jokes in the neighbourhood. Whenever the parents of my friends watched me at play with their boys, they joked that a girl had got into the group by mistake. Everyone would laugh loudly at this and I would slink away with a downcast face. Once, the father of a friend grabbed me roughly and groped my genitals, saying that he wanted to check if I was really a 'boy'. Even my relatives used to mock me for my 'unnatural' ways.

What saddened me the most was that there was no one with whom I could share my sorrow. Once a loving and caring couple, my parents had started fighting a lot over me. As time passed, these fights became increasingly more frequent. I felt that for my father, social respect was much more important than the feelings of his own son. He was unable to deal with the attitude of people in general, who instead of having a sympathetic attitude towards a cursed lot like me, chose to make fun of us instead.

My Father Changed for the Worse

My father took increasingly more to coming home drunk and venting his anger on me. One evening, after stepping inside the house, he started beating and abusing me, “Come on *hijra* ... get your ass out of my house, you bastard ... You have made me the laughing-stock in our community ... My only wish was for a son to carry on my name but I got a fairy instead... You prick ... come here, my ‘queen!’” My mother tried to restrain him, to no avail. My father turned on her and slapped her, blaming her for giving birth to a eunuch.

During those traumatic days, I was not aware of the actual meaning of ‘*hijra*’ but I knew that it was some kind of derogatory remark. It was a common expletive used by boys, along with “m*****d” and “b*****d” which is very common to us Mumbaikars. I still remember that whenever my uncle or any of my father’s friends visited our home, my father used to greet them by saying, “B*****d, ithne din kidhar tha (You m*****r, where have you been)?” My mother used to remind him that he was in front of a kid at home and should not use abusive language. In reply, my father used to laugh and say, “*Ye gaali nahi, pyaar hai!* (I am not swearing, we are merely expressing our love and affection for each other).”

Alas! If only my father had treated the taunts and abuses of our neighbours in a similar sporting manner, then I would not be what I am today. One day, while my father was on his way home, one of neighbours taunted him, “You people are really a cool couple. Some people have twins; a boy and a girl ... you guys have spared

yourselves the trouble by having a ‘two in one’ – a boy and a girl combined ... ha ha!” My father lost his temper and threatened the neighbour, “You’d better behave or I will kill you.” However, instead of backing off, the neighbour got more aggressive and without giving a thought to what he was saying, he taunted, “You, father of a faggot ... Don’t you dare challenge me, you prick ... Hey, is he truly yours or are you a faggot as well ?” This hurt my father deeply and in a fit of anger, my father picked up a stick lying nearby and attacked him. The neighbour started bleeding and ran away.

Seething with anger, my father came home and turned the full force of his fury on me. He started beating and abusing me, “It’s because of you, a *hijra*, that I have to go through all these nonsense. I will teach you a lesson...” My mother tried to intervene but he roughly shoved her out of the way. Knocking both of us to the floor, he threw a few punches and kicks in our direction and strode out of the room, screaming and cursing at



Satish's mother contemplates killing her son

us. Tears rolled continuously down my mother's cheeks. Then suddenly, in a fit of anger, she dragged me to the corner where we offered our daily prayers. Wringing her hands, she complained loudly to Lord Ganesha, "You have created him like this, so show me a way to take care of him ... If you can't... Then, let me be rid of him." Unconsciously, her hands tightened around my neck, squeezing it hard. I started choking and gagging. Realising what she was doing, my mother pulled her hands away from me and burst into tears. Holding me close to her, she sobbed to herself, "Oh! God ... Please forgive me... I was thinking of killing my own son! How can a mother? I have carried him and given him birth ... How can I be so ruthless? Lord Ganesha, please give me courage to face this merciless world!"

It Was a Lonely Life

Next day onwards, my father stopped sending me to school. My shopping trips to the local market were also stopped by my father. I was not allowed to go outside or even stand in the balcony. My home had become a prison for me. Days and months passed, as I led a very lonely life. Boys would taunt me whenever I approached them and also got physically rough with me, while girls would stop their conversations whenever I approached them and talk in hushed whispers. I could sense that they were distinctly uncomfortable in my company. Thus, I grew up without any friends to turn to for support or even talk to. I would sneak out after nightfall and roam the dark alleys by myself, trying to lose myself in the depths of places where no one knew me. Many a time, I came close to running away but the thought of my mother and what she had faced on a

daily basis while raising me prevented me and I would make my way back to my home, taking care to avoid anyone we knew and sneak back into the house.

However, this seclusion for me also meant a self imposed excommunication of sorts for my parents, who could not attend any functions for fear of being taunted and mocked about me. Though my mother put on a brave face and silently bore everything, my father grew increasingly more despondent and withdrawn. I could sense from his haggard features and wild eyes that he was on the verge of a mental breakdown. Perhaps, the only thing that was keeping him from going over the edge was his addiction to drink, since he could hardly think straight when he came home in a drunken stupor everyday and was too sozzled to give any thought to the cruel jibes of all and sundry. However, his repressed feelings exploded in violent outbursts sometimes and there was no stopping him on such occasions.

The Day I Was Thrown Out

I can still remember that fateful day when he came home drunk as usual and was sitting with a sullen face after dinner. When I walked past him for my evening rounds, he looked at me and in a fit of fury, he grabbed my hand. He started hitting me and screamed, "I told you not to put on makeup and lipstick but you disobeyed me. You bastard... SOB! Get out of my house... once and for all." As I tried to avoid his blows, he dragged me to the front door of our house and threw me out, pulling the door shut. Scared, I pleaded with him, "Dad... please let me back in! I have no place to go! Please open the door... I can't leave you... Dad..."



Satish's father throws his son out of home

However, my father turned a deaf ear to my pleas. Thus, I was thrown out of my home by the very person who fathered me. I was left alone in the world, with nowhere to go. With tears in my eyes and a bruised body, I slowly made my way to the street and finding some shelter in a corner, cried myself to sleep.

In Search of My People

When I awoke the next morning, I was faced with the daunting prospect of what to do and where to find food and shelter. As I mulled on the subject, I remembered an incident which had occurred a few years ago. During one of my visits to the local market along with my mother, I happened to be standing next to the strange looking, sari clad beggars. "Doesn't this boy seem to be one of us?" they whispered among themselves. One of them came over to me and looking me in the eye, smiled and passed her hand over my face, saying in a gentle voice, "*Chikne*, you may not realise it now but you are one of us. The sooner you come to terms with it, the happier you will be. Come, live with us and be free and happy." I

knew that she called me '*chikna*' (cute) because of my sharp features and chubby cheeks but I did not realise what the woman had meant by me being 'one of them'. Now, after so many years, I was beginning to understand the meaning of 'being one of them'. I finally came to know what 'eunuch' really meant. I became increasingly more despondent and longed to be with 'my' people, which meant those strange yet fascinating creatures and who people referred to by many names, all derogatory in the extreme.



Satish meets Heena for the first time

It wasn't hard to find the people I was looking for. Walking up to one of them, I burst into tears and blurted out my whole story. After ascertaining that I was indeed one of them and serious about joining their band, they took me with them. Soon, we reached a colony of cluster houses in a slum called 'Saira Compound' in Virar, a fast growing, bustling neighbour of Nalasopara. Here, I found many more of these strange but caring

creatures. I was warmly welcomed by everyone. I was taken to meet Saira Bano, the head of the band, who was called '*gurumai*', '*ma*' or '*dadi*' by her disciples who lived with her. Heena, the eldest of the group that had brought me to this place, introduced me to her, saying " Look, *ma*.. I found him in the market... He's one of us." "Heena, are you sure?" asked *gurumai*, trying to ascertain facts. "Yes, *ma*... He is a eunuch by birth... look... how cruel his father has been to him!" Heena replied, pointing out the bruises on my face and back. Saira exclaimed in disbelief, "Aah! *Allah*... How cruel can a father be?" "Oh, my God... is he a father or butcher?" incredulous voices enquired as the band gathered to take a look.

Gurumai hugged me and said, "Heena, let him stay with us and give him some of your clothes to wear... Also, get him some medical aid..." and she blessed me, "God bless you, my son! Forget your past. From now on, you are my child... This is your house... I am your mother ... and your father as well."



Satish gets female clothes to wear,
to mark the start of his new life

I was so overcome with emotion that I fell at her feet and began to cry. In a soft voice, *gurumai* told me that I had left my past behind and was being reborn. She announced that henceforth, I would be known as 'Neha', the beloved, to herald my new life. As *gurumai* stroked my hair, I felt as if I had finally found my true mother.

Life Is Not a Bed of Roses

The next couple of weeks went by in a blur, where I was fed and pampered by everyone in the group. I did not have to do much and spent my time wondering about my parents, especially my mother and how happy I was in my new home. However, life is not a bed of roses and during the third week, *gurumai* asked me to accompany a band of three eunuchs on their daily trip to collect alms. Unaware of things to come, I eagerly joined the band, excited at the prospect of going out into the world like a free person at last, where I no longer had to worry about where I belonged. I was given a new sari and blouse to wear along with a little makeup. During our outing, my friends taught me about the intricacies of begging and how to spot easy 'customers'. They also offered me tea and snacks, which I relished and we returned in the evening laughing and giggling like girls. Upon our return, I saw the others in my group handing over the money that they had collected to *gurumai*, who counted it carefully before handing some back to most of them. I did not have to hand over my earnings, since I had hardly collected any money. Over the next few days, I went out regularly with my group and polished my skills of collecting alms. Upon returning home, I had to hand over the day's earnings to *gurumai*, who would then hand me back a part of them. I was happy with the

arrangement and thanked my lucky stars at having found a family, means of income and no troubles or worries.

In my group, there was Jyoti, who was elder to me by three years. She had been living in that home for about four years and was well acquainted with the '*hijra*' world. She was also good looking and managed to hold her own in our band. We took a liking to each other and usually, we hung out together, even after work. We used to swap stories about each other and often relied upon each other to provide moral support.

Shattered Dreams

Little did I realise at that point that my comfortable life was about to come to a rude end. It was late one evening and all of us were handing over our day's income to *gurumai*. On that particular day she seemed to be quite angry and was scolding most of the band members for their paltry earnings. Now it was my turn to bear the brunt of her anger. No sooner did I hand over my day's earnings of Rs 50 to her than *gurumai* said in a stern voice, "Child, you have been at this for the past 3 months... and you are still making peanuts ... I'm not running a charity home here... nor does anyone pay me for your upkeep... It has been 3 long months... and the best you can do is a miserly Rs 50?" I was rather taken aback by this sudden change in attitude but was unable to say anything. Heena came to my rescue and said, "*Ma*, she is yet to learn the tricks of the trade... Just give her some time." "Oh ... Is that so? She can put on make-up... giggle like a girl ... use my money for pleasure but cannot earn a living? Take her with you ... she had better learn the ropes

soon ... or else, I'll have to teach her a lesson!" replied *gurumai* in a threatening manner.

During the next few days, I made extra efforts and went all out to collect more alms. At first, I was successful and I beamed proudly as I handed over my money to *gurumai*. She praised me and told me to keep up the good work. This phase lasted but for a few days and my earnings dipped again. One evening, as I handed over my meagre earnings of Rs 40 to *gurumai*, I was immediately struck by her unsmiling face and stern countenance. For the first time, she openly abused me and said, "You bitch... You hog free room and board... freaking Rs 40! Do you think you are living with the Salvation Army? Even your



Gurumai receiving daily contributions from *chelas*

father wouldn't put up with this, you slut!" I was taken aback by *gurumai's* rudeness and in tears; I requested her not to abuse my father. I told her bluntly, "I give you all my earnings, whatever they may be... You take

everything... I don't get to keep anything for myself." However, my explanation only served to make her angrier. "Don't you have any respect for your superiors? Is this what your father taught you to do when he pimped you?" *gurumai* spat out.

I could not restrain myself any longer. "My dad's not a pimp...He may have disciplined me but he did love me... He may have been harsh at times but he never lived off my earnings either," I yelled. "You cunt... You need to be taught some manners," hissed *gurumai* and I caught a stinging slap hard across my face. I was so surprised by this sudden outburst of violence that I was at a total loss for words or action.

Tears welled up in my eyes but it had no effect on *gurumai*. "You bitch... slut... You whore, you dare accuse me of abusing you... beating you? You are worthless... Don't you dare mess with me again...? Take your freaking face out of my sight." As she said this, she landed two more hard slaps on either side of my face and ordered, "Heena, see to it that this bitch doesn't get any food or water for 2 days... Let her learn the value of my support... Ensure that this piece of shit doesn't get any food or water or you are dead meat... Bah! This slut has spoiled my day... No one has dared to stand up to me until now... and this whore dared to push me... Some freaking nerve."

I was totally crushed and humiliated. As we stretched out on our beds that night, Jyoti laid a kind hand on me and stroked me softly while I cried myself to sleep. For the first time since I left home, I realised that 'Seeing is



Jyoti consoling Neha

not believing'. I began to doubt my decision to leave home. What was the difference between my father and *gurumai* after all? At least, my father did not force me to go out and beg for a living. I repented leaving my house. Alas! It was a mistake that could not be rectified. I had brought this on myself and had to take the whole blame for my suffering.

Jyoti, My Soul Sister

For the next two days, I had to subsist only on water and by the third day, I was beginning to feel really weak and could barely stand on my legs. Still, I was forced to go out to beg. As I was not feeling well, I went to a nearby park and sat there for the rest of the day. In the evening, I was afraid of returning home, as I had not earned anything that day. As I prepared myself mentally to face *gurumai's* abuse and beating, which surely awaited me since I had not earned anything, Jyoti entered the park, looking for me. She asked me in a concerned voice, "Neha, what's the matter? Where

were you? Is something wrong?" I confided, "I'm not feeling well today... I can't go on my daily rounds for alms. If *gurumai* doesn't get her daily share of money, she will abuse and beat me again." Jyoti consoled me and told me not to worry. As we made our way back to the others, she silently handed over Rs 200 to me so that I could pay my dues to *gurumai*. In Jyoti, I found the sister which I never had.

Gurumai was waiting for us, when we reached home. I handed over Rs 200 to her, without saying a word. *Gurumai* looked at me keenly and holding up the money I had given her, said in a loud voice, "Rs 200! After going without food or water for 2 days, you have finally learnt your lesson... Be a good girl like this always ... God bless you." In a smug tone, she told Heena, "Can you see how this girl came to her senses after going hungry for 2 days? She has benefitted from my punishment and has learnt the value of work. Your advice at this stage will help her to become more useful."

I did not have either the nerve or the energy to tell *gurumai* that it was only she who had benefitted from my punishment and hard work. However, I kept a cool head and decided to concentrate on earning more, so that I could save some money. Next day onwards, I decided to force myself to visit more shops and approach more people in order to earn a few extra rupees. I had no savings of my own and did not have any money to even buy a few essential things, such as a toothbrush, let alone some new clothes which I needed sorely. I was desperately in need of money. "Be it rain or sunshine,

I will make a minimum of Rs 200 everyday. To achieve this target, I will even harass innocent pedestrians or blackmail lovebirds,” I decided. I started to hassle people with extra vigour and it was during one such episode, when I pulled on a man’s shirt from behind that he turned around and I came face to face with my maternal uncle, Sushil.

At first, he did not recognise me, since he was used to seeing me as a cherubic boy wearing boys’ clothes. I looked haggard and not much different than an ordinary beggar. My smile was gone, as was my cherubic countenance. My cheeks were sunken and my eyes were bloodshot from lack of sleep and ill health. However, recognition slowly dawned upon him and his jaw fell as his eyes scanned me from head to toe. With disbelief in his eyes, he said to me, “Satish, what has happened to you? What have you become and who did this to you? Your mother is heartbroken. This must be God’s will, otherwise why would such a thing happen to you?”

I did not have the heart to tell him the truth and putting on a brave face, I told him that I was doing very well. We parted ways but I couldn’t get over the incident. I was forcefully reminded of the difference between my real mother and this so-called ‘mother’, *gurumai*. Where my mother had never allowed me to lift a finger for work, *gurumai* had no qualms about asking me to beg on the streets for a living. When I was running a fever, my mother had sat by my bedside throughout the night, putting cold compresses on my forehead and gently massaging it. *Gurumai* summoned me to

massage her arms and legs every other night, without once enquiring about my health. I was beset with doubt – had I done the right thing by running away from home? I wished I could find an easy answer, as I immersed myself in my work.

Meeting My Mother - Fond Memories

A couple of days later, as I returned home after the day's begging, I was summoned by *gurumai*. My mother had come to see me. Sushil uncle had told her about my whereabouts and my pathetic condition. I walked with heavy steps to greet my mother who was waiting for me. Upon seeing me, she burst into tears and cried profusely.

For a while, she said nothing but just continued to look at me and caressed and hugged me, shedding tears all the while. She was horrified to see me in that condition. "Son... You look so pale and weak! Aren't you eating properly? It's been a long time since I saw you last... Have you forgotten your mother? Are you angry with your mom?" she complained. A son can never lie to a mother. Still with a brave face I replied, "Mom, you are always in my thoughts ... How can I ever forget you? You are the only person who ever loved me... I miss your cooking... I miss you."

My mother entreated, "Then come back with me... come home... I'll speak to your father... I assure you that he won't say a word ... We will leave our home and move to another far away." However, I was not convinced, "Mom, one can change houses but not the attitude of people ... It will be same everywhere."

My mother said sadly, “You have matured a lot, my son... Please forgive your father! He may have beaten you, scolded and abused you sometimes ... Still, he loves you very much... He consulted every doctor he could find, even visited quacks and faith healers so that you could be cured...”

“Mom, life is the best teacher... I do not hold any grudge against dad... If I were in his place; I might have done the same,” I replied. With a sad look, my mother asked, “Will you never forgive us?” I could only reply sadly, “Mom... I understand your feelings... but if I come back, you’ll still have to bear the brunt of dad’s taunts... and so will I... At least this way, I’m happy that due to my absence, both of you are spared the agony ... I feel vindicated.” With a heavy heart, my mother said, “I love you son ... I’ll pray that I may be blessed to have you as my child again, in my next birth.”

For close to an hour, we sat and chatted about all of us. My mother also told me about how my uncle Sushil had informed all our relatives and friends that I had become a ‘*hijra*’ and was begging on the streets. Due to this, my parents were being laughed at and shunned by everyone. Some heartless people even went to the extent of proclaiming loudly before my parents that I should be invited along with my other *hijra* friends to dance during weddings and other occasions. Due to constant harassment, they had given up attending any ceremonies or social gatherings. They were thinking of selling their ancestral home and relocating to far off Pune. I felt really ashamed of all the trouble I had caused my parents. I thought that if I had relocated in

another town, then my parents would have been spared the agony. I resolved to relocate to another town far away where I would not be recognised by anyone. I would also like to advise anyone who wishes to follow the path that I have chosen that they should relocate to a distant place where they will not be recognised by anyone, in order to spare their family and friends from undergoing similar shame and harassment.

When the time came to part, my mother took my hands in her hands and once again begged me to come back. I dared not divulge the details of my conversation with *gurumai* to my mother which had taken place just before meeting with my mother. Perhaps noticing the look of joy in my eyes that had sprung up at meeting my mother, *gurumai* had told me in a flat voice that I had come to her home through my own choice. Though I was free to go with my mother or do as I liked, I would have to pay her the *leti* before I was free to leave.

Then, looking at me with a smile on her face but an evil look in her eyes, *gurumai* said in a soft but steely voice that chilled me to the bone, "Neha, a couple of eunuchs had tried to run away without repaying the loan but we took care of them. I am sure that you wouldn't do anything of the sort because who knows what might happen. Besides, I know where to find you and your family, don't we?" I knew the full meaning of this veiled threat only too well. Hence, going back was not possible. Still I told mom that I will think about it. My mother got up slowly and turning to leave, she slid a thousand rupees into my hands.

Money Mattered Most to *Gurumai*

After my mother had left, *gurumai* again summoned me to her presence. As soon as I entered, *gurumai* noticed my hand clutching the money. She proceeded to take all the money from my hand and thanked me without really meaning it. I dared not ask *gurumai* about the money but assumed that she would keep it safely and give it to me for my use later on when I asked her for it since this was not a part of my earnings but a parting gift from my mother. I felt happy at receiving the money and thought of the lovely dress that I had seen hanging in a dress shop during my rounds. While I was thinking of all this, Jyoti came into the room and I told her of my plans. She looked at me with sad eyes and asked me to forget about the money. When I asked her the reason for this, Jyoti told me, "She would rather die than part with money. Just wait for a couple of hours... You will soon discover the truth."

True to her words, I caught sight of *gurumai* sitting with a bottle of expensive whisky, along with some *tandoori* chicken and fried fish on a plate in her room. I quickly came back to my room before I was noticed. Next day I requested *gurumai* to give me the money, telling her what I had planned to do with it. She got angry and started abusing me, "What do you think you're doing, asking me for money to buy clothes? Don't you have anything to wear? If you want to buy clothes...hah... beg and make money like the others... I provide you food and shelter... and you still want to remind me of those measly Rs 1,000... As if I have never held Rs 1,000 in my hands ... What do you need new clothes for, a hot date? C'mon, get out of here... shoo... go out and beg..."

Fall from Grace

Days went by and I once again settled down into my daily routine of begging. I would be abused and beaten up on days that I failed to give the mandatory Rs 200 to *gurumai*. If the arrears climbed above Rs 600, I would not get food from that day onwards till I had settled the dues. On such days, I was not allowed to eat anything or even drink tea, coffee etc outside either. Thus it continued for a while until about 9 months later, I was going through a particularly bad patch. I had not been able to earn enough money for nearly a week and had faced abuse and beatings on almost every day of the week.

One day, I was particularly tense and apprehensive about going back in the evening and facing *gurumai's* wrath and abuse. I was at my wits end about what to do in order to earn enough money and escape the torture and humiliation. When Jyoti noticed my dejected look, she asked me what the trouble was and I told her about my apprehensions. I also told her about how fervently I wished that I could make more money and avoid the daily torture, just like the other eunuchs at home seemed to do. Jyoti gave me a sideways glance and asked me in a low voice if I really thought that the others made enough money by begging to lead a life without torture. I blurted out that they must be particularly skilled at begging or identifying potential alms givers, since they always seemed to have enough money to give *gurumai*. Not only that but some of them even used to buy good clothes and branded cosmetics for themselves. They seemed to have a carefree attitude about them and were apparently not even concerned about begging. One did not see them much during our

outings but they invariably seemed to have more than enough earnings at the end of the day.

Jyoti led me away with her to a secluded spot and made me sit down next to her on a bench. Taking my hand in hers, she said, "Neha, you do not know some facts about our lives... Do you know why *ma* never utters a word in anger to Shabnam and Sameena? Every day, they give *ma* Rs 200 unflinchingly. We don't even have enough money to buy any clothes and just look at them... They always wear good clothes and use expensive cosmetics... People say that Shabnam and Sameena are into prostitution; hence they are happy and immune from *gurumai's* wrath... The bitter truth is that eunuchs who survive on begging are beaten and abused. On the other hand, those who earn their livelihood through immoral and foul means make merry! Nowadays, only people who make money through any means, fair or foul, get respect, be they men, women or even eunuchs like us!"

At first I was unable to understand anything but I recoiled in horror as realisation finally dawned on me that the only way to fulfil *gurumai's* exorbitant demands in this so-called 'home' was to sell my body. I had never even been out with a member of the opposite sex (a girl when I was living with my parents or a boy when I moved in with the eunuchs), let alone have sexual contact. Besides, I had no sexual feelings towards either boys or girls and was not aroused by the thought of sex. How was I to indulge in sex with strangers, when I hesitated to even take off my clothes in front of others?

For the next few days, I faced an inner turmoil as I again failed to meet my daily target and had to endure beatings and starvation. I was angry with myself at having landed myself in such a sorry situation and reasoned that I was now getting just punishment for having acted like this.

Still, I decided to make an effort to break free from these bonds. One night, when everyone had retired to bed, I silently crept out of my room and went to *gurumai's* room. Her door was shut but I could see from the light shining through the gap at the bottom that she was still awake. My courage began to falter and I half turned to go back towards my room when suddenly, summoning the last ounce of courage from within, I knocked lightly on the door. I heard *gurumai's* gruff voice beckoning me to come in and with trembling hands, I opened the door slowly.

Gurumai was sprawled on her bed. She looked at me through the haze and with narrowed eyes, asked me, "What brings you here at such a late hour? Have you lost your husband or something? Couldn't it wait until morning?" I hesitatingly said that I needed to discuss something important with her. "Something that can't wait until the morning?" *gurumai* said with irritation and rising anger. Summoning my last reserves of courage, I blurted out, "I want to leave, *gurumai*." She gave me a blank stare and I didn't know if she had heard me correctly, so I was about to repeat my statement when she held up a hand. "So you want to leave, eh? I picked you off the streets when you were alone, starving and had no one to turn

to for help. I fed you, clothed you, gave you shelter to stay and a family to turn to for support. In return, I have asked for nothing but a measly sum, which was more to instil discipline in you and make you self sufficient rather than make a profit. And now that you are able to stand on your feet and have no need for me, you think nothing of going off on your own and leaving me high and dry? Still, it's your life and your choice and I won't stop you from leaving." I was so taken aback to get this instant permission from *gurumai* that I stood still for a minute, trying to grasp the full import of what she had said. When I settled down, I blurted out my thanks to *gurumai* and also thanked her for everything that she had done for me.

Thanking my lucky stars for having got off more easily than I thought, I turned to leave and was almost at the door, when I heard *gurumai* say, "Oh, by the way, don't forget to give me Rs 50,000 before you leave. Now go and be happy." At first, I thought that I hadn't heard *gurumai* correctly, so hesitated a bit at the door. Seeing my perplexed look, *gurumai* added, "Of course, you remember that I have spent more than this amount on your upkeep, training and personal effects. I was hoping to recover it from your work. Now you are leaving me and I have no hope of recovering that money. Just make sure to repay me the amount before you leave me, that's all. Otherwise, you know what I am capable of and what fate will befall you and your family." These last words were uttered in a low but terribly threatening voice. My blood turned cold. How would I ever get this huge amount – me who struggled to earn the pittance of

Rs 200 that I had to give to *gurumai* everyday? I tried to make sense of *gurumai's* demand. How did I come to owe *gurumai* Rs 50,000, when all the eunuchs in our home were getting only the basic necessities of food and shelter? In return, we were paying *gurumai* Rs 200 each everyday, which more than made up for whatever expenses *gurumai* may have incurred for us. We had to buy everything else ourselves. If someone did owe money, then it was *gurumai* who owed us but I did not have the courage to confront *gurumai*.

It would take many years to make up this amount – and this assumed that I would have enough money left over after paying *gurumai* her daily dues. Also, how was I going to survive during these years without any clothes and other necessities? How would I make enough money to cover all these expenses? My head began to spin as I crawled back to bed.

The next day, I told Jyoti about this incident. She looked at me kindly and said that the sooner I realised that there was no escaping *gurumai's* clutches, the better off I would be. However, I was determined to buy my way out of this living hell and thus it came to pass that I forced myself to join the flesh trade. One evening, I set out with Jyoti, dressed up in revealing clothes borrowed from her and my face plastered with makeup. She took me to the local bus depot, where some other eunuchs and female prostitutes were waiting for 'customers'. Two of them were known to us. Upon seeing them, I became nervous at the thought that they would report

my deeds to *gurumai*. I conveyed my fears to Jyoti who assured me that they would not dare to report about me, since they were sailing in the same boat. Besides, *gurumai* was only bothered about making as much money from us as she could, without bothering to care about how we earned it. “*Chhinal ko paise chahiye, c**da ke do ya churake!* (the bitch merely wants money at all costs),” Jyoti added. I felt reassured after this and we stood in a corner, while Jyoti scanned passersby. In a little while, Jyoti came to me accompanied by a man and told him that this was my first time. Hence, he should be gentle with me and pay more. The man asked me to accompany him but I was scared. Jyoti reassured me and told me that she knew the man well and that I need not worry. He took me to a deserted railway yard nearby and after hastily performing the act, thrust Rs 200 into my hands. I had bartered away any little dignity and self esteem that I had left for a little money. After coming home that night, I took a bath and scrubbed myself over and over, as if trying to make myself ‘pure’ again.

Served No Purpose

I was sickened to my ears and disgusted with myself but reasoned that I would stop once I had enough money to pay off *gurumai* and return home. However, even these earnings were not accumulating fast enough. I accumulated enough money to buy some nice clothes and cosmetics etc but hardly for me to be able to pay *gurumai* the Rs 50,000 in the foreseeable future. As time passed, I grew increasingly more desperate and was willing to try anything including running away.

However, I had heard horror stories about what happened to eunuchs who ran away and were subsequently caught.

It seemed that there was a countrywide network of eunuchs that was linked together by a common thread and anything that happened in one area was instantly reported to others. Hence, even if a eunuch ran away from a particular area and started begging in a different area under another *gurumai*, it was only a matter of time before the eunuch was discovered and reported to her original *gurumai*, who would then dispatch her goons to forcibly bring back the escapee. Also, *gurus* who accepted *chelas* who had not settled their *letis* were also fined and hence, it was impossible to just move in with another *guru*, without settling the *leti* of *gurumai* first.

I decided to run away and roped in Jyoti to figure out the details. She however, was in favour of moving in with another *gurumai* rather than running away on our own, since that way we would have some support. She made enquiries and finally settled on a *gurumai* called Sharda from Ulhasnagar, which was a little above 50 km from our home. We had heard that Sharda was a 'good' *gurumai* and she was fair and kind in her dealings with the eunuchs living in her home. One day I pretended to be sick and Jyoti told *gurumai* that she would like to take me to a skilled 'ojha' (faith healer) in Ulhasnagar, so that I could be free from my constant illness. Since this would have the effect of enhancing my earnings, thus benefitting *gurumai* in the long run, she agreed to give us the

day off, provided of course, that we made up for the shortfall in our daily dues the next day.

Neha Could Not be Sold

We landed at the door of Sharda on a sunny afternoon and were welcomed by her disciples. We were offered tea and snacks and about half an hour later, we were ushered into Sharda's presence. At first, I was struck by the similarity in bearing and the environs between Sharda and my own *gurumai* but she smiled at us and invited us to sit beside her in a warm voice, "No ... no ... Don't sit on the floor ... Take a chair.... Everyone's equal in my eyes." She enquired about us, our *gurumai* and our home in a kind voice. Her soft demeanour soon put us at ease and after a while, Jyoti told Sharda hesitatingly that we had come to see her on a private matter. She asked us to speak to her without fear, "Don't be afraid, your visit will remain a secret."

Jyoti told Sharda that both she and I wished to join her band. Sharada sat still for a few minutes and then asked us if we were doing this because our *gurumai* was ill treating us. I replied that it was not so but that we were confident of making more money in her town and wished to do better. I also told her, "Saira ma's house and that of my mother are both in the same locality... It causes a lot of embarrassment to me as well as my family.."

Sharda asked us what each of us owed by way of *leti* and we replied in turn that each of us owed Rs 50,000. After asking us some questions regarding our health and habits, she called out to one of her disciples and

informed her of our intention. She also told her what our outstanding dues were and asked for her opinion. The eunuch gave each one of us a cold, long, hard stare from head to toe in turn, as if assessing our worth. She turned us around slowly and looked us over thoroughly for about 5 minutes each, then came over and pinched our waists.



Neha being assessed to fix her price

I felt like some animal on display in a zoo. I was reminded of various incidents in school when during our visits to the local zoo, we were asked to examine the animals on display from various angles in an attempt to learn about them. I had witnessed goats being similarly examined before the ritualistic sacrifice on Eid. I felt worse than any of these animals. Even in the case of animals, there are organisations like People for Ethical Treatment of Animals (PETA) who look after their interests and insist on fair and ethical treatment for them. There are many organisations such as United Nations and National Human Rights Commission etc to fight against bonded labour and exploitation but we are not

covered because they do not consider us to be human beings entitled to their help.

I would not have wished such treatment to befall my worst enemy. How I wished that the earth opened up beneath me and swallowed me like Sita *Mata*! Alas, this was not to be and I had to suffer the utter humiliation of being mentally stripped of all dignity and assessed for my value, just like a piece of meat at the local market. After she had finished with us, the eunuch whispered something into Sharda's ear.

What Sharda said next dispelled all notions of love and caring that I had thought she harboured for us. Looking at us, she said that she could offer me Rs 25,000 and Rs 30,000 to Jyoti. As my world crumbled around me, I could only stammer out, "But we owe *gurumai* Rs 50,000 each. How are we going to repay the rest of the money?" Sharada said in a consoling voice, "Neha, I have to make my decision regarding payment based upon the earning potential of the person. What you are asking for is a huge amount and even I have to be able to recover that money somehow. Do not feel bad about it; it is just business for me. I have to evaluate my investment carefully. I have offered you folks a reasonable price."

When I asked her, "*Ma*... It is only Rs 25,000 for me, while it is Rs 5,000 more for her... Why the difference?" Sharda unashamedly pointed out that I was rather flat chested and my face had a lean, haggard look. In comparison, Jyoti had a prettier face and a curvaceous body. Though neither of us could be called 'beautiful', Jyoti was more desirable than me for a potential customer.

My looks, which were so precious to my mother, alas, did not pass the cold test of the market and was nowhere close to meeting the requirements of Sharda. With heavy hearts, we retraced our steps to our home. I steeled myself mentally to live this life full of abuse and torture and consoled myself that I was suffering due to the sins I had committed in a previous life.

Resigned to Fate

This incident changed my outlook towards life. Now I don't fear the abuse and beatings at the hands of *gurumai* and her 'henchmen'. "*Kya karegi... maregi hi... maar to nahin dalegi..*(What will she do ... beat me ... not kill me)," – is the constant thought in my head. "Even if *gurumai* kills me, it will come as a welcome release from the travails of this tortured life. Committing suicide is a sin and only those who are part of regular society think of committing suicide over small failures in examinations, loss of jobs, failure in relationships, ill health etc. So even if I were killed, it would be a blessing for me and the best thing that anyone could do for me."

As a child, I loved to paint. I had a natural flair for the art and even my teachers in school used to praise my creations. I particularly enjoyed painting portraits and loved to capture the smiles on people's faces and the sparkle in their eyes that reflected their joy. Now, that smile has been wiped off my face and gone forever is the sparkle in my eyes. I continue to live a miserable life, walking the streets with a smile on my lips but tears in my eyes, dreading the day when I cannot pay my daily dues to *gurumai*.

My desperation makes me accost total strangers and hassle them for a few measly rupees or offer my body to a vegetable vendor for a few extra bucks in order to make up for a previous day's shortfall.

I can see the loathing in people's eyes but I cannot tell them that given half a chance, I would gladly give this up for a caring home and an honest livelihood. I am here because of 'normal' people like you. If your society had accepted me, employed me or shown sympathy to me, I might have still been Satish instead of Neha.

I wish to let people know that when I go out to beg, I need a minimum of Rs 200 daily for my survival and to avoid beatings and torture. However, people do not know this and roll up the windows of their air-conditioned cars when they see me approach. When you see a boy without limbs lying near a temple or mosque, you give him Rs 5-10 open heartedly. He earns around Rs 1000 per day but for us, it is impossible to earn a couple of hundred rupees. Dr Saab, trust me and tell the high and mighty people in cars that their one rupee coin may save me from a cruel evening."³

³ One may think of Neha and her fate when a princely sum of Rs 1-2 is being 'extorted' from people at traffic lights or other places. It may be well for all of us to remember that there are 19 lakh 'Nehas' all over India who share her fate.

...Aur Neha Nahin Bik Payee
Moods and Moments



Director Dr Piyush Saxena, with his mother and *guru* Saira Bano Sheikh during the '*Muhurat*' shot of the film



Neha seeking blessings at the *dargah*

...Aur Neha Nahin Bik Payee
Moods and Moments



Saira Bano teaching Neha how to clap in the eunuch style



Saira Bano ordering Neha to clean
her spittoon as punishment

...Aur Neha Nahin Bik Payee
Moods and Moments



Satish being renamed as Neha and welcomed into the eunuch community



Director Dr Piyush Saxena, with the cast of the film



For eunuchs, even slavery comes at a price

By DNA Correspondent

Monday, June 20, 2011, Mumbai

While human rights groups have extensively highlighted the existence of human trafficking in India that has enslaved millions of women and children, the slave-like condition in which most of the country's eunuchs live is still largely undocumented.

A group called 'Salvation Of Oppressed Eunuchs' has made a film on the bonded life of a young eunuch who lives in a community in Virar. The 55-minute film titled *...Aur Neha Nahin Bik Payee*, made by the group's chairman **Dr Piyush Saxena**, documents the life of Satish who is born with indeterminate gender.



Turning "Satish" into "Neha" - Film captures real life story of eunuchs

By Correspondent, July 7 2011

Neglected by family and ridiculed by society, the life of a eunuch is often a dismal picture of abuse, exploitation and bondage, shows a new documentary featuring a young suburban Mumbai transgender.



अनकहे दर्द की कहानी

मुंबई के पीयूष सक्सेना ने किन्नरों की कड़वी हकीकत पर बनाई डॉक्यूमेंट्री '...और नेहा नहीं बिक पाई'

इंसान की औलाद है इंसान बनेगा' साहिर लुधियानवी के लिखे इस फिल्मी गीत का फलसफा भी जहां बेमानी हो जाता है, उस इंसानी औलाद का नाम है - किन्नर!



न वह मर्द है, न औरत। लोग तो उन्हें इंसान भी नहीं मानते और हमोशा हिकारत की नजर से देखते हैं। उनकी कुदरती कमी पर कोई हमदर्दी नहीं रखता, बल्कि लोग मजाक उड़ाते हैं। त्रासदी यह कि समाज ने अपनी देन को ही दरकिनारा कर रखा है। भीख मांगकर गुजर-बसर करना उनकी किस्मत बन चुका है और कहीं तो देह व्यापार मजबूरी। बदकिस्मती की इंतहा यह कि किन्नरों की बिरादरी के लीडर उनका शोषण करते हैं। इन बेचारों, किस्मत के मारों की बेबसी, कशमकश, दर्द और तड़प को शिद्दत से महसूस करके इस कड़वी हकीकत को मुंबई के डॉ. पीयूष सक्सेना ने परदे पर उतारा है। हिजड़ों की जिंदगी पर दिलोदिमाग को झकझोरने वाली यह एक्सपेरीमेंटल डॉक्यूमेन्ट्री है '...और नेहा नहीं बिक पाई'। सक्सेना की बतौर राइटर-प्रोड्यूसर-डायरेक्टर यह पहली फिल्म है। यही नहीं, वे इसके सूत्रधार भी बने हैं। एक घंटे की इस फिल्म का पहला प्रदर्शन पिछले दिनों अजमेर में ख्वाजा मोइनुद्दीन चिश्ती के सालाना उर्स के मौके पर किया गया। सक्सेना को को देखने, जानने और गहराई से समझने का लंबा तजुर्बा है, बल्कि पिछले दस साल से वे किन्नरों के कल्याण के लिए मुंबई में एक स्वयंसेवी संस्था 'साल्वेशन ऑफ ऑप्रेस्ड यूनक्स' भी चला रहे हैं। सक्सेना ने वर्षों तक किन्नरों पर गहन शोध करके अंग्रेजी में एक किताब भी लिखी है। डॉक्यूमेन्ट्री बनाने का खयाल कैसे आया? जवाब में डॉ. सक्सेना कहते हैं, 'फिल्म बनाने का मेरा अहम मकसद है किन्नरों की जिंदगी की सच्चाई को दुनिया के सामने लाना। नेहा की रीयल स्टोरी के बहाने मैंने किन्नरों की व्यथा-कथा के साथ उनकी खरीद-फरोख्त पर फोकस किया है। इस असलियत को आज तक मीडिया ने नहीं



दिखाया। राष्ट्रीय और अंतरराष्ट्रीय स्तर पर भले ही बड़े-बड़े दावे किए जा रहे हों कि बंधुआ मजदूरी खत्म हो चुकी है, पर किन्नरों की दुनिया में यह कुप्रथा अब भी बदस्तूर जारी है।' फिल्म की स्टोरी लाइन को डॉ. सक्सेना कुछ इस तरह बयान करते हैं, 'एक आम परिवार में जन्मा किन्नर बालक सतीश अपने जनक और जमाने के तानों से परेशान होकर किन्नरों की टोली में शामिल हो जाता है। उसे रोजाना भीख मांगकर या देह व्यापार के जरिए एक तयशुदा रकम अपनी टोली के किन्नर गुरु को देनी पड़ती है। यह रकम देने में एक दिन भी चूक होने पर गुरु उसकी बेरहमी से पिटाई करती है। इस तरह नेहा किन्नर गुरु मां की गुलाम बनकर रह जाती है। नेहा इस चंगुल से छूटने की कोशिश करती है, तो गुरु मां उससे 50 हजार रुपए की डिमांड करती है। नेहा दूसरे किन्नर गुरु के पास जाती है, पर वह इतनी बड़ी रकम देने को तैयार नहीं। नेहा चाहकर भी नहीं बिक पाती, मजबूरन उसे पुरानी गुरु मां के पास ही लौटना पड़ता है।' फिल्म की शूटिंग मुंबई के उपनगर विरार स्थित किन्नर बस्ती के एकचुअल लोकेशन पर रीयल कैरेक्टर्स को लेकर की गई है। इसमें नेहा, निशा, सायरा, हिना, शकीला और शारदा जैसे किन्नर अपने असल रूप में मौजूद हैं।

- एम. डी. सोनी

Rajasthan Patrika, Jaipur, July 9, 2011



Film captures real life story

By Sandeep Dahiya (PTI)

Ajmer, July 7 2011

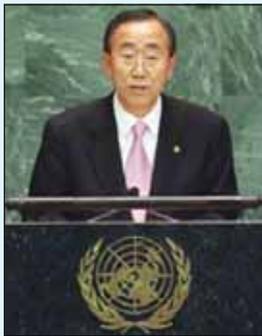
"...*Aur Neha Nahin Bik Payee*" (And Neha Could Not Be Sold) a 55-minute film documents the life of Satish, who after being driven out of home for being born without a gender identity, is taken under the wing of a community of eunuchs and assumes a new identity- Neha.

Dr Piyush Saxena, who has been working for the cause of eunuchs for the past five years in Mumbai released his documentary during the recently concluded 799th Urs of Sufi Saint Khawaja Moinuddin Chisty here.

United Nations on the Issue of Eunuchs

The United Nations has not taken specific cognisance of the issue of eunuchs living as bonded labourers. Though the United Nations Charter has abolished human abuse in all forms, including slavery, bonded labour and trafficking, the sad truth is that eunuchs in India are an ignored and forgotten lot and do not feature in any programs aimed at social development or the eradication of social evil.

As a case in point, to quote from the speech of the United Nations Secretary-General Ban Ki-moon,



Ban Ki-moon
Secretary-General

“The abolition of the trans-Atlantic slave trade in the 19th century did not eradicate the practice globally. Instead, it took on other forms, which persist to this day: serfdom, debt bondage and forced and bonded labour; trafficking in women and children, domestic slavery and forced prostitution, including of children; sexual slavery, forced marriage and the sale of wives; child labour and child servitude, among others.”

Message for the International Day for the Abolition of Slavery, 2nd December 2010

Courtesy:

<http://www.un.org/en/events/slaveryabolitionday/sgmessages.shtml>

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‘...*Aur Neha Nahin Bik Payee*’ Life Of A Eunuch

Eunuchs are a secretive community. This secretiveness is the commandment of their society. They never talk about their lives or their community to outsiders.

For the first time in their history, eight of them came together under the leadership of a very senior *guru* of Mumbai Saira Bano Sheikh and decided to document their lives, the hardship, exploitation and above all, the harsh reality of bonded labour that is an inescapable part of their daily routines. Saira Bano has seen many ups and downs in her eventful life of 75 years. She realised the importance of documenting the facts of the lives of eunuchs for posterity, so that society at large finally understands and comes to terms with their existence.

‘...*Aur Neha Nahin Bik Payee* – Life Of A Eunuch’ reveals true events in the life of a eunuch, Neha, who was born as Satish. He was evicted from his home at the age of 14 years, by his father. The main cast is comprised of the real eunuchs involved in the narrative, who imbue the film with an element of honesty and spontaneity.

Care was taken to ensure that most of the locales used in the film are the actual places where the events unfolded. It is not meant to be a slick production, characterised by glitz and glamour, with underlying values that are synchronous with the fallacies and fantasies that are harboured in the normal social psyche. It is rather, a thought provoking effort that may inspire society at large to critically examine the implementation of its cherished values of liberty, equality and freedom for all, which is taken for granted as a birth right by almost everyone other than this section of humanity.

The film has already stirred up a hornet's nest, even among the eunuch community itself. Vested interests, comprising primarily of the top *gurus* and *nayaks* of the community, as also Aruna *nayak* and Hasan *nayak*, who are among the top leaders of the eunuch community in India, have opposed the movie tooth and nail. It is obviously in the best interests of those at the pinnacle of the eunuch hierarchy to sweep the issue under the carpet, since it is the toil of those on the lower rungs that serves to fuel their avarice and lavish lifestyles. They do not wish any interference from outsiders, in an effort to maintain the status quo.

'...*Aur Neha Nahin Bik Payee*' depicts eunuchs as they really are - human, just like the rest of us.

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Salvation Of Oppressed Eunuchs

Salvation Of Oppressed Eunuchs was formed with the primary objective of providing a platform for expressing and understanding the rather unique circumstances that eunuchs find themselves in, leading to the alleviation of their problems.

The organisation includes, among others, senior corporate executives and professionals from management, media and law. Also on the Board of Members are eunuchs, since this is vital in gaining the proper perspective for identifying the distinct issues pertaining to the eunuch community in India and redressing them in the Indian social context.

Though the activities of the group have continued informally through the years, a need was felt to lend a formal structure to their activities and as a result, a Non Government Organisation was formally registered in February 2011 under the name of 'Salvation Of Oppressed Eunuchs'. The organisation aims to carry on the aims and objectives of the founder members and enhance its activities, while adhering to the principles of transparency and equitable development of the eunuch community.

The organisation has been actively working with the eunuch community since 2006, when a group of professionals, who were well settled in society, felt the need to look beyond the confines of their routine existence as the means to discharging their yearning for social and humanitarian causes. Realising the need to focus on the requirements of eunuchs as a distinct community, they started with the oft repeated dictum of 'A sound mind in a sound body'. Activities



Four eunuchs, accompanied by the author, familiarising themselves with banking facilities at Bank of India, Nariman Point, Mumbai

were commenced with the organisation of a health camp for eunuchs in Virar, a distant suburb of Mumbai. During this, free health check-up by qualified medical practitioners and medicines were provided to them as the first step towards enhancing the quality of life for eunuchs. The camp also included the promotion of good health practices among them, since this would address many health issues, such as HIV and sexually transmitted diseases faced by the community.

Since then, a number of such camps addressing the various issues faced by the community have been organised on a regular basis.

Their success established a base upon which, the scope of activities was gradually expanded to include the provision of basic necessities, such as food and clothing, as well as arranging education classes for the promotion of literacy.

A basic impediment to the rehabilitation of eunuchs in society in general and the implementation of a lasting solution for their issues stems largely from their exclusion from the shared social fabric. The integration of the eunuch community into general society is precluded by the ignorance of the public at large about this particular section of humanity.

Most people know next to nothing about them and their reaction to the sight of these unfortunates has its origins not in fact but in the often fanciful, derogatory and slanderous misconceptions that have been handed down through the generations. If eunuchs are to form a part of society, then the common man has to at least possess proper information about them and realise that they are also 'regular' humans.

To achieve this objective of dissemination of information, the organisation followed a twin pronged strategy; the commissioning of:

1. A documentary about the circumstances that lead to a eunuch being driven out of his home and forced into leading a shadowy existence with this

- community. The film provides exhaustive and accurate depiction of a eunuch's life, deprived of any semblance of dignity and self-respect; and
2. A book that provides relevant and comprehensive information about eunuchs and their community in India. The book addresses the social as well medical aspects of eunuchs and contains exclusive photographs and information in order to promote better understanding about them.

There is still a need to formulate and implement programs aimed at establishing eunuchs 'on their feet', so that they are not despised and considered as parasites. The answer lies not in the provision of largesse from external factors but rather in the promotion of activities and industry among eunuchs that establish a firm foundation for them to become self-reliant, address and resolve their issues internally.

SOOE proposes to promote such activities and industry by the eunuch community through the provision of a platform for identifying, implementing and managing appropriate avenues of self-sustenance in the long term. It is only by being considered as productive members of society that eunuchs will be accorded the respect and dignity that are the fundamental right of every human.

Towards this end, SOOE invites participation , first by educating society about this much maligned community and second by participating in and lending their support to activities aimed at the progress and development of self-reliance among eunuchs.

SOOE believes in complete transparency in all affairs and hence, makes all books of accounts freely available for inspection by everyone, whether a donor or not.

Contributions may be sent in favour of:

Salvation Of Oppressed Eunuchs

1) By direct wire transfer at (under advice to us):

A/c No. - 005720110000423
SWIFT Code - BKIDINBBNRP
Bank of India
Air India Building
Nariman Point Branch
Mumbai 400 021
India
Tel : +91-22-22024048
Fax : +91-22-22024761

2) Drafts, cheques may be sent to SOOE the following address:

5/1202, NRI Complex
Nerul (W), Navi Mumbai 400706
India
Tel : +91-9323636360 / 9833169508
+91-250-3299798
e-mail : sooeorg@gmail.com

SOOE wishes to thank all those who have lent their support to its cause and will always strive to justify the faith reposed in the organisation.

Physiological Aspects

Male - Female Gender Differences

Gender differences are, simply put, certain physical and mental distinctions between male and female humans. Over the years, there have been many arguments and studies relating to this subject and although some gender differences are proven and some still controversial, they should not be confused with sexist stereotypes. No one can really tell whether these gender differences are caused by nature, evolution or environment. In fact, sex differentiation starts taking place immediately after the foetus begins to develop within the womb. Contrary to belief, several studies have proven that there are differences programmed within the DNA between males and females from the moment of conception. Some differences (such as reproductive organs) are congenital, while others obviously environmental (such as given names).

Physical Differences

The several obvious differences between men and women include the following:

1. An average man is taller and heavier than the average woman. Men on an average are over 30% stronger/heavier than women, especially in the upper body.

2. Men have strong bone structures while women have more flexible bone structures.
3. Men have larger hearts and lungs and their higher levels of testosterone cause them to produce greater quantity of red blood cells.
4. Differences in the intake and delivery of oxygen translate into some aspects of performance. When a man is jogging at about 50% of his capacity, a woman will need to work at over 60% of her capacity to keep up with him.
5. On average, girls enter puberty approximately two years before boys. Also, the effects of puberty are markedly different in boys and girls.



Puberty Effects (Boys)	Puberty Effects (Girls)
<ul style="list-style-type: none"> • Hair growth in armpits and face • Pubic hair growth • Larynx grows making voice deeper • Genitals enlarge • Thigh muscles develop 	<ul style="list-style-type: none"> • Axillary hair, hair growth in armpits • Pubic hair growth • Development of breasts • Menstrual periods start • Thighs thicken due to deposition of fat

6. Female fertility decreases after the age of 40, ending with menopause but men are capable of siring children even when very old.
7. Men's skin has more collagen and sebum, which makes it thicker and oilier than women's skin.
8. Women generally have greater percentage of body fat than men.
9. Men and women have different levels of certain hormones; for example, men have a higher concentration of androgens such as testosterone, while women have a higher concentration of oestrogens.
10. An average male brain has approximately 4% more cells and 100 grams more brain tissue than an average female brain. Though this is not connected with intelligence, it results in both sexes having similar brain weight to body weight ratios.
11. In men, the second finger is often shorter than the fourth finger, while in females the second tends to be longer than the fourth.
12. Men usually have better distance vision and depth perception, as well as better vision in lighted environments. Women have better night vision, see better at the red end of the light spectrum and have better visual memory.
13. Women can recall particulars about looks, e.g. facial features and dress/attire etc more accurately than men.
14. Men have more body hair than women, especially on the chest and extremities. However, men are much more likely to go bald.
15. Women are more sensitive to sound and smell than men.

Mental Differences

Brain structure: Several studies have proven significant differences between male and female brains. Differences are located in both the primitive regions as well as the newer parts of the brain, called neocortex in the higher brain region. Men and women process information differently because of differences in a portion of the brain called the splenium, which is much larger in women than in men and has more brain wave activity.

Intelligence: Research has proven that there is no significant difference in the average intelligence levels of men and women. However, some slight differences can be identified:

1. An average man performs better on tests of mathematical ability. Males are better in visualising three dimensional objects (spatial) than women.
2. Women perform better on tests of verbal ability and memory. Girls tend to be more vocal than boys.
3. Men's IQ has greater variance, which means that there are more men than women in the very high and very low IQ groups.

Mental Health

Several physio-psychological conditions are proven to be differently distributed between genders. The most common include:

1. **Happiness** - In general, it has been proven that women are happier with their lives than men. Women also show greater concern about family

and home issues, while men express more sympathies about political issues.

2. **Depression** - This condition affects females twice as often as it does males. Serotonin is a chemical that is required in the brain for 'happy mood maintenance'. The rate of synthesis and level of serotonin in the blood are significantly higher in men than in women. These differences may help explain why depression is more common in women. Both depression and panic disorder rates, higher in women than men, may also be tied to childhood experiences of suppression/abuse.
3. **Schizophrenia** - Although this disorder affects men and women equally, men typically experience symptoms earlier, with more intensity and have poorer prognosis than women. Symptoms of schizophrenia in women more frequently involve depression and greater disorders in thought conceptualisation, while men report more apathy, disorders of speech, disturbance in cognitive function and social isolation.
4. **Alzheimer's disease** - Several studies have shown that women are at a higher risk of developing Alzheimer's disease than men. This disease is caused by the damage to white brain matter. On the other hand, men with Alzheimer's disease have a higher risk of mortality than women.
5. **Stress Disorders** - These are chronic illnesses that occur more often in women than men. The risk of post-traumatic stress disorder is much higher in women than men.

Permeability to Diseases

1. More men than women become infected with HIV.
2. More males are likely to be diagnosed with tuberculosis than females.
3. Women are less likely to suffer from cardiovascular disease.
4. Men are more likely to suffer from cancer.
5. Women are more likely to suffer from osteoarthritis, osteoporosis and blindness.

Behaviour

Social and Sexual

Though these differences vary from one person to another and are open to interpretation, some commonly observed differences are as follows:

Male	Female
<ul style="list-style-type: none">• Physically more aggressive.• Less likely to attempt suicide but more likely to commit it.• Express emotions less and with less intensity.• More prone to taking risks.• Earning oriented.• Sexually more active.• Masturbate more.	<ul style="list-style-type: none">• Physically less aggressive.• More likely to attempt suicide but less likely to commit it.• Express emotions more readily and with greater intensity.• Less prone to taking risks.• Nurturing, caring.• Sexually less active.• Masturbate less.

Some proven behavioural differences between men and women exist and the most unquestionable are:

Employment - In most countries, there are more wealthy or rich men than there are women and many more unemployed females as well. Employed women earn 80% of the income of men.

Women are less productive than men – women in non-agricultural industries work 35.9 hours per week on average, versus 41.6 hours for men. Also, the nature of work differs between men and women, though this may be attributable to a greater or lesser degree to our prejudices and expectations.

Male Dominated	Female Dominated
<ul style="list-style-type: none"> • Mining • Construction • Transportation • Farming • Computer and mathematical occupations • Engineering and architecture • Fire fighting • Police and patrol officers • Electricians • Dentists and surgeons 	<ul style="list-style-type: none"> • Social work • Paralegals and legal assistants • Teachers • Nurses • Speech therapists • Dieticians • Dental hygienists • Maids, housekeeping, cleaners • Childcare workers • Glamour related work • Advertising and media related work etc

Education: When talking about literacy we should keep in mind that men are more likely to be literate, with a hundred men being literate for every seventy one women in India.

Internet usage: The percentage of men using the internet is much higher than that of women. However, the pattern of use varies, as outlined below:

Men	Women
<ul style="list-style-type: none"> • Log on more often to the net and spend more time online. • Download more music and videos. • More likely to pay bills online. • More likely to look for technical support and job related issues. 	<ul style="list-style-type: none"> • More likely to e-mail or chat with friends and family about a variety of topics. • More likely to use social networking sites like Facebook, Orkut etc. • Use the internet for shopping and banking. • More likely to look for advice on family related affairs and daily chores.

Who is Male/Female?

A male is someone who was, is and/or will be able to penetrate and a woman is someone who was, is and/or will be capable of being penetrated. For clarification, people who are incapable of reproduction but still fall into either of the categories described above are termed as such for the purpose of this book. For example, people who have a penis and are capable of penetration but unable to reproduce due to low sperm count or sperm motility are still termed as male, while women who have a vagina and are capable of being penetrated but cannot bear children due to any

hormonal/structural deficiency, e.g. blockage of fallopian tubes etc are termed as female.

Between the Two Genders

No male or female is complete in gender, though their genitals may work within a certain range of what is called as 'normal'. There are several degrees of such 'normality' and it is nebulous at best about which point this normality ceases and 'abnormality' begins. Gender is more often the result of a host of factors, including physical and psychological behaviour. Eunuchs occur towards the female side of this continuum.

The argument that human sexuality is a continuum and not a dichotomy, rests in large measure on the claim that intersex births are a fairly common phenomenon. Specifically, the incidence of intersexual births is about 2 per 1,000 live births. To arrive at that figure, intersex is defined as any 'individual who deviates from the Platonic ideal of physical dimorphism at the chromosomal, genital, gonadal or hormonal levels', e.g. a male without a full beard or a female with a partial beard are intersexed. Similarly, a male with a large beard having full breasts (gynaecomasty) is also an intersex condition.

However, though this condition results in the occurrence of physical traits belonging to both sexes, they do not overlap each other in a single individual. For example, one cannot find a eunuch with one hand exhibiting male characteristics and the other, female. However, it is fairly common to find eunuchs with well-developed feminine breasts having hairy arms and thighs like a male.

Most, if not all so-called 'normal' males or females have had a latent, if unexpressed desire at some stage in their lives to live out their fantasy of donning the attire of the opposite gender and acting like them or at least wondering about what differences would be manifest in their lives as the opposite sex.

While males and females stand on the extreme ends of a biological continuum, there are many classifying authorities, who mix anatomical components together, conventionally attributed to both males and females. If nature really offers us more than two sexes, then it follows that our current notions of masculinity and femininity are cultural conceits.

No two human faces are alike. Organs like the penis, testes, clitoris, vulva, vagina, urethra, pubic hair etc differ in size, bulge, location and texture from one person to another, just like other body parts.

In eunuchs, however, the differences are far greater than in gendered humans. The variation in the position of the urethra, its size and bulge is so large, it is difficult to classify it as a minor one. The midsections are manlier, since they do not have uterus, ovaries and other female reproductive parts and the accompanying layer of fat around the stomach and hip areas.

The body height in the case of 92% of boys is in the range of the height of the father ± 1 inch, while 87% of girls are in the range of the height of the mother ± 1 inch. When the sample data values for the height of eunuchs were compared with those of their parents, it

was found that on average, if the father of a eunuch is 5'7" and the mother is 5'2", then in the case of eunuch progeny, about 68% are likely to have heights close to that of the mother, i.e. $5'2" \pm 1"$, about 21% have heights close to that of the father, i.e. $5'7" \pm 1"$ and the remaining 11% fall in between.

24

Disorders Of Sexual Differentiation Academic Curriculum

In India, a student enters medical college, after finishing 10+2 years of education, in order to earn the basic degree of MBBS.

Most school or junior college curriculums do not include any education about sex, sexual orientation or disorders during this 10+2 stage and the first time that most students are exposed to this is at the MBBS level.

During MBBS, students are taught about “Disorders Of Sexual Differentiation” in the subjects of Anatomy, Physiology and Medicine. Additional details are taught in Surgery and Gynaecology, as also at the MD (Medicine), MCh (Urology and Plastic Surgery) and DMC (Endocrinology) levels.

However, this evinces little interest among prospective medical practitioners, since eunuchs do not usually go to them for addressing their hormonal problems. The primary reason for this lack of interest on the part of eunuchs is poverty and the lack of definitive treatment of the condition.

The scope of this book is limited to providing a general and basic knowledge about such conditions and disorders, which are intended for the purpose of defining a general framework within which, the broader social and other issues afflicting the eunuch community need to be addressed.

25

Genitalia And Identity Crisis

The state of being neither male nor female may be understood in relation to the individual's biological sex, gender role, gender identity or sexual orientation. In sociology, gender identity describes the gender with which a person identifies him/herself, i.e. whether one perceives oneself to be a man, a woman or describes oneself on the basis of other parameters, e.g. clothing, hair style etc.

To different cultures or individuals, a third sex or gender may represent an intermediate state between men and women, a state of being both (such as 'the spirit of a man in the body of a woman' or vice-versa), the state of being neither (neuter), the ability to cross or swap genders or another category altogether independent of male and female. This last definition is favoured by those who argue for a strict interpretation of the 'third gender' concept.

Gender identity – Below the surface

In most cases, determining sex and gender is easy. We are either men or women on the basis of our biological sex. Till a century ago, a person's sex would be determined entirely by the appearance of the genitalia

but as chromosomes and genes came to be understood, these were the terms used to help determine sex.

Most often, men have male genitalia, one X and one Y chromosome; while women have female genitalia and have two X chromosomes. Less than two in every thousand persons do not have this combination of chromosomes – XY for males and XX for females, i.e. they may have XXY for instance – and genitalia and hence fall outside the typical definition of ‘men’ or ‘women’.

Nonetheless, for the sake of conceptual clarity, it is important to elaborate upon some other, associated though not clearly distinct terms, like transsexual, transvestite and eunuch. Transsexuality, also known as gender dysphoria, is a condition where a person claims to be trapped in the body of the wrong sex. On the other hand, transvestitism is a situation in which a male tends to be attired in the garb of the opposite sex and vice versa. This is symbolic of their yearning for gender crossing.

In cases of gender dysphoria, a man’s sex surgery ensues in his being castrated. Besides, transvestitic people, especially those with the proclivity to dress as women are similar to many intersexed people who identify themselves as female. However, from the perspective of heterosexuals, all these terms have primarily notional differences and are therefore redundant to the sexually different. They have instead coined an umbrella term ‘transgender’ to include all these diverse categories.

Transsexuals are the most intensely afflicted of transgender people. They strongly feel that they are or ought to be, the physical gender opposite to that in which they were born and raised. The body they were born with does not at all match their own inner gender feelings and image of who they are or want to be, nor are they comfortable with the gender role that society expects them to play, based on that body. Most are painfully aware of their gender incongruity from very early childhood.

The behaviour of experiencing female sensuality while hiding their genitals is common in young transsexual girls. As they grow older and begin to be masculinised by testosterone, the time may come when they can no longer conceal from themselves and others, the effects of the awful transformation being forced upon their bodies. From this point onwards, they may experience intense emotional distress, anxiety and grief (see box). They long to live out their lives in the correct gender - not just socially but also in their private, intimate lives - in the right body for their inner gender feelings.

Transsexual people sometimes wish to undergo physical surgery to refashion their primary or secondary sexual characteristics or both. This may involve the removal of penis, testicles, breasts or the fashioning of a vagina or breasts. Historically, such surgery has been performed on infants who have ambiguous genitalia. However, current medical opinion is broadly against such genital reassignment, shaped to a significant extent by the mature feedback of adults who regret these decisions being made on their behalf at a young

Five Stages of Grief

Transsexuals progress through five stages of grief upon learning of their condition:

1. denial,
2. anger,
3. bargaining,
4. depression and finally,
5. acceptance.

The patient may also harbour many latent feelings that have an impact upon his/her self esteem and interaction with society at large, like:

- confusion,
- anger at secrecy and paternalism (withholding of diagnostic information),
- shame,
- an existential type of identity crisis,
- low self-esteem,
- difficulty in trying to comprehend how this biological phenomenon can come about,
- grief at being denied fertility and rites of passage (e.g. lack of menstruation),
- feeling of freakishness and isolation compared to their peers,
- fear of others seeing them as the wrong sex,
- a concern regarding their ability to function in a relationship (e.g. vaginal hypoplasia),
- the burden of keeping a secret or uncertainty over who to tell and how,
- retreat from medical care, leading to failure to take Hormone Replacement Therapy (HRT), resulting in the risk of osteoporosis.

age. Hence, it is vital that parents understand the ramifications of what is often a traumatic experience for the child as well as themselves. It should be borne in mind that:

- Intersexuality is primarily a problem of stigma and trauma, not gender.
- Parents' distress must not be treated by surgery on the child.
- Professional mental health care is very essential.
- All children should be assigned as boy or girl, without early surgery.

Gender Reassignment Surgery elected by adults is also subject to several kinds of debate like whether such surgery is ethically sound. Is it a right people should be free to exercise or is it a responsibility which surgeons should accept only in cases of genuine need?

The most easily understood case in which it becomes necessary to distinguish between sex and gender is that in which the external genitalia are removed - when such a thing happens through accident or deliberate intent, the libido and the ability to express oneself during sexual activity are changed but the individual's gender identity may or may not change. A person's gender identity may contrast sharply with that assigned to him/her according to his/her genitalia and/or a person's gendered appearance as a man or woman in public may not coincide with their physical sex. So the term 'gender identity' is broader than the sex of the individual as determined by examination of the external genitalia.

Formation of Gender Identity

The formation of a gender identity is a complex process that starts with conception but which involves critical growth processes during gestation and even learning experiences after birth. There are some points of differentiation all along the way but language and tradition in many societies insist that every individual be categorised as either a man or a woman.

Society assigns some classes of social roles to 'male' individuals and some classes of social roles to 'female' individuals (as their sexes are perceived). Sometimes, the connection between gender identity and gender role is unclear. The original oversimplification was that there are unambiguously male and female human beings, that they are clearly men and clearly women and that they should behave in all important ways as men and women 'naturally' behave.

The implication has been that people with masculine gender identities will exhibit external representation of their gender identities by adopting gender roles that are considered appropriate to men in their society and, similarly, people with feminine gender identities will adopt gender roles that are considered to be appropriate for women.

Ambiguous Genitalia - Genetic Causes

Every foetus, whether genetically male (XY) or female (XX), starts life with the capacity to develop either a male or female reproductive system. All foetuses have non-specific genitals for the first 8 weeks or so after conception. After a few weeks, in an XY foetus without

Androgen Insensitivity Syndrome (AIS), the non-specific genitals develop into male genitals under the influence of male hormones (androgens) and female genitals in its absence.

In AIS, the child is conceived with male (XY) sex chromosomes. Embryonic testes develop inside the body and start to produce androgens, which cannot complete the male genital development due to a rare inability to use the androgens that the testes produce. So the development of the external genitals continues along female lines.

However, another hormone (Anti-Mullerian Hormone or AMH) produced by the foetal testes suppresses the development of female internal organs. Thus, a person with AIS has external genitals that in Complete AIS (CAIS) are completely female or in Partial AIS (PAIS) are partially female. Internally, however, there are testes instead of a uterus and ovaries.

In about two-thirds of all cases, AIS is inherited from the mother. In the other third, there is a spontaneous mutation in the egg. The mother of the foetus, who does not have AIS but has the genetic error for AIS on one of her X chromosomes, is called a carrier.

Human Reproductive System - Homologues

Foetuses are indistinguishable in terms of gender for the first six weeks after conception. It is only subsequently in the 8th week that gender differentiation begins to take place, under the influence of hormones.

Homologues form the basis of organisation of comparative biology. The list of homologues of the human reproductive system shows how indifferent embryonic organs differentiate into the respective sex organs in males and females.

Indifferent	Male	Female
Gonad	Testis	Ovary
Mullerian duct	Appendix testis	Fallopian tubes
Mullerian duct	Prostatic utricle	Uterus, upper vagina
Mesonephric tubules	Efferent ducts, Paradidymis	Epoophoron, Paroöphoron
Wolffian duct	Rete testis	Rete ovarii
Wolffian duct	Epididymis	Gartner's duct
Wolffian duct	Vas deferens	
Wolffian duct	Seminal vesicle	
Urogenital sinus	Prostate	Skene's glands
Urogenital sinus	Bladder, urethra	Bladder, urethra, lower vagina
Urogenital sinus	Cowper's or Bulbourethral gland	Bartholin's gland
Labioscrotal folds	Scrotum	Labia majora
Urogenital folds	Spongy urethra	Labia minora
Genital tubercle	Penis	Clitoris
Genital tubercle	Bulb of penis	Vestibular bulbs
Genital tubercle	Glans penis	Clitoral glans
Genital tubercle	Crus of penis	Clitoral crura
Prepuce	Foreskin	Clitoral hood
Peritoneum	Processus vaginalis	Canal of Nuck
Gubernaculum	Gubernaculum testis	Round ligament of uterus

Note: Mullerian ducts are also referred to as *paramesonephric ducts* and Wolffian ducts as *mesonephric duct*.

AIS - Cause and Treatment

Why are there so many fixations on 'causes'? The answer is simple: Transsexualism has been such a socially unpopular condition in the past that the issue of 'what causes it' is always raised in discussions about what to do about it. In the past, many behavioural psychologists and psychiatrists have inherently blamed transsexuals for causing their own 'sexually deviant mental illness', making those psychiatrists responsible for the 'treatment and cure of transsexuals' and giving society a rationale for discrimination, marginalisation and exclusion of transsexuals.

However, as we have seen, transsexualism is most likely a neurological condition of as yet unknown origin and not a 'mental illness'. There are many other intense neurological conditions such as pain, depression and bipolar disorders for which we do not know the underlying causes but suspect biological causes. We know that these other conditions are real because we see people in distress and we treat those people medically and with compassion to relieve their suffering. However, the same compassion and understanding is not extended to transsexuals.

We know how to relieve the suffering of transsexual people, having many options for practical counselling, social transition and hormonal/surgical gender reassignment. Why not accept those treatments as valid, since they truly relieve suffering and enhance the quality of life, even if we are not sure about what causes the underlying condition?

In most cases, it appears that the wish to be a female already was there in early childhood, whether innate (without an obvious causing factor) or engendered by environment and education. Several patients say that this desire (subconsciously in the beginning) was provoked by their position in the family, having been the youngest son in a family with only male children. As the youngest, the boy had to help with household chores, which were normally considered to be 'female' duties. Hence, without his knowledge at first, he identified himself more and more with the role reserved for women in traditional society, so much so, that later on he found it too difficult to turn back to his 'normal' male role. Other individuals stated that they chose to live a 'female' life, since they considered the male world as too brutal for them.

These are the issues that are of major concern to most PAIS members and none of these issues necessarily means that their inner sense of gender identity is compromised.

Intersex And Androgen Insensitivity Syndrome

Androgen Insensitivity Syndrome (AIS) is one of a number of biological intersex conditions. Intersex is a variant from the usual embryological development of the reproductive tract, often determined by a known genetic mutation. It is a condition that affects the development of the reproductive and genital organs.

What is Intersex?

Sometimes, a child is born with genitalia which cannot be classified as either female or male. A genetically female child (with XX chromosomes¹) may be born with external genitalia which appear to be those of a normal male or a genetically male child (with XY chromosomes) may be born with external genitalia that look feminine. In very rare cases, a child may be born with both female and male genitalia. Because these conditions are in a sense 'in-between' the two sexes, they are collectively referred to as 'intersex'.

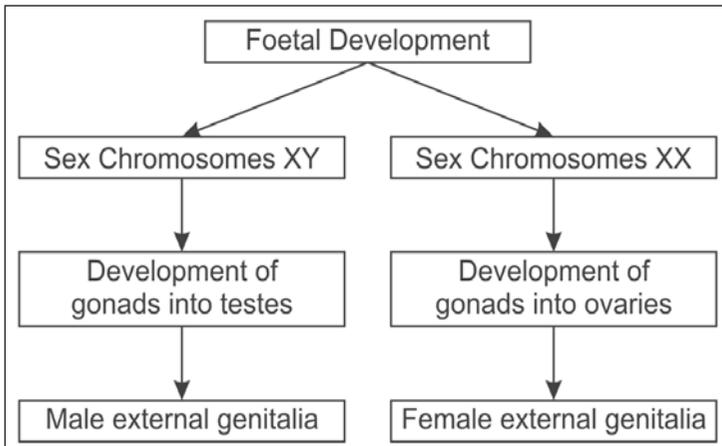
¹ The XX or XY sex determination system is the most familiar system, as it is found in human beings, most other mammals, as well as some insects. In the XY sex determination system, females have two of the same kind of sex chromosome (XX), while males have two distinct sex chromosomes (XY). The XY sex chromosomes are different in shape and size from each other, unlike the autosomes and are termed allosomes.

Intersex is the grey area between the sexes, where there is a significant presence of the characteristics of the opposite sex, in either a male or a female. This presence is significant enough to cause the sufferer to not desire to belong to either the male or female gender group or be classified as either gender, often at great cost and hardship to him/her.

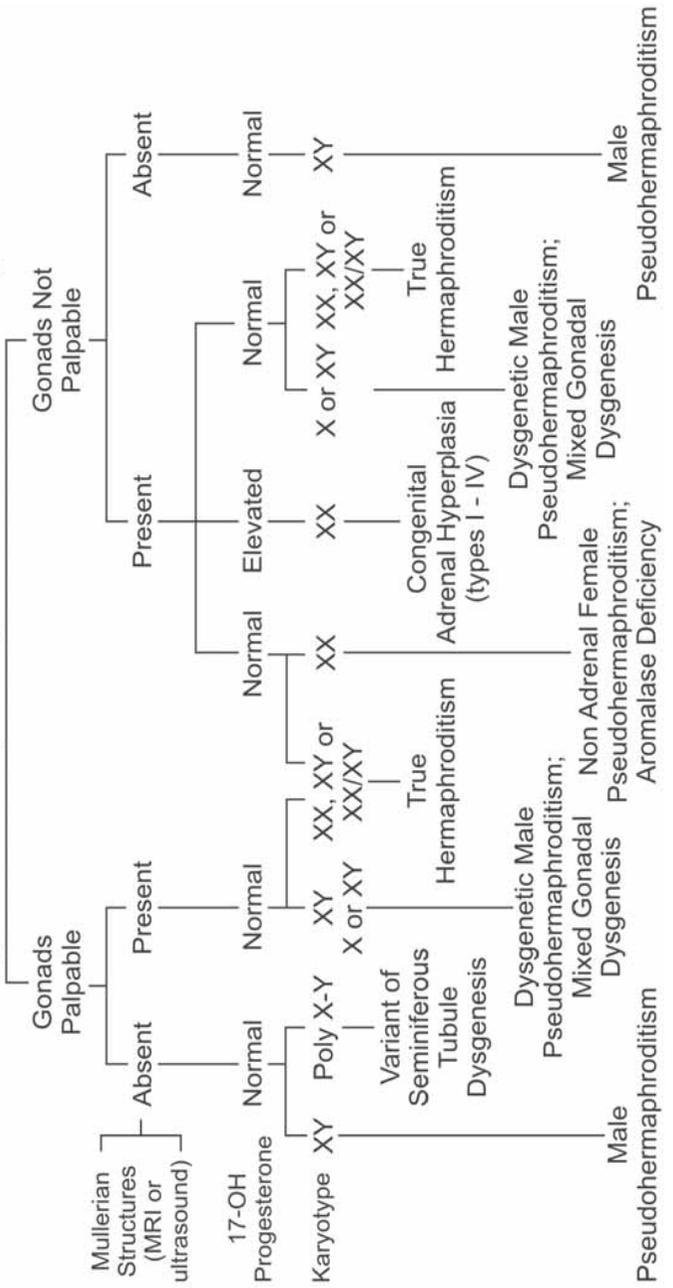
Foetal Development and Gender Differentiation

The term 'intersex' refers to the elements of this entire alignment (the sex chromosomes, the gonads and the genitalia) and not just to the appearance of the external genitalia. A patient with the complete form of AIS (CAIS) or with Swyers Syndrome (XY Gonadal Dysgenesis) will always appear externally female (no ambiguity) but she is still intersexed because she has XY chromosomes and internal testes (testicular streak gonads in the case of Swyers) that are at odds with her external femaleness.

Normal Foetal Development



Ambiguous Genitalia (Initial Diagnostic Evaluation of the Newborn)



Courtesy: <http://www.eapsa.org/AM/Template.cfm?Section=Home&TEMPLATE=/cm/contentdisplay.cfm&CONTENTID=1313>

Introduction to AIS

Male foetuses usually have a Y sex chromosome which initiates the formation of testes (and the suppression of female internal organ development) during gestation. Testes are the site of production of masculinising hormones (specially androgens) in large quantities.

Masculinisation is an active process; it needs the positive or active intervention of the male hormones in order to take place. If these male hormones are either absent or the tissues do not respond to them (as happens to differing degrees in the various forms of AIS), then the passive tendency is for the external genitals to differentiate into female external organs which are indistinguishable from those of normal girls, in the complete form of AIS.

This female physical development is not due to the presence and influence of female hormone oestrogen but to the ineffectiveness of androgens. In other words, the inherent trend for any foetus is to develop female external genitals and general body form, in the absence of the masculinising effects of male hormones.

Both male and female foetuses have at least one X sex chromosome, which contains a gene that gives their body tissues the capacity to recognise and react to androgens. At puberty, girls react to the relatively small quantity of androgens (that come mainly from their adrenal glands) by developing pubic and underarm hair and darkish pigmentation around the nipples.

People with AIS have a functioning Y sex chromosome (and therefore, no female internal organs) but an abnormality on the X sex chromosome that renders the body completely or partially incapable of recognising the androgens produced. In the case of CAIS, the external genital development takes a female form.

In the case of PAIS, the external genital appearance may lie anywhere along the spectrum from male to female. Other related conditions, resulting from changes on different chromosomes, also disrupt the normal pathway of androgen action, resulting again in a feminised phenotype (body form).

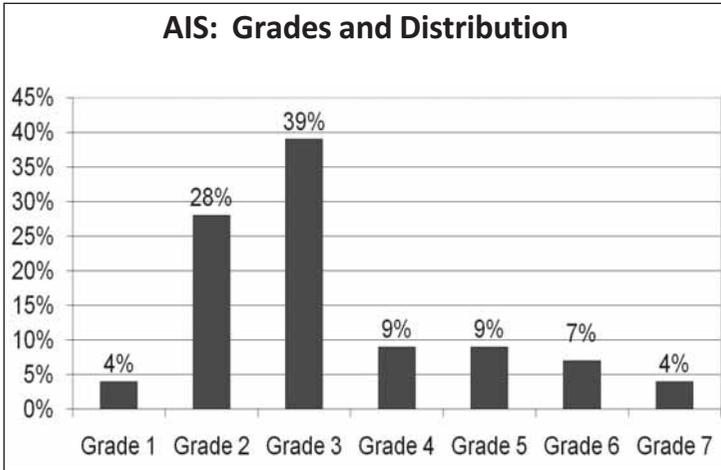
Thus, people with these 'XY conditions' may identify as female, intersexed or male.

AIS: Complete and Partial

There are two forms of the condition: Complete AIS (CAIS) where the tissues are completely insensitive to androgens and Partial AIS (PAIS) where the tissues are partially sensitive to varying degrees.

The condition is actually represented by a spectrum, with CAIS being a single entity at one end of a range of various PAIS manifestations. The scale runs from AIS Grade 1 to Grade 7 with increasing severity of androgen resistance - and hence decreasing masculinisation with increasing feminisation.

Most of the girls suffering from CAIS have completely normal female type external genitalia but they lack a uterus or upper vagina. This is known as CAIS,



technically AIS Grades 7 and 6. The remaining girls have PAIS, their outward genital appearance usually lying anywhere from almost completely female (AIS Grade 5, 4) through to almost completely male (AIS Grade 3 to 1).

At the CAIS end of the spectrum, the outward appearance is completely female (AIS Grades 6, 7) and the sex of rearing is invariably female. In PAIS, the outward genital appearance can lie anywhere from being almost completely female (AIS Grade 5), through mixed male/female, to completely male (Grade 1).² It has been suggested that slight androgen insensitivity might contribute to infertility in some otherwise normal men.

² Those with mild effective gynaecomastia are included among normal males, while barren and childless females are included among normal females.

Grades of PAIS

Before puberty, individuals with Grade 6 or 7 are indistinguishable. The term 'severe PAIS' is sometimes used to refer to Grades 5 and 6, to distinguish them from the lower grades of PAIS. In AIS Grades 5 and 4, the clitoris is enlarged. In Grade 5, there may be partial fusion of the labia majora (outer vaginal lips), in which the posterior (back) portion of the labia forms a web of tissue across the back part of the vaginal outlet. In Grade 4, this fusion extends further forward, covering both the vaginal opening and the true urethral opening. The cavity formed by the fused labia, through which urine is passed, is called a urogenital sinus.

In Grade 3 and the more masculinised form of Grade 4, the labia are completely fused, so that the urethral opening is at the base of the clitoris/penis. The fused labia may have a rugose or wrinkled appearance and form a bifid or double scrotum. The fusion is then more properly called 'labio-scrotal fusion'. The phallus has the appearance of a large clitoris or a small, bent penis, bound down in structures called 'chordee'. The chordee is formed from the same tissues that form the labia minora in the female and the frenulum of the penis and the tissues surrounding the urethra (corpus spongiosum) on the underside of the penis in the male. It is erroneously believed that the presence of chordee makes erections painful.

In Grade 2, the genital appearance is that of a male with hypospadias, i.e. with a urethral opening located somewhere on the underside of the penis.

AIS: Grades and Distribution

Grade	Conditon	Description	%
1	PAIS	Male genitals, infertility	4
2	PAIS	Male genitals but mildly 'under-masculinised', isolated hypospadias ³	28
3	PAIS	Predominantly male genitals but more severely 'under-masculinised' (perineal hypospadias, small penis, cryptorchidism i.e. undescended testes and/or bifid scrotum)	39
4	PAIS	Ambiguous genitals, severely 'under-masculinised' (phallic structure that is indeterminate between a penis and a clitoris)	9
5	PAIS	Essentially female genitals (including separate urethral and vaginal orifices, mild clitoromegaly i.e. enlarged clitoris)	9
6	PAIS	Female genitals with pubic/underarm hair	7
7	CAIS	Female genitals with little or no pubic/underarm hair	4

³ Hypospadias, in itself, is not an intersex condition but is a congenital condition of the penis.

Sex of Rearing in PAIS

The decision regarding the sex of rearing of a baby with PAIS should be made according to the individual's best interests and other factors such as sexual functioning, how the individual would feel about themselves need to be considered, preferably with less emphasis on surgery, even perhaps minimalising the need for surgery. Puberty is another issue that should be considered. While many would feel comfortable with a puberty that is concordant with the assigned gender of rearing, some would not and an understanding of the individual's wishes should take priority. The best approach is to explain the situation, let the patient decide what is best for them and offer the best choices available.

There are forms of PAIS with a male phenotype and minimal (Grade 2) or no (Grade 1) genital 'deformity'. In these cases, gender assignment is nearly always male and the androgen insensitivity is only detected at puberty when breast development (gynecomastia) occurs. The patient may be infertile.

Patients with AIS Grades 3-7 are always sterile, so potential fertility should not be a consideration. In PAIS Grade 3 (and some with Grade 4), there may be controversy about whether to raise the baby as a male or as a female. Patients with PAIS with Grade 5 and most with Grade 4 are too unresponsive to androgens to undergo masculinising puberty, either spontaneously or under the influence of exogenous hormones and cannot be masculinised surgically so as to function sexually as males. Like patients with CAIS, they will

undergo a spontaneous feminising puberty and should be raised as females.

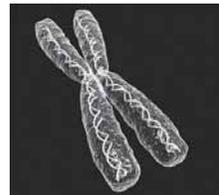
Genetics – Normal (non-AIS) Situation

In human somatic (non sex) cells there are normally 46 chromosomes made up of 23 pairs. Of these 46 chromosomes, 44 are called autosomes because they are not thought to determine gender. The other two are called sex chromosomes. Non-AIS males have a relatively large X and a small Y sex chromosome and normal females have two X sex chromosomes.

When the generative cells are formed in the body of an adult, these sex chromosomes become separated, so that a sperm carries either a single X or a single Y chromosome, while every egg carries a single X chromosome. At conception, the new embryo will be XX or XY, according to whether the egg, which is always X, was fertilised by an X or Y bearing sperm. Thus, the sperm controls the genetic sex of the child.

The genetic sex of a child is established at conception based on the 23rd pair of chromosomes it inherits.

- ❖ A baby who inherits the X chromosome from the father is a genetic female (a pair of X chromosomes).

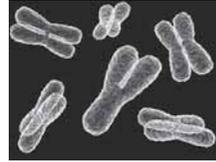


X Chromosome

If the embryo is female (XX), then no testosterone is made. The Wolffian duct will degrade and the Mullerian duct

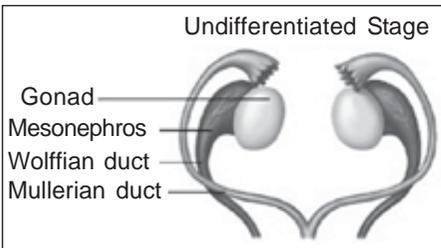
will develop into female sex organs. The female clitoris is the remnant of the Wolffian duct.

- ❖ A baby who inherits the Y chromosome from the father is a genetic male (one X and one Y chromosome).



Y Chromosome

If the embryo is a male (XY chromosomes), then testosterone will stimulate the Wolffian duct to develop male sex organs and the Mullerian duct will degrade. The type of sex organs developed depends on the presence of the male hormone testosterone (in humans, the default sex is female).



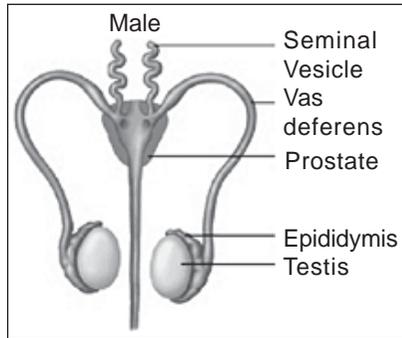
During the first few weeks of foetus development, the baby's internal and external genital structures are the same, regardless

of whether it is a boy or a girl.

At this stage, they have two sets of organs: one that can develop into the female sex organs (Mullerian duct) and another that can develop into the male sex organs (Wolffian ducts).

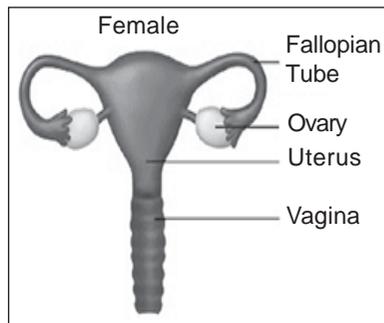
The gonads will become ovaries or testicles, the phallus will become a clitoris or a penis and the genital folds will become labia or scrotum.

The SRY gene, on the short arm of the Y chromosome, initiates male sexual differentiation. The SRY influences the undifferentiated gonad to form testes, which produce the hormonal milieu that results in male sexual differentiation. Testosterone stimulates the Wolffian structures (epididymis, vas deferens and seminal vesicles) and Anti-Mullerian Hormone (AMH) suppresses the development of the Mullerian structures (fallopian tubes, uterus and upper vagina).



Testosterone converts to dihydrotestosterone in the skin of the external genitalia and masculinises the external genital structures. By 12 weeks, most of this male differentiation has occurred but they are still not completely formed. On ultrasound, the sex can be identified as early as the 16th to 18th week of pregnancy. The testicles remain inside the abdomen until late in the third trimester, when they usually descend into the scrotum.

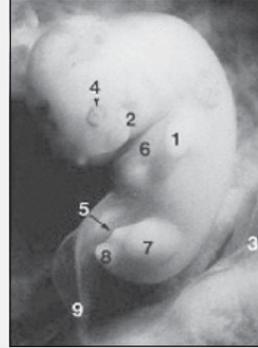
Female development will occur unless maleness is actively induced by the Y chromosome. If the embryo is female (XX), then no testosterone is made. The Wolffian duct



Genital changes in embryo development

(42 days / 6 weeks after fertilisation, around week 8 of pregnancy)

1. Buds of the arm
2. Arc branchial
3. Placenta membrane
4. Eye
5. Genital tuber*
6. Site of the heart
7. Bud of the leg
8. Tail
9. Umbilical cord



* At the 6th week, the site of the genitals is a small bud, called the genital tuber.

will degrade and the Mullerian duct will develop into female sex organs. In females, the gonads become ovaries. The uterus, cervix, fallopian tubes and vagina form, the labia develop and the phallus becomes a clitoris.

The lower part of the vagina is derived from a primitive structure called the urogenital sinus, which comes from the perineum. In males, the Mullerian ducts regress under the influence of a hormone, Mullerian Inhibitory Factor or MIF, secreted by the developing testes.

Embryology of a Foetus (AIS)

In AIS, although the testes fail to cause masculinisation of the external genitalia, they do produce sufficient MIF to suppress development of Fallopian tubes, uterus and upper vagina. The upper third of the vagina is invariably missing but the lower two-thirds may be fully

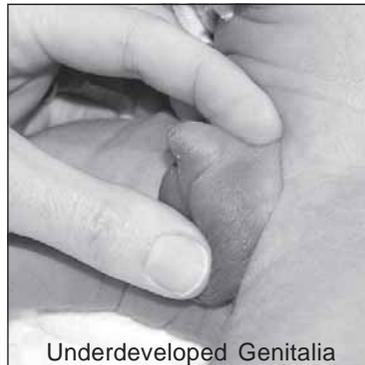
developed and sufficient for intercourse. In some cases the vagina may be even shorter, perhaps only a few centimeters or even just a 'dimple'.

Foetal Development – Abnormal (AIS) Situation

In the case of an AIS foetus, a Y-bearing sperm fertilises the egg (which is always X) and produces an XY embryo. Subsequently, in the early stage of foetal life, differentiation is as a male, with testes and the Mullerian ducts regressing. Once the testes are formed, they start to produce testosterone, which would normally cause the masculinisation of the body.

Until about 10 weeks of gestational age, male and female embryos appear identical in external anatomy. The same structures then begin to differentiate as male under the influence of testosterone or as female if the influence of testosterone is absent.

In the presence of intermediate amounts of androgens or in a condition of partial sensitivity to androgens, the external genitals will develop in an in-between way. In PAIS, the external genitalia can therefore be ambiguous, i.e. intermediate in structure between male and female. Note that the structure of ambiguous external genitalia can be the same, whether the genetic sex and the sex of the gonads is male or female. The structure of



the external genitals does not provide a way to determine whether the condition is PAIS or some other intersex condition.

Unfortunately, by the time the androgen insensitivity becomes evident, the internal reproductive organs have already progressed partially down the male route and the MIF from the testes has already begun its work of destroying the primitive female internal organs. The testes remain in a 'frozen', i.e. partially developed male state and the development of the internal female organs cannot be reactivated.

The undescended testes can result in an inguinal hernia in infancy and this is when AIS may be diagnosed in an apparently female child (about 50% of cases). Otherwise, in the rest of cases, CAIS may not be discovered until puberty, when there is a failure to menstruate, known as primary amenorrhoea.

CAIS - Physical Manifestations

They should be observed in light of the following:

- Female body shape
- Large breasts with juvenile nipples
- Absent/scanty axillary and pubic hair
- No temporal hair recession (balding)
- Female external genitalia with small labia
- Blind-ending vagina
- Absent or rudimentary internal genitalia
- Gonads consistent histologically with cryptorchid testes
- Hyperplasia of interstitial cells - adenoma
- Testes produce androgen

- Increased gonadotrophins
- No ovaries, fallopian tubes or uterus

Pubic and Underarm (Axillary) Hair in AIS

Often, the pubic hair in individuals with CAIS is reported as 'scanty' or 'sparse' and it is unclear whether the hair that is present is anything more than the vellus down (which is not androgen dependent) similar to that found elsewhere on the body in both sexes, at all ages. True sexual hair - the longer, coarser, darker terminal hair characteristic of adult pubic and axillary regions - results from androgenic stimulation of hair follicles. The term 'pubic hair' should therefore, be confined to hair that is truly androgenic in nature, however sparse or abundant and its distribution should be described in terms of Tanner Staging (next page).

Some individuals, considered in infancy to have the complete form of AIS, develop sexual hair at puberty, sometimes of the density and distribution seen in normal postpubertal, 46XX females. The presence of true pubic hair, even in an AIS individual with an entirely female phenotype, must be regarded as evidence for some degree of androgen responsiveness and that such individuals are considered to have a severe form of PAIS (Grade 6) rather than CAIS (Grade 7).

Changes at Puberty

Body Changes

Although androgens are often called 'male hormones' and oestrogens are often called 'female hormones', both types of hormones are present in males and

Tanner Staging – Sexual Development in Girls

Sexual development in girls occurs in predictable stages. J M Tanner divided the visible changes of puberty into 5 stages in 1962, which occur in a very specific sequence, known as ‘The Tanner Stages’.

It begins with thelarche (breast development), then adrenarche (pubic hair development), then a growth spurt (quick increase in height) and finally menarche (onset of menses) occurs.

Stage	Breasts	Pubic Hair
1	Preadolescent breasts with elevation of the papilla only.	None.
2	Breast buds develop and areolar diameter enlarges.	Sparse growth of long, slightly pigmented, straight or minimally curled hair that grows primarily along the labia.
3	Further enlargement of the breast and areola without any separation of their contours.	Hair becomes darker and curlier.
4	The areola and papilla project to form a secondary mound above the level of the breast.	Adult type pubic hair covers an area smaller than in the adult extend onto the thighs.
5	Breasts look like mature female breasts; the areola has recessed to the general contour of the breast.	The hair is adult in quantity and type and extends on to the thighs.

females, just varying in ratio. In normal males, the body produces androgens and a smaller amount of oestrogens. In fact, the richest natural source of oestrone (one type of oestrogen) is the testes of the stallion. Similarly, normal females produce male as well as female hormones. In AIS, the testicular oestrogen is secreted in a non-cyclical manner and not cyclically as in the menstruating female. Girls with AIS are particularly sensitive to oestrogens because of lack of the counter effect of androgens.

Although the body is insensitive to androgens, it is very responsive to oestrogens and is affected by the small amount of oestradiol (an oestrogen) produced by the testes, oestrone produced from testosterone in fat tissue or oestrogen replacement therapy.

The body develops even further in a feminine direction, causing the body appearance to perfectly resemble an XX female, with female breast development. Hence, it is sometimes stated that girls with AIS have a body form that is 'voluptuously female', i.e. with very adequate breast development and that the skin maintains a good condition, not being prone to acne (which is linked to the effects of male hormones).

However, since there is no uterus and no ovaries, there is no possibility of menstruation or conceiving. Although a vagina of sorts may be present as mentioned earlier, it is usually no more than a short blind pocket and may require lengthening if intercourse is to be made possible.

Growth - General

It is often stated that girls with AIS are taller than average. Contrary to this belief, individuals with Complete Androgen Insensitivity Syndrome are phenotypic females with 'normal female appearance'. Their growth in stature and body proportions is normal but there are some observations indicating that they might be taller than normal females. AIS girls tend to have a masculine skeleton and the size of their teeth is closer to that of men than of women. They have elongated limbs and large hands and feet.

However, some of these observations might have been made at a time when the practice of early gonadectomy and HRT was not so common and thus did not present a possible externally applied growth regulating factor.

Growth - Role of Oestrogens

Normal male pubertal growth spurt can be quite satisfactorily explained by the combined action of testosterone and growth hormone but the mechanisms involved in the female growth spurt are not completely understood. Oestrogens were formerly considered of minor importance and in the growth of girls, more influence was attributed to androgens from the adrenal glands. However, studies suggest that in normal girls, the pubertal growth spurt results from the effects of oestrogens rather than adrenal androgens. This leads to the conclusion that in AIS, the following changes take place:

- a spontaneous pubertal growth spurt takes place,
- the spurt velocity is equivalent to that of normal girls,

Eunuch Intersex - The Truth

A hermaphrodite is a mythical creature from ancient literature, one that supposedly has a complete working set of both male and female internal and external organs (such that the individual can, in theory, impregnate itself). This is not possible in humans. Medicine took over this literary term in the days before genetics was understood and employed it as a medical term, to refer to these individuals who have both ovarian and testicular tissue internally (an ovo-testis) and who, as a result, can have ambiguous external genitalia.

- it starts at an appropriate chronological age for girls (i.e. earlier than in normal boys),
- bone maturation (i.e. closure of the long bones and hence mature height) corresponds to that of normal boys rather than normal girls.

Presumably, these observations were in the absence of any HRT and therefore in spite of plasma oestrogen concentrations that would tend to be lower (due to lack of ovarian oestrogens) than in normal girls of the same age.

Growth - Role of Y Chromosome

It is presumed that genes on the Y chromosome have an effect on growth, independent of hormonal changes, as shown by increased growth in boys with an extra Y chromosome. In AIS, the XY karyotype (chromosomes) will result in excessive final height in relation to the female phenotype. The body shape (having accounted

for size differences) of 46 XY females does not deviate much from that of normal females but 46 XY females tend to be larger in all body measurements, although with a tendency to a slimmer body.

It may be concluded that the Y chromosome has a direct influence on growth but the greater height in normal males may indicate that an additive or inductive action of androgens is also necessary for the completion of body growth in normal males. Also, the body shape in 46 XY females is under the control of oestrogens and is not affected by the Y chromosome.

Obtaining A Diagnosis

Investigation, diagnosis and corrective measures for the TG/TS/eunuch population are rarely done in India. These measures are more prevalent in Western countries, where much less stigma is attached to this 'deviant sex' and consequently, remedial procedures are the norm. There, the affected person stands a much greater chance of being able to undertake proper surgical, hormonal and other rehabilitation therapies and lead a life according to the desired gender.

Diagnosis of AIS is usually made at one of these life stages:

As child – following the detection of hernia or 'non-standard' genitalia, i.e. sex organs, such as penis or vagina that are not structured like in the majority of children of the same age.

As an adolescent – with the failure to start menstruating or inability to have an erection.

As an adult – by following his/her medical history and often uncovering lies/half-truths over many years.

Diagnostic Criteria for Gender Identity Disorder

- A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).

In children, the disturbance is manifested by four (or more) of the following reasons:

1. Repeatedly stated desire to be or insistence that he or she belongs to the other sex,
2. In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing,
3. Strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex,
4. Feeling the intense desire to participate in the stereotypical games and pastimes of the other sex,
5. Strong preference for playmates of the other sex,
6. In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, desire to live or be treated as the other sex or the conviction that he or she has the typical feelings and reactions of the other sex.

- B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

In children, the disturbance is manifested by any one or more of the following factors:

1. In boys, assertion that his penis or testes are disgusting or will disappear, assertion that it would be better not to have a penis, aversion toward rough-and-tumble play and rejection of male stereotypical toys, games and activities,

2. In girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, assertion that she does not want to grow breasts or menstruate, marked aversion toward normal feminine clothing,
 3. In adolescents and adults, the disturbance is manifested by noticeable symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g. request for hormones, surgery or other procedures to physically alter sexual characteristics to simulate the other gender) or the belief that he or she was born with the wrong gender.
- C. The disturbance is not concurrent with a physical intersex condition.
- D. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Investigations

The first test to be carried out in a suspected case will probably be one which examines whether XY sex chromosomes are present. These are often detected either via a chromatin test (cost about Rs 1,500) using a buccal (mouth) smear (a rough indication that looks for a particular colour change in cells under a microscope) or via a blood test (a karyotype test that examines the shape of the actual chromosomes). There is also a new smear test called Fluoro In Situ Hybridisation (FISH), in which the X chromosome shows up as green and the Y as red.

Patients and their parents are often so traumatised by the existence of XY chromosomes that they settle for a diagnosis of 'AIS' and do not pursue further tests to differentiate similar conditions. Nevertheless, it is quite useful to investigate further, particularly in the case of suspected PAIS, which has a presentation similar to several other conditions. However, there are other conditions, apart from AIS, that will produce the same type of genital 'deformity' in a genetic male.

The body's sensitivity to androgens can be tested in infancy by applying testosterone ointment to the pubic region. If no response or only a weak response to the hormone is observed, then the patient has PAIS and a female assignment should be more strongly considered. At puberty, the patient will probably develop breasts and be unable to virilise completely. Also, the phallic enlargement that normally occurs at puberty may not occur. A penis that is marginal in size will remain so.

Apart from the above, the following tests can be done to confirm the presence of AIS:

1) Blood Tests

- Karyotype (done on people suspected of having AIS),
- 17-hydroxy-progesterone (if Congenital Adrenal Hyperplasia, an XX intersex condition, is suspected),
- Testosterone,
- Dihydro-testosterone (DHT),
- Androstenedione,

- Gonadotropins (i.e. FSH – Follicle Stimulating Hormone and LH - Luteinizing Hormone).
- HCG (human chorionic gonadotropin) stimulation test (3-day or 3-week test). By administering human chorionic gonadotropins (similar to pituitary hormones) and checking for resulting androgen production, it is possible to check whether a patient suspected of having AIS might instead have a deficiency in androgen production rather than response to androgens.

2) Urine Tests

Urinary steroids may be measured, though this is not always very useful. They may help with 5-alpha-reductase, also known as 3-oxo-5-alpha-steroid 4-dehydrogenase. It is an enzyme involved in steroid metabolism. It participates in three metabolic pathways: bile acid biosynthesis, androgen and oestrogen metabolism and prostate cancer.

3) Imaging

- Ultrasound of pelvis for uterus and ovaries. These tests check for the presence or absence of internal Mullerian (female) structures and differentiate AIS from conditions such as Swyer's Syndrome, Gonadal Dysgenesis, MRKHS (Mayer Rokitansky Kuster Hauser Syndrome),
- Ultrasound of groins for testes,
- Patient may also have an MRI scan if the above procedures are not found useful,
- X-ray studies involving a radio-opaque dye injected into the urogenital sinus can be used to determine the extent of development of the

vagina. The vagina and labia minora may be fairly well developed but not evident on external examination, due to labial fusion.

4) Examination under Anaesthetic

This may be done when planning for surgery, if imaging is inconclusive. It may occasionally include a laparoscopy (examination of abdominal contents via telescopic device through small incision).

5) Genital Skin Biopsy

This is generally done to look for DNA (although this can also be done using blood).

6) Gonadal Biopsy and Histology

A histological tissue analysis of the testes or gonads being removed can be done. In cases of AIS, these tissues are supposed to look normal and be functioning (although they do not produce mature sperm cells). In other cases, the gonads may be present as streaks, under-developed or even as ovo-testes. This test is rarely done now, unless looking to confirm the presence of an ovo-testis.

7) DNA Studies

This is usually done on blood. The clinical suspicion has to be very high to make it worthwhile. In some conditions, e.g. CAIS, the faulty gene can be identified in about two thirds of people with this condition.

This means that if identified, other members of the family could be screened as a precautionary

measure, to see if they carry it too. They are very expensive and time consuming 'needle in a haystack' tests.

8) Familial Analysis

While about a third to a half of cases of AIS occur due to spontaneous mutations, the other cases follow a specific line of inheritance, viz. through maternal lines. In cases where a relative with a similar condition is known in a non-maternal line or when there is consanguinity (close blood relationship) between parents, one may suspect that the girl does not have AIS but another condition with an autosomal inheritance that does not involve either of the sex chromosomes but one of the 46 other chromosomes.

9) Tissue-Level Defect

The exact nature of the defect at the tissue level in AIS has been the subject of considerable research. A recent study on the molecular basis of the phenotypic variation in AIS puts forward evidence that most, if not all, cases of complete AIS can be explained by androgen receptor defects. However, the majority of Partial or Incomplete AIS subjects exhibit no defect in androgen-receptor binding, suggesting that other genetic defects are involved. It is also possible to have the same genetic defect and different genital appearances. CAIS and PAIS may thus be caused by different defects at the genetic/cellular level and are thought not to occur in the same family.

Some More Factors

In the absence of biochemical testing, the following clues to ascertain presence of carrier status in a family can be used:

- maternal relatives affected by AIS,
- delayed puberty in an XX female,
- reduced pubic/axillary hair in an XX female,
- asymmetric pubic/axillary hair in an XX female,
- reduced bone density in an XX female.

There are various commercial testing laboratories in the US and continental Europe. The number of families requiring this service is small, since AIS is a rare phenomenon. However, the demand has increased in recent years and will probably continue to grow, as intersex becomes less of a secret issue within families and society, due to the integration offered by globalisation. Indian society is just starting to become more open and accepting like western cultures.

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Questions To Ask Your Doctor

The decision to have GRS and/or cosmetic surgery is serious and personal. While this book may answer many questions, each case is different. For the sake of convenience, here is a list of questions the doctor may be asked during consultation. The patient should take it, along with the complete medical history to ask the doctor.

- 1) How often do you do this procedure?
- 2) How many years have you been doing this procedure?
- 3) Realistically, what results can I expect?
- 4) What do I need to do to prepare myself for this operation?
- 5) Is there anything in my medical history that suggests added risks or complications from this procedure?
- 6) What are the risks and possible complications of the procedure?
- 7) How much discomfort should I be prepared for?
- 8) What is the recovery time?
- 9) How much will it cost?
- 10) With the patients' permission, can you refer me to a few patients who have undergone this surgery under your care?

The decision to change the gender through surgery is a monumental one and cannot be easily made or implemented. The patient may obtain this information from two or more different doctors or hospitals, so that s/he is in a better position to make an informed decision.

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Gender Reassignment Surgery

Transsexuals do not actually have a choice. It is the way they are born. For two persons per thousand of the population, a hormonal imbalance in the uterus about six to nine weeks after conception is where it all starts.

Due to hormonal imbalances, transgenders feel that their identity is different from the gender of the body they occupy. However, this is discovered normally at adolescence or in rare cases, at birth. Upon puberty or even earlier, the body starts to head off down a route that is diametrically opposed to the lifestyle that the person wants to lead.

Many transsexuals go through periods when they attempt to suppress or deny their condition. Some choose hobbies or jobs that are hyper-masculine or hyper-feminine in order to try to prove that they are not transsexual. Others accept their condition as their fate and live out their lives in denial and deprivation. On the other hand, a few recognise their condition, come to terms with it and take steps to rectify their situation through 'Gender Reassignment Surgery (GRS)'.

Technically, one cannot truly change his/her gender. That is why the procedure is not really called 'Gender Change Surgery' but 'Gender Reassignment Surgery'. The idea is to alter the physical appearance of a person's anatomy, to approximate as nearly as possible, the anatomic arrangement of the other gender.

The Development of Modern GRS

With rapid advances in the knowledge of sex hormones and plastic surgery following World War II, it finally became possible to contemplate complete medical and surgical solutions for transsexualism. Initially, transsexual women began to benefit enormously from the newly available female sex hormones, which enable the development of breasts, soften the skin and over time produce female body contours. Later, a few surgeons began exploratory surgeries to construct vaginas in MtF transsexuals by using skin grafts taken from the thighs or buttocks.

The modern form of penile inversion for MtF GRS uses the male genitalia as source of skin and sensitive erotic tissue to create the new female genitalia, including the vagina. Variations of this technique have been used ever since.

For the FtM GRS, a two stage conversion is applied. In the first procedure, salpingo-oophorectomy, hysterectomy, colpectomy, metoidioplasty and mastectomy are performed. A free flap phalloplasty with the deltoid flap is planned as the second stage.

The Necessity of GRS

MtF

All males cannot change their gender to female and vice versa. When a person has a few features of a male body, e.g. non-erectile penis while most of the other features such as breasts, lack of testes etc are female, then depending on a case to case basis, the option of MtF GRS can be considered.

In the old days, this was practiced through castration, where the penis was severed and no vagina was created. The person lived like a girl but she never had penetrative sex. Today, MtF GRS primarily involves psychological changes, hormone therapy, the surgical procedure of creating a vagina in the place of the penis, facial feminisation surgeries such as rhinoplasty, breast augmentation and other procedures.

FtM

Similar to the desire of some males to become females at some point of time in their lives, some females feel trapped in the wrong body and have the urge to become males. This may happen due to one or more of the following factors:

1. Such females are not fully females. They have a partly functional or a smaller vagina, which may either be partially penetrated with great difficulty or may not be penetrated at all.
2. Internal female organs are either absent or are non/partially functional and clitoris may be enlarged.
3. From the inside of their body and mind, they feel that they are male souls trapped in female bodies.

4. They have an intense desire to stand while urinating.
5. They have female friends who they are attracted to. Both want to live together for the rest of their lives. The dominant partner in the relationship has a great desire to get transformed into a male.
6. They feel that becoming male makes one a more empowered person in the eyes of male dominated society.

When one or more of the above mentioned factors are strong enough, such females choose to become male through FtM GRS. This includes surgical procedures that will reshape a female body into a body with male appearance and genitals. Through the construction of penis, chest reconstruction, hormone therapy etc a female gets reassigned to male.

A complete transition from male to female (including GRS) or vice versa takes about two years or even longer. The transsexual transitioning process begins with guidance and counselling, peer support and then the initiation of hormonal feminisation. For this, a medical team comprised of psychiatrists, sexologists, endocrinologists, gynaecologists, urologists and plastic surgeons work together.

What is the Right Age for GRS?

A good number of parents having children with ambiguous genitalia feel the urgent need for a surgery to partially correct the issue. They feel this need, so that the wounds heal at younger age and by the time the child reaches puberty, s/he has normal gender. It

may be appreciated that parents are motivated by the desire to minimise any psychological trauma in their child associated with having atypical genitalia and by the earnest concern that their child should 'fit in' with his or her peers. Psychological counselling and peer support from other intersex individuals in childhood and early adulthood are absolutely critical to achieving a positive outcome. However, the same assurance cannot be given regarding surgical intervention in infancy/childhood.

The practice, advocated by some clinicians, of performing vaginoplasty in infants/children will not yield the expected results for the most part. Vaginal surgery, like that of gonadectomy in infancy/childhood, has more to do with parents (and clinicians in some cases) not wanting to face telling a teenager the truth about his diagnosis, than with obtaining the best possible psychosexual outcome for the patient. Evaluation of the intersexed child should preferably be performed by a team comprising of a gynaecologist, a paediatrician, a urologist and a plastic surgeon before a GRS is done on a child.

However, in pubertal girls with AIS, contrary to GRS, the issue of vaginal hypoplasia should not be ignored or deferred until a girl is considered old enough to begin her sex life. Some discover a short vagina through self-examination and can live in fear and isolation with this secret for many years. Others have experienced the trauma of a failed attempt at intercourse. If a girl perceives that she is unable to have penetrative sex due to a short or absent vagina,

her conclusion may be that she will be forever ineligible to be anyone's sex partner. This can lead to depression and prevent normal social development.

Counselling, with the goal of preventing such occurrences by providing information, should be given near the age of puberty. The girl should be informed truthfully of her anatomical situation and concurrently told what treatment is available.

Specifications for GRS Patients

1. Live with the desire for being the other gender for more than two years.
2. Have been living for at least one year full time in the new gender role. Living in this role should be successful and to the complete satisfaction of the individual.
3. Take hormone therapy for at least six months.
4. Obtain a recommendation from a psychiatrist or therapist.
5. Have a negative attitude towards his current sexual organs.
6. No psychiatric illness.

Patients fulfilling the above requirements must also satisfy the Harry Benjamin Standards of Care, in order to achieve a successful and smooth transition.

Harry Benjamin Standards of Care

The standards provide a description of the basic steps a transsexual person should follow in seeking hormonal and surgical treatment. This consists of the following five steps:

1. Diagnosis

The first step for a transsexual; seeking GRS is to see a licensed clinical behavioural scientist (psychologist, counsellor, psychiatrist or clinical social worker) with proven competence in the field. Evaluation must occur over a period of at least ninety days. During this period, the patient should talk about his/her feelings of gender dysphoria with the therapist and explore suitable options.

Counselling imparts transsexuals with not only an improved understanding of the issues that the transsexual is born with but also the smooth and successful management of all issues pertaining to the transition and enhance his/her 'quality of life'. It enables transsexuals to understand the condition that they suffer from, its origins and as a result, live as comfortably as possible, without low self esteem, guilt, confusion and with the knowledge that it is a birth condition - not deviant behaviour. They understand that gender diversity is not a traditionally thought of mental illness but a condition that can nurture depression, anxiety and stress related mental health disorders that arise directly from it.

2. Referral for Hormonal Therapy

At the end of the ninety day period, the patient can ask the therapist for a referral to an endocrinologist for hormonal therapy. An experienced therapist will have a referral network of endocrinologists and other professionals and s/he can contact them on the patient's behalf.

3a. Consult an endocrinologist

The endocrinologist should have proven competence in working with transgender people, for improper dosages of hormones can be dangerous. Hormones will cause gradual but progressive changes in the patient's secondary sex characteristics (breast growth and lessening of body hair in MtFs and lowering of voice and increase in body and facial hair in FtMs), which will cause the patient to look more feminine or masculine over time. MtFs will additionally experience lowered libido and sterility and FtMs will experience clitoral growth, increased libido, cessation of menses and (sometimes) acne or male pattern baldness.



Before hormone therapy



After hormone therapy

Hormones for MtFs consist of oestrogens and sometimes progestins. Anti-androgens may also be given. Route of administration may be oral, intramuscular (via injection) or transdermal (via patches). Androgens are given for FtMs, usually intramuscularly.

3b. Electrolysis (for MtFs)

MtFs will need electrolysis to remove facial hair. Body hair will decrease over time through the use of hormone therapy, but some electrolysis of the arms, legs or torso may be desired. This procedure is more easily done while still living in the male role, as it requires a two-four day period of growth before treatment and can result in skin inflammation.

When living as a female, it is difficult to schedule enough time to allow facial hair to grow for treatment. With sufficient time on hormones and electrolysis, the MtF's appearance will change sufficiently to allow the patient to begin the real-life test.

4. Real Life Experience

A major requirement of the Standards of Care is to live and work full time in the new gender role in order to achieve candidacy for genital surgery. During this “real life test” the patient must dress and function in the new role 24 hours a day, seven days a week. The transitioner must also readjust a phenomenal range of mannerisms and gestures and learn a whole new set of social protocols.

Although there are no specific rules or guidelines regarding patients undergoing GRS in India, in western countries, patients should preferably live in their new gender role for about 1 to 2 years before an operation can be performed. During this period, the gender in all documents relating

to the patient are changed – driving licence, insurance papers, voter’s identity card etc.

At the beginning of transition, people are often quite fragile. Many become much more emotional than before, with emotions and tears coming much more easily and they need to be reassured that this is a normal response. Fortunately, the hormonal changes during transition tend to reinforce these inner emotional changes.

Often they are a lot more open, talkative and interactive too. Sometimes, for the first time in their lives, transitioners are accepting and asserting themselves and not hiding their true selves or pain at having to play a false role, as in the past. This is a profound experience for the transitioner. These changes can be so pronounced that friends, family and loved ones may become ‘lost’ (confused by it) for a while. Many people will be afraid to associate or even be seen with them, until they get far enough along to ‘pass’ for the opposite sex.

5. Gender Reassignment Surgery

After the requirements of the real-life test have been met, the patient is eligible for evaluation for GRS. Two authorisation letters from therapists are required for GRS.

Preparation before surgery

1. Two months before surgery, the patient should stop smoking, drinking, nicotine abuse etc which

may cause vaso-spasm, excessive scarring, tissue necrosis, damage to pulmonary membranes, impair wound healing and enhance aesthetic risks.

2. The patient should stop taking aspirin because this will cut down on the amount of bleeding during the procedure.
3. The patient should stop taking hormone pills two weeks before surgery.
4. The patient should eat a soft diet for 2-3 days prior to surgery to prevent the problem of defecation after surgery.
5. The patient should not drink and eat food for 6 hours before the surgery.

Complications of GRS

Modern GRS surgeries done by surgeons are usually successful, aesthetically and functionally, without any major complications, though there may be a few minor issues following the 4-5 hour long operation. The patient is out of hospital in ten days and can be back at work in three months.

The risk of prolapse is small and usually occurs only if patients have sex too soon after surgery or due to improper adherence to post-operative measures. However, when done by less experienced surgeons, various complications can and do occur and even top surgeons will very occasionally encounter difficulties.

Complications can include minor infections, bleeding, sloughing off and loss of some of the grafted skin. More serious complications include major infection

or bleeding and damage to the bladder, prostate or major nerves during the dissection to form the vagina. These complications can be difficult to control and correct, may require major extension of the hospital stay and can lead to permanent uncorrectable damage. The procedures are very risky, since they involve nerves that stimulate sexual response. A slight error may cause sexual sensitivity to come down drastically.

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Gender Reassignment Surgery - Male To Female

The successful transition from one gender to another involves the development of characteristics that are as close as possible to those of the desired gender. Hence, in addition to surgery, many supplemental procedures are required.

The MtF GRS procedure itself deals primarily with the surgical procedures involved in the transition, such as the removal of the penis and scrotum and the creation of a vagina. Subsequently, complementary procedures are necessary in order to achieve a successful transition.

Penile Inversion Vaginoplasty

This is the preferred method of MtF GRS. It is widely performed and when performed by an accomplished surgeon, can produce very satisfactory results. In some cases where the penile skin is very short, the surgeon may need to perform 'Colon-Vaginoplasty' in a second step after 6 months.

The basic method involves turning the penile skin 'outside in' and using it to line a vaginal cavity created by blunt dissection through the muscles of the perineal area. The shaft of the penis and testes are removed.

Many surgeons use variants of the technique: a pure penile inversion limits the size of the vagina that can be created, depending on the amount of penile skin available. In many patients, it is necessary to supplement this material with scrotal skin or by means of a skin graft, often taken from the thigh or abdomen.

Early vaginoplasty techniques often used split skin grafts; these were invariably unsatisfactory and very prone to scar tissue formation and shrinkage, leading in many cases to vaginal stenosis (narrowing of the vagina), often with accompanying tissue changes such as dryness, loss of elasticity and resilience and scar tissue. Some surgeons still use free, full thickness skin grafts to supplement penile skin but the disadvantages of these include visible scarring of the donor site, lack of sensation in the grafted tissue and difficulty in obtaining enough material in very slim patients.

A more modern method involves the use of scrotal tissue and is sometimes termed 'peno-scrotal inversion'. In this technique, the penile skin is usually divided, part being used to form the floor of the vulva and part being used to form the anterior wall of the vagina, with a flap of scrotal tissue being used to form the posterior wall and apex of the vagina. This has the considerable advantage that a satisfactory vagina can usually be formed even in circumcised or mildly intersexed patients where penile tissue may be very limited. The corresponding disadvantage is that the risk of vaginal prolapse increases with the proportion of scrotal tissue used, as scrotal tissue adheres less well to the muscles than penile tissue.

Labia are constructed from scrotal tissue and the urethra is shortened and everted to correspond to normal female anatomy. A good surgeon will relocate the urethral meatus to an appropriate female position and will ensure that the erectile material of the penis is removed to the maximum possible extent, so as not to leave an unsightly and possibly painful 'stump'. The remnant of the prostate gland (long term hormone therapy causes it to atrophy and shrink) is left in place and provides sexual sensation through the anterior wall of the vagina, analogous to the so-called 'G spot' of natural born females.

In the meantime, the surgeon constructs a clitoris by retaining a small section of the glans penis with its blood supply and nerves intact and positions this into an appropriate location above the urethral meatus. This is since the nerves of the glans in phenotypic male are analogous to the nerves of the clitoris in a female. The surgeon also constructs labia majora and labia minora so that patients can have natural feelings of erotic sensation like a normal female. This is a special technique which provides patients with the most natural looking and aesthetically pleasing female genitalia with very good functional and cosmetic appearance and satisfies them very highly.

After this operation, the patient will have a pack (usually of surgical gauze) placed in the vagina, to retain the tissues in their proper locations for about five days while healing proceeds. During this time, she will be on bed rest and a clear-fluid-only diet, to avoid the possibility of a bowel movement which could damage

the vagina or disturb the pack. The patient is also catheterised, typically for seven days, to allow the urethra to heal.

Colon Vaginoplasty

The second procedure quite often employed is the newer and somewhat more invasive technique called recto-sigmoid colon vaginoplasty where a section of the sigmoid colon is used to create the neo vagina (i.e. the sigmoid or 'S' shaped part of the large intestine above the rectum which terminates at one end with the anus) as opposed to a skin-graft.

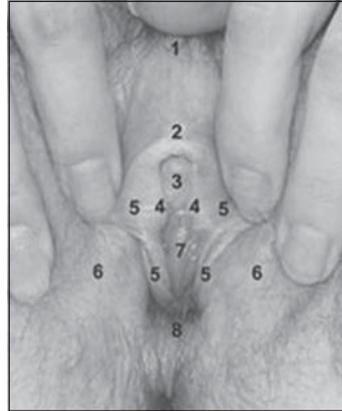
Apart from this important difference, the actual surgical procedure itself is in many respects the same as that of the skin-graft i.e. penile inversion vaginoplasty.

However, it is much more complex operation usually involving full access into the abdomen. This will result in relatively extensive lateral scarring, although some would argue that such scars are less disfiguring than those resulting from an extensive skin-graft having been taken.

Reported benefits of recto-sigmoid colon vaginoplasty include self-lubrication, lower risk of shrinkage and a deep neo vagina (as much as 8" or 20 cm, is not uncommon). A possible surgical complication arising specifically from colon vaginoplasty is diversion colitis which is an inflammation of the colon which can occur following a colostomy i.e. the need for a stoma to be put in position or a temporary redirection of excrement from the body to allow the colon to heal.

Vaginoplasty

Vaginoplasty is any surgical procedure, the purpose of which is to address vaginal structural defects or aesthetic considerations or to partially or totally construct or reconstruct a vagina. This is the final step in the MtF transition. It involves a surgical procedure to remove phallic tissue and fashion a vagina in its place.



Expected structure of genitalia after MtF corrective surgery

Vaginoplasty consists of the following important steps:

1. **Mon Veneris/Mon Pubic**

Characteristic: The mons is sexually sensitive fatty tissue that covers the pubic bone.

Technique: The mound tissue is created from the neurovasucular bundle of neo-clitoris which carries a special sensation to the raised skin.

2. **Clitoral Hood**

Characteristic: Prepuce of the clitoris covers the clitoral body.

Technique: The clitoral hood is made from dorsal neurovascular prepuce flap attached to the neo-clitoris.

3. **Clitoris**

Characteristic: The glans of the clitoris has many nerve endings which result in the clitoris being extremely sensitive.

Technique: This complex and specialised organ is made from dorsal part of glans penis with intact sensory nerves and vessels.

4. Clitoral Frenulum

Characteristic: Each labia minora attaches to the base of the clitoral glans. The point at which they attach is called the frenum or frenulum.

Technique: This is junctional area at which the dorsal prepuce flap (clitoral hood) and the ventral prepuce flap (labia minora) merge with the lower part of neo clitoris.

5. Labia Minora

Characteristic: The labia minora (inner labia) are the inner lips of the vulva, thin stretches of tissue within the labia majora that fold and protect the vagina, urethra and clitoris.

Technique: The inner surface of labia minora is made from originally pink coloured tissue from the neurovasculised ventral prepuce flap while the outer surface of labia minora is made from the penile skin flaps. Entire surface of labia minora is hairless and sensitive to sexual stimulation.

6. Labia Majora

Characteristic: The labia majora (outer labia) are the outer lips of the vulva, pads of fatty tissue that wrap around the vulva from the mons to the perineum.

Technique: The labia majora is made from scrotal skin flaps. The corpora cavernosa (shaft of penis) are removed up to their attachments to the pubic

bones. Vaseline gauze is used to secure the skin graft inside the neo vagina for 4-5 days.

7. Vestibule of the Vulva

Characteristic: The vestibule is the triangle shaped area below the clitoris and above the vagina.

Technique: This special sensate area is made from a combination of the two originally pink coloured tissues which are the glans neurovascular island flap and the vascularised urethral flap.

8. Vaginal Introitus

Characteristic: The entrance of vagina or vaginal opening.

Technique: This area is made from the combination of perineal flap and two sliding distal penile flaps.

9. Vagina

Characteristic: The internal genital female space extends from the vaginal opening.

Technique: The wall of vagina is made from scrotal skin graft and/or abdominal skin graft. Entire surface of neo vagina is hairless. The labia minora form the sides of the triangle. The urethral meatus is located within this area of the vulva.

Abbe-McIndoe Method

This is the most common surgical technique used. A newly created (neo vaginal) cavity is lined with split thickness skin graft held in place with mould (stent). The main problem is the strong tendency of the graft to contract, thus closing up the cavity, prevention of which requires the conscientious use of dilators post-operatively.

Post-Operative Care Following Vaginoplasty

During the immediate post-operation period, the woman will be under the good care of her surgeon, support staff and hospital recovery environment. During this time, she will learn whether her surgery was fully successful or whether any complications have occurred and have to be dealt with. Later, after leaving the hospital, she will have to take a lot of responsibility for long term ongoing aftercare and the outcome of the surgery will depend on how consistently she performs that aftercare.

The main concern facing the newly post-operative woman is to ensure that her neo vagina heals properly, maintains its size and remains functional. In order to do this, she must dilate frequently using a vaginal stent for an extended period following surgery.

The neo vagina is an artificially created opening into the body. The tissues, including the pubococcygeus (PC) muscle, that surround the neo vagina, need to be pushed aside during the dissection of neo vaginal cavity. Because their genetic code has no plan for an opening there, the MtF transitioner's body will simply heal what it considers to be a gaping wound and close the neo vagina completely and permanently. So in order to keep it open, something must be inserted into the neo vagina on a regular and frequent basis. Such a device is called a stent or dilator.

The neo vagina should be dilated by initially using small size vaginal dilator 3-4 times a day and gradually increasing its width and length.

Vaginal Stent or Dilator

Vaginal stents typically range in size from about 1-1/8 to 1-1/2 inches or more in diameter (28 to 38 mm) and must be inserted to full depth (4 to 6 inches or more) into the woman's vagina for 30-40 minutes, 3-4 times every day for many months after the surgery. Increasing sizes are used to gradually widen and maintain the vaginal opening during the post-operation recovery period.

Later on, especially during any prolonged periods of sexual inactivity, basic dilation must be done at least once or twice a week to ensure the maintenance of vaginal width and depth. Even after many years, if the woman notices any tightening or constrictions from one week to the next, the frequency of dilation must be increased until that discomforting episode has passed.

Many of the cases where surgical outcomes seem to be poor are actually the result of women not rigorously dilating, especially during the critical months immediately following GRS.

Modern Dilator

In around 1997, dilator appliances that are designed to be used in a seated position but on an ordinary chair were developed. They have a design that allows adjustment of their lengths in very small increments, which helps make the process less uncomfortable. There are two versions of the dilator kit, one for use after surgery, to maintain vaginal length and one for use when starting from scratch to form a vagina by pressure dilation alone.

Pressure Dilation Techniques

These techniques are preferred by girls having small vaginas and do not wish to go for surgical corrective measures. The effort required to create a vaginal cavity by dilation may seem daunting. She should be aware that the inconvenience and discomfort imposed are usually far less than that experienced after conventional surgical vaginoplasty. Some who have been leaning towards preferring surgical vaginoplasty change their minds after speaking with adult AIS women who have undergone surgery.

Intermittent Pressure (Frank Method)

This procedure is carried out by the girl herself at home. Rounded rod-shaped appliances are placed at the vaginal introitus (vulva) and gentle pressure (enough to cause mild discomfort) is applied. This is typically done once or twice per day for 20 to 30 minutes. The time to completion of treatment can vary from less than one month to over a year. An adequate dosage of oral oestrogen, plus local application of vaginal oestrogen cream may be helpful.

Gradient Pressure using Sola Stem

Another method, practiced in India since ancient times, is to insert a piece of dry sola stem in the vagina and make the girl sit in a trough of water. As the sola stem absorbs water, it expands and dilates the vagina. In the absence of penetrative sex, this technique is useful to prevent a tightening or constriction of the vagina. This practice was primarily followed by brothel owners to force girls into prostitution at an early age.

Supplemental procedures for MtF

For the MtF transitioner, in addition to the surgical procedures carried out for the transformation into a female, there are other requirements for effecting the change, in order to achieve the desired effect. A prime supplemental procedure necessary to complete the procedure is mentioned below.

Voice training for MtF

The key test of success is whether the transitioners can always pass as female with strangers on the telephone (i.e. whether they are always called ‘ma’am’ by those who cannot see them and only hear their voices). If that always happens, then the voice is passable. For this, MtF transitioners need to gradually raise their voices until the fundamental tone is up to around 180 Hz, making it ‘breathy’ or ‘smoky’. This is achieved through regular voice training.

Voice training methods

There are two steps to developing a female voice:

1. Learn the techniques and
2. Practice

To learn the techniques, the transsexual should find a voice coach in her area. Someone who teaches singing can assist with voice range in the upper register.

Warm ups

Actors are taught warm-ups to get them ready to read scripts and they are applicable to learning a female voice as well, such as saying the vowels (a-e-i-o-u) and over emphasising them by making exaggerated mouth movements. This will help relax the transitioner’s

mouth and jaw muscles and achieve the clear enunciation and modulation of a female voice.

Pitch

The main difference between a male and female voice is pitch and this is the technique a transsexual should work on the most. Males have deeper voices due to longer and thicker vocal cords. Transitioners need to move the resonance out of the chest and lower throat and up into the nasal passages and head. This is accomplished by tightening the vocal cords in the throat.

Breathiness

Breathiness begins by whispering. In other words, the transitioner pretends she is a girl whispering something into her best girlfriend's ear. She can speak with enough volume and still keep a whispering quality.

Enunciation

Men tend to slur words and not speak as clearly as women. Probably due to their having louder voices, they do not have to enunciate as clearly. However, for a woman, her voice should be clear, so as to be audible and this can be achieved only through enunciation. A good way to learn to enunciate is to read something and over 'e-nun-ci-ate' each word.

Phrasing and Modulation

Men tend to speak in a flat-footed or monotone way, not varying their tone much, saying as much as they can in one breath. Women modulate or vary their tone more. In other words, their pitch will go up and down during a sentence. Men have larger lungs and can

speak longer without taking a breath, whereas women have less breath capacity and tend to take more breaths when speaking.

Pronunciation

Men and women pronounce words differently. The main differences are women often pronounce one syllable words as two and sometimes their voices go up at the end of sentences, like when asking a question.

Similarly, transsexual women must remember to make sentences according to their new gender, at least when they are speaking an Indian language. For example, while going somewhere, she must say, "*Main jaa rahi hoon*", not "*Main jaa raha hoon*" and so on. That means, when the transitioner thinks of herself, she has to do so in the female gender. Also, friends and family have to start referring to the transitioner as 'she' instead of 'he', as they have been accustomed to.

MtF and Sex

It is now possible for many post-operative women to feel totally gender congruent in their transformed bodies and to be able to very comfortably and passionately enter into loving relationships (either heterosexual or lesbian, as the case may be) as sensual, sexually responsive women.

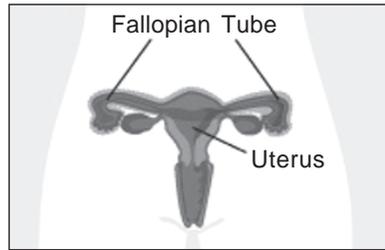
However, regardless of their sexual orientation, some of these women will overcome their fears and go on to find partners, often by seeking someone interested in a love relationship involving deep emotional sharing and intimacy, instead of focusing simply on

sexual relationships (as younger couples so often do). Such partners exist and their own quest for a life partner may be as long and as uncertain as the one of transsexual women. However, in order to be successful in finding love, the transsexual woman must have found enough peace, joy and self esteem in herself so as to be able to function properly as a partner in a loving relationship.

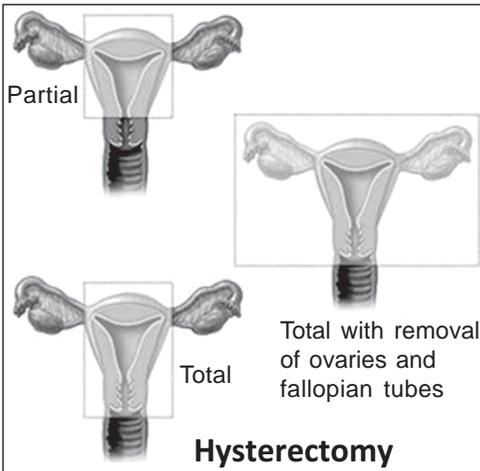
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Gender Reassignment Surgery - Female to Male

F_{tM} GRS consists of the removal of primary characteristics of a female such as ovaries, fallopian tubes, uterus etc and construction of a penis. These involve the procedures described below.



Hysterectomy and Bilateral Salpingo-Oophorectomy



Hysterectomy is the process of removal of the uterus. Bilateral Salpingo-Oophorectomy (BSO) is the removal of both the ovaries and fallopian tubes.

A 'partial hysterectomy' is actually when the uterus is removed, but the cervix is left intact. If the cervix is also removed, it is called a 'total hysterectomy.'

Metoidioplasty

Metoidioplasty is phallic clitoral enlargement, enabling urinating while standing. It is derived from the Greek words, 'meta' meaning toward, 'oidion' meaning male organs and 'plasty' meaning formation. Metoidioplasty is based upon the surgical release of a clitoris that has been primed on testosterone. A patient going in for the surgery can reasonably anticipate the outcome of the surgery based upon the length of the clitoral body and size of her glans clitoris pre-operatively. One can expect a juvenile sized phallus at best, without it having the ability to penetrate. Overweight patients may achieve greater length with pubic lipectomy which recesses the body surface line.

How is Metoidioplasty done?

The procedure confers the advantage of minimal surgery with preservation of natural sensation and erectile function. First gynecologists perform an ovariectomy. Then they elevate the anterior vaginal flap through the abdominal approach. The elevation is completed transvaginally, just to the dorsal part of the urethral orifice, by plastic surgeons. The vaginal mucosa is restructured and colpocleisis (surgical closure of the vaginal canal) is accomplished.

After the abdominal wall is closed, the surgeons perform a metoidioplasty. Fat from the neighbouring

area is abstracted to make a phallus. By restructuring of the chordee, the clitoral shaft is released and abdominally advanced. The neo urethra is constructed by suturing the vestibular skin, the vaginal mucosal flap and the labial flap around the urethral catheter in a watertight fashion.

The estimated blood loss is about 500 ml and the total operating time is around 6 hours. The total hospital stay required for the patient is about 14 days.

For those patients who desire to urinate while standing after this sex change procedure, the urethra is extended into the neo penis. This objective may be accomplished simultaneously or performed secondarily using either a vaginal flap or buccal mucosal (mucous membrane of the inside of the cheek) graft.

Phalloplasty

A free-flap phalloplasty or penile lengthening is the second stage of the FtM conversion.

There are two surgical procedures involved here and they are:

1. Penis girth enhancement¹

Thickening of the penis or girth enhancement is done by sucking fat from patient's pubic mound, abdomen and waist and injecting this fat underneath the skin of his penile shaft.

¹ All patients considering girth enhancement must be circumcised as there will be post-operative swelling which may impede retraction of foreskin for daily hygiene.

Penile girth enhancement can be performed by one of three techniques:

- a) Placement of dermal-fat grafts:
Dermal-fat grafts are harvested from the lower abdomen or buttocks area (actually upper thigh just below the crease) and are associated with graft contracture, which may result in palpable fibrous cords and penile shortening.
- b) Insertion of acellular dermal matrix strips:
An acellular cadaveric dermal matrix product is capable of stimulating an ingrown of connective tissue with blood supply. It eliminates the need for taking donor fat or dermis from one part of the body to another.
- c) Insertion of liposuctioned fat:
This involves the removal of fat from local fat stores, such as the abdomen and buttocks and its subsequent injection into the penis. The surgeon then hand moulds the injected fat into the desired shape.

2. Penis lengthening

Penis lengthening procedures involve dividing the hidden ligaments suspending the penis from the underside of the pubic bone. This will cause the penis to protrude roughly an inch and a half forward. This increase is permanent provided he wears the penis traction device (page 410) for a total of 1 hour a day for about 4 months.

With phalloplasty, the necessity for staged procedures is predictable and the revision rate is often quite high. This process of constructing a penis is tedious and more expensive, as compared to metoidioplasty but is the more effective of the two.

Gender Reassignment Surgery

Photographs / Illustrations

The following pages contain actual photographs and illustrations of GRS. They depict the important stages in the GRS procedure.

These results shown depict better than average results that are normally achieved through such surgery. They should not be taken as indicative of the general or most commonly obtained outcome.

Courtesy:
<http://www.genderxchange.co.uk/>

Male to Female Surgery Photographs



Scrotal skin raised along proposed line of incision



Mobilisation of testes from scrotum



Assessment of space below urethra



Orchidectomy
i.e. removal of testes

Male to Female Surgery Photographs



Proposed line of incision on penis



Mobilisation of skin from shaft of penis



Dissection of urethra from ventral surface of penis



Formation of clitoris and removal of penis

Male to Female Surgery Photographs



Penectomy and
formation of clitoris



Newly formed clitoris



Penile and scrotal skin flaps are
used for formation of labia majora,
labia minora and neo vagina

Male to Female Surgery Photographs

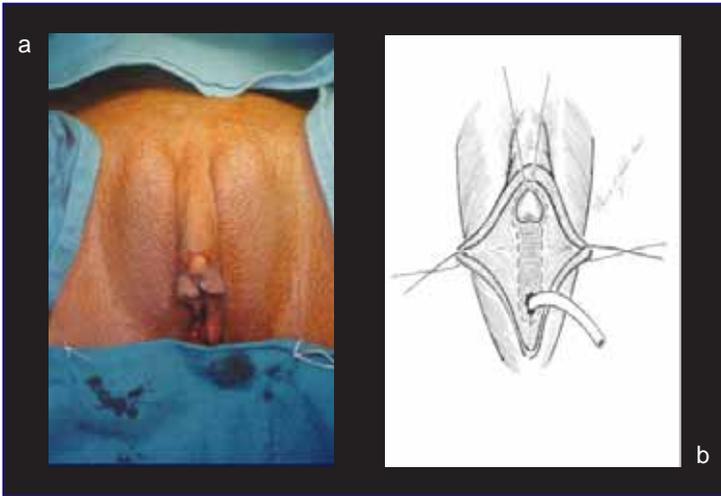


Assessment of newly constructed vagina and appearance after completion of procedure

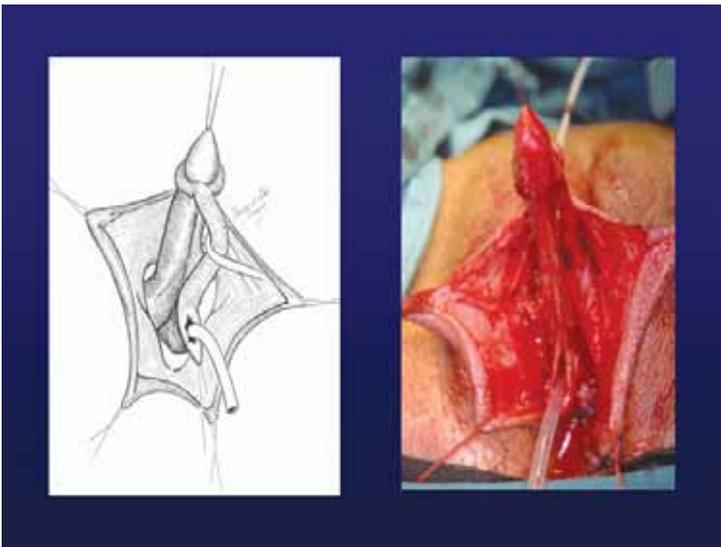


Post -operative use of vaginal dilator and final appearance of neo vagina

Female to Male Surgery Photographs



- a Female genitalia before surgery
- b Line of incision to mobilise urethra and formation of skin flap

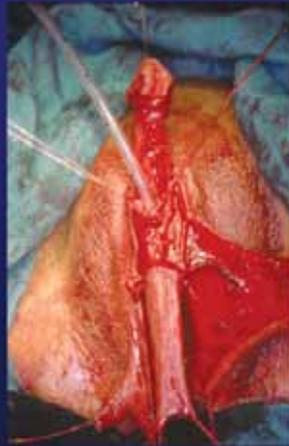


Lengthening of clitoris, creation of skin flaps (i)

Female to Male Surgery Photographs



Lengthening of clitoris, creation of skin flaps (ii)

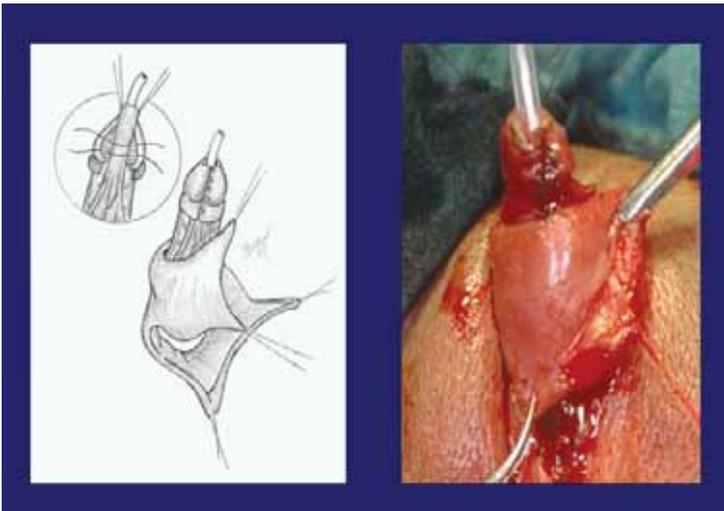


Mobilisation and lengthening of urethra towards ventral surface of newly constructed shaft of penis (i)

Female to Male Surgery Photographs

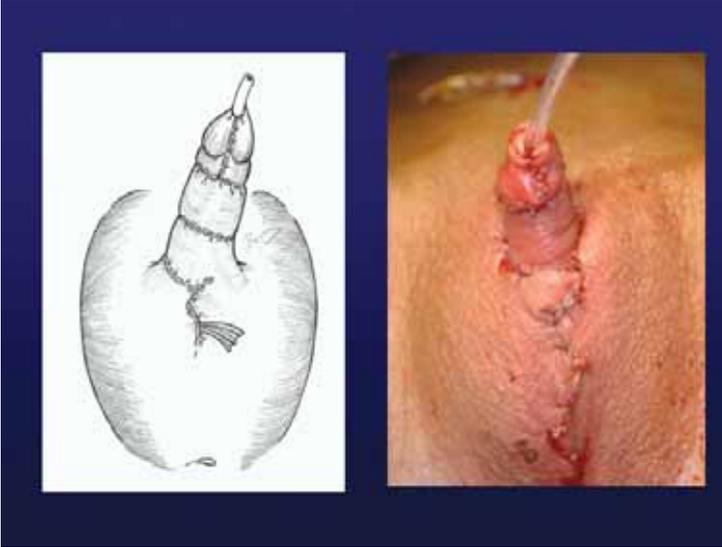


Mobilisation and lengthening of urethra towards ventral surface of newly constructed shaft of penis (ii)



Mobilisation of gracilis muscle to constitute bulk in scrotum

Female to Male Surgery Photographs



Formation of neo scrotum and subsequent appearance of neo penis



Final appearance of the neo penis and scrotum about two months after the healing of scars

Complementary Surgeries For Gender Reassignment

For the complete transition of a transsexual male to female or vice versa, the construction of a vagina or penis has to be complemented by other surgeries to either feminise or masculinise the person, since the transsexual has to be able to pass of as a 'normal' female or male, possessing the necessary attributes such as lack of facial hair and developed breasts for a female look or a manly chest and jaw structure etc for a male look.

In case of transsexual males, the overall reassignment procedures including counselling, hormone therapy, electrolysis to remove facial hair and GRS can be very expensive (about Rs 10 lakhs)¹. GRS alone costs about Rs 5 lakhs (including labiaplasty). Many need to spend even more than that for additional major reconstructive surgeries, such as breast augmentation and Facial Feminisation Surgery (FFS) etc.

Similarly, in case of transsexual females undergoing FtM GRS, along with phalloplasty, many other 'masculinising' surgeries, such as breast reduction, jaw

¹ A GRS costs between Rs 50 lakhs to Rs 1 crore in western countries.

augmentation, calf implants etc are necessary in order to masculinise their looks.

Surgeries complementing MtF and FtM GRS include:²

1. Facial Feminisation Surgery
2. Hair Transplantation
3. Eye Surgery
4. Rhinoplasty
5. Ear Surgery
6. Cheek Bone Contouring and Lip Surgery
7. Chin and Jaw Surgery
8. Mandibular Angle Resection
9. Adam's Apple
10. Breast reduction or augmentation
11. Gluteal implant
12. Bone Cement
13. Pectoral Implant
14. Calf Implants
15. Penile Enlargement
16. Body Contouring and Skin Rejuvenation

Facial Feminisation Surgery

In biological terms, the major difference between men and women may be the presence of a penis or vagina but socially, they are differentiated on the basis of facial and physical appearance. Therefore, it is essential for a transsexual to change his/her physical appearance to suit their reassigned gender. Some transitioning MtF patients undergo FFS just prior to the social transition into their one year Real Life Experience (RLE).

² These surgeries are not without adverse side effects. Hence, caution needs to be exercised before opting for them.

This can greatly enhance their immediate acceptance as women during the RLE, because they look ever so much more female in appearance than before FFS. Better acceptance during the RLE enables many patients to socially transit from male to female 'on the job', helping them insure a continuity of income as they prepare to undergo GRS following the RLE. FFS and breast augmentation are the two most important surgeries which transsexual women undergo, in order to pass themselves off as women.

Ordeal of FFS

It is noteworthy that unlike normal gendered people, a transsexual does not undergo the extreme surgical ordeals caused by FFS for 'cosmetic reasons'. The FFS post-operative recovery period is painful and traumatic. Many after effects of the surgery linger long afterwards:

- 1) Bony swelling can take months to recede.
- 2) There may be numbness in the chin area that only slowly recedes, and
- 3) Areas of the scalp may lose feeling for a year or more and possibly permanently.

Therefore, the patient must be very motivated and willing to take on some very real risks of pain, suffering and complications. Also, there are some limitations to the FFS and some features cannot currently be corrected. For example, no medical procedure can transform a very tall and broad-shouldered person into a petite and slender one.

In the case of transsexual women, surgeons focus on how to adjust the dimensional parameters of each face towards the normal female range, based on certain physical anthropological measurements.

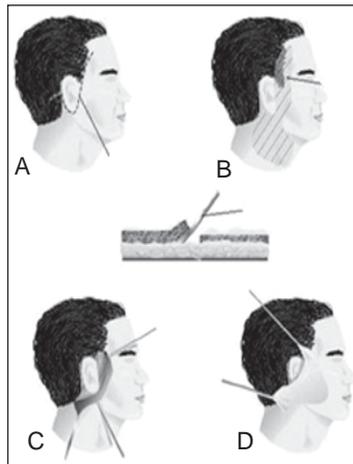
Survival requirements over evolutionary time have adapted human male faces for protection in hunting and fighting, providing them with protruding browridges and heavy jaws/chins. However, female faces have evolved (as have children's' faces) for better hiding/fleeing by having better unobstructed peripheral vision (with the eyes more forward in the facial structure and with no browridge). These differences in secondary sex characteristics are caused by the different sex hormones present in the bodies of boys and girls after puberty.

In transsexuals, feminisation is brought about through surgery, some of which are as follows:

Face-lift Surgery

For a face lift,

- i. An incision is made around the ear at the base of the hairline (A).
- ii. The skin is removed from underlying tissues in a procedure called undermining (B and C).
- iii. The skin is pulled up to tighten it (D).
- iv. The skin is stitched into place and excess is removed.



However, in some cases where the browridge and the jawbone are very large, it can mean almost the difference between a decent life and a living death, i.e. between finding easy acceptance as a normal female vs being subjected to ongoing massive public ridicule for one's appearance. In many of the more typical cases, the surgery replaces the patient's original transsexual features with pleasing, feminine facial contours.

For example, consider the case of Sally, an American, as seen in the following three photos.

Transition Photos of Sally



Pretransition, after two years on hormones, electrolysis and FFS

Profile views of Sally before and after FFS



Photographs Courtesy: <http://ai.eecs.umich.edu/people/conway/TS/TS-II.html>

Although Sally's facial features are softened and somewhat feminine in the second photo, it can be noticed that she still has a transsexual appearance. The protruding browridge, the tall chin and the widely flared jawbone that made her handsome as a boy now spoil her looks as a woman. The third photo shows her after having undergone FFS. The transformation, while subtle, is really profound. She is now a strikingly beautiful woman, even without any makeup on.

Sally finally has facial features similar to those she might have had if she'd gone through her initial puberty as a girl: on oestrogen and without testosterone. This is an excellent outcome. However, the results are very often life-changing in their impact on passability and self-esteem and complement the GRS surgery in the final outcome.

Another example of a successful transition through FFS is Lynn, who has never forgotten the terrifying facial masculinisation effects that began occurring to her during her late teens, even though those effects were fainter in her case than with many other transsexuals. The modern FFS surgery has helped her 'run time backwards' through that horrible experience and undo most of those damaging physical effects. Thus for Lynn the FFS was done to enhance her life experience and bring her some additional psychic comfort and happiness as she grows older.

Lynn's FFS surgery included hairline advancement, forehead recontouring, browridge elimination, eyebrow repositioning, nose reconstruction, jaw and chin



Lynn during the process of FFS

reconstruction and trachea reduction, all in one long operation. The results are both subtle and amazing. Lynn now looks much more like her sister would have appeared, had she had one.

The photographs below are of Madeleine, a resident of UK - before, during and after her FFS. The transformation is quite profound and Madeleine is a beautiful woman now.



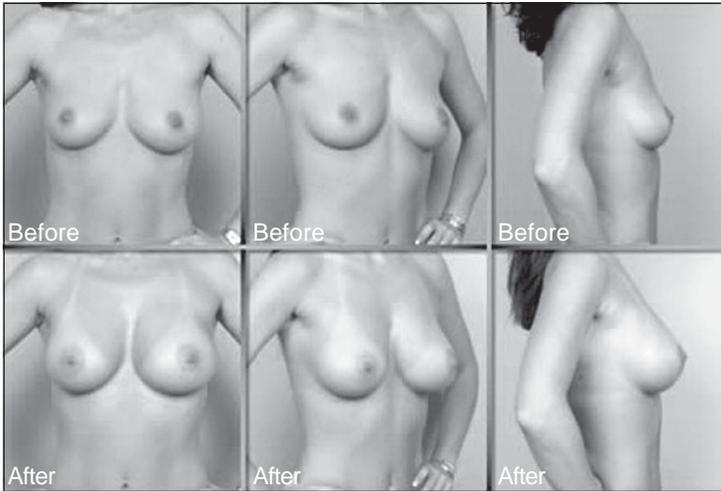
These results also indicate how important it is for our society, especially for the parents of the transsexuals,

to help transsexual girls earlier in life - so they could avoid developing heavily masculinised facial features which require such costly and painful surgery to correct.

Also, if a transsexual knows for sure that she inevitably must become a woman, she should immediately seek medical help to stop any further masculinisation and begin her feminisation as early in her life as possible - in her mid-teens. Courage and decisiveness in seeking gender correction while still young will dramatically improve her chances for a full and complete life. Many transsexual women achieve very satisfactory breast development without augmentation, especially if they started their transitions while in their teens.

Breast Augmentation

A majority of even normal women desire breast augmentation, because they want to increase their size and/or have their breasts more proportionate to the rest of their bodies. They tend to worry too much about getting the perfect size, which is understandable. Some women worry about their breasts becoming too big after surgery, while others worry about not becoming big enough. For transsexual women, size matters but not the most. The increase in size is primarily for their psychological satisfaction, so that they are more comfortable passing off as 'female'. Unlike 'normal' women, having realistic expectations regarding size is a must. Any attempt to go too large could lead to serious complications, which will result in more



surgery, more recovery time and last but certainly not the least, more money. This is highly undesirable for a transsexual woman who has already spent lakhs of rupees and years of her precious life in order to rectify her gender.

'Trying on size' prior to consultation with the plastic surgeon is a very good idea. If the TG woman is very flat-chested, as is usually the case, any increase in size seems large enough. The TS can determine the size by placing breast implant³ sizers in the bra and then putting on a sweater, blouse or a t-shirt. She will want to decide the cup size and that will determine how large the implant will be. A 400 ml implant placed in a woman with an A cup will produce a C cup. The same implant placed in a woman with a B cup will produce a D cup. The TS person can take pictures of

³ Breast implants are available in various sizes ranging from 200 - 500 ml. The range 300 - 400 ml is the most common.

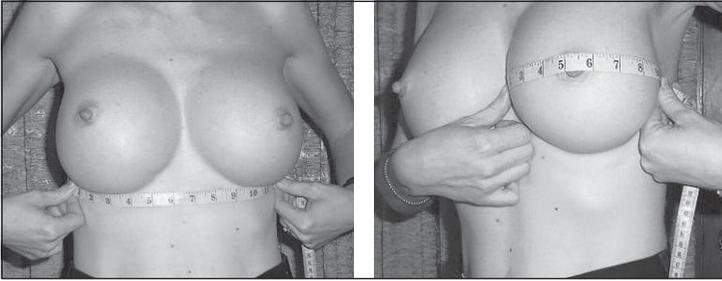
the desired size (lingerie catalogues or swimsuit pictures can be used) for consultation. A good doctor will not push the limits of the patient's body by trying to force too large a breast implant into her.

Determining Suitable Bra Size

TS women can further feminise themselves by the proper selection of a bra and its cup size.

The chart below is a rough estimator of bra size. To use the chart, measure each breast. Start where the breast starts at (near the side/armpit) and measure all the way across the fullest part of the breast, i.e. the nipple. If the ribcage measurement is an odd number, add 5" to get the band width. Example: 29" ribcage + 5" = 34" band. If your ribcage measurement is an even number, add 4" to get your band width. Example: 28" ribcage + 4" = 32" band. This is because brassieres are available in even sizes only.

Bra Size Chart			
32" band (27-28" ribcage)	34" band (29-30" ribcage)	36" band (31-32" ribcage)	38" band (33-34" ribcage)
6"=A	7"=A	8"=A	9"=A
6.5"=Full A	7.5"=Full A	8.5"=Full A	9.5"=Full A
7"=B	8"=B	9"=B	10"=B
7.5"=Full B	8.5"=Full B	9.5"=Full B	10.5"=Full B
8"=C	9"=C	10"=C	11"=C
8.5"=Full C	9.5"=Full C	10.5"=Full C	11.5"=Full C
9"=D	10"=D	11"=D	12"=D
9.5"=Full D	10.5"=Full D	11.5"=Full D	12.5"=Full D
10"=DD	11"=DD	12"=DD	13"=DD
10.5"=Full DD	11.5"=Full DD	12.5"=Full DD	13.5"=Full DD
11"=E	12"=E	13"=E	
11.5"=Full E	12.5"=Full E	13.5"=Full E	



The right way to determine the size

Determining Size Through Rice Test

The 'Rice Test' is a 'do it yourself' sizing method. It is not 100% accurate, but it's pretty close. This test is primarily used to gauge the extent of enhancement desired by a woman. A small thin plastic bag of rounded shape is filled with rice and placed under a bra that the woman is wearing.

Rice Test Conversion Chart

1/8 cup	=	30 ml
1/4 cup	=	59 ml
1/3 cup	=	78 ml
1/2 cup	=	118 ml
2/3 cup	=	156 ml
3/4 cup	=	177 ml
1 cup	=	236 ml

The contours of the breast that are achieved after placing these bags are indicative of the size achieved through breast enhancement surgery.

The conversions above are a general indicator of the increase indicated by the rice test.

Types Of Breast Augmentation

Two general types of breast augmentation surgery are currently available:

- 1) Augmentation through saline or silicone implants
- 2) Augmentation with fat injections

Augmentation through Implants

Breast augmentation with saline or silicone implants is performed through skin incisions placed either under the breast (inframammary), within the areola (transareolar or periareolar) or within the armpit (axillary). Saline breast implants may also be placed through a navel incision (trans umbilical breast augmentation or TUBA).

Types of Incisions

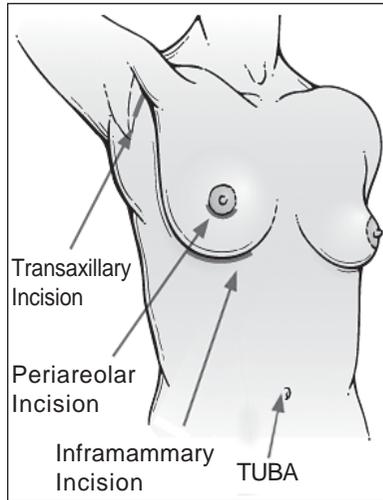
There are four types of incisions a surgeon can use when placing breast implants. They are:

I. Areola- with this method, the surgeon makes the incision around the bottom half of the areola,

II. Transaxillary or “transax”- This incision is placed in the armpit.

III. Inframammary- also known as a “crease incision”. A small incision is made in the crease of the breast.

IV. TUBA- A small incision is made in the belly button through which the implants are inserted. This technique is not commonly used.



The space in which the breast implant is placed is known as the surgical pocket. A surgical telescope is used to create the space for the implant. Transaxillary

Endoscopic Transaxillary Breast Augmentation

The standard placement of breast implants, regardless of the incision site, is essentially a blind operation that makes intraoperative visualisation of the surgical area difficult for purposes of dissection of tissue planes, for the accurate division of muscle fibers and the control of bleeding. The use of illuminated surgical retractors has offered only a partial visualisation solution. The introduction of the endoscope has substantially improved the accuracy and predictability of breast enlargement with breast implant surgery.

endoscopic breast augmentation is the most common type of endoscopy assisted breast augmentation.

The implants may be placed in a surgical pocket either under the chest muscles (sub pectoral or dual plane) or over the chest muscles (sub glandular). With the exception of trans umbilical breast augmentation, a third surgical pocket is available over the chest muscles, but under the fascia which covers the muscles— the subfascial plane.

Placements for Implants

Above the Muscle (Sub glandular Implant)

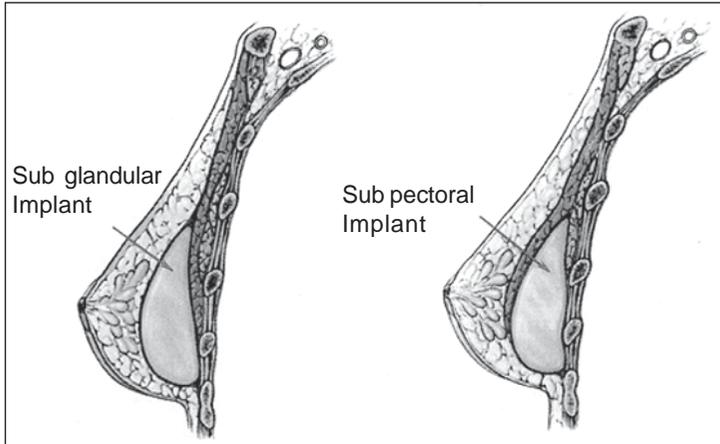
The implant is placed over the pectoralis muscle and below the breast tissue.

Advantages:

- Less post-operative discomfort and swelling,
- Lower chance that the breast will appear to move when the patient exercises the upper body.

Disadvantages:

- Greater risk of visible rippling appearance of the breast,
- Worst cosmetic results are seen in women with small breasts.



Beneath the Muscle (Sub pectoral Implant)

The implant is placed under the pectoralis muscle.

Advantages:

- Less interference with a mammogram,
- Less rippling appearance in the upper half of the breasts,
- More cushion between the implant and the skin,
- Ideal for thin and small-breasted women.

Disadvantages:

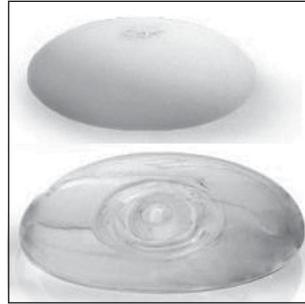
- Not well suitable for large breasted women,
- Worse cosmetic result are seen in athletic women.

Implant – Texture, Shape and Projection

Texture

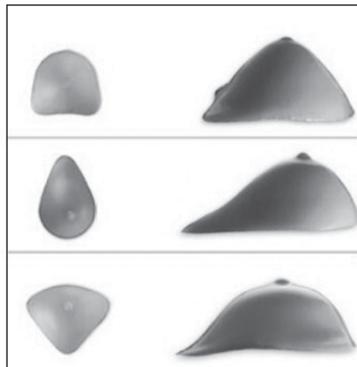
The external surface of all breast implants is available in either smooth or textured varieties.

Textured implants are rough, similar to sandpaper. They were developed to decrease the risk of capsular contracture. However, studies have not shown a consistent advantage over smooth implants regarding capsular contracture. They have an increased risk of rippling, have a higher deflation rate and are firmer than smooth implants. They are also more expensive. Most breast cosmetic surgeons favour smooth implants.



Shape

Both saline and silicone breast implants are available in two basic shapes: round and anatomic (tear drop). Round implants are shaped like jelly donuts. They are not affected by rotation and cost less than teardrop implants. Teardrop implants are shaped more like the breast. They may rotate, creating a distorted breast shape. It requires a textured surface to prevent rotation.



Projection

Each shape is available in three different profiles or degrees of forward projection from the chest: low profile (moderate), medium profile (moderate plus) and high profile.

With a high profile implant, the liquid volume is the same as a standard implant but its diameter (footprint) is narrower and the projection (the amount it protrudes out and away from your body) is greater.

Most women are better candidates for standard implants. If the diameter of the implant size (standard implant) selected is about the same as or smaller than the measured breast diameter, then a standard implant is the best choice. If the diameter of the desired breast implant size is larger than the breast diameter, then a high profile breast implant is best.

Breast Augmentation by Fat Injections

Breast augmentation using the patient's own fat (autologous fat transfer or fat micrografting) is a procedure that involves removing fat from one or several areas of the body by liposuction and then injecting that fat into the breast tissue to achieve a cosmetic augmentation. Modest augmentations are possible through these. Unlike saline or silicone implants, some loss of the implanted volume is typical in the first three months after surgery. In order to compensate for this effect, many women are augmented to a larger initial volume. Another factor to consider is that the mammographic changes created by implanted fat may make the future interpretation of

such studies difficult. Hence, it is recommended that patients considering this type of breast augmentation receive proper mammographic screening prior to surgery and not have an elevated risk for breast cancer.

Disadvantages of Breast Augmentation

Each method of breast augmentation has its disadvantages, which must be considered before deciding to undergo painful cosmetic surgery.

High Cost

The patient will need to take substantial time off work to recover from the surgery so a loss of earnings is possible.

There will be a need to have the breast implants replaced in about 5 years, which is often not considered. The patient needs to consider before hand whether she will be able to afford the subsequent (second and often third) sets of surgery required.

Risk

Breast implants are treated as foreign objects by the body and the risk of rejection is high. Under these circumstances the body's immune system will attack the implants, attempting to remove them from the body in whichever way it can. This can be a very unpleasant process.

Infection is a risk for any major operation and usually means that the breast implants will have to be removed, implying that the cost and risk will have been faced for nothing.

Recovery

After breast enlargement surgery the patient will experience loss of independence to a degree depending on her body's reaction to the surgery. Due to pain and swelling it may be difficult to undergo simple tasks such as making meals and bathing.

The natural way to make your breasts larger⁴

For a TG/TS, undergoing breast augmentation surgery may be unavoidable but for normal women it cannot be recommended. Lots of breast enhancing pills contain synthetic hormones which can be just as dangerous as surgery, causing hormone imbalances and an increased risk of breast cancer. Also, considering the high cost of breast enhancing surgery, both financially and in terms of high risks, it is sensible to consider natural and effective ways to get bigger breasts without surgery.

Externally applied creams work by increasing the amount of oestrogen in your body, the hormone responsible for depositing stored fat to the right areas of your body, including the breasts. Follow the instructions for the medication and monitor your results over a sufficient period of time. Eliminate stress, eat healthy foods, get plenty of exercise to keep body and immune system strong.

Psychologically, it is tempting to think that bigger breasts are more attractive for men but studies have proved that such attraction is short-lived. The key to lasting relationships is love and care.

⁴ For details of breast cleanse, visit <http://www.drpiyushsaxena.com>

Frequently Asked Questions

Q : What are the limitations of breast enlargement with implants?

A : Breast augmentation with implants will not improve nipple asymmetry, move your breasts closer together, lift droopy breasts or remove stretch marks.

Q : What are the patient instructions before and after breast implant surgery?

A : On the day of surgery the patient may feel drowsy and experience pain or be nauseated. The chest may feel tight and uncomfortable. Arms and back may also be sore.

Pain medication will be prescribed to minimise discomfort. After surgery the breasts will be very firm, high and swollen. After about a month, the swelling will be gone and they will be lower, smaller and softer. It may take a few months for the implants to settle into a permanent position.

Q : What are the possible risks and complications of breast enlargement with implants?

A : Anaesthesia reaction, asymmetry, bleeding, breast droop, capsular contracture (hardening of scar tissue around implant), deflation, displacement, hematoma (pooling of clotted blood), implant leak, infection (always involves removal of the implant), interference with mammography, keloid (heavy scar), nerve damage, nipple numbness, pain, permanent numbness, reactions to medications, rippling,

rupture of the implant (often due to injury), seroma (pooling of watery blood), skin irregularities, sloshing, slow healing, swelling, symmastia (breasts merge into one mass) and visible scars.

Q : What kind of anaesthesia is used during breast augmentation surgery?

A : General anaesthesia, intravenous conscious sedation and local anaesthesia are used for breast augmentation. The choice is usually determined by the surgeon and takes into account the degree of discomfort anticipated during surgery.

A very safe and popular method is intravenous conscious sedation in conjunction with local anaesthesia.

Q : What are the advantages of breast augmentation by fat transfer versus implants?

A : ➤ Less expensive,
➤ Minimally invasive with less trauma to the breast
➤ No visible scars,
➤ Can be done as an office procedure totally under local anesthesia,
➤ Avoids tissue or foreign material (implants) rejection because the fat is an autologous graft,
➤ Fewer post-operative complications,
➤ Touch up procedures are easily performed,
➤ Fat transfer does not make a future breast implant placement as difficult.

Q : What are the primary disadvantages of breast augmentation by fat transfer?

A : In the past breast augmentation using fat injections was frowned upon by surgeons because of the pressure of fat necrosis (a frequent benign breast tissue change resulting from the fat transfer) would interfere with breast cancer detection. MRI technology changed that because MRI can determine the difference between fat necrosis and cancerous tissue.

Male Chest Reconstruction (MCR)

A TS undergoing FtM surgery must look muscular and flat chested, in order to pass as a male. Male Chest Reconstruction usually precedes penile reconstruction, so as to be able to pass for a male.



There are three basic aims in this surgery:

1. To resize the nipple-aureola complex to the male dimension,
2. To reposition the nipple-aureola complex, and
3. To create a natural male contour.

While for very small breasts a peri-areolar skin excision can be performed, the problem of maintaining an adequate pedicle to support the nipple areolar complex without protrusion of the pedicle through the skin becomes challenging. Bringing skin into the borders of a contracted areola will cause puckering which hopefully with time will smooth out. A permanent fixation suture is often required to prevent tension on the suture line from causing a slowly expanding scar.

The areola is trimmed to a pre-determined diameter and the nipple sectioned with a pie shaped excision and reconstituted. Nipple areolar grafts must be kept wet with saline soaked gauze re-moistened every 3 hours for at least 5 days to maintain tissue viability until capillary buds grow into the graft. However, there may be varying sensory loss.

Breast Reduction Surgery (BRS)

Many FtM transitioners undergo this surgery to reshape their breasts. The surgical procedure removes fat, glandular tissue and skin from the breasts, making them smaller, lighter and firmer. It can also reduce the size of the areola, the darker skin surrounding the nipple. The following are some BRS procedures used by FtM transitioners:

Mammoplasty

Mammoplasty involves an anchor-shaped incision that circles the areola, extends downward and follows the natural curve of the crease beneath the breast. The surgeon removes excess glandular tissue, fat, skin and moves the nipple and areola into their new position. The surgeon then brings the skin from both sides of the breast down and around the areola, shaping the new contour of the breast. Liposuction may be used to remove excess fat from the armpit area. In most cases, the nipples remain attached to their blood vessels and nerves. The actual procedure takes 2-3 hours, but the patient will need to stay in the operating room a little longer.

Liposuction

Liposuction is a cosmetic surgery which focuses on getting rid of stubborn fatty deposits. It is performed using a suction device attached to a small, stainless steel instrument called a cannula. Through small incisions, the cannula is inserted into fatty areas between skin and muscle where it removes excess fat using a suction pump.

This results in a smoother, improved body contour. The duration of the procedure will vary with the amount of fat that needs to be removed.

It is relatively easy to remove fatty breast tissue by liposuction, but more difficult to remove the glandular tissue. Excessive glandular tissue is removed at the time of liposuction using small morcellation instruments through a small areolar incision.

Advantages of BRS by Liposuction

- Less expensive,
- Minimally invasive with less trauma to the breast,
- No visible scars,
- Can be done as an office procedure totally under local anaesthesia,
- The procedure removes primarily the fatty tissue from the breast and mostly spares the glandular breast tissue that is needed for milk production,
- Mammograms usually appear normal after breast liposuction because the procedure creates little trauma to the breast tissue,
- Fewer post-operative complications,
- Touch-up procedures are easily performed,
- Liposuction does not make the performance of a future traditional mammoplasty procedure more difficult.

Risks of BRS

As with any major surgery, risks are involved, such as bleeding, infection and an adverse reaction to the anaesthesia. Other possible risks specific to breast reduction surgeries include:

Scarring: Patient will always experience some scarring. It is not possible to predict how the scars will heal.

Breast size: The final breast size achieved cannot be guaranteed.

Other complications

Asymmetry, bleeding, boxy or flat breast (normally occurs post-operatively as a temporary condition),

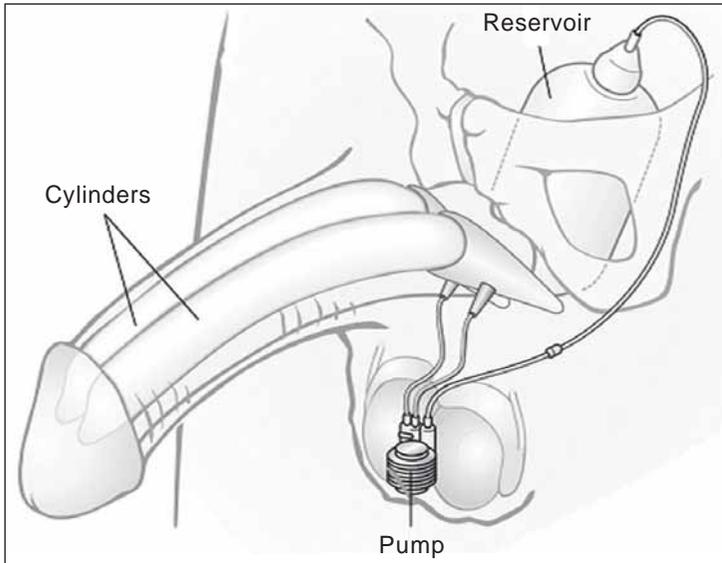
change in nipple color, fat necrosis, haematoma (risk is 3-4%), irregularities in position of nipples and areola, keloid, nerve damage, nipple loss (1%), nipple numbness, pain, permanent numbness, reactions to medications, sensory change (4-7%), seroma, skin irregularities, skin necrosis, slow healing, swelling, visible scar, wound separation etc.

Penile Implant

This involves surgery to insert one of various types of rigid or semi-rigid forms, some with a pump, into the penis to allow erections sufficient for penetration and sexual intercourse.

How to choose a penile prosthesis?

Several factors are considered prior to a selection of a device. These include age of the patient and partner,



A penile implant prosthesis

overall penile size, ratio between the length to girth of penile shaft, ratio between crus (buried) and pendulous penis, ratio between penile length, overall size of scrotum, size of glans penis, history of previous implant (if any), presence of penile shaft, glans penis atrophy or deformity.

Also considered are previous abdominal surgery (bladder, prostate and colon), type of previous surgery (open vs laparoscopy), presence of an ostomy or ileal conduit, previous peripheral vascular surgery (femoral to femoral artery bypass), history of kidney transplant or other major pelvic surgery. Supplementary factors like the presence or absence of penile curvature or fibrosis, patient's body type, presence of a very prominent supra-pubic fat pad, whether or not the penis is circumcised and overall patients health are also considered when choosing the best implant for an individual.

The most important parts of implanting a penile prosthesis are the selection of proper length and diameter to fit the corpus cavernosum, the general dilation of the corporal body to avoid perforation proximally and meticulous attention to detail to avoid infections. This also includes pre-operative preparation, intraoperative antibiotics and copious irrigation during the procedure.

When choosing a penile prosthesis, it is important to recognise the major categories. These include: rigid, semi-rigid and malleable rods, which produce varying degrees of rigidity. The main objective is to leave the

patient with a penis that allows achievement of sexual intercourse with no complications, when it is desired and in a way that satisfies both partners.

There is no single penile prosthesis that is best for all patients so it is imperative that the urologist sit down with the patient and carefully review the risks, benefits and drawbacks to each type.

Types of Prostheses

a) Multi-component inflatable prosthesis

The three-piece inflatable penile implant has three components. It has two hollow cylinders that are surgically implanted into the penis.

A small pump and valve are inserted into the scrotum. The third component is a small reservoir containing a sterile solution that is inserted into the lower abdomen. The three-piece inflatable penile implant creates the most authentic looking erection. There is no waiting time required. The device is simple to use and enables the penis to return to a flaccid state after sexual activity has ceased.

b) One-piece inflatable prosthesis

They offer a compromise between the multi-component inflatable and the semi-rigid device. The downside to this device is that it can sometimes be difficult to manipulate. It doesn't become as erect as the rigid one and it doesn't deflate as much as the multi-component inflatable.

Penis Traction Device – Since its introduction to the market in 1990's, the vacuum penis pump has proved to be a popular and efficient solution for erectile problems and even for penis size and performance improvement. However, nowadays, there are better, newer, far more effective devices available for those looking for a means to get rid of erectile dysfunction and improve the penis size and its performance.



Some users have reported the best results obtained as changes ranging from 4.0 inches flaccid, 5.9 inches erect and 4.4 inches in girth to 4.4 inches flaccid, 6.5 inches in length and 4.6 inches in girth. after the use of Penis Traction Device for four months daily for one hour.

c) **Malleable prosthesis**

It has three pieces including a reservoir to store the fluid, cylinders and a pump which is placed in the scrotum. The pump transfers fluid from the reservoir into the cylinders, thus creating an erection. When one desires to end the erection, the process is reversed with a releaser deflate valve.

This provides a very adequate erection, but one that can be very unsightly. The fact that the normal erection is a hydraulic event was the rationale behind the inflatable device.

d) Controlled expansion inflatable prosthesis

This provides increased rigidity. It has reinforced non-kinking tubing, revised pump and a rear-tip system to allow adequate sizing.

Penile Implant surgeries

The type of surgery for the implant is generally based on the type of device chosen, but can include:

1. a perineal approach which is under the scrotum,
2. a penoscrotal approach which is at the base of the penis on top of the scrotum,
3. the prostheses may be placed in the penile shaft or
4. an infrapubic incision, which is an incision above the penis.

Risks of surgery

Complications include perforation of the corporal body in the area where the prosthesis is held, which can cause migration of the device.

Perforation into the urethra or glans penis can also be disastrous and any perforation to a potentially infected area, such as the urethra, requires termination of the procedure.

Other problems include aneurysm, breakage of the wire, dilation of the cylinders, erosion of the reservoir, fluid leaks, loss of rigidity to the prosthesis, penile curvature, phimosis or paraphimosis, pump migration or pump reservoir migration, silicone spillage, spontaneous inflation and deflation and tubing kinks etc.

Frequently Asked Questions

Q: Will the penis be of normal size and look and feel real?

A: The neo phallus will resemble a penis but subtle differences in skin pigmentation, texture and the presence of some incisional areas although well healed and perhaps ever so fine, will be apparent. The goal of FtM surgery is to create a sensate phallus at least as long as a real penis, with glans and rim formation, through which the TG can urinate and make erect for the purpose of penetration.

Q: Will the TG person be able to penetrate during sexual relations?

A: In patients who have a neo phallus fashioned from a graft or flap, this can be accomplished with either a stent (bacculum) that can be inserted into a linear cavity within the phallus while having sex or via an inflatable penile prosthesis. The results will vary and are likely to be lower than expectations, in addition to carrying the risks associated with such procedures or devices.

Q: Will the TG person be able to produce sperm, impregnate a female and have kids?

A: Genetic research technology is not that far advanced. The muscles and accessory sex glands (prostate and seminal vesicles especially) needed for ejaculation are not created in today's FtM surgical procedures. Perhaps in the future, it will be possible for primitive sperm material extracted from in situ (or excised and frozen) AIS testes to be used to fertilise a donor egg.

Rhinoplasty

Augmentation rhinoplasty is the procedure that is used to reshape the nose and is one of the most common of all plastic surgery procedures. The procedure is performed under local anesthesia with or without a mild sedative to decrease nervousness and anxiety in some patients. Normally the procedure is not painful at all and takes time of about two hours on an outpatient basis.



A patient before and after Rhinoplasty

Super soft medical grade silicone implant is carved to fit the nose. A subperiosteal pocket is created for the silicone implant. The shape of the new nose can be controlled by carving the silicone as needed. To hide the scar, incisions are made on the inner side of alar rims. They are closed with fine absorbable suture. This procedure is safe and reversible.

Disadvantages of Rhinoplasty

Bleeding, infection and reactions to medications or anaesthesia are possible side effects of the surgery. In addition, there are several risks that are unique to plastic surgery of the nose. These include burst blood vessels that can lead to red spots and small scars on the underside of the nose.

A revisionary second procedure at some point in the future to remove or correct tissue may also be required.

Vaginal Hyperplasia

Vaginal Hyperplasia or Labiaplasty (Labia Minora Reduction) is suggested for women with excessive, redundant labia who suffer from unsightly contour lines and physical discomfort. Such women report pinching or chafing when sitting or walking, hindrance during intromission and difficulty maintaining hygiene during menses or after defecation. Overly pigmented and unattractive labia can be reduced with a vaginoplasty technique that converges freshened margins in a neat, concealable line. Delicate, minimally reactive, self-absorbing plastic surgery suture is employed.

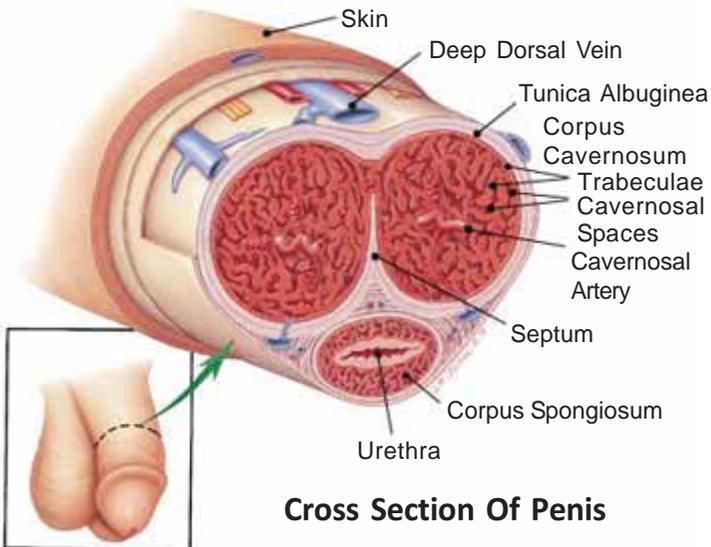
Surgery can be performed on an outpatient basis. Sexual activity may be resumed in 6 weeks. Excessive clitoral hood tissue may also be trimmed during this procedure.

Clinicians who advocate such surgery say that the older practice of clitorrectomy (i.e. complete removal of the clitoris or phallo-clit) is no longer practiced and that the newer method of clitoral recession, in which the clitoris is reduced in length but with the nerve supply supposedly being maintained, poses no threat to erotic sensation.

Note: See Indicative cost of various surgeries on page 421.

Penectomy

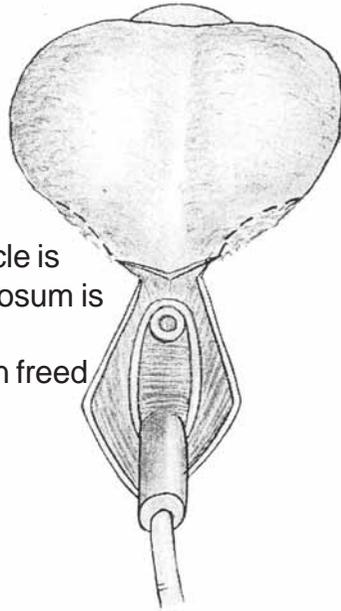
It is the practice of surgical removal of the penis for medical or personal reasons. It is primarily done for the purpose of removal of a diseased penis, such as in some forms of cancer. The procedure does not usually involve the removal of the testes, except where necessitated for medical reasons. It is different from castration in that, castration is normally done for the purpose of emasculating an otherwise healthy individual and involves the removal of testes in addition to the penis. Celibacy is an exceptionally rare ground for penectomy.



Penectomy Procedure

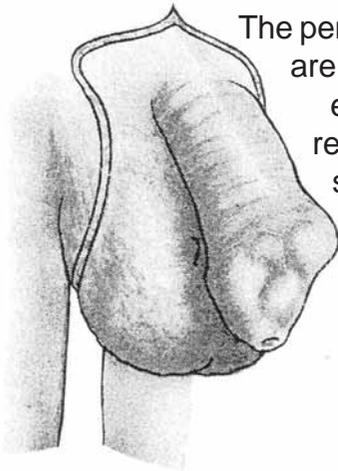
The incision and section of urethra

A vertical mid-line incision is made in the perineum. The bulbospongiosus muscle is split and the corpus spongiosum is divided about 4 cm from its posterior extremity and then freed for about 2.5 cm. A Foley catheter (size 16-18 Ch) is inserted into the bladder.

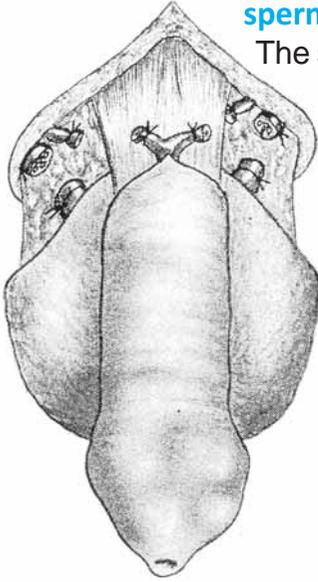


Continuation of incision

The penis and base of the scrotum are encircled by a skin incision extending from the prepubic region round each side of the scrotum about 3 cm from its base, joining the mid-line perineal incision behind.



Ligation of superficial vessels and spermatic cords

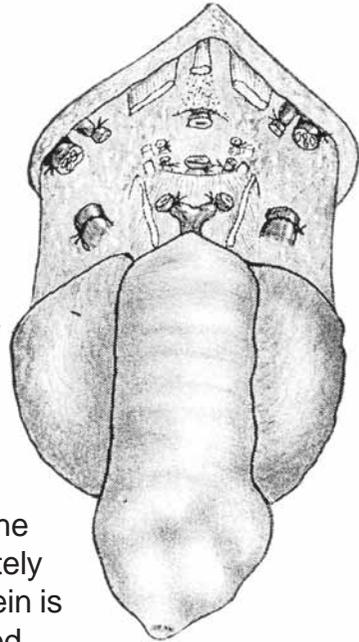


The superficial dorsal and other vessels are divided and ligated. Both spermatic cords are isolated, ligated and divided just below the external inguinal rings.

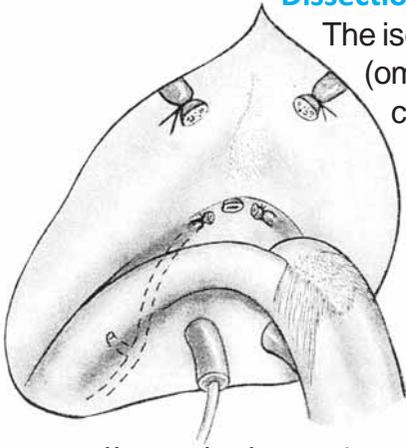
Division of suspensory ligaments and ligation of deep vessels

The superficial suspensory (fundiform) ligament is divided, followed by progressive incision of the deep suspensory ligament close to the pubis. When the ligament has been completely divided, the deep dorsal vein is isolated, ligated and divided.

Slightly more posteriorly, the dorsal arteries are similarly dealt with just after they have perforated the perineal membrane.



Dissection of crura

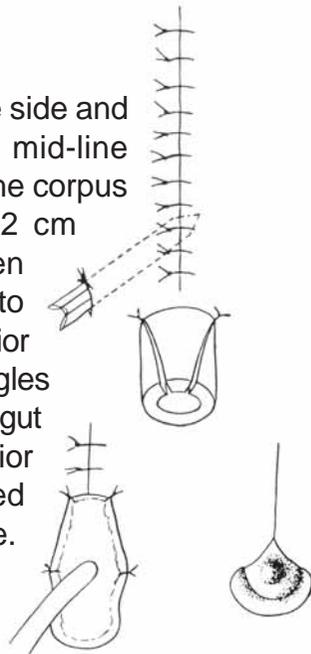


The ischiocavernosus muscles, (omitted from the diagram for clarity) and then the crura of the corpora cavernosa are dissected off the ischiopubic rami. If the total amputation is required on account of the extent of superficial spread, the corpora are crushed, divided and

ligated about 4 cm from their posterior extremities. After division of a few remaining attachments to the perineal membrane, the whole mass is removed.

Skin closure

A stab incision is made on one side and a tissue drain inserted. The mid-line incision is then closed round the corpus spongiosum, leaving about 2 cm protruding. The corpus is then split as in partial amputation into an anterior quarter and a posterior three-quarter segment. The angles are sutured with 3/0 chromic catgut to the wound edges, the anterior flap then being spread-eagled and sutured to the skin surface. The posterior flap is left free. The skin incision is then



***Nirvana*¹: Modern Medical Procedure**

Nirvana is a combination of penectomy and orchiectomy in a single procedure. It involves the following steps:

1. Urethral catheterisation is done.
2. Tennis Racket incision is made over the shaft of the penis and scrotum.
3. Urethra is separated and mobilised from the Corpora Cavernosa upto the root of penis.
4. New urethral opening is made below the root of the penis (perineal urethrostomy).
5. Bilateral orchidectomy is done after the mobilisation of both testes from the scrotum.
6. Vessel to the dorsal surface of the penis is dissected and ligated.
7. Remaining part of the penis is excised from its base.
8. Skin closure is done over the penile stump.
9. Excess scrotal skin is excised and stitched together.

closed with thick silk sutures; the anterior ones pick up the periosteum of the pubis to tack the skin down to the deeper tissues and so reduce dead space.

Aftercare

This tissue drain is removed on about the third day. The catheter is left indwelling for about 5 days.

¹ *Nirvana* is different from voluntary castration in that the former is a ritual or '*sanskar*' to get rid of a non-erectile penis, with religious sanctity, whereas the latter is done primarily for medical reasons or better health.

Gonadectomy

The gonad is the organ that makes gametes or germ cells. The gonads in males are the testes and in females are the ovaries.

The surgical removal of the gonads is called a gonadectomy. A gonadectomy is often performed at some point before adulthood in AIS, in order to avoid a small risk of cancerous changes.

When the female child has testes, parents often feel the need to remove them. These testes are not allowed to develop, on the basis that testes would not be welcome in a female patient and would cause psychological problems.

Indicative cost of various procedures

Surgery	Cost*
Hair	
Transplant - Less than 1,000 grafts	75,000
Vagina	
Posterior repair	60,000
Sigmoid colon cut vaginoplasty (post-GRS with stricture vagina for depth)	2,50,000
Scrotal skin graft vaginoplasty	2,00,000
Reduction labiaplasty	35,000
Lip	
Hair (or cleft) lip surgery	25,000
Palate repair	25,000
Thinning lip	40,000
Wrinkle Correction	
Botox: crow's feet, forehead and glabella lines	15,000
Restylane injection	15,000
Perlane injection	15,000
Nose	
Augmented rhinoplasty without shaving	35,000
Augmented rhinoplasty with shaving	50,000
Alaplasty	35,000
Hump correction	50,000
Rhino shaving or reconstruction	50,000
Rhinoplasty with implant and nasal bone shaving	90,000

* in Rupees

Surgery	Cost
Face	
Facelift surgery (cheekbone area lift, cheek area lift, lateral side of jowl and neck lift)	1,00,000
Forehead lift or brow lift by endoscopy	1,00,000
Mid-face lift	1,00,000
Neck lift	80,000
Chin	
Augmented chin	60,000
Sliding chin (Bone sliding of jaw)	70,000
Eyelid	
Double eyelid fold	30,000
Upper blepharoplasty	30,000
Lower blepharoplasty	30,000
Breast	
Breast enlargement	60,000
Breast reduction	75,000
Breast uplift	75,000
Abdomen	
Abdominal lipectomy (Abdominoplasty or tummy tuck surgery)	75,000
Ear	
Protruding ears	50,000
Mandible	
Jaw surgery	1,00,000

Surgery	Cost
Botox injections to reduce jaw muscles on both sides	25,000
Liposuction	
First point	45,000
Next point	10,000
Hip	
Buttock or hip enlargement	80,000
Cheek	
Cheek dimples	25,000
Cheekbone implants	70,000
Cheekbone reduction	75,000
Adam's Apple	
Reshaping	40,000

Female Genital Mutilation

Female Genital Mutilation (FGM) is the partial or total removal of the female external genitalia, including the clitoris, labia, mons pubis (the fatty tissue over the pubic bone) and the urethral and vaginal openings.



Dictates of tradition

The practice of Female Genital Mutilation is often called 'female circumcision', implying that it is similar to male

circumcision. However, it is different from GRS and is usually done as a religious practice.

Compared to male circumcision which only involves the removal of penile foreskin (prepuce), the degree of cutting is much more extensive, often impairing a woman's reproductive and sexual functions



A barbaric practice?

and in some cases, causing grievous threat to their lives.

FGM Facts

- FGM is practiced in at least 26 of 43 African countries; the prevalence varies from 56% in Somalia to 4% in Zaire.
- FGM is also practiced among some ethnic groups in Oman, the United Arab Emirates and Yemen, as well as in parts of India, Pakistan, Indonesia and Malaysia.
- Until the 1950s, FGM was performed in England and the United States amongst immigrants as a common “treatment” for lesbianism, masturbation, hysteria, epilepsy and other so-called “female deviances”.
- Most girls undergo FGM when they are between 4 and 8 years old. However, Female Genital Mutilation seems to be occurring at earlier ages in several countries because parents want to reduce the trauma to their children. They also want to avoid government interference and/or resistance from children as they get older and form their own opinions.
- Some women undergo FGM during early adulthood when marrying into a community that practices FGM or just before or after the birth of a first child (Mali and Nigeria).
- FGM has become an important issue in Australia, Canada, England, France and the United States due to the continuation of the practice by immigrants from countries where FGM is common.

Types of FGM

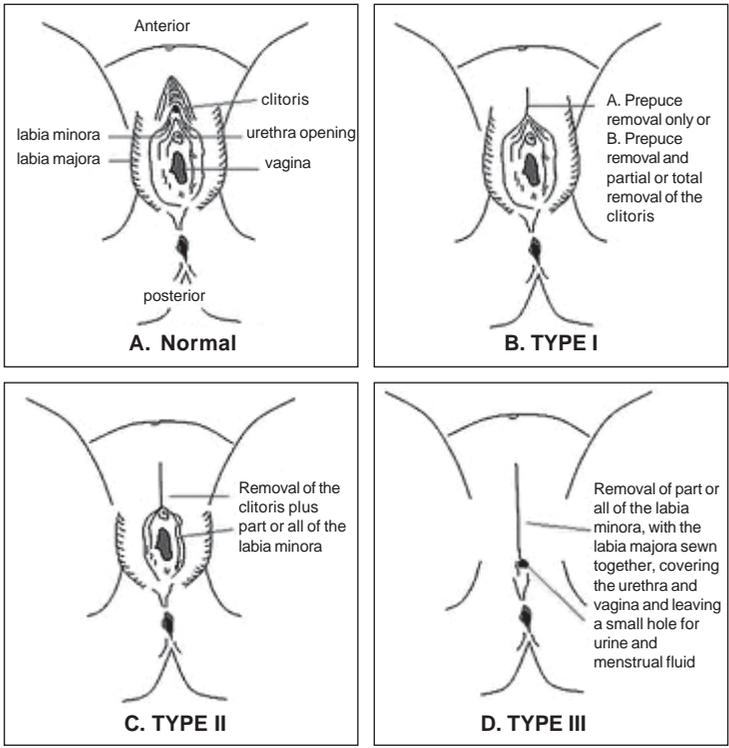
The World Health Organisation (WHO) classified FGM operations into four broad categories in 1995:

Type I - Sunna Circumcision

It consists of the removal of the prepuce (retractable fold of skin or hood) and /or the tip of the clitoris. Sunna in Arabic means 'tradition'.

Type II - Clitoridectomy

It consists of the removal of the entire clitoris (prepuce and glans) and the removal of the adjacent labia.



Type III – Infibulation (pharonic circumcision)

It consists of performing a clitoridectomy (removal of all or part of the labia minora, the labia majora). This is then stitched up allowing a small hole to remain open to allow for urine or menstrual blood to flow through.

Type IV – Other surgeries (unclassified)

All other operations on the female genitalia, including:

- Pricking, piercing, stretching or incision of the clitoris and/or labia,
- Cauterisation by burning the clitoris and surrounding tissues,
- Incisions to the vaginal wall,
- Scraping or cutting of the vagina and surrounding tissues, and
- Introduction of corrosive substances or herbs into the vagina.

FGM Procedure

Most times this procedure is done without the care of medically trained people, due to poverty and lack of medical facilities. The use of anesthesia is rare. The girl is held down by older women to prevent her from moving around. The instruments used by the mid-wife will vary and could include any of the following items; broken glass, a tin lid, razor blades, knives, scissors or any other sharp object. These items usually are not sterilised before usage. Once the genital area for removal is gone, the child is stitched up and her legs are bound for up to 40 days.

Female circumcision removes the labia majora, the clitoris and parts of the labia minora. The opening to the vagina is sewn shut, leaving a small opening for menstruation. Urination is from a different opening and is unaffected, since the vagina and urethra are separate openings. This procedure can cause various side effects on the girls which can include death. The highest maternal and infant mortality rates are in FGM-

practicing regions. In areas where antibiotics are not available, it is estimated that one-third of the girls undergoing FGM are likely to die.

Immediate Physical Problems following FGM

About 48.5% of women experienced hemorrhage, 23.9% infection and 19.4% urine retention at the time of the FGM operation.

- Intense pain and/or hemorrhage that can lead to shock during and after the procedure.
- Hemorrhage can also lead to anemia.
- Generally, of 100 girls who had FGM, 1 died and 12 required hospitalisation due to wound infection, including tetanus. Of the 12 hospitalised, 10 suffered from bleeding and 5 from tetanus. Tetanus is fatal in 50 to 60 percent of all cases.
- Damage to adjoining organs from the use of blunt instruments by unskilled people.
- Urine retention from swelling and/or blockage of the urethra, which may need surgical intervention.

FGM-related Long Term Complications

- FGM leads to painful or blocked menses.
- Women who have undergone the operation experience recurrent urinary tract infections.
- FGM causes abscesses, dermoid cysts and keloid scars.
- FGM leads to increased risk of maternal and child morbidity and mortality due to obstructed labour. Women who have undergone FGM are twice as likely to die during childbirth and are more likely to give birth to a stillborn child than other women.

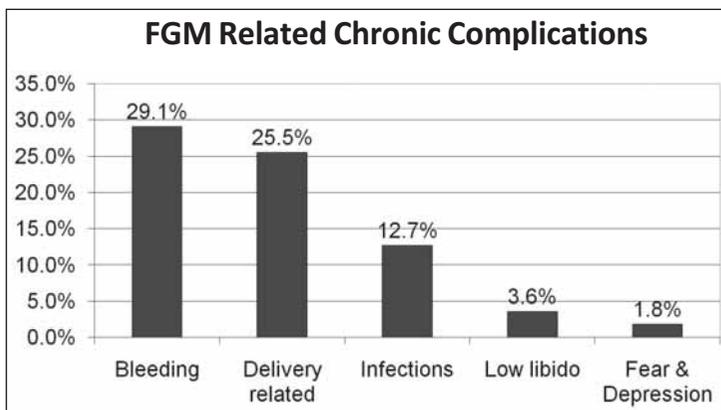
Obstructed labour can also cause brain damage to the infant and complications for the mother (including *fistula formation*, an abnormal opening between the vagina and the bladder or the vagina and the rectum).

- About, 20-25 percent of female infertility has been linked to FGM complications.
- FGM is likely to increase the risk of HIV infection – often the same unsterilised instrument is used on several girls at a time, increasing the chance of spreading HIV or another communicable disease.
- The psychological effects of FGM range from anxiety to severe depression and psychosomatic illnesses. Many children exhibit behavioural changes after FGM, but problems may not be evident until the child reaches adulthood.
- About 83 percent of women who had undergone FGM require medical attention at some point in their lives for a condition resulting from the procedure.
- In order to have sexual intercourse the women have to be opened up in some fashion and in some cases cutting is necessary.

FGM-related Chronic Complications

According to various studies, the chronic health problems were encountered by 49.1% of women who underwent or were forced to undergo FGM.

The most frequent were bleeding (29.1%); delivery complications (25.5%); infections (12.7%); low libido (3.6%) and fear and depression (1.8%).



FGM and Sexuality

Cultural values and ambiguities make women's sexuality very complex. According to reports of women's sexual experiences, physical complications from FGM often impede sexual enjoyment. FGM destroys much or all of the vulval nerve endings, delaying arousal or impairing orgasm. Lacerations, loss of skin elasticity or development of neuroma (a tumour or mass growing from a nerve) can lead to painful intercourse. Many women experienced painful intercourse while some of them reported having difficult or impossible penetration. Fifty percent of women said that they did not enjoy sex at all and only accepted it as a duty.

Reasons for Supporting FGM

- Religious affiliation can affect approval levels: most Protestants opposed FGM while a majority of Catholics and Muslims supported its continuation.
- There is a direct correlation between a woman's attitude towards FGM and her place of residence, educational background and work status. Urban

women are less likely than their rural counterparts to support FGM. Employed women are also less likely to support it. Women with little or no education are more likely to support the practice than those with a secondary or higher education. The majority of women proponents of FGM were those with no education or only primary education.

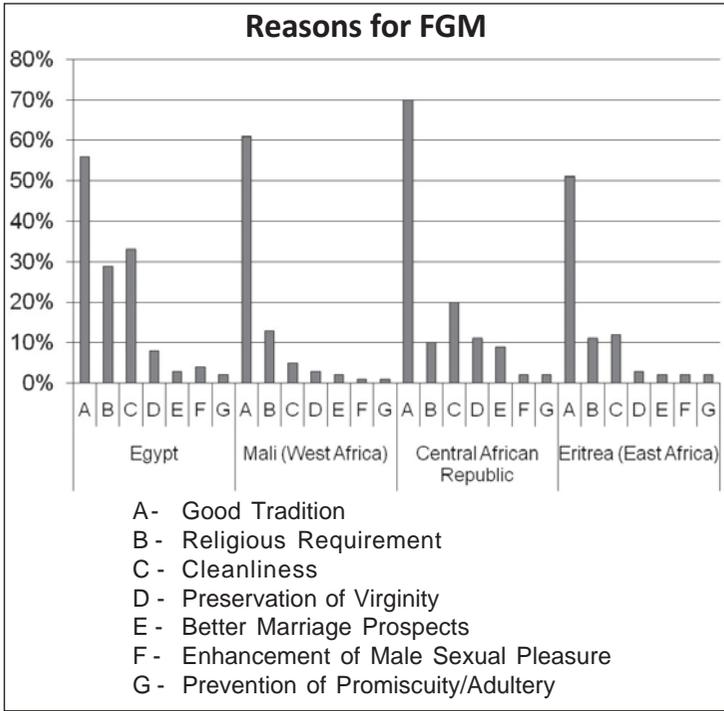
- Most women who have had the FGM procedure are strongly in favour of FGM for their daughters. Also, most of these women want their daughters to undergo the same type of procedure they had.
- Most women who favour ending the practice also feel they do not have enough information to convince men of the harmful effects of FGM. Men help continue the practice by refusing to marry women who have not had FGM or by allowing or paying for their daughters' procedures. In general, women believe that their husbands' attitudes toward FGM are similar to their own though men may actually be less supportive and more indifferent than women toward this practice.

Reasons for Supporting FGM in Orthodox Communities

FGM is practiced amongst orthodox communities for the following reasons:

- It is a “good tradition”.
- Due to religious requirement(s); rite of passage to womanhood.
- Prevent promiscuity among girls; preserve virginity and enhance marriage prospects.
- Prevent excessive clitoral growth.
- Promote cleanliness; and
- Facilitate childbirth by widening the birth canal.

A survey in four countries - Egypt, Mali (West Africa), Central African Republic and Eritrea (East Africa) revealed some startling reasons for the practice of FGM



36

Castration Male To Eunuch

Castration (also referred to as: gelding, spaying, neutering, fixing, orchiectomy, oophorectomy etc) is any action, surgical, chemical or otherwise, by which a male loses the functions of the testicles or a female loses the functions of the ovaries.

The practice of castration has its roots before recorded human history. Castrated men - eunuchs - were often admitted to special social classes and were used to staff bureaucracies and palace households, as already mentioned.

In ancient times, castration often involved the total removal of all male genitalia. This involved great danger of death due to bleeding or infection. Removal of only the testicles had much less risk.

Types of Castration

a) Chemical Castration

In the case of chemical castration, regular injections of anti-androgens are administered to the person undergoing the procedure. Chemical castration seems to have a greater effect on bone density and depletes bone mass more rapidly than surgical castration.

b) Surgical Castration

This is normally done by quacks but this can also be performed by a doctor. A very sharp knife or razor is used. The environment is often unhygienic. The high immunity levels of the patients help them escape infection.

In two strokes, the penis and testes are chopped off. A lot of blood gushes forth. Hot sesame oil is applied to the wound, to prevent infection.

From the severed organs, blood oozes out profusely. The testes shrink to 75-80% whereas the penis shrinks to 40% of the original size. A penis of erect length of 7 inches and morbid length of 3 inches becomes a 2 inch flesh piece after being chopped off. The two testes remain joined to the penis in one piece. The operation causes immense pain.

c) Horse hair castration

In ancient times, one of the processes used for castration was to tie up the penis and scrotal sac tightly with a hair from a horse's tail. This would in effect, stop blood supply to these parts and thus, they would degenerate and fall off.

The process was very painful and long in duration but people in those days did not have a choice of surgical remedies like today. In the case of slaves, the least expensive remedy would probably be used. The only anaesthesia used was opium, which was plentiful in supply and freely available.

Reasons for Supporting Castration

1. Castration for Medical Reasons

The common belief is, castration is carried out generally as a religious procedure, but there are some medical conditions where castration is necessary for the treatment of the disease.

In case of testicular cancer, it is generally treated by surgical removal of the cancerous testicle(s) by orchiectomy, often followed by radiation or chemotherapy. Unless both testicles are cancerous, only one is removed.

Either surgical removal of both testicles or chemical castration may be carried out in the case of prostate cancer as hormone testosterone depletion treatment to slow down the progression of cancer. Similarly, testosterone-depletion treatment is used to greatly reduce sexual drive or interest in those with high sexual drives, obsessions, behaviour or any combination of those that may be considered deviant.

2. Castration as Punishment

In ancient times after battles, winners castrated their captives or the defeated to symbolise their victory and 'seize' their power. The practice was used by the winning side to torture or demoralise their enemies.

It was also employed to extinguish opposing male lineages and thus allow the victor to sexually possess the defeated group's women. Also, in

some countries, castration involving removal of all male genitalia was seen as the same as a death sentence.

3. Castration as a preventive measure

Castration has been in practice in some countries like USA and the Czech Republic as a voluntary option for the people who have broken laws of a sexual nature, allowing them to return to the community from otherwise lengthy detentions.

A temporary chemical castration had been studied and developed as a preventive measure and punishment for several repeated sex crimes, such as rape or other sexually related violence.

4. Other reasons

Castration in humans has been proposed and sometimes used, as a method of birth control in certain poorer regions. MtF transsexuals often undergo orchiectomy, as do some other transgendered people. Orchiectomy may be performed as a part of more general sex reassignment surgery, either before or during other procedures but it may also be performed on someone who does not desire or cannot afford, further surgery.

Medical Consequences of Castration

A subject of castration who is altered before the onset of puberty will retain a high voice, non-muscular build and small genitals. He may well be taller than average, as the

production of sex hormones in puberty, particularly testosterone, stops growth of long bones such as the femurs, tibiae and fibulae of the legs.

The person may not develop pubic hair and will have a diminished sex drive or none at all. Castrations after the onset of puberty will typically reduce the sex drive considerably or eliminate it altogether. Also castrated people are automatically sterile. The voice does not change. Some castrates report mood changes, such as depression or a more serene outlook on life. Body strength and muscle mass can decrease somewhat. Body hair sometimes may decrease.

Castration prevents male pattern baldness if it is done before hair is lost. However, it will not restore hair growth after hair has already been lost. Castration also eliminates the risk of testicular cancer. Historically, eunuchs who additionally underwent a penectomy reportedly suffered from urinary incontinence associated with the removal of the penis.

Without Hormone Replacement Therapy (HRT), castrates may feel the typical symptoms similar to those experienced by menopausal women for example hot flashes; gradual bone-density loss, resulting in osteopenia or osteoporosis; potential weight gain or redistribution of body fat to the hips/chest etc. Replacement of testosterone in the form of gel, patches or injections can largely reverse these effects, although breast enlargement has also been reported as a possible side effect of testosterone usage.

Castration in Veterinary Practice

Domestic animals are usually castrated to avoid unwanted or uncontrolled reproduction; to reduce or prevent other manifestations of sexual behaviour such as territorial behaviour or aggression (e.g. fighting between groups of uncastrated males of a species), such as boundary/fence/enclosure destruction when attempting to get to nearby females of the species.

Male horses are usually castrated (gelded) using emasculators, because stallions are rather aggressive and troublesome. The same applies to male mules, although they are sterile. Male cattle are castrated to improve muscling and docility for use as oxen.

Livestock may be castrated when used for food to increase growth or weight or both of individual male animals and because of the undesirable taste and odour of the meat from sexually mature ones. In domestic pigs the taint is caused by androstenone and skatole concentrations stored in the fat tissues of the animal after sexual maturity. It is released when the fat is heated and has a distinct odour and flavour that is widely considered unpalatable to consumers. Consequently, in commercial meat production, male pigs are either castrated shortly after birth or slaughtered before they reach sexual maturity. This is due to many breeds of pigs simply not having the heredity for the boar taint and the fact that pigs are normally slaughtered at a young market weight. In the case of pets, castration is usually called neutering.¹

¹ Oophorectomy in female pets is often called spaying.

Castration Open and Closed

In veterinary practice an 'open' castration refers to a castration in which the inguinal tunic is incised and not sutured.

A 'closed' castration refers to when the procedure is performed so that the inguinal tunic is sutured together after incision.



Schematic of horizontal section of inguinal canal and testis

Instruments used for surgical castration



Burdizzo 9" open



Burdizzo 9" closed



Burdizzo being used



Burdizzo 6" closed

It is encouraged to prevent overpopulation of unwanted animals and to reduce certain diseases such as prostate disease and testicular cancer in male dogs. Testicular cancer is rare in dogs, but prostate problems are somewhat common in unaltered male dogs when they get older. Neutered animals have a much lower risk of developing prostate problems in comparison.

A specialised vocabulary has arisen for neutered animals of given species:

1. Barrow (pig)
2. Bullock (cattle)
3. Capon (chicken)
4. Gelding (horse)
5. Gib (cat, ferret)
6. Neutered (dog)
7. Ox (cattle)
8. Stag (cattle, sheep)
9. Steer (cattle)
10. Wether (sheep, goat)

How is veterinary castration done?

Veterinary castration involves the use of an elastrator tool to secure a band around the testicles that disrupts the blood supply. A Burdizzo tool or emasculators are used to crush the spermatic cords and disrupt the blood supply. Pharmacological injections, implants and immunological techniques are used to inoculate the animal against its own sexual hormones.

Certain animals, like horses and swine, are usually surgically treated by a scrotal castration (which can be done with the animal standing while sedated and

after local anaesthetic has been applied), while others, like dogs and cats, are anaesthetised and recumbent when surgically castrated with a pre-scrotal incision in the case of dogs or a pre-scrotal or scrotal incision used for cats.

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Arousal, Lovemaking And Orgasm

Opposites attract each other. In humans, just as in animals, birds and insects, males and females are attracted to each other. However, the scope of this book is restricted to a discussion about the sexual attraction between a human male and female and its relevance to a eunuch.

The ability to easily become aroused, to desire intimate and sensual contact and to achieve sexual release through orgasm is a precious gift to bring to love relationships. This is more so when combined with a desire to give full and complete pleasure to one's love partner too.

A loss of these capabilities could ruin the TS woman's chances of experiencing her full range of human emotions after transition, especially for finding and enjoying a passionate, deeply-bonded love relationship. Hence, many TS women are understandably concerned about whether they will be able to fully enjoy and eagerly participate in lovemaking after GRS. However, GRS can provide those for whom it is the right chance to fully experience the joys of sex and lovemaking and finally enjoy a satisfying human life.

Libido and Sexuality - Myth versus Reality

Many myths surround the effects of GRS on libido, sexuality and orgasm. Many people simply assume that the loss of the external male genitalia will result in a complete loss of sexuality. This very naive myth unnecessarily frightens many pre-operative women and it also furthers prejudice against post-operative TS women, who are often thought of by the general public as having 'desexed' themselves.

GRS has the opposite effect on intensely TS women as would the emasculation of a typical male. The procedure usually releases and enhances the libidos of TS women, enabling them to frequently and fully 'turn-on' and enjoy their physical sexuality and lovemaking, including achievement of orgasm during intercourse with a partner. Furthermore, intensely TS women are not 'regular men'. Certainly a typical male would suffer a catastrophic impact on body image and libido from the loss of his external genitalia. However, it has long been known that with counselling and practice, males who have lost their genitalia even partially to disease can recover the capability for arousal and orgasm. However, TS women do not suffer a negative impact on body image as a result of GRS but instead find a greatly enhanced body image.

There is a wide range of libidos in post-operative women, just as in natal women. Some women are very highly sexed, the majority are moderately sexed and some are asexual and have little libido. Similarly, many transsexuals can have strong feelings of sexual arousal in the inner remnants of their genitalia (even

though they lack the external nerve tissue preserved by modern GRS).

Transsexual women learn to visualise from their pre-operative sexual experiences that they will probably still 'turn-on' sexually and be orgasmic as women after GRS. Many pre-operative women hide their genitals by inserting the testicles up into the abdomen and then tightly tucking the male organ back through the crotch (with tight underwear, loin cloth or taping). In this configuration, the penis cannot usually get enough blood supply for full external penile erection.

She nevertheless experiences the familiar female 'glow' and warmth throughout her interior genital region when aroused. In addition, the corpora cavernosa shafts inside her body can become erect once the girl is sexually aroused and that arousal feels really wonderful. Sexual stimulation by rubbing and caressing the genital area and the breasts can then lead to orgasm for a girl who is sufficiently aroused.

From experiences like this, pre-operative women can visualise that after undergoing GRS the remaining internal stumps of her corpora will still engorge and become erect and that she can experience similar feelings of sexual arousal when she is post-operative. In addition, the post-operative woman can also experience wonderful sensations from caressing her clitoris, which in contrast to the previously hidden penis; can now be openly played without her experiencing undue concern about her body-image.

Genital Experience, Arousal and Orgasm

The results of GRS are made immediately obvious to the post-operative woman by one important effect: She now has to 'sit down to urinate'. Urinating isn't as easy as before and every time she urinates, she is reminded that she is now a girl.

The actual post-operative effects of GRS on arousal and orgasm vary greatly from case to case. Those who are male-gendered and who have male sexual urges focused in the external genitalia are likely to experience great loss of libido over time. Those who are 'in between somewhere' are likely to experience a mixture of losses and gains. Those who are female gendered and who have strong female sexual urges are likely to benefit greatly, as a whole new life of sensuality, sexuality and lovemaking opens up to them. All of this is of course contingent upon the person having a normal level of libido, having no 'hang-ups' about being sensual or sexual and also upon a successful surgical result.

However, surgery can fully release those for whom GRS is the right thing to do, from the physical gender trap they had been living in and free them to experience their full humanity in sexual and lovemaking relationships. Most TS women having healthy libidos begin to experience their first post-operative arousals within a few months after surgery. After an initial period of low sensations and even numbness, they then experience 'turning on' due to engorgement of remaining internal erectile tissue (corpora and spongiosum) that was left during GRS. The arousals produce a feeling of 'erection' but one that is different than for men, since it is inside their bodies.

For some post-operative women, it may take much longer for these arousals to begin, especially if they were inactive sexually and/or asexual prior to GRS due to their gender anguish. They find that their adrenal glands (as source of testosterone) do not produce enough hormones to provide adequate libido or orgasm. She may require a small amount of supplemental testosterone to regain functioning. The amount required is typically far below the amount that will cause any other unwanted side effects, such as hair growth. However, even these post-operative women will eventually begin to experience genital arousals and the onset of sexual desires if they have active libidos. On the other hand, many post-operative women enjoy strong orgasms even in the complete absence of testosterone.

In any event, once a post-operative woman begins experiencing arousals, the nerves in the clitoris and vulva surfaces become highly sensitised and sensual and sexy feeling permeate her body. Then, just as during pubertal sexual awakening, she will automatically feel urges to play with her body and to masturbate. While masturbating, the pubertal girl suddenly begins to experience her first orgasms. She is then on her way to developing her full sexuality as a woman. In just the same way, the post-operative woman needs to explore her new sexual anatomy and masturbate and learn her new sexual responses and experience her first orgasms as a woman - learning what most girls do in their teens during puberty. The arousals will gradually intensify as her genital area fully heals from the GRS. Masturbation and sexual activity

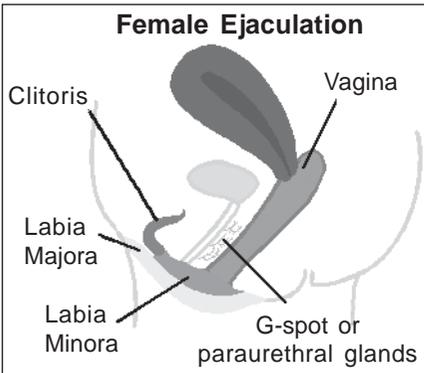
can play a role in helping neural regeneration and sensitivity during this period.

There are many ways to masturbate but one favourite way for girls to do it is to 'rub on a pillow'. The girl does this by lying face down on her bed, with a firm pillow between her legs. This way she can rub her vulva and clitoris on the pillow while squeezing it, putting pressure on her clitoris and also being able to thrust and thrash around. At the same time she can play with her breasts and body with her hands. Alternatively, she can rub her clitoris with the fingers of one hand while squeezing her legs and thrashing around to stimulate her body. There are many other ways to stimulate arousals and produce orgasms, including using vibrators and other female sex toys or even fantasies to trigger and enhance arousals and orgasms.

The sexual experience for the post-operative woman is much more 'internal' within and throughout her whole body than for a male. The arousal may start in her genitals but then can spread all through her lower body, especially inside the muscles. Her skin becomes more sensitised to caressing and touching. The oestrogen seems to also enable a powerful 'heat' to fill the woman's whole body once she is aroused - and especially once she is being penetrated.

Since her whole body becomes much more sensitive to touch as she get fully aroused, she is not stimulated so much by her partner's appearance as by the way he (or she) touches her and manipulates her body and the way his (or her) voice sounds. She

doesn't feel the hard focused drive to quickly achieve orgasm as do males but instead feels a desire to let go and thrash around and be 'handled' and gradually heighten her erotic feelings. It isn't what she is seeing that counts as much as what she is feeling and hearing and how her body is being manipulated by her partner, as she yields to the wonders of sexual heat and lovemaking.



Finally, the TG woman will get up on a 'plateau' and realise that an orgasm is going to come. The orgasm starts and steadily spreads throughout her genital area, with the genital nerves

becoming tremendously sensitised as it spreads.

After climax, the transsexual woman feels a sudden relaxing and calming effect that is somewhat similar to what it is like for men. But unlike when she was male, she may often feel aroused and sexy again rather soon after having sex, often getting firm internal erections. Even though it may be difficult for her to achieve orgasm again until some time has passed (a few hours to a day or so), she may feel a desire for sex again right away anyways. These re-arousals are a really wonderful feeling and can enable sweet sessions of touching and cuddling with a loving partner after intercourse.

Tips for Post-Operative Women

Some issues arise for post operative girls who seek love partners. They may feel strong concerns about whether their bodies and genitals look passable enough for them to be really accepted as women. For lovemaking to work, she and her partner must both be aroused and be comfortable with each other and they must find sweet and compatible ways to share and enjoy lovemaking together.

Even if she finds a caring man who turns her on and who is a good lover, she may still need some advance practice in order to easily reach orgasm. Some of this depends upon the sexual positions they both like best and upon how they have previously been masturbating. She may need to modify her private masturbation habits and migrate to positions and stimulations more similar to those she experience during intercourse with her partner. Also, she should tell her partner what she likes. If he enjoys being with her and wants to make her happy, he will try to help her feel good about herself.

Comparison of physical manifestations during various stages of sex

	Female	Male	Eunuchs
Excitement	<ul style="list-style-type: none"> • The clitoris is engorged with blood and becomes erect and highly sensitive. Breasts may increase in size by up to 25%. • The inner and outer lips of vulva fill with blood, increase in size and lift and separate to reveal the vagina. • The upper two thirds of the vagina begin to lubricate and this slowly slides down to the external lips. This 	<ul style="list-style-type: none"> • Penis engorges with blood and becomes erect. The average male erection is 6 inches long though this varies greatly. • Scrotum thickens and testicles rise to protect them when thrusting. • Some eastern mystics and sports coaches believe that ejaculate is so full of essential nutrients that it should be retained 	<ul style="list-style-type: none"> • They have sensation in breasts and lips. They show a marked preference for being hugged and kissed at varied locations. • The face and thighs swell up due to an inflow of blood, breasts become gorged with blood and firm up, swelling in size. <p>Note: The above is not true in case of category 1 eunuchs. These characteristics are</p>

	Female	Male	Eunuchs
	<p>lubrication varies in quantity and texture at different times of the month.</p> <ul style="list-style-type: none"> • The vagina becomes longer and wider ready to accommodate a penis. 	<p>whenever possible. This is also used as an explanation of why men so often fall asleep straight after sex.</p>	<p>prevalent to some extent in category 2 eunuchs and always in case of category 3 eunuchs.</p>
Plateau	<ul style="list-style-type: none"> • The vagina continues to expand and balloons at the top to form a seminal pool. • The clitoris retracts behind the clitoral hood. It is possible that for some women it is too 	<ul style="list-style-type: none"> • Penis reaches full erection and the glans increases in diameter and deepens in colour. • Urethra increases in diameter. 	<ul style="list-style-type: none"> • Nerve sensation is maximum at the location of the clitoris (though the upper part of the vagina is fused).

	Female	Male	Eunuchs
	<p>sensitive for direct stimulation.</p> <ul style="list-style-type: none"> • The uterus lifts into a “false” body cavity to protect it from being buffeted by a thrusting penis. • The lower third of the vagina becomes heavily congested with blood and PC muscles begins to tighten forming what’s known as the ‘orgasmic platform’. 	<ul style="list-style-type: none"> • Cowpers Gland secretes a fluid which both lubricates and cleanse the urethra (often known as pre-cum). • Testicles become fully elevated and increase in size by up to 25%. Once the testicles are fully elevated, ejaculation is imminent. 	
Orgasm	<ul style="list-style-type: none"> • Up to 62% of women may experience ejaculation. This may 	<ul style="list-style-type: none"> • The prostate, vas deferens and seminal vesicles contract and 	<ul style="list-style-type: none"> • In many eunuchs, the body becomes loose. This gives them

	Female	Male	Eunuchs
	<p>be due to stimulation of the G-spot or excess lubrication being expelled by the contractions.</p> <ul style="list-style-type: none"> The orgasmic platform pulsates. PC muscles, uterus and rectal muscles all contract at approximately 0.8 second intervals. 	<p>collect the ejaculate in the urethral bulb. The sensation is often referred to as the point of inevitability.</p> <ul style="list-style-type: none"> The penis and pelvic muscles contract at about 0.8 second intervals and force out the ejaculate. <p>Note: It is possible to orgasm and not ejaculate and vice versa, though this is relatively rare.</p>	<p>high satisfaction and a feeling of relaxation.</p> <ul style="list-style-type: none"> In about 4% of category 2 and 12% of category 3 eunuchs, there is ejaculation and a clear odourless fluid is released from the urethra. <p>Note: Ejaculation may or may not take place. However, the other characteristics peak and then after achieving an 'orgasmic' state, begins the process of resolution.</p>

	Female	Male	Eunuchs
Resolution	<ul style="list-style-type: none"> • The uterus descends from its “false” position and the cervix dips into the seminal pool to draw up semen into the uterus. • The vagina begins to return to normal size though the lower third returns more quickly than the upper two third. • The cervix continues to remain open for a further 20-30 minutes. • The clitoris begins to descend to the usual position. 	<ul style="list-style-type: none"> • Half of the erection is lost quickly, the rest gradually subsides. • Scrotum returns to normal. • During the resolution phase, men experience the refractory period, when the testes are restocking and preparing to ejaculate again. Until they're ready, the penis will not respond to stimulation. The duration ranges from 	<ul style="list-style-type: none"> • The swollen face, breasts, urethra and thighs come back to normal.

	Female	Male	Eunuchs
	<ul style="list-style-type: none"> • Inner and outer lips return to usual size. 	<p>a few minutes to hours or even days, depending on health and, more particularly, age.</p> <ul style="list-style-type: none"> • Testes lose swelling and gradually descend. 	
Refraction period	<ul style="list-style-type: none"> • Women can perform again with almost no loss of time. 	<ul style="list-style-type: none"> • Men need a time interval of about 1-6 hours in order to perform again. 	<ul style="list-style-type: none"> • They can perform again with no loss of time. They can have multiple orgasms like females.
Masturbation	<ul style="list-style-type: none"> • 67% of women in the 18-59 years age group accepted that they do it 	<ul style="list-style-type: none"> • 82% of all men aged 18-59 years agreed that they do it at least 	<ul style="list-style-type: none"> • Category 1 eunuchs say that they do not know about it.

	Female	Male	Eunuchs
	<p>at least thrice a year. The frequency is about 3 times more, when they have had past sexual experience with a man.</p>	<p>once during the month. This is irrespective of their marital status.</p>	<p>Category 2 eunuchs have some idea about it, while those from Category 3 are familiar with it. No eunuch admitted to ever having masturbated.</p>

38

Sexual Behaviour Of A Eunuch

Ask a eunuch about her sexual preferences, practices and habits. She will give you an expressionless stare. Similar to other sexually oppressed societies, sex is taboo and a forbidden thing for eunuchs and it can not be discussed in the open. They are not supposed to indulge in any sort of sexual practice, even in private. Eunuchs are made to believe that sex is for normal men and women, for the purpose of procreation and as they belong to neither sex and are also incapable of reproduction, they should not indulge in sexual practices. For them, the sexual experience is akin to eating bland boiled food or eating after prolonged dosage of antibiotic.

The sad truth is that it is inhuman to kill one's natural physical urges. Suppressed feelings come out of one's mind either in a constructive or destructive way. As they are made to believe against sexual practice, eunuchs will seldom agree that they have ever been involved in any sort of sexual activities or were sexually inclined towards some other person of either the same sex or the other. Despite their disagreement, the fact is that they too are in search of sexual pleasure and emotional companionship.

Just as in the case of modern post-operative transsexual women, many eunuchs can have strong feelings of sexual arousal in the inner part of their genitalia (even though they lack the external nerve tissue left by modern GRS, they retain sensitivity in the internal portion of the erectile corpora cavernosa and the prostate, with its spasmodic orgasmic capabilities) and many greatly enjoy (to orgasm) penetrative (anal) sexual activities with men.

Because of their complete external emasculation, eunuch genitalia and pelvic regions look very 'girly' and many men greatly enjoy lovemaking with them.

The sexual behaviour of a eunuch can be broadly classified into 3 categories:

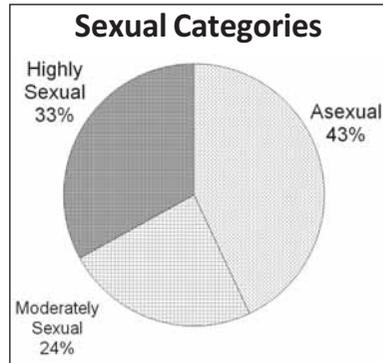
- I. **Asexual:** Eunuchs of this type are those who are never sexually aroused. They rarely like to be touched by males and never by females. While sleeping in their homes, they prefer to sleep away from fellow eunuchs, even though the distance may be as little as one foot because there is not a lot of space in their dwellings.

They never get involved in any type of sexual activity and have very little knowledge of the sexual behaviour of human beings. They may have seen a penis or a vagina but will never talk about sex.

These are the teachings of their community, which they follow. About 43% eunuchs fall into this category. They hold sexually active eunuchs (Categories II and III) in disregard.

- II. Moderately Sexual:** Eunuchs of this type are those who have mild sexual arousal. They feel excitement sometimes, though it is always for male company and rarely for a female partner. When a male hugs or kisses and sucks the breast of a eunuch, she gets pleasure. The duration of her excitement lasts up to 20-25 minutes. During sex, the male partner penetrates them through the anus.

Sometimes, though very rarely, these moderately sexual eunuchs also derive pleasure by rubbing their rudimentary sex organs with other eunuchs. They may have seen pornographic films and are familiar with the penis and vagina.



Approximately 24% eunuchs fall into this category. They indulge in clandestine sexual acts to earn money but they never experience orgasm. They interact with eunuchs of Category III and often wonder what an orgasm feels like. However, they are afraid that if the *guru* comes to know about their sexual activity, they will be punished.

- III. Highly Sexual:** Eunuchs of this type are those who are sexually very active and full of lust. Their sexual behaviour is like that of an oversexed

person. They like to watch pornographic movies because in the case of soliciting eunuchs, oral sex plays an important role.

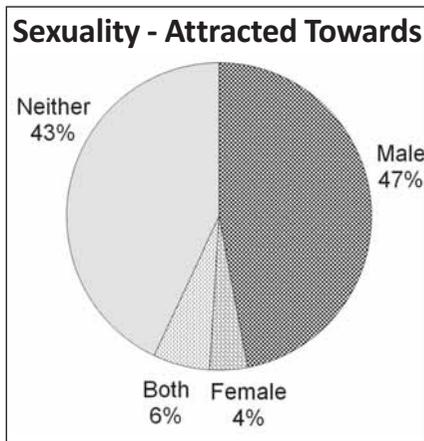
These eunuchs do not have vaginas and they always take male partners. They perform oral sex, between the thighs from the front or in the anus. Occasionally, they may indulge in sex for pleasure though mostly, they do it for money.

These eunuchs, though full of lust, do not always experience orgasm. They are mostly satisfied with kissing, hugging etc. When a male caresses them tactfully and penetrates them they feel excitement throughout their bodies and get orgasm. Their faces and thighs swell up due to an inflow of blood, breasts become gorged with blood, firm up and swell in size.

Eunuchs and Sexuality

A relationship between the looks and sexuality of eunuchs cannot be established.

Eunuchs consider themselves closer to females. Therefore physiologically and sexually they are more attracted towards males, compared to females having Partial Androgen Insensitivity Syndrome (PAIS) of Grade 4 to 7 (page 319).



Broadly speaking, they fall under four categories:

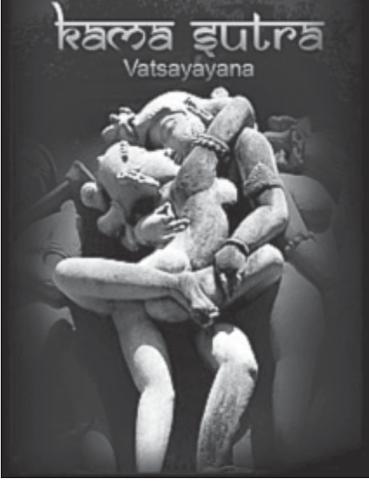
- Eunuchs sexually attracted to males - 47%
- Eunuchs sexually attracted to females - 4%
- Eunuchs sexually attracted to both - 6%
- Eunuchs sexually attracted to neither - 43%

Arousal and orgasm in eunuchs

- When a suitable environment is present, orgasm occurs in a eunuch after 15-20 minutes of peak sexual arousal. During orgasm, a semi thick, colourless, watery fluid is discharged from the urethra. On drying, it leaves a light grey coloured mark on a transparent slide. When viewed under a microscope, no sperms are found. The quantity of ejaculated fluid varies between 1/10 ml to 1/2 ml. A few eunuchs experience such discharge and they feel a high degree of satisfaction and ecstasy.
- All eunuchs feel some pain when the penis penetrates the anus, especially for the first time. The intensity of pain varies and sexually active eunuchs experience less pain, since the anal muscles have acquired elasticity due to regular intercourse. The anus has sphincter (capable of contraction) muscles. It is stretchable and loaded with nerves – meaning it imparts a high degree of excitement when stimulated properly. The anus and rectum do not produce natural lubrication like a vagina does. Hence, eunuchs use jelly lubricants to facilitate anal penetration.

Eunuchs and *Kamasutra*

Vatsyayana, the proponent of '*Kamasutra*', the authoritative treatise on the science of lovemaking in India, has described the sexual practices of eunuchs in detail.



The *Kamasutra* of Vatsyayana, Translated by Sir Richard F. Burton, Part II, Chapter IX (1), of the '*auparishtaka*' or the mouth congress describes lovemaking and sexual practices of eunuchs in detail.

According to Vatsyayana, eunuchs are of two types:

द्विविधा तृतीया प्रकृतिः स्त्रीरूपिणी पुरुषरूपिणी च ॥

There are two kinds of eunuchs, those that are disguised as males and those that are disguised as females.

तत्र स्त्रीरूपिणी स्त्रीयाः वेषमालापं लीलां भावं मृदुत्वं भीरुत्वं मुग्धताम् असहिष्णुतां व्रीडां च अनुकुर्वति ॥

Eunuchs disguised as females imitate their dress, speech, gestures, tenderness, timidity, simplicity, softness and bashfulness.

तस्याः वदने जघनकर्म । तदौपरिष्टकम् आचक्षते ॥

The acts that are done on the *jaghana* or middle parts of women, are done in the mouths of these eunuchs. This is called *auparishtaka*. These eunuchs derive their imaginable pleasure and their livelihood from this kind of congress and they lead the life of courtesans.

पुरुषरूपिणी तु प्रच्छन्न कामा पुरुषं लिप्समाना संवाहकभावम् उपजीवेत् ।

Eunuchs disguised as males keep their desires secret and when they wish to do anything they lead the life of shampoosers. Under the pretence of shampooing, a eunuch of this kind embraces and draws towards



Eunuchs sharing a tender moment

himself the thighs of the man whom he is shampooing and after this he touches the man's *jaghana* (joints of his thighs) or central portions of his body.

Then, if he finds the *lingam* (penis) of the man erect, he presses it with his hands and chaffs him for getting into that state.

If after this and after knowing his intention, the man does not tell the eunuch to proceed, then the latter does it of his own accord and begins the congress. If however he is ordered by the man to do it, then he disputes with him and only consents at last with difficulty.

The following eight things are then done by the eunuch one after the other:

1. करअवलम्बितम् ओष्ठयोर् उपरि विन्यस्तम् अपविध्य मुखं विधुनुयात् / तन्निमित्तम् ॥

When, holding the man's *lingam* with his hand and placing it between his lips, the eunuch moves about his mouth, it is called the 'nominal congress'.

2. हस्तेन अग्रम् अवच्छाद्य पार्श्वतो निर्दशनम् ओष्ठाभ्याम् अवपीड्य भवत् एतावद् इति सान्त्वयेत् / तत्पार्श्वतो दष्टम् ॥

When, covering the end of the *lingam* with his fingers collected together like the bud of a plant or

flower, the eunuch presses the sides of it with his lips, using his teeth also, it is called 'biting the sides'.

3. भूयश् चोदिता संमीलित ओष्ठी तस्यअग्रनिष्पीड्य कर्षयन्ती इव चुम्बेत् / इति बहिः संदंशः ॥

When, being desired to proceed, the eunuch presses the end of the *lingam* with his lips closed together and kisses it as if he were drawing it out, it is called the 'outside pressing'.

4. तस्मिन् एवअभ्यर्थनया किञ्चिद् अधिकं प्रवेशयेत् । साअपि च अग्रम् ओष्ठाभ्यां निष्पीड्य निष्ठीवेत् / इत्य् अन्तः संदंशः ॥

When, being asked to go on, he puts the *lingam* further into his mouth and presses it with his lips and then takes it out, it is called the 'inside pressing'.

5. करअवलम्बितस्य ओष्ठवद् ग्रहणं चुम्बितकम् ॥

When, holding the *lingam* in his hand, the eunuch kisses it as if he were kissing the lower lip, it is called 'kissing'.

6. तत्कृत्वा जिह्वाअग्रेण सर्वतो घट्टनम् अग्रे च व्यधनम् । इति परिमृष्टकम् ॥

When, after kissing it, he touches it with his tongue everywhere and passes the tongue over the end of it, it is called 'rubbing'.

7. तथाभूतम् एव रागवशाद् अर्धप्रविष्टं निर्दयम् अवपीड्याव्
अपीड्य मुञ्चेत् । इति आम्र चूषितकम् ॥

When, in the same way, he puts the half of it into his mouth and forcibly kisses and sucks it, this is called 'sucking a mango fruit'.

8. पुरुषअभिप्रायाद् एव गिरेत् पीडयेच् च अपरिसमाप्तेः ।
इति संगरः ॥

And lastly, when, with the consent of the man, the eunuch puts the whole *lingam* into his mouth and presses it to the very end, as if he were going to swallow it up, it is called 'swallowing up'.

At the end of each of the above, the eunuch expresses his wish to stop, but when one of them is finished, the man desires him to do another and after that is done, then the one that follows it and so on.

Mould Position

Further in the same book, Vatsyayana mentions about the 'mould position' which is supposedly the best position to achieve orgasm with a eunuch. In this position, with his legs together and tucked in, the eunuch lies on his side and relaxes his head backward while the man penetrates him through the anus.

The position allows movement during the act to be soft and coordinated and the penetration to be deep and slow. The fact that the eunuch's legs are held together combined with squeezing can exert an ideal pressure on the penis and at the same time cause a pleasant friction in the anus. This aspect makes it the ideal position for men who have problems with erectile dysfunction.

Miscellaneous

Legal Opinion

Justice Krishna Narayan
(Retd. Judge, High Court)
A-3 Bank of India Colony,
Prag Narain Road
Lucknow – 226001 U.P.



Facts:

This book contains explicit photographs of castrated eunuchs' urinary organs etc. While the avowed intent of the book is dissemination of information of a purely educative nature, it is felt that a legal opinion may be in order about whether such photographs can be published in a book that is intended for sale to the general public and meant for family readership, with the objective to create awareness about this class among the general public.

Query:

The moot point raised in law is “Does the matter arouse prurient interest designed to titillate or otherwise present it in an obscene and offending manner?”

Findings:

It is a privilege to have witnessed the attempt of Dr Piyush Saxena to address a heretofore untouched

aspect of human life. A journey of a thousand miles begins with a single step. This is probably the first time that such material and photographs have been made available to the public to obtain knowledge about a subject that arouses much curiosity but has hardly any information available.

No one belongs to the class of eunuchs by her parents' choice. It is generally a physical defect or malformation at birth. All parents are at risk of having a baby with a birth defect, regardless of age, caste, creed, income or residence. Children with the following birth defects are fairly common:

1. Congenital malformations or dysmorphology-

These are physical defects present in a baby at birth, irrespective of whether the defect is caused by a genetic factor or by prenatal events that are not genetic. In a malformation, the development of a structure is arrested, delayed or misdirected early in embryonic life and the detrimental effect is permanent. Congenital malformations can involve many different organs including the brain, heart, lungs, liver, bones, intestinal tract and even complete body parts, such as hands or legs.

2. Congenital anomalies- A congenital anomaly may be viewed as a physical, metabolic or anatomic deviation from the normal pattern of development that is apparent at birth or detected during the first year of life. Under this definition, Mendelian genetic disorders (e.g., phenylketonuria), chromosomal abnormalities (e.g., Down syndrome), tumours,

infections (e.g., rubella, toxoplasmosis, herpes virus, cytomegalovirus, HIV and syphilis), exposure to teratogenic agents (e.g., cocaine, tobacco or alcohol), maternal disease (e.g., maternally transmitted autoantibodies, phenylketonuria) and pure bad luck or accident (e.g., a twisted umbilical cord) can all contribute to the development of a congenital anomaly.

- 3. Congenital deformations-** These include a broad range of physical abnormalities existing from birth, although some, such as scoliosis, may not manifest until later in life. The most common are craniofacial deformities, such as cleft lip or palate and skeletal deformities, such as clubfoot or spina bifida. Congenital abnormalities are best thought of as chronic illnesses.

- 4. Ambiguous genitalia -** Ambiguous genitalia is a birth defect where the outer genitals do not have the typical appearance of either a boy or a girl. Eunuchs are nothing but children born with deformity or the partial or total absence of so-called sex organs. They have no penis, vagina or uterus or only rudimentary ones. This is a congenital deformity and nobody knows about this at birth or in some cases even up to puberty when outward physical characteristics are female but with the presence of primary amenorrhea (no menses). Being devoid of sex is in itself a malady which only the victim can realise. To add insult to injury is the social stigma attached to them throughout recorded history.

The author asked me, “Which one of these four is the most dreadful?” this is akin to posing a question regarding whether it is better to be deaf than dumb? I have no credible answer, since it is impossible to quantify the suffering and anguish borne by those who are afflicted by such conditions. I leave it to the readers to draw their own conclusions.

It is impossible to find a physically perfect individual. There are always some discrepancies in vision, hearing, respiration, digestion etc. Even in a so-called ‘normal’ human, all these activities are often not at ‘normal’ levels, e.g. normal eyesight is an abnormality and rather rare.

People are generally sympathetic towards such people. We can find jobs for the vision impaired and call such people ‘differently abled’ but sexual disability does not receive equal consideration or compassion. Why despise the eunuch then? Parents disown them under social pressure and society itself ridicules them as *hijra*, *chakka*, *ali*, *mamu*, *nau number*, *6 number*, *gud* etc. Eunuchs have no progeny to share their weakness much less the misery. The stigma of a barren woman is not unknown and the ostracism faced by eunuchs is far greater.

There is an order of the High Court, Delhi, about Section 377 IPC, validating the rights of homosexual people. That right has been denied to eunuchs until now, simply because their disability was attempted to be concealed and they don’t have a voice to raise their issues. It is time that we brought them into the mainstream of life.

Argument:

Article 19 of the Indian Constitution provides: Protection of certain rights regarding freedom of speech etc.

(1) (a) All citizens shall have the right to freedom of speech and expression (subject to certain conditions).

The opinion needs to take into account, the target readers of the book and their level of understanding of the subject matter under consideration, as also the probable consequences of the material contained therein. The intention of this book, as may be discerned from the general content and language, is not to appeal to any base instincts and extraction of stray material, viewed in isolation is insufficient for attributing any interests contrary to the admitted intent of provision of material of an informative and educational nature. In this book, the material in question (photographs) is relevant to the description of the subject matter and necessary for gaining a thorough understanding of eunuchs, their physiology and their lifestyle. They have to be seen in context of the entire passage and not in isolation.

There may be an impression that the field covered, being related to sex, might be obscene in nature. However, exactly the reverse is true. Eunuchs are devoid of sex organs and the objective of the book does not comprise even corrupt, what to say of lascivious, prurient, deprave or even indecent, much less obscene intentions. All these basically revolve around sex or the excitement of lust. The book deals with the absence (or lack) of sex. It may evoke sympathy for the person concerned but not lust. There is a difference between sexual organs like penis and vagina and urinary organs

like urethra. Though the alimentary, genital and urinary systems are physically close in location, they are independent and it is only in males that the urinary and genital systems are parts of the same organ in the end.

Opinion:

Many schools now impart sex education from std. VII onwards. A few illustrations by way of explanation of the subject matter or to provide better information will be more for education and not for depravity.

Therefore, on viewing the book and its contents as a whole, "The subject matter referred to above falls under the exception of Section 292 (2) (a) of the Indian Penal code 1872, along with Section 4 of The Indecent Representation Of Women (Prohibition) Act, 1986." The publication of this book is therefore justified as being for public good on the ground that such books and the photographs in question are in the interest of science and learning.



Krishna Narayan
07.07.2011

Research And Presentation

June 2006 – I was sitting with Santosh Pyasi, the editor of a popular Hindi health magazine, 'Health aur Nutrition'. I was a regular contributor to the magazine and my articles on cleansing therapy were regularly published in it. During the course of our conversation, he casually mentioned that I should write about eunuchs, a much maligned and detested community by all and sundry in India. Though eunuchs are a highly visible lot, people know very little about them and shun them. I was nonplussed, since I was hardly aware about them myself. However, my curiosity was aroused and mulled on the subject for the next few days.

I discussed the various issues pertaining to the proposed book with my publisher and distributor. They confirmed that they had not come across any book that addressed the subject and also offered me encouragement. I decided to delve into the mysterious lives of these shadowy creatures. However, this was easier said than done, as I was about to find out the hard way. When I tried to speak to eunuchs about their customs, I discovered that they were unwilling to divulge any information about their community. I met a number of eunuchs with the same objective and my efforts yielded

similar discouraging results. Finally, with the help of a friend of mine, I managed to meet a eunuch *guru*, posing as a journalist. Though I was hardly able to glean much information during the meeting, which lasted for an hour, it was fruitful in the sense that I learned that whatever knowledge I had about eunuchs was wrong. To prise the truth from these secretive people looked like a very daunting task. However, as my fascination for this community grew, I started meeting them on regular basis. I was able to extract titbits of information but nothing of much substance. Whenever, I asked them about their ways, all eunuchs gave me the stock reply that they would speak to me on the matter only after being permitted by their *guru*. During one such attempt, a eunuch drew up the hem of her sari and warned me that she would flash her mutilated parts unless I left the scene. I discovered to my chagrin that though the *guru* was willing to speak to me, she would not let her *chelas* speak to me. Only later did I find out that these *chelas* lived as bonded labourers and the *guru* did not wish to let these sordid details about the eunuch community be revealed.

I talked to two other *gurus*. They refused to talk to me, citing the commandments of the community. In four months, I made several attempts, without any success. I was losing confidence but not my hope. The attempts failed but did not dampen my enthusiasm.

My next attempt proved much more encouraging, when I met a very senior *guru* from Mumbai. The *guru* and her *chelas* became friendly with me. Over the course of my visits, I gained their confidence. It took numerous trips

and dogged perseverance to foster a degree of comfort in our interaction, leading to enhanced communication between us.

One evening, I visited the *guru's* home at about 7 pm and found her sitting with five of her *chelas*. I did not broach the subject of my book or research. Instead, I performed a few magic tricks, ordered some snacks and shared them with the group. After an hour, I took permission to leave. On my way out, I deliberately asked for assistance to carry my bag of magic tricks to my car. Two *chelas* came forward and offered to help. They accompanied me to the car, whereupon I invited them for a drive. They were thrilled at this unique experience of interacting so closely with a 'normal' person. I tried to put them at ease by making small talk about the various features of the car.

Once their fears were set at rest, I gently broached the subject of their personal relationships with their *guru*. They tried to skirt the issue by giving nebulous answers but I wanted to elicit the truth. I cited specific instances that I had observed during my visits to their home, to demonstrate that their relationships were far from healthy and they gave me their hesitating acquiescence. Having achieved my objective of stirring of some interest in them, I dropped them back home and invited them for another meeting during the following week. Before parting, I casually mentioned that I was writing a book about their community and the various issues that they faced.

The following week, I showed them my published material, as well as a few photographs of mine in films

and TV serials. The twosome gradually opened up and I was able to wean pertinent facts about their lives over the next few weeks. However, I still had to sift fact from fiction and by cross checking the information of each with that of the other, as also other sources, I was able to piece together a coherent whole. I was beginning to achieve a sense of satisfaction at being able to uncover this facet of society and it bolstered my hope through many an evening, when the prospects of obtaining the requisite material looked bleak.

There was still a highly relevant, yet vexing issue that I had to address. The only difference between 'normal' people and eunuchs lay in their genitals, as explained elsewhere in the book. I felt that the book would not fully serve its intended purpose of disseminating information about eunuchs, if it did not include photographs of the private parts of eunuchs. But how was I going to get such photographs?

During my next meeting with the two eunuchs, I requested their assistance in getting the crucial photographs. At the mention of the photographs, the two hesitated and were of a heart to dissociate themselves entirely with me. I clarified that I would be the sole person present, as also that I would not photograph their faces or any other identifying features, confining myself only to photographing the parts in question. Also, the photographs would be used only for educational purposes and their names would never be mentioned in any connection, lest they be excommunicated by their *guru* for breaking their commandments. They asked me to wait for a week while they thought the matter over.

During this period, I continued to answer their numerous queries about how I would maintain their anonymity. Finally, having satisfied themselves that my interest in their affairs was genuine, they agreed in principle to the shoot and laid down their conditions to safeguard their interests.

Now that I had obtained their consent, I was faced with a new problem – where was I going to photograph them? Hotels posed a problem, since renting a room was fraught with the danger of being apprehended by the police. Any story I might cook up would not be plausible and I would face detention and the daunting prospect of explaining the proceedings to my associates at work and society at large, at the least. Also, if I brought them home, the whole neighbourhood would be watching and the resultant buzz would be a cause for embarrassment to my family. Unsure of what to expect, I turned to the friend mentioned earlier and asked for the use of his apartment for four hours, to complete the photo session. It worked!

On the designated day, both eunuchs turned up for the shoot, along with two of their eunuch friends. I reassured them. All four of them obliged me in the interests of informing the readers of this book.

About The Author

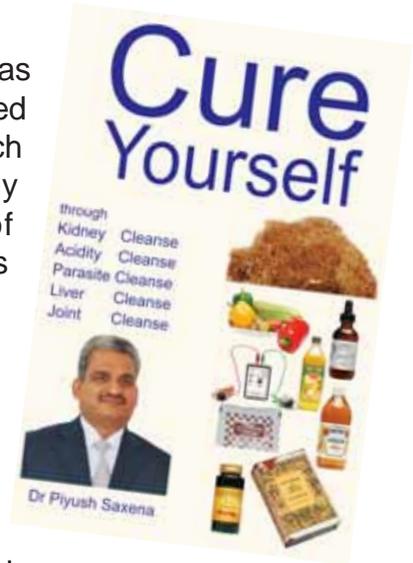
Dr Piyush Saxena is a corporate professional, a naturopath, wellness counsellor, magician, thinker, writer, film director and also an actor. He is the chairperson of a Non Government Organisation called 'Salvation Of Oppressed Eunuchs', working for the cause of eunuchs and assisting them to integrate into mainstream society.

He graduated with a BSc (Physics) and MA (Modern History) from Allahabad University. Later he got a PhD in Naturopathy from USA. His professional life commenced with working for Bank of India from 1981 to 1995 in UP. Thereafter, he joined Reliance Industries Limited in 1995. Currently he works for them as a Senior Vice President (Corporate Affairs) at Nariman Point, Mumbai.

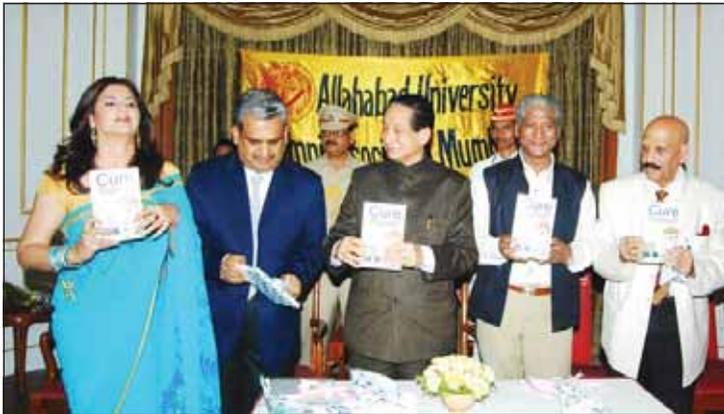
His father Justice Krishna Narayan retired as a High Court judge from Allahabad. His mother Shanta is a housewife, wife Shubha is a teacher, son Prakhar has done software engineering from and works in USA, daughter Priyanshi is working with the media.

A proponent of easily available natural remedies, Dr Saxena believes that the root cause of all medical problems is pollution and parasites, which affect different

organs of the body. He has researched and consolidated 'Cleansing Therapy', which involves curing the body through the process of cleansing of various organs e.g. Kidney, Liver, Joint, Thyroid, Intestine, Mouth, Eye, Nose, Brain, Pancreas, Breast, Lung, Uterus, Heart etc.



His numerous articles on these and associated topics have appeared in various leading magazines and newspapers of the country. His talks have been broadcast on many radio and TV channels. Many patients across the globe have benefitted from the therapy.



The author with HE S C Jamir, Governor, Maharashtra, actors Kunickaa Lall and Rajendra Gupta and businessman Mohd. Zakauallah, during the release of his book 'Cure Yourself'



Delivering a talk on 'Cure Yourself' at Central Office, RBI, Mumbai



Delivering a talk on 'Cure Yourself' at NACEN, Vadodara

Dr Saxena also possesses a Masters degree in Reiki healing. He has delved into Past Life Regression (PLR) through hypnosis. It helps to cure problems e.g. chronic ailments, chronic fears, relationship problems etc.

He has done numerous PLRs so far and almost all of his 'patients' have reported a considerable improvement in their situation after the regressions.



Acting in a movie with Aruna Irani and Manoj Tiwari

Working for the television and films is his hobby. He has performed in a variety of roles, in numerous TV serials and movies.

He enjoys the company of children and performs magic shows for them at birthday parties and schools/colleges, as also for mature audiences, providing entertainment and relief from their monotonous routine.



Performing a magic show at Modern School, Lucknow

He also performs as Santa Claus at 3-4 Christmas parties for children every year. He does not charge any fees for consultation on health matters or his vocational hobbies listed above.

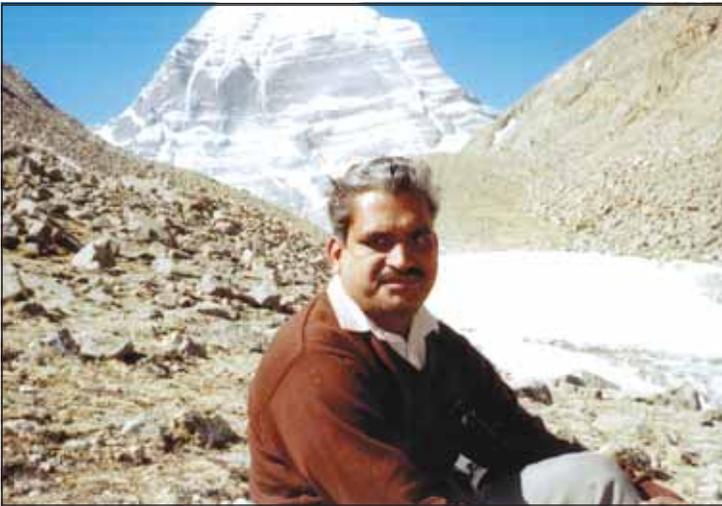


Dancing with Japanese children to an Indian tune in Tokyo



In Pakistan at the Wagah border

Dr Saxena is fond of travelling. He has travelled to all the continents and all major cities of the world including places like Pakistan, Mt. Kailash, Antarctica etc.



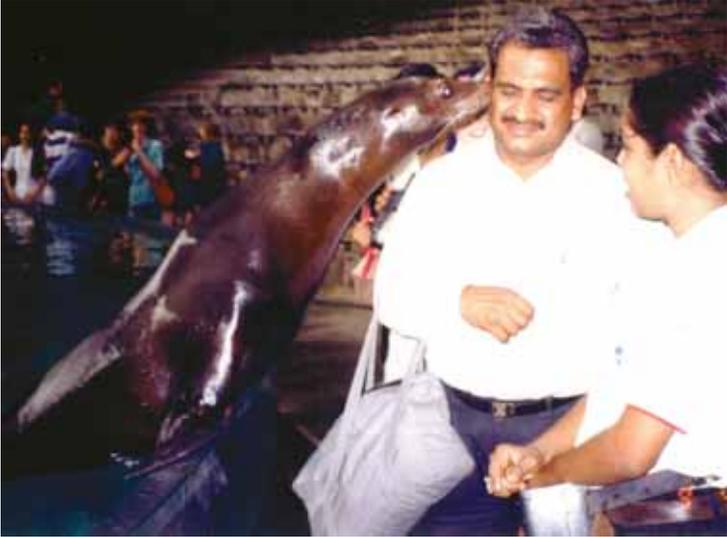
Enjoying the serenity at Mt Kailash



En route to Antarctica



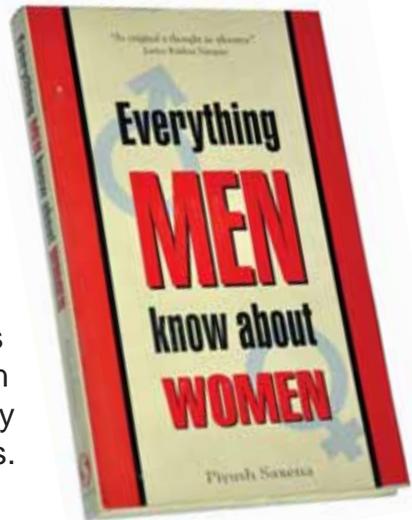
With a cheetah in Botswana, Africa



A seal greets the author in Australia

He is a teetotaller, non-vegetarian, fond of eating, enjoys cooking and specialises in North Indian delicacies. He also tries to make time in his daily routine to pursue hobbies like chess, bridge, swimming, diving and squash.

Dr Saxena's first book, 'Everything Men Know About Women' covers everything that men know about women. It is a concept that has been greatly appreciated by the media and all others.





Seeking the blessings of HE Abdul Kalam

The second book, 'Cure Yourself' is a compilation of about five major cleansing therapies, including acidity and parasite cleanse.

'Life Of A Eunuch' is his third book.

His fourth book, 'Mysteries of Life' will be released by December 2014.

A talk show based on the cleansing therapy, featuring actors Rajendra Gupta, Kunickaa Lall, Sambhavna Seth, Monica Bedi and other celebrities is in the pipeline and will be telecast on health channels in the month of December 2012 onwards.

All of Dr Saxena's articles and the books are available for free download on <http://www.drpiyushsaxena.com>

Mysteries Of Life

About a century ago, no one would have thought of transmission of audio and video signals through radio waves, which forms the basis of most of our means of communications today, such as TV, radio, mobile telephony, internet etc. Delving into the mind of a person, in order to unearth the events in the past that have influenced or even played a causative role in many of his/her current problems or perhaps opening a window to gaze into the future, may seem like an impossibility today but when viewed in light of the fact that space travel probably belonged to the realm of science fiction at the turn of the 20th century; such feats may well be regular treatment after a few decades.

Dr Saxena's forthcoming book 'Mysteries Of Life' will explore concepts of existence and describe in detail many issues that have always fascinated humanity but which have only recently garnered the attention and thought, necessary to unearth the answers to them.

The travails faced by an individual in his/her life are the result of choices made by the soul in its progress towards salvation. The soul enters the womb about four months and four days after conception. The progress of the foetus and the child after birth and even later on

in life depends upon the choices made by the soul, so that suitable lessons can be learned during this lifetime. The knowledge thus acquired enables the soul to make progress. It is the prerogative of the soul to learn appropriate lessons from them and imbibe this learning in its progress towards salvation. Learning about the choices made by the soul and their repercussions form an important part of understanding the reality faced by an individual. This enables him/her to understand the causality of events and face them with equanimity. The therapy of Past Life Regression (PLR) and Future Life Progression (FLP) is commonly used to unearth the answers to many of the issues faced by an individual during his/her life.

The book will address many more issues, including:

- 1) Creation/destruction of life on planets
- 2) Life on other planets
- 3) Cosmic storms
- 4) The complete vibrant colour spectrum, in addition to the normally perceived VIBGYOR, which is invisible in normal life due to terrestrial pollution
- 5) Development cycles
- 6) The journey of souls, their ages, e.g. baby, young and old souls
- 7) Inner child archetypes
- 8) Nurturing the child within
- 9) The freedom of choice, conception and the entry of a soul into a womb
- 10) Birth, death and reincarnation
- 11) Birthing types, traumas and their repercussions
- 12) Past Life Regression (PLR) and Future Life Progression (FLP)



- 13) Animal and plant life
- 14) Life between lives
- 15) Transfer of memory in life after life
- 16) Talking to souls of deceased relatives, friends and others
- 17) Attraction at first sight, marriage and divorce
- 18) Relationship issues, e.g. with in-laws, morbid phobias, chronic ailments etc
- 19) Adoption by parents with no biological connection
- 20) Desertion of parents by children and vice versa
- 21) Infertility, prenatal death, miscarriage, abortion and accidental death
- 22) Acknowledging our fears, traumatic life experiences
- 23) Mind structure and telepathic messaging etc
- 24) Intuition, luck factor etc
- 25) Occult powers, Tantra, Ouija board, Planchette
- 26) Pure and impure state
- 27) Transforming our inner selves
- 28) Non-materialism, penance, sacrifice and renunciation
- 29) Heaven and hell
- 30) Thiaououba prophecies
- 31) Existence of God and experiencing the divine
- 32) Emancipation, moksha and unification with the supreme

In some cases, individuals experience recurring multiple instances of the same problem, e.g. having recurring nightmares about falling or of objects/ animals, dying etc. There are also numerous instances of manifestations of psychosomatic illnesses, for which there is no apparent cure by way of conventional therapies. Especially in these cases, the use of PLR and other techniques described in the book have been found to provide significant alleviation of the problem.

The book will include detailed information about how anyone can practice the techniques described in the book to undergo PLR or FLP. Also included will be information about the use of 'Ouija Board' and 'Planchette' and their role in diving answers.

Meditation is often practiced for soothing a troubled mind and achieving inner peace and harmony. A popular meditation practice is '*Vipassana*', which involves focussing on body parts in order to achieve a deep trance. The author has undergone the course and its finer aspects will be included in the book for easy comprehension.

By following these guidelines anybody can utilise these techniques to resolve many intransigent issues pertaining to their lives, without having to resort to any specialised training. The purpose of the book will be to provide detailed answers to many of life's intransigent and seemingly intractable problems – the solutions to which lie within rather than without.

Related Works

Books / Articles

- 1. Eunuch - The Third Gender in India**
Japanese text & Photos by Takeshi Ishikawa
Seikyu sha Pub. Co.
- 2. Neither Man Nor Woman: The Eunuchs of India**
Serena Nanda
Wadsworth Publishing
- 3. Lovemaps**
John Money
Irvington Publishers, Inc.
- 4. Myself Mona Ahmed**
Dayanita Singh and Mona Ahmed
Scalo Publishers
- 5. The Third Sex and Human Rights**
Rajesh Talwar
Gyan Publishing House
- 6. Gendered Bodies: The Case of the 'Third Gender' in India**
Anuja Agrawal
'Contributions to Indian Sociology'

7. Eunuchs: Who We Are

Meena Balaji and other Eunuchs as told to Ruth Lor Malloy
Think Asia Publisher

8. The Truth About Me

Revathi
Penguin India

9. Just Evelyn

http://ai.eecs.umich.edu/people/conway/TS/Evelyn/Mom_I_need_to_be_a_girl.pdf

Video

1. ... Aur Neha Nahin Bik Payee

Dr Piyush Saxena
Salvation Of Oppressed Eunuchs

2. Queens: The Destiny of Dance

David Atkins
Miraj Entertainment Ltd.

3. India's Ladyboys

BBC THREE

4. • Child with an Intersex Condition: Total Patient Care

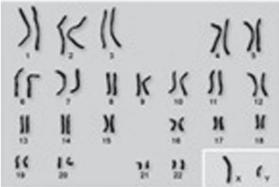
- Both
- **Is it a Boy or a Girl?** (Discovery Channel)
- **Hermaphrodites Speak**
- **XXXY – A short documentary about intersex**
- **Yellow for Hermaphrodites: Mani's Story**
<http://www.isna.org/videos>

Glossary

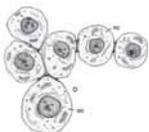
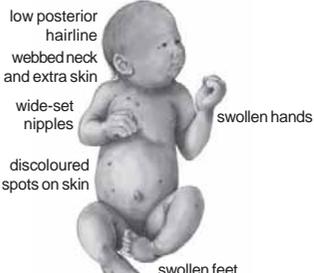
<p>3rd Gender/Sex, <i>Akwa, Ali, Aravani, Aruvani Chhakka</i>, Eunuch, <i>Hijra, Jogappa, Khusra, Khasuaa, Kinnar, Kojja, Maada, Mukhannathun, Napunsakudu</i>, Other Sex, <i>Pavaiyaa, Thirunangai</i>, Transgender / sexual</p>	<p>A person whose sex, genitalia, behaviour, gender role, identity or sexual orientation does not fit within a binary scheme of heterosexual male or female. In the context of the book, they have been used at different places signifying someone who is neither male nor female. The meaning, extent and flavour vary with the use of such descriptions which are appropriate to the context where used. However, the distinction between these may be blurred to an extent, depending on country, culture or context due to overlapping. Moreover, keeping in mind the feelings of those</p>
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	<p>considered, who identify themselves with the female gender, the generic pronoun used throughout the book is 'she'.</p>
<p>4th Sex</p>	<p>The fourth sex is sometimes used to refer to adolescents. Adolescents are not boys or girls and not yet men or women. This is a sexually indefinite moment, in which gender ambiguity prevails.</p>
<p>5 Alpha Reductase Deficiency (5-ARD)</p> 	<p>Individuals with 5-ARD can have normal male external genitalia, ambiguous genitalia or normal female genitalia. They are born with male gonads, including testicles and Wolffian structures, but usually appear to have primary female sex characteristics. Consequently they are often raised as girls and may develop a female gender identity.</p>

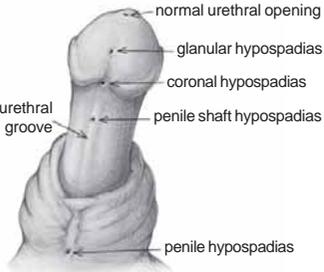
AIS	Androgen Insensitivity Syndrome. There are two forms known as Complete AIS (CAIS) and Partial AIS (PAIS).
Ambiguous genitalia	AG refer to one specific component of the intersex state i.e. the form taken by the external genitalia in a few cases.
Amenorrhoea (primary)	Abnormal suppression or absence of menstruation.
Androgens	The general term for any one of a group of hormones which govern the development of the sexual organs and the secondary sexual characteristics of the male.
Axillary	Underarm, armpit.
Bisexual	Bisexuality refers to sexual behaviour with/or physical attraction to both sexes (male and female) or a bisexual

	orientation to both their own sex and the opposite sex.
<p>Chromosomes</p> 	Threadlike strands of DNA and associated proteins in the nucleus of cells that carry the genes and functions in the transmission of hereditary information.
Clitoridectomy	Excision of all or part of the clitoris.
Clitoris	Vaginal erectile structure of the female.
<p>Clitoromegaly</p> 	Enlargement of clitoris. Clitoromegaly causes voice deepening, skin problems as well as development of other masculinising signs.
Colpectomy or vaginectomy.	The surgical excision of the vagina.
Cross dresser, drag queen / king or transvestite	A cross dresser is a man or woman who dresses in the clothing of the opposite sex. They are

	<p>also known as drag queens (men who dress in women's clothing), drag kings (women who dress in men's clothing) or transvestites.</p>
<p>Cryptorchidism</p> 	<p>A developmental defect in which one or both testicles fail to descend into the scrotum and are retained in the abdomen or inguinal canal.</p>
<p>Endocrinologist</p>	<p>A medical doctor who studies the endocrine system, hormones and disorders of the endocrine system.</p>
<p>Female</p>	<p>Someone who was, is and/or will be capable of being penetrated.</p>
<p>GG</p>	<p>Genetic Girl, biological woman, a woman who is born female.</p>
<p>Gay</p>	<p>Male homosexual.</p>
<p>Gender Dysphoria / Transexuality</p>	<p>Deep unhappiness caused by the person's</p>

	<p>experience of himself/herself as a man/woman. Psychological term describing the feelings of pain, anguish and anxiety when gender identity and physical sex do not match.</p>
<p>Germ cells</p> 	<p>Male (sperm) and female (egg) cells.</p>
<p>Gonad</p>	<p>An organ (sex gland) that produces gametes (germ cells), especially a testis or ovary.</p>
<p>Gonadal Dysgenesis / Swyer's Syndrome</p> 	<p>Defective or abnormal gonads in which sex hormones are not being produced. This may affect sexual differentiation between males and females and puberty may be delayed or fail to occur altogether.</p>
<p>Gonadectomy</p> 	<p>Orchidectomy, surgical removal of the gonads. In AIS, this is the removal of the testes.</p>

<p><i>Guru</i></p>	<p>Head, leader or master of a band of eunuchs.</p>
<p>Gynandromorph / gynemimetomorph</p>	<p>A gynandromorph is an organism that contains both male and female characteristics. It is a term of Greek etymology which means to have some of the body morphology and measurements of both an average woman and man.</p>
<p>HBIGDA</p>	<p>Harry Benjamin International Gender Dysphoria Association.</p>
<p>HRT or Hormone Replacement Therapy</p>	<p>Technically this is the replacement of both oestrogen as well as progesterone by tablet, injection or transdermal patch.</p>
<p>Hermaphrodite</p>  <p>Unconfirmed photograph of a person having a penis and vagina</p>	<p>In biology, a hermaphrodite is a plant or animal that has reproductive organs normally associated with both male and female sexes.</p>

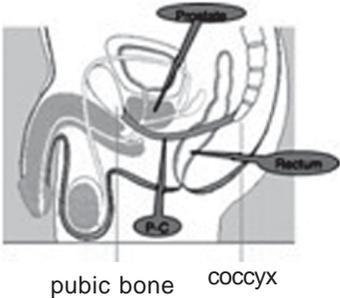
<p>Hypergonadotrophic</p>	<p>Excessive activity/ development of gonads on the body.</p>
<p>Hypogonadotrophic</p>	<p>Reduced activity/ development of gonads on the body.</p>
<p>Hypospadias</p> 	<p>A developmental anomaly in the male in which the urethra opens on the underside of the penis or on the perineum.</p>
<p>Hysterectomy</p>	<p>Surgical removal of uterus.</p>
<p>Inframammary fold</p>	<p>Situated or occurring below the mammary gland. It is created by gravity's pull on the lower portion of the breast, which is not connected to the chest wall by any fibrous tissue.</p>
<p>Inguinal hernia</p>	<p>A hernia is the protrusion of any organ through the wall of the cavity that holds</p>

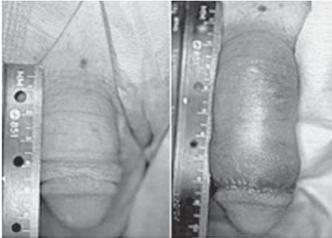
 <p>direct inguinal hernia indirect inguinal hernia</p>	<p>it. In AIS, an inguinal hernia is the protrusion of the testes through the inguinal canal.</p>
<p>Intersex/ intersexuality</p>	<p>The condition resulting from faulty sex differentiation during the development of the foetus.</p>
<p>Intersexed</p>	<p>A person born with mixed sexual physiology. Often at birth their gender is decided either by surgery or the parents chose to raise the child as a male or female.</p>
<p>Karyotype</p>	<p>The number, form and size of chromosomes in a cell nucleus.</p>
<p>Labiaplasty / labioplasty / labia minor reduction / labial reduction</p>	<p>This is plastic surgery of the labia majora and/or the labia minora, which are the external folds of skin surrounding the structures of the vulva. The procedure involves reducing elongated labia.</p>

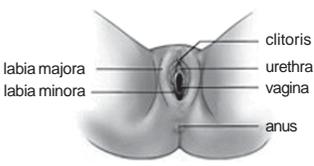
Lesbian	Female homosexual.
<i>Leti</i>	After leaving home, a eunuch joins the band of a <i>guru</i> , who teaches her the tenets of the eunuch community. In lieu of the same, the <i>guru</i> expects a daily contribution from the earnings of the <i>chela</i> . If the <i>chela</i> wants to leave the <i>guru</i> for any reason, she has to reimburse a sum of money called <i>leti</i> to the <i>guru</i> , to compensate her for the amount that the <i>guru</i> has supposedly spent on the <i>chela</i> 's grooming and upkeep.
Leydig cell hypoplasia	People suffering from this condition may have an unusually small penis (micropenis), the opening of the urethra on the underside of the penis (hypospadias) or external genitalia that do not look clearly male or female (ambiguous genitalia).

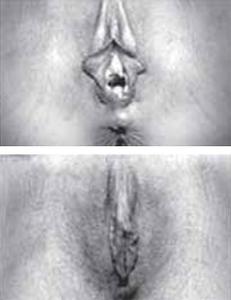
Male	Someone who was, is and/or will be able to penetrate.
MIF / AMH (Anti-Mullerian Hormone)	Mullerian Inhibitory Factor is a protein that, in humans, is encoded by the AMH gene. In mammals, AMH is secreted by Sertoli cells of the testes during embryogenesis of the fetal male and prevents the development of the mullerian ducts into the uterus and other mullerian structures.
MRKHS	Mayer Rokitansky Kuster Hauser Syndrome consists of vaginal aplasia with other Müllerian duct abnormalities.
Metoidioplasty	It is an alternative to phalloplasty, where the enlarged clitoral tissue is released from its position and moved forward to the position of a penis.

Mullerian ducts	Either of two embryonic tubes that become the uterine tubes, uterus and part of vagina in the female and that form the prostatic utricle in the male.
<i>Nirvana</i>	It is the voluntary, ritualistic, surgical removal of non-erectile penis and scrotum of a eunuch.
Oestrogen	Any of several natural or synthetic substances formed by the ovary, placenta etc, that stimulate the female secondary sexual characteristics.
Oophorectomy	Surgical removal of one or both ovaries.
Oophorohysterectomy/ ovariohysterectomy - Orchiectomy	Oophorectomy combined with hysterectomy It is a surgical procedure to remove a testicle, performed during GRS or for other reasons, such as tumour removal etc.

<p>PC muscles</p> 	<p>The pubococcygeus muscle is a hammock-like muscle, found in both sexes, that stretches from the pubic bone to the coccyx (tail bone) forming the floor of the pelvic cavity and supporting the pelvic organs. It is part of the levator ani group of muscles.</p>
<p>Penectomy</p>	<p>It is the procedure of surgical removal of the penis for medical or personal reasons.</p>
<p>Penis</p>	<p>Male sexual organ and urethra.</p>
<p>Periareolar</p>	<p>The periareolar incision is placed along the outline of the areola or the brown or pink pigmented region surrounding the nipple.</p>
<p>Phallo clit</p>	<p>Abnormal development of the genital organ, which is too big to be a clitoris and too small to be a penis.</p>

<p>Phalloplasty</p>	<p>Surgical procedure to lengthen, thicken, reconstruct or otherwise reshape the penis.</p>
<p>Phenotype</p>	<p>A person's physical characteristics as determined by the interaction between his or her genotype-quota of genes and the environment.</p>
<p>Pseudo hermaphrodite</p>	<p>One that possesses the internal reproductive organs of one sex while exhibiting some of the external physical characteristics of the opposite sex.</p>
<p>Pubic hair</p>	<p>Hair around genitals and pubic area.</p>
<p>Pubic lipectomy</p>  <p>pre-operation post-operation</p>	<p>This is a procedure where fat from the pubic area surrounding the penis is removed in order to give the penis apparent 'extra' length. Pubic lipectomy without lengthening can result in a 0.25"-1" length</p>

	gain, depending upon the pubic fat that surrounds the pubic bone in the individual.
<p>Testes</p> 	The male reproductive gland, the source of spermatozoa and androgens.
Testosterone	A male sex hormone secreted by the testes.
Transwoman	One who has undergone MtF Sex Reassignment Surgery.
Urethra	End of passage through which urine leaves.
<p>Vagina</p> 	Female sex organ.
<p>Vaginal dilation</p> 	Vaginal dilation is a term used to describe the process of ensuring that a post-op MtF woman's neo-vagina does not lose depth or width.

<p>Vaginal hypoplasia</p> 	<p>Excessive smallness of the vagina.</p>
<p>Vaginoplasty</p> 	<p>Vaginoplasty is any surgical procedure the purpose of which is to address vaginal structural defects and/or aesthetic considerations or to partially or totally construct or reconstruct a vagina.</p>
<p>Wolffian duct</p> 	<p>A duct in the embryo that becomes the vas deferens in the male and forms vestigial structures in the female.</p>



Living as bonded labour

Neha reveals the truth
about her life as a eunuch



...Aur Neha Nahin Bik Payee ... और नेहा नहीं बिक पायी

Eunuchs are an extremely secretive community, adhering to their commandments. They are forbidden to talk about their lives or their community to outsiders, so information about them is very limited.

Under the leadership of a very senior 75-year old *guru* of Mumbai, Saira Bano Sheikh, eight eunuchs decided to document their lives, the hardship, exploitation and the harsh reality of bonded labour that is the sum of their lives.

The movie is based on true events in the life of one of India's 19 lakh eunuchs, Neha, who was born as Satish. It primarily features the actual eunuchs and locales involved.

The movie was initially not passed by the examining committee of the Censor Board. Subsequent to an appeal and corroboration of facts by other eunuchs, the movie was passed by the revising committee without 'cuts'. It has also been strongly opposed by some of the top *gurus* and *nayaks* of the eunuch community.

'... Aur Neha Nahin Bik Payee' depicts eunuchs as they really are - human, just like the rest of us.

Movie URL - <http://www.sooe.org.in>
<http://www.youtube.com/watch?v=d0Oe1DJn4KM>

Hard bound - Rs 1,000

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Salvation Of Oppressed Eunuchs



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