

Socioeconomic Status of Hijra (Third Gender) Community at Dhaka City in Bangladesh: A Descriptive Study

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ABSTRACT

The current study analyzes the real life scenario and the socio-economic status of Hijra (Third Gender) community in Dhaka city, the capital of Bangladesh. The researcher conducted a structured questionnaire survey on 135 Hijras through non probability convenient and snowball sampling techniques to obtain relevant information based on different socio-economic indicators related to age, education, occupation, income, relationship status, religion status, living style, schooling, sanitary, smoking sexual, disease, treatment facilities, accessibility in pure water facility and drugs consumption. The researcher also conducted a number of Depth interviews based on structured questions for further analyses. The findings of the research revealed that the third gender people face extreme discrimination in socio-economic, cultural, and political activities. The widespread of sexual diseases can be a major concern as 46% of the respondent agreed that they are suffering from different sexual diseases and the majority of Hijra community cannot access to health care and other medical facilities due to their identity problems. Based on the findings the researcher provided a number of recommendations to overcome the gender based biasness that exists in our society.

KEY WORD: Hijra; economic status;sexual diseases; smoking sexual

I. INTRODUCTION

The Hijras are outsider group of people in our culture though they born in our society. They are recluse because in our society at every segment people are identified as male or female. But they do not fall into any of those groups. Hijras are masculine to their biological sex, but have refused their male identity to recognize themselves as women or as 'not men'. Hijras typically identify as 'not men' and wish to have sex with men, and they are usually perceived as homosexuals by the rest of the society (Chakrapani 2010). The life of a hijra person is affected by a large number of stressors, including approaching to terms with sexual character and orientation, coming out issues, dealing with family pressures etc. (Kalra, 2012). several Western non-government organizations (NGOs) and hijras activists have been trying for official recognition of the hijras as a kind of "third gender" or "third sex" since the late 20th century, (Agrawal, 1997) and in recent time in Bangladesh hijras have succeeded to get this identity and are qualified for priority in education (Karim, 2013). And also the Indian Supreme Court in April 2014 accepted hijra or transgender people as a 'third gender' in law (Mahapatra, 2014; McCoy, 2014; Antony et al., 2017). To different individuals or cultures, a third gender may characterize an intermediate state between man and woman, a condition of being both (for example- they have the body of a woman but the spirit of a man), the state of being neither, the capability to cross or exchange genders or another category altogether free of men and women.

Hijras or transgender communities with their own local identities, rituals and customs have existed in most parts of the world (Bajpai, 2015). The hijras are also described 'third gender' or eunuch-transvestites, have existed for centuries in the Indian sub-continent (Nanda, 1999; Reddy, 2003). The third gender roles, which are neither man nor woman have been explained among the Omanis of the Arabian Peninsula (Wikan 1977); along with lots of native American people (Williams 1986); in Tahiti (Levy 1973); and in Guinea and among the Hijras of India (Nanda 1990). Hijra communities in several socio-economic and cultural contexts, familiar as *serrers* in Kenya,

xaniths in Oman, *bakla* in Philippines and *hijra*, *Aruvani*, *Aravani*, *jogtas*, *jogappas*, or *shiv-shaktis* in South Asia (Khan et al., 2009). They do not conform to conventional notions of male or female gender but mix or move between the two. Their vulnerabilities, insecurities, and frustrations have been historically ignored by majority society. In Bangladesh, society of mainstream does not accept others beyond the male-female norm of gender. Those who live outside this continuum are subject to harassments and abuses.

Hijras have been known to live in well-defined and organized societies for ages with diverse customs, lifestyles and traditions of their own (Kalra & Shah, 2013). These communities have retained themselves over generations by adopting young boys who are cast off by, or run away from their family of origin. To qualify as a hijra, one must be hermaphroditic or an impotent male; however, only castration is the *dhann*sufficient to represent the ritual role. "Real" hijras must also dress in female clothing, wear jewelry and long hair, dance and caricature female sexuality, bestow blessings in the name of Mata, the mother goddess, and claim intersexed infants for the hijras (Nanda, 1990). Hijras are formed households with a hijraguru as head; where each household by dancing can require money from merchants, and into larger area and associations or *pancayats* linking them to other cities across South Asia (Cohen, 1995). The guru has a number of chelas below her and the relationship of guru-chela is a lifelong bond of reciprocity in which the guru is compelled to help the chela in times of need and in return, the chela is obliged to be devoted to the guru (Nanda, 2007). As part of this loyalty, many chelas are predictable to donate a share from their earnings to their gurus. Also have the connection of kinship, religious and social practices through which hijras represent them in including religious rituals and kinship formation such as hierarchies' lineages encompassing bind red ranks of gurus and chelas (Dutta, 2012). Hijras, in general, are known to take a promise of celibacy but some have relationships with someone and even some marry men (DeMello, 2007) although their marriage is not usually accepted by law or religion. Hijras often have a name for these manly romantic or sexual partners; for example, *giriya* in Delhi, *sridhar* in Cochin or *panthi* in Bangladesh.

The Hijra are generally believed by the mainstream society to be intersexes, impotent men, with ambiguous genitalia. They adopt female dress with female behavior. These attitudes as like as women, wearing their hair long, plucking (rather than shaving) their facial hair, taking feminine mannerisms, with women's names, and taking female relationship terms and a special, feminized vocabulary. Hijras are often encountered on in local markets, streets, trains, and other public areas wanting money from people. If refused, the hijras may try to humiliate the man into giving money, by means of rough gestures, wicked language, and even sexual advances. In Bangladesh for example, frightening to open their private parts in front of the man if he does not donate something. Their age old traditional occupation of dancing and singing at the weddings, perform at religious ceremonies and at homes where a male child has born is called 'badhai', (Kalra, Gupta, & Bhugra, 2010). Although the hijras themselves are sterile, they are supposed to have special power to present fertility onto others (DeMello, 2007). Ancient Indian myths confer hijras with extraordinary powers to be able to bless people with fertility and luck. They are assumed to hold the power to convey rain and riches (Conner, Sparks, & Sparks, 1997).

In another contexts in which the hijras say they have neglected by their families, migrated to another areas and live in poverty relying on the charity of others (Nanda, 1986), and hence "beg to live" (Allahbadia & Shah, 1992). Whereas dancing and singing is the highest status for the hijra community (Hanna, 1988), prostitution is oppose to the hijra norms and lowers their status in society (Nanda, 1986). Even though the heart of positive meaning attached to the hijra character and role is connected to freeing oneself from sexual expectation (Nanda, 2007), a substantial number of the hijras are *forced* to choose sex work as a means of earning a livelihood (Somasundaram, 2009). However, with changing Bangladeshi social structures, and as a consequence of globalization (Kalra & Bhugra, 2010), there are so of them have also started working in the NGO sector under various HIV-AIDS programs running all through the country as managers, project coordinators, or even counselors and also some of them are engaged in several business and job sectors. In this study the researcher trying to reveal the socio-economic condition, different life style and various problem faced by the Hijra community at Dhaka City in Bangladesh.

Definition of Hijra : The hijras phenomenon is not easy to define, as the idea is constituted by both individual identity and also cultural traits. In Bangladesh, Hijras define themselves as people who are neither male nor female without genitalia are socially excluded and also proclaim as people unable of sexual sensation. But Sinha (1967) defined hijras mainly as homosexuals who join the society specifically to satisfy their sexual desires while Freeman (1979) translated to them as transvestite type prostitutes. Moreover, Nanda (2007) rightly points out the term hijra as "eunuch" and never as homosexual. In the respect of social exclusion, a Hijra is traditionally described as neither men nor women, senses such mainstream pressure to an extreme level (Safa, 2016). Bajpai (2015) defined the transgender population as a group that goes away from the culturally described gender

categories and they does not imply any precise form of sexual orientation; but the orientations just for existing in the society. They normally recognize as a transwoman or transman. Lal (1999) defined hijras as a community of people, described as eunuchs, transvestites, bisexuals, homosexuals, transsexuals, hermaphrodites, androgynes, and gynomimetics; and if the multiplicity terms were not good enough, they are also translated as a people who are emasculated, impotent, intersexed, castrated, effeminate or somehow sexually dysfunctional or abnormal. Hahm (2010) described hijras are intersexed at birth; can live as either men or women that has undergone emasculation or whom desires to undergo emasculation and the aim is to live as a woman or as a 'not man'. The colonial management defined the hijra as the Indian corresponding of the broader derogatory category of 'eunuchs' and effort to explain, classify and control them, echoing British approach to other sexual performances as like as widow-burning and child marriage that were completed to place for the violated character of Indian society (Preston, 1987). As colonial pictures were succeeding in the twentieth century, the hijra was reclaimed as a famous nonwestern 'third gender' or transgender group resisting the western scheme of sexual dimorphism (Herdt, 1994). Hossain (2012) defined Hijra is a recognizable third sex or gender in South Asia, and is a subculture of feminine-identifiable male-bodied human being who desire men.

Chettiar (2015) operationally and rightfully defined hijras as a human person who have personality of both the masculine and feminine gender and who may or may not have undergone castration, vaginoplasty, breast implants and has taken upon a female identity wearing feminine dress and arguing as a part of the hijra society.

II. OBJECTIVE OF THE STUDY

Objective of the study-

To capture the real life scenario of hijra society in Dhaka city in Bangladesh;
To examine the socio-economic status of the hijra community of Dhaka city.

Literature Review : The hijra society in Bangladesh remains one of the most violated and marginalized minority groups in Bangladesh. However, with latest legislative change in Bangladesh, the society has gained legal recognition of the third official. Khan et al. (2009) describes the social exclusion of hijras focusing on the corridor between sexual health and exclusion and their findings discovered that hijras are situated at the extreme margin of exclusion without any sociopolitical freedom where a hijra can lead life of a people with self-respect. Their deprivations are treated as a different gendered human being away from the male-female dichotomy. Being outside this norm has prohibited them from positioning themselves in mainstream society with human prospective and security. Chettiar (2015) identified that hijras are difficult to research, ill-treated, scorned, and callously abandoned groups in Indian Society. By Indian law hijras have few rights. They do not have the permission to vote, but have the right to own property, to marry or to claim formal recognition through any official papers such as driving license or a passport. Accessing education, healthcare or employment is also difficult. In facing such odd subjects they are forced to make money any way they can (Kalra, 2012).

UNDP mentions, for all sexual minorities hijra is an umbrella term. Clements et al. (1999) & Nemoto et al. (2006) revealed that a large amount of transgender women employ in sexual work, due to problem of employment discrimination and social shame, their opportunities for income creation is limited and basic survival necessities are challenging. Sahastrabudde et al. (2012) reported that hijras were more interested to receive money for sexual work, where sex work further contributes to HIV occurrence in transgender women (Sausa et al. 2007). International epidemiologic papers have shown that transgender feminine are at higher risk of HIV infection compared with the general population (Elifson et al. 1993). Setia et al. (2006) reported that almost 64% of the transgender people in their study were HIV-positive. In previous research, cofactors of HIV risk, among sex workers have included asking for customers from streets, frequent sex with partners, inconsistent condom use, low socioeconomic condition, homelessness, and habit of drugs and alcohol (Vanwesenbeeck, 2001). According to BMHFW (2004), the hijras in Dhaka, had the maximum recorded rate of active syphilis (10.4%) with other most at-risk populations. These findings demand immediate HIV interventions for those people. Various community-based organizations (CBOs) and non-governmental organizations (NGOs) execute HIV interventions above all promoting lubricants and condoms and mainly providing treatment of STIs (Khan et al., 2009).

Bhugra (1992) revealed that due to wider variety of social environment, they have usually been looked down upon leading to their stigmatization and marginalization, often forcefully engaged them into professions such as sexual work and begging. Actually such sex work may often demoralize their culturally valued holy role (Nanda, 1985). Such types of oppression may lead to low self-worth and harm mental health in these peoples (Sagic, Radulovic, Bogdanovic & Markovic, 2007). Despite this, mental health is one issue which has not yet been examined in this community (UNDP, 2010). UNDP (2010) reported that hijras are not aware about the

mental health issue and they do not search for any psychiatric consultation for this issue. In fact, the health care procedure in India including mental health care is not easy for them and also not very user friendly or sensitive to issues facing hijras. In this context, many of these people are addressed using male pronouns or are verbally hassled by health care staff. Kalra (2012) observed that a large number of hijra individuals migrate from smaller towns in India to larger city such as Mumbai in search of their better identity or livelihood or to escape from their problematic families. Loos (2009) observe that hijras were believed to be excluded from the endorsed Western notions of heteronormativity. In addition, the Hijra population has stigmatized by the heterosexual standard of the society (Godwin, 2010). Josim (2012) revealed that the basic right- accommodation is inaccessible for hijra community in the mainstream society. Again Even the disgrace of hijra does not end at their death and social norms and different religions complicate the subject of burying the body and performing the funeral (Habib, 2012). Habib (2012) found that, the civil society is not giving sufficient attention to this issue although the hijras are impersonating their identity to carry out their role in the society. The impression management is a critical factor for them to breed there social life as well as sexual life (Goffman, 1956).

Khan (2007) identified the hijra's claim that the mainstream society does not understand their customs, culture, gender, and sexuality. The social harassments and deprivation to them have never perceived attention in development societies. Violations of their human and sexual rights have been overlooked in the conventional HIV-intervention frameworks. Harassments and violence against hijras, especially hijra sex workers, is often vicious, and occurs in public places, police stations, prisons, and also their homes. As with hijra people in for the most part of the world, they appear severe discrimination in housing, health, education, employment, law, immigration and any other bureaucracy that is incapable to place them into male or female gender groups.

Safa (2016) reported that the hijra society rarely enjoy any civil rights as a human or as a resident of Bangladesh. They face lack of opportunities to get formal education, medical treatment, and employment. In spite of all these impediments and negativity we believe by extending overall united and coordinated supports of both government and various development organizations will give these people various rights of the mainstream societies for their better livelihood and development.

III. METHODOLOGY

The purpose of the study is to examine the socioeconomic status of the hijra Community at Dhaka city in Bangladesh. Due to lack of available journals and publications on socioeconomic status of hijra community, it was necessary to analyze primary data to examine the research objectives. For this purpose the study based of primary data. To collect the primary data researcher used a set of structured questionnaire. Questionnaire survey is the most useful technique for this study to collect primary data because of respondent's anonymity can be maintained. The study was descriptive in nature. To fulfill the purpose of the study a non probability convenient sampling including the snowball sampling technique was adopted to collect necessary information from the 135 hijras. The target populations of this study cover the different areas of Dhaka City in Bangladesh. It is difficult to collect information from the hijra community because they are very secretive about themselves. That's why a long time span needs to reveal information about them. But On the basis of the objective of the study, the data was collected through adepth interview schedule with a set of structured questions. Then the collected data has been analyzed by using MS Excel 2007 and SPSS 22.0.

RESULTS AND FINDING

A: Age

The hijras age at the time of the interview varied from a minimum of 12 years to a maximum of 56 years. 63% of the hijras are in the age group 20-30. 5.9% of the hijras are aged more than 40 years. The average age was 26.42 years.

Table-1: Age of hijras

Age level	Frequency	Percent (%)	Cumulative Percent (%)
up to 20	22	16.3	16.3
20-30	85	63.0	79.3
30-40	20	14.8	94.1
40-50	6	4.4	98.5
more than 50	2	1.5	100.0
Total	135	100.0	

B: Education : Hijras of Dhaka City do a satisfactory level of educational performance. 60% of the respondent of the sample are passed secondary level although 13.3% of the respondents are illiterate. 14.8% of the hijras can signature only and 11.9% of the hijra passed primary level.

Table-2: Education of hijras

Education level	Frequency	Percent (%)	Cumulative Percent (%)
Illiterate	18	13.3	13.3
Signature	20	14.8	28.1
Primary	16	11.9	40.0
Secondary	81	60.0	100.0
Total	135	100.0	

C: Occupation : From the table 3 it is depicts that 53.3% of the hijras take business as a profession. 17.8% of the hijras use subscription fees to their livelihood. 10.4% of the hijras take prostitution as a profession. Only 6% of the hijras are active in ritualized performance for their better livelihood. But due to educational performance-14.1% of the hijras get various jobs according to their academic level.

Table-3: Occupation of hijras

Sources of Income	Frequency	Percent (%)	Cumulative Percent (%)
Tola/ To raise subscription	24	17.8	17.8
Ritualized Performances	6	4.4	22.2
Prostitution	14	10.4	32.6
Business	72	53.3	85.9
Job	19	14.1	100.0
Total	135	100.0	

D: Income : 74.9% of the hijras earn 5000 to 25000 Bangladeshi taka. 17% of the hijraj earn less than 5000 taka. The average income of the hijras was 14942.22 taka (with standard deviation 8618.961taka). Though most of the hijras take business as a profession that's why the mean income of them is highly visible. 2.2% of the hijras are earning more than 35000 taka which is really noticeable.

Table-4: Income of hijras

Income level	Frequency	Percent (%)	Cumulative Percent (%)
up to 5000	23	17.0	17.0
5000-15000	48	35.6	52.6
15000-25000	53	39.3	91.9
25000-35000	8	5.9	97.8
more than 35000	3	2.2	100.0
Total	135	100.0	

E: Relationship Status

From the table 5 it was found that 74.8% of the hijras of Dhaka City are single in status. 23% of the hijras are in a relationship and 2.2% the hijras are married.

Table-5: Relationship Status of hijras

Relationship Status	Frequency	Percent (%)	Cumulative Percent (%)
Single	101	74.8	74.8
In a relationship	31	23.0	97.8
Married	3	2.2	100.0
Total	135	100.0	

F: Religion Status

It was revealed that in our sample 87.4% of the hijras of the Dhaka city has religion status as muslim. And the rest of them are hindu.

Table-6: Religion of hijras

Religion Status	Frequency	Percent (%)	Cumulative Percent (%)
Hindu	17	12.6	12.6
Muslim	118	87.4	100.0
Total	135	100.0	

G: Living Style : Most of the study found that hijras are mainly stay with a community in which they lead by a leader called ‘Guru’ or ‘Guruma’. In our study 70.4% of the hijras are lived collectively with Guruma. 23.7% of the hijras are stay in rent house for their convenient livelihood. Only 5.9% of the hijras are live in their own house.

Table-7: Living Style of hijras

Living Style	Frequency	Percent (%)	Cumulative Percent (%)
Collectively with Guruma	95	70.4	70.4
Alone in my house	8	5.9	76.3
Rent House	32	23.7	100.0
Total	135	100.0	

H: Problem of Schooling : Now a day’s hijras are trying their best to get educated from academic institutions. But they are facing various difficulties from teachers, students or other stuffs. In our sample 71.9% of the hijras in Dhaka City at various academic institutions faced various problems such as harassment from their friends. But 28.1% of the hijras in the sample do not face any problem in the time of their academic study.

Table-8: Problem of schooling of hijras

Problem of schooling	Frequency	Percent (%)	Cumulative Percent (%)
No	38	28.1	28.1
Yes	97	71.9	100.0
Total	135	100.0	

I: Use of Sanitary

From the table it was found that 95.6% of the hijras use sanitary latrines in our study sample. It is good result from them. But only 4.4% the hijras are not use proper sanitation.

Table-9: Use of sanitary of hijras

Use Of sanitary	Frequency	Percent (%)	Cumulative Percent (%)
No	6	4.4	4.4
Yes	129	95.6	100.0
Total	135	100.0	

J: Smoking Status

From the table 10 it was found that 91.9% of the hijras of the Dhaka City has smoking habit but only 8.1% of the hijras are not interested in smoking.

Table-10: Smoking Status of hijras

Smoking Status	Frequency	Percent (%)	Cumulative Percent (%)
No	11	8.1	8.1
Yes	124	91.9	100.0
Total	135	100.0	

K: Sexual Disease : Most of the previous study found that hijras have sexual disease for their biological configuration. In our study sample 54.1% of the respondents do not have sexual disease and 45.9% of the respondents have sexual disease.

Table-11: Sexual Disease of hijras

Sexual Disease	Frequency	Percent (%)	Cumulative Percent (%)
No	73	54.1	54.1
Yes	62	45.9	100.0
Total	135	100.0	

L: Taking treatment : Due to not having sexual disease 57.8% of the respondents do not take any treatment. 9.6% of the respondents go to the dispensaries for their treatment. For treatment purpose 16.2% percent of the hijras go to the health care centers and clinics due to availability of those health care service centers. 16.3% respondents of Dhaka city take treatment from hospital for their various diseases.

Table-13: Taking treatment of hijras

Treatment	Frequency	Percent (%)	Cumulative Percent (%)
None	78	57.8	57.8
Dispensaries	13	9.6	67.4
Health Care Centers	11	8.1	75.6
Clinics	11	8.1	83.7
Hospital	22	16.3	100.0
Total	135	100.0	

M: Taking drug : Several hijras said due to frustration of life they had took drug. Some of the others took drug for their community lifestyle. From the study it was revealed that 70.4% of the hijras do not take drug. Only 29.6% of the hijras had taken drug.

Table-14: Taking drug of hijras

Take Drugs	Frequency	Percent (%)	Cumulative Percent (%)
No	95	70.4	70.4
Yes	40	29.6	100.0
Total	135	100.0	

N: Sources of Water & Obstacles' in performing religion : 100% of the respondents of the Dhaka city acknowledged that they faced obstacle for performing their religion. And 100% of the respondents agree that they get pure water.

IV. DISCUSSION

Hijra individuals are an integral part of the Bangladeshi society, having a well established socio-cultural structure of their own. Most hijras live at the margins of society with very low status and Non-hijra members of mainstream society refuse to develop social relations with the hijra and also they prevent access of hijra to social institutions, resources, and services. As with transgender people in most of the world, they face extreme discrimination in social, economic, cultural and political activities such as health, housing, education, employment, immigration, law, and any where that is incapable to put them into male or female gender categories. Being outside this norm has prevented them from positioning themselves in greater society with human potential and security. Hijra, as the citizens of Bangladesh and part of society's diversity, have gender, sexual and citizenship rights, that need to be protected. The current study reveals that around 60% of the respondents have completed secondary school level. And more than 80% respondents can their signature. However the depth interviews conducted in the study found that trans-genders studying in different school experienced loneliness and abusive treatment, because they are not allowed to share anything with classmates in classroom or playground and also humiliates their attitudes as a matter of jokes. Sometimes teachers abused them, and they feel school is not safe place for them and they reluctant to schooling. Most hijra informants expressed their desire to be involved in any occupation. In this study 14% of the hijras are involved in various job. But some of the hijras claimed that they eventually dismissed, were demoted, pressured to quit, and subject to harassment by co-workers when employers learned of their feminine attitudes which is similar as like as found by Gagne and Tewksbury (1996, 1998). In some cases, many hijra were abused verbally, physically and sexually at workplaces for which they never received any justice. However, after denying from the job market, they do several types of business (for example, cosmetics vending, works in various shopping mall, in various kacha bazaar etc.). In our study more than fifty percent hijra include in various types of business. Among them many of hijras reported that they also harassed by the people in many way for doing their business.

Again traditional hijra occupations are also constrained in many ways. Many earn their livelihood from performing at ceremonies, begging. Some were involved in hijragiri which referred to bazaar tola (collecting money from the market place) and badhai (blessing a newborn child through dancing and singing). Sometimes Hijras can also come as an invitee to one's home, and their wages can be very high for the services they perform. Supposedly, they can give insight into future events as well bestow blessings for health. In the min time many hijras are involved in selling sex. In this study about 10% of hijras are doing prostitution. Although hijras are not safe in sex trade but sometimes they are forced to have unprotected sex with clients, local influential persons free of charge. Hijra who work as sex workers often face sexual harassments by forcefully. The hijra sex workers were exploited by clients, mugged, and beaten by hooligans but never received any public support. Again for the fear of further harassments they rarely reported any incidence to police. But due to sexual trade many hijras have sexual disease and they reported encountering serial harassments, beginning at home, extending, and unfolding to all spheres of life. As a result, their human dignity and self-esteem were diminished. They feel worthless and unfit to family and the society.

Now a day's a few hijra have been working in CBOs/NGOs and involved in HIV interventions for hijra and males having sex with males (MSM). A number of them have also started working in the NGO sector under various HIV-AIDS programs running throughout the country as project coordinators, managers or even counselors. In Bangladeshi culture, male-female sexual and marital relationship is obligatory because of compulsory fatherhood. But a family life with a *hijra* under the Bangladeshi socio-cultural, political and religious rules unable to procreate. Society does not permit any transgressive relationship beyond heteronormativity. But hijra's are believed in made a relationship with other. Although in the study 25 percent of the hijras are in relationship and married, but they believe after some days society will accept their marital status between them and within the society people. Again several studies report that, among transgender communities, there are limited access to health services, insufficient or unsuitable care protocols and services for transgender clients and untrained, unexpert and often discriminatory health providers and staff (Bauer et al., 2009; Sanchez et al., 2009; Operario, & Nemoto, 2010). In our study sample 54.1% of the respondents do not have sexual diseases and about 45.9% of the respondents do have sexual diseases. The members of Hijra community do suffer from various types of sexual diseases such as STI, HIV etc. Sometimes they could not access to health care centers and health facilities and services because of holding stigmatized Hijra identity. And they are also harassed by the staff or even visiting doctors whether in government or private sector.

Due to limited medical facilities and doctors knowledge sensitive to hijra culture and sexuality, hijras did not get proper treatment for their disease. They feel no safe sociopolitical space where they can lead a life of a human being with dignity. Studies have shown high rates of depression, emotional distress, loneliness and social isolation in transgender populations (De Santis, 2009; Kosenko, 2011). Again several hijras said due to frustration of life they had took drug and had smoking habit. In the current study about 30% said they took drugs and more than 90% agreed to have smoking behaviors. Again some hijra reported suicidal attempts in such a situation because of constrained participation in family, social and public spheres and because of their extremely limited access to information and healthcare services. However, they can now go to the clinic operated by Badhan (a CBO) working for HIV prevention and almost 96% of the respondents use sanitary for their health concerns.

Limitations : The study had certain limitations such as a small sample size and lack of culturally appropriate instruments. It was difficult to find them and also difficult to meet them at the given specific time. It was also noted that some participants were not comfortable opening up about certain issues of their life. Lack of secondary source based information regarding hijra issue from Bangladesh perspective. Insufficient information in concerned NGO's website related to their intervention for hijra population.

Implication : Most of the studies attempts are being made to increase awareness of HIV/AIDS- related issues in this community and this study tried to figure out the socioeconomic status of the community but further issues facing the community regarding mental health need to be explored through future studies.

Recommendations: Since the presence of the hijra community is very important in social development of a developing country like Bangladesh, the Government and other organization and mainstream society should adopt proper policies to develop and to upgrade the socio-economic status and the living status of the hijra population. Therefore, the researchers of this study offer the following recommendations to develop the hijra peoples' socio-economic status and their livelihood:

1. Government can take initiatives by treating them as socially and educationally backward communities of citizens and may extend all kinds of help and reservation in cases of entrance in educational institutions and for public appointments.
2. Government can seriously concern the problems being faced by Hijras such as gender problem, depression, fear, shame, social pressure, suicidal attempts, social stigma, etc.
3. Government can operate separate HIV Sero-surveillance Centers since Hijras face several sexual health issues.
4. Government can take proper measures to provide medical care to hijra in the hospitals and established psycho-social Counseling Center for Hijra Population.
5. Government should establish charitable dispensaries for the free medical treatment of the hijras;
6. Government/Municipal Authorities may take special steps to cover hijra community with benefits of programmes such as preventive and curative health care
7. By analyzing needs of this vulnerable group, some crucial concerns such as development project should give more rigorous concentration.
8. Both Governmental and Non Governmental Organizations should show pro activeness in considering workplace diversity; and driven by this ideological standpoint, every organizational policies should be reviewed such a way that respect every human being irrespective of any divergence
9. Government should also provide them with interest free house loan facility for their accommodation problem.
10. Hijra people may live in a special community.
11. Comprehensive publicity should be arranged to change the attitude of the general public towards the hijras.
12. Recognition and proper assistance of this sector will improve their economic and social status significantly.
13. Mainstream society may look the hijra community in the soft and broader mind.
14. For proper management of better of livelihood of hijra, the cooperation between municipalities and the police is necessary.

After given the official identification of ‘Third Gender’, Government and Non-governmental Organizations had taken several initiatives for the hijra population. This is a big step for the hijra community. According to the website of Ministry of Social Welfare, “Program for improving the living standard of the Hijra community” has been taken by the Government. The rehabilitation program was primarily launched in seven districts of the country in the fiscal year 2012-2013. And under the development program 14 more districts were included in the next year. According to the Website, in current fiscal year around 40731600 (Four crore, seven lakh, Thirty One Thousand Six Hundred) Bangladeshi taka has been allotted for this under-privileged group.

Although recognizing Hijra as third gender is a breakthrough policy decision, but to attain the underlying significance of the provision, still there is a long way to go. It is needless to mention that by the virtue of being human and being legitimate citizen of Bangladesh as well, every hijra is permitted to enjoy all the rights preserved by the constitution; nevertheless due to be deficient in of strategic and coordinated procedures by Government and NGOs, manifold vulnerabilities of this specified class persists alarmingly.

V. CONCLUSION

Hijra population is a serious issue because of prevailing silo in society with regards to their rights. In the emerging minority queer culture in the country, these individuals form a sub-minority and are likely to be further marginalized in various livelihood issues. Most official records suggest that the number of Hijra people in Bangladesh is around 10,000. Although many rights groups estimate there are half a million Hijras in Bangladesh who face stigma and discrimination in every walk of life (Safa, 2016). Hijra community in Bangladesh faces manifold challenges to maintain their identity in the mainstream society. Since the British period till today, in the environment of Bangladesh, the social and gender roles of the hijra group of people have continued to be discriminated through the socio-economic value and legal framework. The Hijra people hardly enjoy any rights as a human or as a citizen of Bangladesh. They lack the opportunities to get formal education, employment, enjoy their own ritual function and are often denied the rights to seek for general medical attentions, they often seek their sexual partner with whom they want to spend their entire life. With Government and NGO initiatives, concentration was also required for capturing actual life scenario of this excluded population group. It is needless to say in the midst of all marginalized groups, concern of Hijra population should be highlighted as human right issue, which is ruthlessly ignored in mainstream society.

With a view to including this excluded hijra population in mainstream society, simple concentration of state sponsored stipend or sexual health provision would not add any value unless human right concerns are not taken the hijra people’s. It is believed that sincere attention and intervention of Government and NGOs with regard to

ensuring hijra people's human right would certainly bring positive outcome in broader society. It is high time to blow strong movement with an aim to letting this excluded yet fully potation pool of society to live with dignity and respect. In spite of all these obstacles and negativity we believe there is light behind darkness because it is not hard to think by extending united and coordinated supports, if both government and development organizations become sincere and sensitive about hijra community's human rights issue and integrate their concern in mainstream development, a positive impact on this vulnerable portion of the community will be evident.

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