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INDEX

Sr. No.	Title	Author	Subject	Page No.
1	Current Issues In Indian Capital Market	Bhavin S. Shah	Accountancy	1-3
2	Accounting Standard (AS) 30 Accounting for Financial Instruments	Kalola Rimaben A, Chauhan Lalit R.	Accountancy	4-6
3	A Study on Lithology and Petrography of the Tipam Sandstones Exposed along the Tipong Pani River Section of Upper Assam Basin	Dr. Pradip Borgohain	Applied Geology	7-11
4	Study of Fluvial Geomorphic Features of the Lower Subansiri Basin, North-East India using Remote Sensing and GIS.	Dr. Uttam Goswami	Applied Geology	12-14
5	Sheared volcanics in the north of Pugging, East Siang District, Arunachal Pradesh	T. K. Goswami, P. Bhattacharyya, D. Bezbaruah	Applied Geology	15-18
6	Heavy Metal Biosorption Using A Biopolymer Chitin	D. Saravanan, P. N. Sudha	Chemistry	19-23
7	Impact of peripheral cues on rural consumer buying decision for FMCG products with special reference to Palitana (Gujarat)	Dr K.S. Vataliya, Bhavik .P. Parmar	Commerce	24-26
8	A Growth of Rural Postal Life Insurance in India [A Study with special Reference to Dharmapuri District]	Dr. A. Vinayagamoorthy K. Senthilkumar	Commerce	27-28
9	Promotional Strategies for International Markets with respect to Agricultural Products	Dr. B. B. Bhosale	Commerce	29-30
29	Business Risk And Financial Risk - Indian Corporate Sector	Dr. M. Dhanabhakyam, P. Balasubramanian	Commerce	31-33
10	"Customer Relationship Management"- In Banking Industry	G.V. Kori, Sri. Basavaraj Huggi	Commerce	34-36
11	Role of Investment Banks and Institutions in Economic Development	Jitendra Dhirajlal Karia, Dr. (Prof.) Vijay Kumar Soni	Commerce	37-38
12	Nature Of Information Shared And Communication Methods Used In Small Manufacturing Firms	Vipul Chalotra	Commerce	39-41
13	China's WTO Accession: An Empirical Assessment of Merchandise Trade with India	Anjali Tandon	Economics	42-45
14	Regional Disparities - Social Sector Expenditure in Rural-Urban India	Dr. Shankar B. Ambhore, Dr. Ashok S. Pawar	Economics	46-47
15	(Presenting Thought About Industry, Trade And Co-operation Of Rajarshri Shahu Maharaj)	Dr. Ashok Shankarrao Pawar, Dr.Sunita J. Rathod	Economics	48-49
16	An Assessment On Poverty Alliviation Programmes In Rural India-A Case Study	Dr. Parvathamma G. L.	Economics	50-55
17	Liveability in Guwahati: A Factor Analytic Approach	Dr. Daisy Das, Dr. Ratul Mahanta	Economics	56-58
18	Backward Class Disparities in higher Education in India	Dr. Shankar B. Ambhore, Dr. Pawar Ashok S.	Economics	59-60
19	Revenue and Expenditure Pattern of Municipal Corporations of Punjab	Naresh Kumar	Economics	61-66

20	Livelihood Security of Traditional Fishermen of Kerala: Analysing and Identifying the Roles of Self Help Groups	(Dr.) D. Rajasenan, Rajeev B.	Economics	67-70
21	Levels and Types of Questions Raised by EFL Teachers In Southern Al-Mazar Directorate of Education	Dr. Jihad Al-Turki	Education	71-74
22	Issues And Recommendations Of National Knowledge Commission In Higher Education System	Vidhi Bhalla	Education	75-77
23	Multiple Sequence Alignment of Different Species	Perna, Pankaj Bhambri, Dr. O.P. Gupta	Engineering	78-82
24	Analyzing the Phylogenetic Trees with Tree- building Methods	Jasmine, Pankaj Bhambri, Dr. O.P. Gupta	Engineering	83-85
25	Low Power High Speed with Improved Noise Margin for Domino CMOS Inverter.	Pushpa Raikwal, Dr.Vaibhav Neema, Dr.Sumant Katiyal	Engineering	86-88
26	Analysis of Drag for an Aircraft Wing Model with and without Winglet	Mitul Patel, Sharvil Shah, Dharmendra Dubey	Engineering	89-91
27	Cognitive Radio	Chauhan Jayesh R.	Engineering	92-95
28	Problems In Teaching English As A Compulsory Subject	Prof. Madhvi R. Acharya	English	96-97
30	Financial Banking Is The Science Of Managing Money: Indian Financial System	Dr. Shailesh N. Ransariya, Dr. Shailesh N. Ransariya	Finance	98-100
31	Carbon Trading a Step towards Green Environment	Ashok R. Bantwa	Finance	101-102
32	Effect of Supplementation of A Multinutrient Chocolate Bar on Nutritional Status and Athletic Performance	P. Muhtulakshmi, Dr. M. Sylvia Subapriya	Home Science	103-104
33	Imperatives of Inclusive Growth for Sustainable Development of Indian Economy Post Globalization	Dr Mahalaxmi Krishnan	Indian Economy	105-107
34	RIGHT TO INFORMATION ACT AND THE ROLE OF PRESS, MEDIA & NGO'S	Dr. Krushna Chandra Dalai	Law	108-109
35	``Thesis: A Powerful Source Of Information``	Arvind M Bhadrashetty	Library Science	110-111
36	Present Day English and Inflections	Dr Syed Mohammed Haseebuddin Quadri	Literature	112-113
37	Jigsaw II: An Effective Strategy To Develop Reading Comprehension Of High School Students	Dr. P. Nagaraj, Sindhu Thamba	Literature	114-115
38	CAPITAL STRUCTURE ANALYSIS (An Empirical Study of Paper Mills in India)	Ashok Mundhra	Management	116-118
39	Emerging Trends In Indian Rural Market	Dr. N. Ramanjaneyalu	Management	119-121
40	Credit Card Usage in Coimbatore	G. Murali Manokari, Dr. R. Ganapathi	Management	122-126
41	Micro Credit – Two Sides of the Same Coin	R. Durga Rani, J. Gnanadevan, Dr. R. Ganapathi	Management	127-130
42	Work Place Stress and Yoga Therapy	K. Revathi, Dr. R. Ganapathi	Management	131-132
43	Customer's Satisfaction Towards Modernized Petrol Stations With Reference to Coimbatore City	Dr. R. Ganapathi	Management	133-137

44	Evaluation Tactics: A tool to evaluate success of corporate training programme	Dr. Shobha Dedhia	Management	138-140
45	A Preliminary Study On Issues And Challenges Faced In Measurement Of Social Media Return On Investment	Khushbu Pandya	Management	141-142
46	Profitability Analysis (A Case Study of Selected Public and Private Sector Companies)	Manish Manglik	Management	143-144
47	Performance Management System	S.Jayakrishna, N.Sainath, M.V.Subbareddy, N.Raji Reddy	Management	145-147
48	A Study On Organizational Culture In Bharath Heavy Eletrical Limited, Ranipet	S.Sridhar, D.Yuvaraj, V. Kandasamy	Management	148-150
49	Cost Effective Transportation	Sarada Prasanna Patra Dr. Manjusmita Dash	Management	151-154
50	A Study On Efficiency Of Outbound Training With Reference to Titan Industries, Hosur	V. Kandasamy, D. Yuvaraj, S. Ragothaman	Management	155-157
51	Performance Improvement Enhance The Efficiency	Vidya L. Hulkund	Management	158-159
52	Packaging- The Salient Seller	Vidya L. Hulkund	Management	160-161
53	An Empirical Study Of Student Satisfaction With Reference To Gujarat Technological University (Gtu)	Dr. Vijay K. Patel	Management	162-163
54	Maximizing Customer Profitability in Retailing Industry (Durable Goods) - Role of Analytical CRM -A Case Analysis	Dr.A.R.Krishnan, R.Selvamani	Management	164-165
55	Financial Inclusion - Role Of Banking Industry	Dr. K. Marutha Muthu, Ms.T. A.Tamilselvi	Management	166-167
56	The Growth of Self Help Groups in India: A Study	S.Ravi, Dr. P. Vikkraman	Management	168-170
57	Role of E-Banking	K. K. Devi	Marketing	171-172
58	Reasons after the war of going Green –Green Marketing	Kavita A. Trivedi	Marketing	173-175
59	Strongly Minimal Generalized Boundary	K. Chandrasekhara Rao, P . Padma	Mathematics	176-177
60	ACCESSORY RENAL ARTERY: A CASE REPORT	Archana U Shekokar, Vandana A Tendolkardolkar	Medical Science	178-179
61	Fibrinous Pericarditis: A Case Report	Vandana A Tendolkar, Archana U Shekokar	Medical Science	180-181
62	Social life, Addictions and Subjective Wellbeing of the Transsexuals	Seemanthini.T.S, Manjula. M. Y	Psychology	182-184
63	Using E-Content In Science Class: The Effect Of Treatment, Gender, And Their Interaction On Science Achievement	Suman Rani	Psychology	185-188
64	Bullying - Societal Curse- A Serious Issue	Latha Janaki. R, Dr.Kalyani Kenneth	Social Science	189-191
65	Factor Influencing Foetal Wastage	Dr. Dipti Bhavsar, Dr. C. D. Bhavsar	Environment	192-195
66	Approach Of Universilization Educational And Women Empowerment Of Rajarshri Shahu Maharaj	Dr. Ashok Shankarrao Pawar, Dr. Sunita J. Rathod	Economics	196-199



Social life, Addictions and Subjective Wellbeing of the Transsexuals

*Seemanthini.T.S ** Manjula. M. Y

*Research scholar, S.D.M College (Autonomous), Ujire, D.K., Karnataka

** Reader and Head of the Department, S.D.M College (Autonomous), Ujire, D.K, Karnataka

ABSTRACT

The present study is exploratory in nature and aims at understanding the social life, transition from male to female, prevalence of addictions and subjective wellbeing of Transsexuals. A purposive sample of 100 Male to female transsexuals (Mean age 27.3) residing in different areas of Bangalore city were selected for the study. Data was collected using semi-structured interview schedule, Subjective Wellbeing Inventory and The Alcohol, Smoking and Substance Involvement Screening Test. Some important observations are transition from male to female began approximately between the ages of 6 - 16 years. Most of the transsexuals live in communities called Hijra community. The role structure reported in hamams are Nani, Guru, Gurubhai, Chela and Nathi. Hamams consist of transsexuals from different parts of the country, following diverse religions. On measurement of subjective wellbeing 78% individuals have reported moderate to high wellbeing and only 22% reported low wellbeing. Screening of addiction revealed that more than half of the participants have addiction to Tobacco products, Alcohol or multiple addictions. Addiction is significantly higher among the literates when compared to the illiterates.

Keywords : Subjective Wellbeing, Addictions, Transsexual, Hijras, Hamam

INTRODUCTION

Gender Identity Disorders are characterized by strong and persistent cross gender identification accompanied by persistent discomfort with one's assigned sex. Gender Identity refers to an individual's self – perception as male or female. (American Psychiatric Association, 2000). A Transsexual has a gender identity which conflicts with his or her biological sex (Frude, 1998; Green, 2000).

There are no recent epidemiological studies to provide data on prevalence of gender identity disorder roughly 1 per 30,000 adult males and 1 per 1,00,000 adult females seek sex re-assignment surgery. (American Psychiatric Association, 2000). The transsexuals are referred to as hijras in India. According to Shaikh (2010), their number is estimated at 1.2 million in India.

Subjective wellbeing is people's evaluation of their lives in terms of both their thoughts and emotions; considered another way, subjective wellbeing is the measure of how happy people are (Diener, 2000). Ryan and Deci (2000) recently proposed that three factors need to be present for wellbeing they are Competence, Autonomy and Affiliation.

Sushrutha, a prominent proponent of the traditional system of Indian medicine defines it as a state characterized by a feeling of spiritual, physical and mental wellbeing (Prasanna atma Indriya mana) (Elizabeth, 2004).

Addiction could be defined as, the compulsive need to use a habit-forming substance, or an irresistible urge to engage in a behavior. Two other important defining features of addiction are tolerance, and withdrawal (Thackery & Harris 2003).

In a cross-sectional study on 131 Transgendered individuals residing in Chennai, associations among sexual practices and alcohol use were analyzed. Alcohol use was more strongly associated with multiple casual and paid partners than with exclusive long-term partners. About 29% reported sex under the influence of alcohol. Majority had Sexually Transmitted

infection or definite diagnosis. (Saravanamurthy et.al., 2010).

A survey was held in Washington on Lesbian, Gay, Bisexual and Transgendered (LGBT) individuals, called - need assessment survey. A total of 263 people were part of the survey, Thirty- four percent of the participants felt their drinking is a problem for them, out of this only 36% actually sought treatment for it. Thirty six percent reported that they have a drug problem, out of this only 53% sought treatment for it (Xavier, 2000).

Need for the study: In India transsexuals stay in the Hijra community which is quite a visible community that resides alongside the general population in most big cities. However their social life, wellbeing and the substances they are addicted to are more a matter of speculation among the general population. Hence the present study makes an attempt to understand these issues.

METHOD

Current research is exploratory in nature and aims to understand the social life, transition from male to female, nature of addictions and subjective wellbeing of Transsexuals. According to WHO (2006) Hijra population in India is identified as 2,35,213. However, the survey also prescribes caution as there may be slight discrepancy between the survey assessment and actual estimation. Few other surveys also reflect similar caution. Hence, considering the nature of research and anticipating the availability of willing participants the sample was calculated based on online calculator with 10% margin error and 50% chance of response distribution, and a sample size of 96 was obtained. Therefore a purposive sample of 100 Male to female transsexuals residing in and around Bangalore city who fulfilled the criteria for Transsexualism (male to female) according to ICD – 10 criteria, and who were willing to participate and could communicate in English, Kannada or Hindi were included for the study. The age range of the sample was from 20 to 45 years. Female to male transsexuals, and Gender identity disorder as part of Schizophrenia, head injury / trauma were excluded from the study.

Tools

Tools were selected after the pilot study with 15 participants. The tools (questionnaires) were reviewed for the sensitivity and communicated to authors for permission to utilise in research.

1. Semi-structured interview schedule was Developed to explore the social living and other relevant aspects of transsexuals . It covered areas like Socio-demographic details, childhood, period of transition, current status, community living, existing support system, and religious practices. These questions were modified as well as item contents were reviewed by the field experts.
2. Subjective Wellbeing Inventory (SUBI -1992) was developed by Nagpal, R. & Sell, H. (1985). It consists of 40 items. It can be scored by attributing the values 3, 2 and 1 to response categories of the positive items. 1, 2, and 3 to the negative items. Cut- off score is 81 for Indian adults. Lower score (< 81, below eighty one) is indicative of lack of feeling of wellbeing. The inventory has adequate reliability and validity.
3. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST 2008)

This is developed by W.H.O. The questionnaire covers screening: tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs use and dependency. The ASSIST provides information about: the substances people have ever used in their lifetime; the substances they have used in the past three months; problems related to substance use; risk of current or future harm; dependence; injecting drug use.

Procedure

The Gurus (Heads of Hijra community) of Hamams (dwelling places of Hijras/ Transsexuals) in and around Bangalore were met and were explained about the aim of the research and Oral consent was taken. They were assured of confidentiality of the information divulged by them. Later Participants who volunteered for the study were screened based on ICD- 10 criteria. They were explained about the study briefly and written informed consent was taken. They were interviewed and questionnaires were administered. Data was collected over 2 to 3 continuous sessions . The responses were written verbatim. Observations were documented.

RESULTS AND DISCUSSION:

Mean age of the participants is 27.3 years. 94% of the participants reported that they have changed their original names and currently have a feminine name and 4% of them have unisex names.

Social Life: The occupational scenario of the participants is as follows 15% are into commercial sex work alone, 37% are into begging, 1% are into dancing, 2% are associated with NGO's 40% do varied occupations like, dancing at bar, commercial sex work, begging, badhai, assisting at hamam, peer educators, running of tea shop, domestic help, collecting haftha, working in grocery shop and 5% are not into any definite and regular employment. The income they earn ranges from a few hundred rupees a month to Rs. 10,000/- and above.

Regarding the reaction of parents subsequent to their awareness about the transgendered status of the participant 61% have not received familial acceptance, 33% were accepted despite the family members not being happy about their status, and 6 % reveal that still the family members are not aware of the transgendered nature of the individual and they just think that he is effeminate. Some of the emotional reactions of family members were anger, shock, feeling sad and denial.

Transition period from male to female started from the age of 6 to 19 years in different cases. Nearly 96%, revealed that as

children and adolescents they would wear girls attire where as 4% reported that they had not tried wearing girls attire when they were living with their parents.

12% of the participants are neither happy nor satisfied with their current life. 19% are sort of happy and satisfied 69% report that they are happy and satisfied with their current status.

38% report that they keep changing their area of residence. 68% report that they do not change their area of residence. The major reasons to change the locality are, increased rent and trouble by antisocial persons.

On the issue of their marriage 6% are unsure, 38% reported that they cannot marry and 56% reported that they can get married. Further 18% were unsure whether the marriage is accepted within their own community. 38% said that their marriage is not accepted within their community and 43% reported that their community accepts their marriage.

Regarding their view on segregation from society, 42% felt that they are segregated by the society, 12% felt that they have gone away from society and 18% felt that both society and they have contributed to going away from main stream society. 13% felt that neither they nor the society is responsible for their current living. 13% were unsure of their view. 1% expressed that family segregated them and 1% felt that it is the government which is responsible in segregating them from mainstream society.

The support and sources that they depend on for resolving their problems are, Guru, Nani, elders in their own group, chelas, nathis, friends, boyfriends, local N.G.Os and hijras living in other hamams.

Regarding the festivals they celebrate, 3% revealed that they celebrate festivals which are there in Hindu and Christian religions, 2% celebrate festivals of both Hindu and Muslim religions. 9% celebrate only Muslim festivals, 11% celebrate only Hindu festivals and 75% celebrate all festivals. In most of the hijra communities the inmates follow diverse religion though they live under the same roof.

Subjective Wellbeing:

Twenty two per cent of the participants reveal low subjective wellbeing and seventy eight per cent report moderate to high subjective wellbeing. To test whether wellbeing was independent of income and education χ^2 was calculated

Table 1. χ^2 test for Income and Wellbeing

Income	Low wellbeing	Moderate to high wellbeing
Below 5000	13	44
Above 5000	9	34
	22	78

Note: $\chi^2= 1.64$, $p<.20$ and $p>.10$

Obtained χ^2 is not significant indicating that Income and wellbeing are independent of each other.

Table 2. χ^2 test for Education and Wellbeing

Education	Low wellbeing	Moderate to high wellbeing
Illiterate	6	12
Literate	16	66
	22	78

Note: $\chi^2= 1.64$, $p< 0.20$ $p>.10$

Obtained χ^2 is not significant indicating that Education and wellbeing are independent of each other.

Addictions:

On The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), 44% do not report being addicted to any substance. 56% report being addicted to different substances. 20% are addicted to tobacco products. Tobacco addiction among men and women in India as per WHO estimates is 194 million(14.9%) and 45 million (3.46%) respectively (Kishore et.al., 2007). 8% of the participants are addicted to alcohol and 28% percent are addicted to alcohol, tobacco and ganja, whereas the estimated numbers of alcohol users in 2005 in India as per WHO were 62.5 million, with 17.4% of them (10.6 million) being dependents (Girish et.al., 2010). This shows that the addiction to substances among the transsexual individuals is alarmingly high

To test whether addiction was independent of income and education χ^2 was calculated

Table 3. χ^2 test for Income and Addictions

Income	No addictions	Single and Multiplication Addictions
Below 5000	21	36
Above 5000	23	20
	44	56

Note: $\chi^2= 2.75, p<0.10 p> .05$

Obtained χ^2 is not significant indicating that Income and addiction are independent of each other.

Table 4 χ^2 test for Education and Addiction

Education	No addictions	Single/Multiplication Addictions
Illiterate	12	6
Literate	32	50
	44	56

Note: $\chi^2= 3.94, p<0.05 p> .02$

Obtained χ^2 is significant indicating that addiction is significantly higher among the literates when compared to the illiterates. This needs to be studied further.

CONCLUSION

On the basis of the findings it can be concluded that eighteen percent of the hijras are illiterate and among the literate group most of them have education below tenth standard. Most of them are in low profile jobs or are into begging. Most of the hijras live in hamams. Most of the participants report moderate to high subjective wellbeing. Subjective wellbeing is independent of income and education. Addiction to substances is high among the participants, which is a cause for concern. Addiction is significantly higher among the literates when compared to the illiterates. There is need to further probe the causes of addiction pattern and Wellbeing.

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