Annexure 3: Aspects of Transformation and Feminisation

(Brown and Rounsley, 1996)

Transitioning is a complicated process that involves any or all of the gendered aspects of a person’s life. People will choose elements based on their own gender identity, body image, personality, finances, and sometimes on the attitudes of others. A degree of experimentation is used to know what changes best fit them. Transitioning also varies between cultures and sub-cultures, according to differences in the societies’ views of gender. Given below are some of the key elements of transitioning:

• Legally and/or socially changing their name to something consistent with their gender identity.
• Asking others to use ‘she’ and ‘her’ while addressing them, instead of ‘he’ or ‘him’.
• Having one’s legal gender changed on the driver’s license, ID cards, etc.
• Personal relationships take on different dynamics in accordance with gender.
• Changing the type and style of clothing, jewellery, accessories, and make-up.
• Adopting the mannerisms or gender role.
• Surgery and/or hormone therapy.
• Changing their pitch.

When a person undergoes changes (some or all) as stated above, and the person believes that his transition to the opposite gender is complete, that stage is referred to as ‘transformed’. Transitioning is sometimes confused with sex-reassignment surgery (SRS), which is just one element of transitioning. Many people who transition choose not to have SRS. Whereas SRS is only a physical change, transitioning is a physical, social, and emotional change. Some gender-queer and some intersex people have little or no desire to change their body but will transition in other ways.

Medical and surgical procedures exist for transsexual and transgender people. Treatments include hormone replacement therapy for fat distribution and breasts; laser hair removal or electrolysis to remove excess hair; surgical procedures, such as SRS, for feminising the body and its functions, such as voice, skin, face, breasts, and waist.

The choice of these procedures depends on the degree of gender dysphoria, presence or absence of gender identity disorder and standards of care. Most categories of transgenders are not known to seek these treatments.

Treatment such as hormone therapy and other procedures related to transitioning from male to female can be very expensive and the process may need a lot of time. Lack of proper knowledge and information in the community make many seek alternative or traditional methods.

Castration

The most commonly practiced way of transformation by hijras is through castration or removal of testicles (called nirvani in transgender and hijra community parlance). Surgeries are often carried out under septic conditions by daal’s (a local community member or self-taught nurse) who plays the surgeon based on her experience of operating on other hijras. Hijras sometimes call this operation nirbaan or nirvana (also called mukti in Hindi, which means ‘release’, suggesting ‘transition’ of a person from one ‘life’ to another).
Indian legal statutes do not permit the forced castration of males; therefore, there is secrecy around nirvani. The operation is always conducted in the early hours of the day and the whole process is seen as a religious ritual, although it is often viewed as a barbaric and brutal custom.

Most hijras in India are forcibly castrated, but a few submit themselves to the process. In almost all the cases, breasts develop after castration because the source of male hormones—the testicles—are removed and the female hormones, which are normally suppressed, will take over, ensuring emergence of secondary sexual characteristics (sparse growth of facial hair, change in voice, etc).

**Hormone Replacement Therapy (Male-to-Female)**

Taking hormones causes changes such as growth of breasts and smoothing of skin. It does not usually stop facial hair growth or cause the voice to change. Irreversible changes caused include breast development, enlarged nipples and stretch marks.

Reversible changes include decreased libido, redistribution of body fat, and reduced muscle development. The psychological changes with hormone replacement therapy are hard to define, because the therapy usually causes physical changes first. If not taken in appropriate dosages, hormone replacement therapy can cause various side effects, including death.

Estrogens used in hormone replacement therapy typically have side-effects that include mood swings, headache, nausea, dizziness, acne, skin darkening, high blood pressure, fatigue, depression, obesity, blood clotting, heart disease, diabetes, gallstones, liver disease, weakening of bones, advanced age, brain damage, and infertility. Excessive estrogens can cause blood clots and strokes. This is especially important to consider and monitor if the person is living with HIV.

**Sex-reassignment Surgery (SRS)**

SRS refers to the surgical and medical procedures undertaken to align the physical appearance and genital anatomy of intersex and transsexual individuals with their gender identity. SRS encompasses surgical procedures that reshape a male body into a body with a female appearance (or vice versa) and refers to the procedures used to make male genitals into female genitals and vice versa.

Most transgenders and hijras receive no professional counselling before surgery, and they sometimes have surgeries without understanding the consequences. A transgender should take hormones before any sex-related surgery. Someone who is unhappy with the effects of hormones may decide not to have surgery or even stop taking hormones.

SRS can be completed in one or two surgeries, depending on the surgeon’s technique. Possible complications due to this surgery, regardless of the type of surgery performed, include:

- Post-operative infections (as with any surgical procedure);
- Blood loss;
- Deep-vein thrombosis (clot in the leg veins, which is preventable with compression stockings and/or drugs);
- Vaginal stricture (the narrowing of the opening of the vagina) and urethral stricture (urethra is the tube through which urine is conveyed out of the male body from the bladder; urethral stricture is the narrowing of that opening);
- Pubic hair in undesirable places;
- Numbing of the external genitals (vulva, clitoris) due to severing and lack of healing of nerve tissue during surgery;
• Excess erectile tissue, resulting in sexual side effects;
• Rectovaginal fistula (a hole between the ‘new’ vagina and the colon, this is rare); and
• Urethral fistula (a hole in the urethra, again this is rare).

Post-operative care is important for better healing and results.

Note: Other related procedures for transformation and feminisation include facial feminisation surgery, breast augmentation (in cases where hormones fail to work), voice feminisation surgery (to alter the pitch of the voice), and buttock augmentation.

Participants should also know:
• Taking more hormones does not mean the hormones will work faster.
• Taking too many hormones pills can damage the liver, which means that hormones will not work in future because body will not be able to process them.
• Hormones will not change the body immediately and the effects may take more than a year to show.
• Use of hormones should not be treated lightly. Dosage may depend on factors such as age, body size, smoking habits, alcohol use and whether the testicles are present or have been removed surgically.
• For better effect, hormones should be taken in a combination of estrogens and anti-androgens. Estrogens help people become more feminine and help in developing breasts and large nipples, and anti-androgens block the male hormones produced in the body, even if the testicles have been removed. They also reduce facial and body hair.
• Birth control pills such as Mala D, Sukhi, etc., are NOT the same as female hormones or hormone therapy.
• Hormones should only be taken with a prescription and under the supervision of a physician.