

True Life Stories

All addresses to be with street name but not number

Padma Yrs, Varanasi, UP India

“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 mother, then she must be his step mother, not the real 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 a newly 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 kinnar 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 kinnar 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. Now, I have begun to understand the difference of my sexuality as the neighbouring kids have started

mimicking me and calling me a '*hijra*' (a kinnar). 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 Kamala Bua came to my rescue. While I was sleeping near a bus stand in Banda district, Kamala Bua, who was passing by with fellow kinnars, recognised and understood who I was. She came to me and giving me a parental pat on my back, enquired about me and my grievances. As I unfolded my story, she started crying. Unable to understand initially, she mentioned that she too had gone through similar suffering. I found a mentor in her. She gladly took me home with her. She is my only true Mother and Father. My fellow kinnars are my brothers and sisters.”

“I am happy with my peers, but 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 I was born a kinnar – was that my fault?”

Sumitra, Jaipur

I am a parent of a 21-month child with CAIS. As with many other cultures, 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 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?

Prior to the birth of my child, I had never heard of this condition. My first born was normal. In fact an amniocentesis showed an XY chromosome and as is usual with pregnant women, I told everyone the news about my expectant 'boy'. At birth I had a girl with totally unambiguous female genitalia. With my ignorance, I wrote to the hospital complaining about my disappointment at their misdiagnosis. The initial response from

my child's paediatrician was 'Sorry about the misdiagnosis, if it is but I will suggest further checks, there could be underlying reasons.' Further tests confirmed my child has AIS.

Since no member of my maternal family has ever been childless, I would like to find out if a mutation has taken place either in my child's genetic make up or in mine. Is my four year old girl, normal? It will be good to know these things so that I start preparing myself for the future.

Chitra, Delhi

Most of my life (I am 46 at present) I have endeavoured to feel female. 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 almost daily of being in the midst of some positive experience (for example, a compliment being paid to me, an exciting encounter, feelings of physical pleasure) when into my mind would intrude the thought that something was not quite right. 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 internalized the apparent taboo and lived with a great fear of myself. Another person I know with AIS has had to

live in the same way and describes the anguish as her having, in her own words, 'to slay the dragon everyday'.

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 suppose there is a great need to feel that the right thing has been done in choosing early surgical intervention. There might be a need to feel that everything has been fixed or nearly fixed and that their child's acceptance of their difference will be as decisive as their surgery. Whether or not this type of surgery can ever be viewed as decisive is another critically serious topic. It would be nice if a young person didn't have to wrestle with puzzling terms like 'intersexed' and did not have to contemplate what existed before surgery. But that is not the fate of those of us born like this just as it is not the fate of someone rendered paraplegic in an automobile accident to walk away from the scene.

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 emphasize, 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. To not 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 realize 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 themselves very well and someone who will very probably be capable of great courage and sensitivity to adversity.

Radhika, Chennai

In April 1994, when Maya hadn't started her periods, I took her to see my GP, the month after her 16th birthday. I told him I thought it could be an imperforate hymen (I know a girl who had this problem). 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 woman gynaecologist and told him to leave her alone. He said that he too thought it was an imperforate hymen. He asked me to examine her myself, if he wasn't allowed to do this. I examined Maya and then her younger sister, 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 about 1 year old, as she was out of nappies very early. I could see more of Maya's 'insides'; in fact I thought that she might have damaged herself in some way on her bicycle.

When we saw a lady gynaecologist at the hospital I told her what had happened. She said that she should have been the one to examine Maya, not me, since she was the expert etc. Anyway, 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. I asked for the results to be held over until Maya had finished her college examinations. In August we went for the scan results. The gynaecologist told us that Maya had been born with no womb and that her ovaries were in a strange place, in her groin. She asked to take a few samples of blood from her for some tests.

I phoned the gynaecologist a few weeks later and asked to see her (she had made the next appointment for December and I thought, "You can't just tell someone they have no womb and to come back in four months." My husband and I went to see her but she said very little since Maya was an adult and she wanted to speak to her. The following week I took Maya to see her. She told Maya she could never have a child, that her vagina might need to be stretched and that her ovaries would have to be taken out. In my ignorance, I asked if they could leave the ovaries in place so that perhaps in the future her younger sister might act as a surrogate mother. But she was adamant that the ovaries had to go.

A couple of days later I told my General Practitioner (GP) the news. Meanwhile the gynaecologist had written to him to tell him everything. When I told the GP that the ovaries 'had to go', it was then that 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 I to go in 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 November, Maya and I went for the final consultation with the gynaecologist. She asked to see Maya first; I sat outside. After an hour or so I was getting nervous. She then called me into her office and with Maya sitting there she told me Maya had XY chromosomes. This meant nothing to me. I looked at Maya and she was very frightened; she knew what it meant. The gynaecologist gave me the address and phone number of a lady at the 'AIS Support Group' in case I wanted to talk to anyone about it. The term 'AIS' meant nothing to me either.

The next day I called in to tell my GP the news. When he asked me how much I knew, I replied, "Everything". He then said 'Well you know you have a boy then. XY equals boy'. I said that she couldn't be a boy as they were not testes but gonads. He thought I was in denial, when I kept on saying that she couldn't be a boy. He was saying over and over again, 'Mother, you have a boy. XY equals boy'. I walked out of his surgery vowing never to enter it again. He should not have told me anything anyway since Maya was over 16 years of age.

I got straight onto a bus to town and looked up 'AIS' in the medical department of a large book shop near the university. It was then that I found out the truth. There I was, reading about my beautiful daughter, on my own, finding out exactly what 'AIS' meant. I was shaking all over. I was nearly fainting, at the clinical photographs etc., with the eyes blacked out, thinking this could have been Maya. I felt sick. Somehow I managed to get

home and I phoned the support group. The lady calmed me down and explained everything and the following day the group's factsheet was in the post.

In January 95 Maya had her ovaries/testes/gonads removed. She started her HRT (Hormone Replacement Therapy) in February and in March my husband and I went to the very first AIS Support Group meeting in Chennai. It all happened so quickly. If the lady I first phoned and the rest of you hadn't been there for us I can't think what might have happened.

I wanted to make a complaint about the GP at the time but there was Maya to consider, I would have had to mention her name etc. I changed to another GP in a different practice. I told him everything about AIS and about the other GP and he agreed to take on the whole family. Yet when I recently visited the new GP and told him I had written to a Mumbai gynaecologist 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. This was only a couple of days before the 4th support group meeting in Sept 96.

Whilst I feel so mad and I want to complain, I do not want Maya to be involved. I have not told her what the new GP said about her. I've written to the gynaecologist and told her and await her reply.

Shabana, Hyderabad

Thousands of women in India are genetically 'male'. For many of them it is a 'dark secret'. Many others do not even know.

Lied to by doctors and parents, operated on without informed consent, treated as freaks for medical research - these XY women are now finding their own voice and their own identity.

Androgen Insensitivity Syndrome or AIS, is a form of intersexuality where a foetus with XY (i.e. 'male') chromosomes develops a female body. Such XY women usually have internal testes and no uterus but externally the only signs of the condition are the lack of pubic and underarm hair and the absence of periods.

It is likely that more than 1 in every 20,000 'male' births are affected but is quite probable that many women with XY chromosomes are never diagnosed and of those women who have been diagnosed many never know because they are never told. Women with AIS have faced a long history of lies, secrecy and half-truths.

The general belief is that for a woman to find out she has 'male' chromosomes would be too great a shock for her to bear. Consequently, with the best interests of the patient in mind, it has been a common practice for doctors not to disclose the true nature of the condition. When parents are told, they too get drawn into the conspiracy of silence. The result is a web of lies from parents and doctors - the very people we are expected to trust most. It is highly likely that this policy of secrecy has caused more damage than the condition itself. As one woman said:

'I have experienced more emotional pain about the fact that my family didn't tell me the truth than about either my gonads or my chromosomes.'

Knowledge that there is a secret is enough and AIS patients are as able as anyone to pick up on the tell-tale clues of hushed conversations and embarrassed looks. One patient figured out there was something wrong in hospital when she was examined by over a hundred doctors and interns. With no information coming from doctors or parents, AIS patients are forced to rely on their own resources - typically medical libraries and increasingly the internet - and the haphazard process of self-diagnosis.

One AIS woman, now in her 40s, had already self-diagnosed when she was told of her condition at age 18:

'It's not that I was told the truth that caused problems, because I had been trying to come to terms with it completely alone for a number of years. It was the fact that it was delayed so long.

I took on-board the very powerful message that this was something so unbelievably rare and so shameful and taboo-laden that it could never be talked about within the family and we were left to grapple with our own unspeakable monsters.

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 not telling me that they were aware I had found out, 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 testes are often described as 'twisted ovaries' and their removal is explained as a 'hysterectomy'.) 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.

An AIS woman in her 30s recalls:

'My decision to drop all medical care was the direct result of the humiliation and obfuscation I had been subjected to over the previous years. Junior hospital doctors were paraded past my vagina when I was 14 or 15. 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.'

Yet in those cases where the patient has been told (or has found out) the diagnosis, she often comes to know more about the condition than the doctor. Moreover, what is

known (and more importantly how it is known) results in major disjunctions in the perspectives of doctor and patient.

	Doctor	Patient
Problem	<i>not fully male</i>	<i>not fully female</i>
Cause	<i>faulty gene</i>	<i>presence of unwanted hormone</i>
Concern	<i>gender identity</i>	<i>coital adequacy, fertility</i>
Experience of AIS	<i>vicarious, via patient</i>	<i>lived, first-hand</i>
Policy	<i>secrecy</i>	<i>disclosure</i>

Doctors see a failure to virilise and trace the problem back to a 'faulty' gene but XY women experience a failure to fully feminise. They trace the problem back to the presence of an unwanted hormone (Mullerian Inhibitory Factor, MIF) which inhibits the development of uterus and tubes (in the presence of a Y chromosome and testes).

Language makes the problem worse. Why should bits of biochemistry such as chromosomes and hormones be labelled as 'male'? Doctors see the male label and worry about gender identity but AIS individuals experience a female body and worry about infertility and sexual adequacy.

Therein lies the major difference. For doctors, AIS is a condition to be known about only via their own or other patients but for XY women it is a lived experience.

Ramesh, Bellary

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 the medical orthodoxy of the time, 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.'*

I have given my child the name of Poonam. This is a girl's name. But is she a girl or is she a boy or is she a? Is she neither or is she both? Or is she something else, an AIS for instance. I have to use the terms male, female, he, she, for there is no designation other than 'it' in my language and 'it' seems a little derogatory. And here we have a fundamental problem. I have a healthy child and no language to describe her/him.

"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. It is also quite often because she is dressed in blue and wears trousers and shirts. Well she is dressed in blue as it is a pleasant colour and in trousers and shirt as they are practical and warm. Perhaps some may read a deeper psychological reason into this but I believe the reason is as simple as that.

In respect to Poonam's birth, AIS was suspected; one of her siblings being CAIS. From my point of view, I found the paediatrician's attitude crude and brutal; lacking in compassion, comprehension and consideration. Indeed, so strong did I feel concerning his rough handling of my child, I felt a strong desire to hit the bastard. 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. Some will undoubtedly develop, irrespective of her gender, due the type of people her parents are.

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. Hang on to that thought; get them to steel themselves and do it. 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.

Access to medical records should help counter doctors' secrecy, since many doctors still do not want their patients to know the true diagnosis. Many doctors find it difficult to volunteer information as a first step in the long and difficult process of secrecy reversal. But patients will only look if they know there is something to look for.

Rashida's Story

My six month old daughter has mixed gonadal dysgenesis. Her karyotype is 46 XY. 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. (She is now 1½ years old). 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. Approximately one week after her birth, genetic testing revealed our child was 46 XY and she was diagnosed with MGD (Mixed Gonadal Dysgenesis). A mix of emotions surfaced for us; sadness, frustration and confusion.

The surgeons attempted to console us by recommending cosmetic surgery, including a clitoral recession to 'normalize' 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. The endocrinologist was not of much help either, saying only to do 'whatever the surgeons recommend'.

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, which is scheduled for next week. 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.

Our main concern has been discussing these issues with others. We wanted to educate ourselves first and then select trusted friends and family members. We may be being too particular but we want to protect our child from people in our lives who may treat her differently.

Noor's Story

I am the mother of a 3½ year old intersexed son that has been diagnosed with 5-alpha reductase deficiency. This diagnosis, a year ago, resulted in our reassigning our child from a girl to boy (he had originally be diagnosed as AIS). Because of his age at testing and our doctor's unfamiliarity with 5-ARD, there is some 'question' about the diagnosis. Our son, who was adopted from an orphanage at 20 months, has had no surgery and we do not anticipate any surgery until he is older and can participate in the decision making process.

I have been following various leads for about 18 months to find someone who is currently working with 5-ARD children and I can find no one. So now I am beginning to look outside India.

Gayle's Story

I am the mother of an eight 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. It seemed to go quiet and people were gathering around her. I had been worried during my pregnancy because I had 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 and that arrangements needed to be made to transfer the baby about seventy miles away to a hospital near Cochin. Apparently she needed to have a lot of tests done. To say that we were stunned is an understatement. The pediatrician tried to explain about ambiguous genitalia. He also said that she would probably be brought up female since it is harder, 'to make a pole than a hole.' 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.

I nursed my baby before she was taken from me, to go by ambulance to Cochin. My husband went to Cochin with her, while I was left in the local hospital for three days recovering from a C-Section wondering if I had a little boy or girl. After about three days of various tests, including a chromosome test which came back as male(XY) we were informed that it would be better to raise our baby as a female. So at that point we informed people that we had a baby girl.

At three months old our baby was back in the hospital having her testes removed because according to the doctors they could become cancerous. Also she needed to have surgery done on her genitals. All through this we were still in shock. We didn't know of anyone else who had gone through this. Our pediatrician had only seen one other case of ambiguous genitalia and that was years ago.

So we felt alone and isolated dealing with it all. 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 am not sure that what I am doing is right, all I know is that I love my daughter with all my heart and I am trying to do what is best for her.

After her surgery at three months old we have had very little contact with the doctors involved. About every two years she is checked out by the endocrinologist to see that

she is developing properly. When my daughter was a few months old I went back to the hospital where she was born and I talked to the nurses. I gave them my phone number and told them that if anyone else gave birth to a child with ambiguous genitalia then they could call me. Parents need to talk to other people who have gone through this. When we had our daughter we were really isolated and we only had the so called experts to talk to.

So far our daughter doesn't know much about A.I.S. We have told her that she was born without a uterus and a vagina so she will be unable to have a baby growing in her tummy. We have explained that there are plenty of babies who would love to be adopted and have her as a mommy.

Most days I don't think about her having A.I.S. Is this denial? I don't know. 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 bicycle crazy and loves to ride. She is my wonderful daughter. Yes, I worry about her future but I worry about all of my childrens' future. I want them all to be happy and successful in all they do.

Ayesha

The following passage was narrated by Ayasha alias Rani (name not changed), one of the hijras:

My name was Rani. I come from a poor family in Bihar. I had two sisters and one brother. I was the eldest. My father died in a road accident. I was aged 8 years, my sisters 7 and 6 years and my brother 5 years when my father left us. The family had no savings. Even begging was not enough to give us food. We used to collect leftovers from other neighbours so that we could live. Nothing worked so my mother started working as a maid to wash utensils. The villages of Bihar are different from the rest of the country. My mother used to get Rs. 225/- per month, which was a pittance. So she

took up work at another house for Rs. 200/-. This was in the year 1995. Then she added another house and her total earnings reached Rs. 625/- per month. With this amount plus leftovers from other houses, we could manage 2 meals a day. But my mother was overburdened. I offered her help and she agreed. I started accompanying her during her work to share her workload. One summer I was cleaning utensils when the owner invited me to his room. He made me sit near him and watch TV. I was getting late but he did not touch me and gave Rs. 5 with instructions not to tell my mother about this. I obeyed him and looked for a repetition. After a week, I became close to him and he seduced me into doing an immoral act. I tolerated it because I was getting some money. Soon it all grew to an unbearable extent. His friends also started abusing me. I was upset. I did not like it at all. But I had no choice. I was being blackmailed. I was then 14 years old. One day my younger sister came to help me at work. When the owner saw her, he told me to bring her to him and his friends and promised me a good fortune in return. I lost my temper. It was unbearable. I resisted but I did not speak out. I kept my calm. I silently went to my sister and advised her to go home on some pretext. I assured her that I would finish the job.

When he came to know that my sister had gone, the owner became very upset. He had invited his friends. He decided to teach me a lesson. He did not say a word about it and told me to bring him 2 cups of tea. He gave me a cup of tea, which he had drugged. I can vaguely remember losing consciousness in the house and cannot recall what happened later. When I regained consciousness after 2 hours, I was bleeding profusely and in great pain. I found out that the owner sliced off and thrown away my clitoris. He had also sliced my vagina and then stitched it shut. I was in tremendous pain. I cooked up a story to tell my mother. I had lost my womanhood. From being female, I was forcibly made a hijra. My voice and hormones – all imbalances started gradually. Initially I had tremendous pain while urinating. My wounds had healed but I was scared. Then I met another hijra and I ran away to live with her. The stitch marks may even today be seen in the photographs. I keep on cursing that man every moment of my life. But I cannot raise my voice for fear of further damage to my sister. God! Please do not

give such a life to anybody. I have been told that my conditions can be reversed but that requires a lot of money which I do not have.

Susna

A Personal Encounter

Exploitation of Hijras

It was the month of July in the year 2006. In Mumbai, when it rains it pours. On that day, too, it was raining heavily. The lifeline of Mumbai, the local train services were disrupted due to the rain and on this particular day, even the road traffic which normally moves at a snail's pace, had come to a standstill. Not only were low lying areas of Mumbai like Lower Parel, Amboli, Santacruz, Mumbai Central Grant Road etc. submerged under the massive deluge but also Swami Vivekananda Road, the busy road connecting to Bandra to other areas of the western suburbs. The Municipal Corporation authorities, as well as the State Government, had warned the people not to venture out of their homes unless absolutely necessary, as very heavy rains were expected along with high tide. Schools and colleges were closed, shops stayed with their shutters half closed in the anticipation of any eventuality and all offices had a barren look.

On this gloomy day, I was stuck in heavy traffic near the Bandra-Mahim causeway area. Normally, you find numerous street urchins, newspaper vendors, ferrywallas and other vendors selling dusters etc. on this busy stretch. However, on this particular day, the road was utterly devoid of such vendors and the footpath was free of pedestrians and hawkers. Vehicular traffic was almost at a standstill, as cars tried to negotiate their way very cautiously on the flooded street. Although it was just 9:30 pm, the whole area was dismal and devoid of any energy, giving the proceedings the ambience of some 'C' grade horror flick.

My driver was honking furiously at the vehicles in front, though he was aware that traffic would hardly move further until the flood waters receded. I asked him to stop making unnecessary noise and shutting the windows of my car, tried to have a small nap. I had hardly closed my eyes however, when I heard a '*thak-thak*' sound on a window pane of my car. I could faintly discern a dark form outside, though the face was not clear due to rain drops on the glass. I assumed that he was a beggar looking for some alms and tried to ignore him initially but he kept knocking persistently.

My driver opened the window a bit and asked sarcastically, "*Kya re, tum log ka kaunsa baal-bachcha hai ki ek din kaam nahin kiya to who bhuke mar jayenge? Aaj to aarram karne ka thaa?*" These words agitated the fellow knocking on the window panes. He replied in a distraught voice, "*Saab! Uperwale ne bete-beti paida karne layak nahin banaya, per ek haraami baap to hai, jiske liye itni barish mein bhi, tum bade logon ke saamne aaker haath failana padata hai.*" It dawned on me that the fellow was a kinnar, a hijra, who looked to be in his thirties. I told my driver to give him few bucks and out of sheer curiosity asked him, "Is your father ill? Is he in need of some medication? If such is the case, I will let my driver go along with you and buy the same." My words of concern brought tears to his eyes and he replied in a choked voice, "*Saab, aapki gaadi to badi hai hi, aapka dil bhi bahut bada hai. Nahin to hum logon ko to log gaali deke bhaga dete hai. Mera baap bimaar nahin hai, Woh to mere liye usi din mar gaya tha jab hijra hone ke karan nausaal ki umra mein mujhe ghar se nikaal diya tha. Tab se main apne is hijra baap, apne guru ke saath rahti hum.*"

"*To tum apne guru ka pet bharne ke liye bheekh maang rahi ho?*" Kansi (my driver), the traffic is not going to move for some time. Till then, you go to the corner of the road. There is a restaurant called Lucky. Buy some food for this fellow", I said. Hearing these words, the hijra started crying. It was a rare sight for me. I had seen hijras who had lost their tempers cursing and abusing commuters, I had seen them extorting money from young couples. But the teary eyes of a hijra, it was a first for me. I tried to ascertain the reasons for the same.

Actually, a '*gadiwala*' giving her so much respect was a first for her also. For her, *gadiwalas* were *gaaliwalas*, abusive and discriminating people who just made lewd gestures and vulgar remarks to them in passing. I invited her to sit in my car while the traffic was at a standstill and tell me something about herself.

She was Husna, born to a wealthy timber merchant from Mumbra, a suburban Muslim ghetto in the Thane district of Maharashtra near Mumbai. She was a born hijra and her wealthy parents were always angry with her for being a hijra, although it was no fault of hers. They used to discriminate against her and humiliate her. She was provided with separate utensils to eat and drink and was not allowed to mix with her other siblings nor did she have the freedom to go outside the house and play with other kids.

Initially, the strange dictates of her parents used to agitate her but when she started to come to terms with the situation, her disturbed mental state was greatly mellowed.

At the age of nine, she was handed over to a guru. She was sad at having to move out of her home. Although she had always felt unwanted in her own home, she still felt like she belonged to the place. Her parents lied to her and told her that the guru would make her life normal, like her siblings and afterwards she would be brought back home. However, they knew that it would not happen and it never did. Once in the guru's ashram, she soon realised that she had been disowned by her parents. Eventually she came to look upon the ashram as her home and the guru as her mother.

At the ashram, she was taught to dance, beg and imparted the techniques of lying and making money. Obviously, the guru had not bought Husna, just to feed her and care for her. For her, Husna was an investment who could earn a few lakhs in a few years. When she was 15, her guru sold her to another guru in Jamnagar, Gujarat for Rs. 50,000/-. She was transported to Jamnagar to serve her new master. Here, she was told to solicit some cloth merchants of Surat and businessmen from Ahmedabad. Initially, she refused but had to finally agree to the exploitation. Due to her tender age,

she was a hit with perverts and sex maniacs. During her stay in Jamnagar of five years, Husna admittedly earned about Rs. 15 lakhs for her master, out of which she used to receive a mere Rs. 50/- each day for soliciting clients. By the time she entered her twenties, Husna had begun to show the effects of her exploitation and her physical charms waned. Subsequently, she was sold to a new guru in Bandra, Mumbai for Rs. 30,000/-

Since then, she has been serving her new master. On that fateful day in July, she was braving the winds and incessant heavy rain, so that she could give the mandatory Rs. 300/- to her guru Aziza. Aziza, unlike her name, is considered to be one of the worst hijras in the business. She maintains approximately 45 hijras in her ashram at Mahim. She has bought them for prices ranging from Rs. 10,000 to Rs. 2 lakhs each, depending upon their attributes such as age, looks, other accomplishments etc. Depending upon the investment made in each hijra by Aziza, they were told to go out and earn their keep. For example, Husna who was bought for Rs. 30,000/-, was told to present her guru an amount of Rs. 300 each day. If she failed to do so on any day, she was beaten by the guru's *gundas*, was not allowed to eat or talk to fellow hijras.

It is not that only Husna has to bear such suffering. Almost all hijras have to deal with such abuse. Slavery may have been banned very long ago, it may be an illegal act under the law of the land but buying and selling hijras is very frequent in our country. Unlike in developed countries, hijras have got no legal or social protection in India. Human trafficking is rampant. The majority of hijras are bought, put to work and then resold on a frequent basis. They are no more than mere slaves, who have to serve their masters during their stay with them, so that they can not only recover their initial 'investment' but also make huge profits. In order to get two square meals a day and fulfil the demands of their masters, they are forced to beg, solicit, rob and extort.

Today, Husna had not been able to collect the mandatory three hundred rupees. She knew that if she failed, she would be beaten mercilessly, abused and would not get any food. She would have to make up the shortfall next day or face the same punishment

again. This would go on until she had cleared all her outstanding dues to her guru. It was this fear lurking in the pit of her stomach that had brought her out on such a stormy and terrible day, in order to beg for alms or even solicit the odd customer. This fear was greater than the discomfort of being drenched to the skin, the cold wind chilling her to the bone, the fear of the dark, deserted road or even death. Husna knows that she is being ruthlessly exploited and that her masters' buying and selling her or forcing her to indulge in the flesh trade and commit various petty crimes is illegal, yet she is unable to do anything. This is the only world she knows and the alternative of living on her own, without any friends or family to support her is even more frightening.

Our society is biased against the third gender. They are not allowed to rent premises in regular apartments. Cops cannot be relied upon for any assistance, since they act in collusion with the gurus. It is Husna's destiny to be a slave, to serve her master, to beg, to fake a sad smile and eke out a few rupees, to parade herself before prospective customers without any semblance of dignity in a way that no human being should have to because she has no other place to go to. Husna is resigned to her fate and looks forward to the welcome release of all hijras like her, viz. death.