

***Whether ICD-10/DSM-IV diagnostic guidelines and WPATH treatment guidelines on 'Gender Identity Disorders' (GID) are relevant to India?:***

***Discussion on the need for 'India-specific' guidelines for GID***

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# Main Objective of the presentation

- To discuss the limitations in using international diagnostic (ICD-10, DSM-IV) and treatment (WPATH) guidelines among Hijra- and Kothi-identified people in India.

# Background

- Psychiatrists might have seen people from middle/upper economic class who have 'gender identity concerns'.
- Psychiatrists often do not see Hijras/Kothis in their clinics as 'gender patients'.
- Thus, there is limited understanding about and interactions with Hijra- / Kothi-identified people.
- Also, Psychiatrists may fail to see that many Hijras/Kothi-identified people:
  - are relatively well-adjusted;
  - have consolidated their gender expression/identity; and
  - take a range of decisions on their own with regard to gender transition (hormones, cross-dressing, or surgery)

- Govt. of Tamil Nadu has recently passed an order to provide free Sex Reassignment Surgery (SRS) in govt. hospitals.
- Soon, free SRS might be available in other parts of India.

Thus, Psychiatrists should enhance their knowledge/skills in diagnosing and treating people with 'gender identity concerns' in the Indian context.

# Terms

The following terms denote different things:

**a. 'Homosexuality / Bisexuality':**

- Removed from the list of Psychiatric disorders

**b. 'Gender identity disorders':**

Includes Transsexualism and Dual-role transvestism

**c. 'Intersex' or 'Hermaphroditism':**

Includes a group of

- hormonal disorders resulting in ambiguous genitalia (e.g., congenital adrenal hyperplasia);
- chromosomal disorders (Klinefelter / Turner syndrome); and
- conditions that show discordance between chromosomal sex and phenotypical sex (e.g., testicular feminization syndrome')

# My Presentation is based on:

- Research studies among Hijras/Aravanis and men who have sex with men (Chakrapani et al., 2002; 2004; 2007).
- 10 years experience of working closely with various community agencies serving Hijras and men who have sex with men  
(Health services, HIV policy/programs, and research).
- Over 7 years of training health care providers on sexual minority health issues.
- Publications, Training Manuals, Articles and Presentations – available at [www.indianGLBThealth.info](http://www.indianGLBThealth.info)

# Kothis & Hijras

## ■ Kothis:

- Heterogeneous group.
- Males – ‘feminine’ and ‘receptive’
- Includes a spectrum of people who are feminine same-sex oriented males to male-to-female transsexuals.
- May or may not cross-dress
- Some proportion have bisexual behavior and married to woman.

## Hijras

- Biological/anatomical males who reject their 'masculine' identity and who identify as women  
(or 'in-between man and woman', or 'neither man nor woman'.)
- Can be considered as the western equivalent of transgender/transsexual (male-to-female) people.

### *Ackwa Hijra:*

- Not undergone emasculation
- In woman's or man's attire.

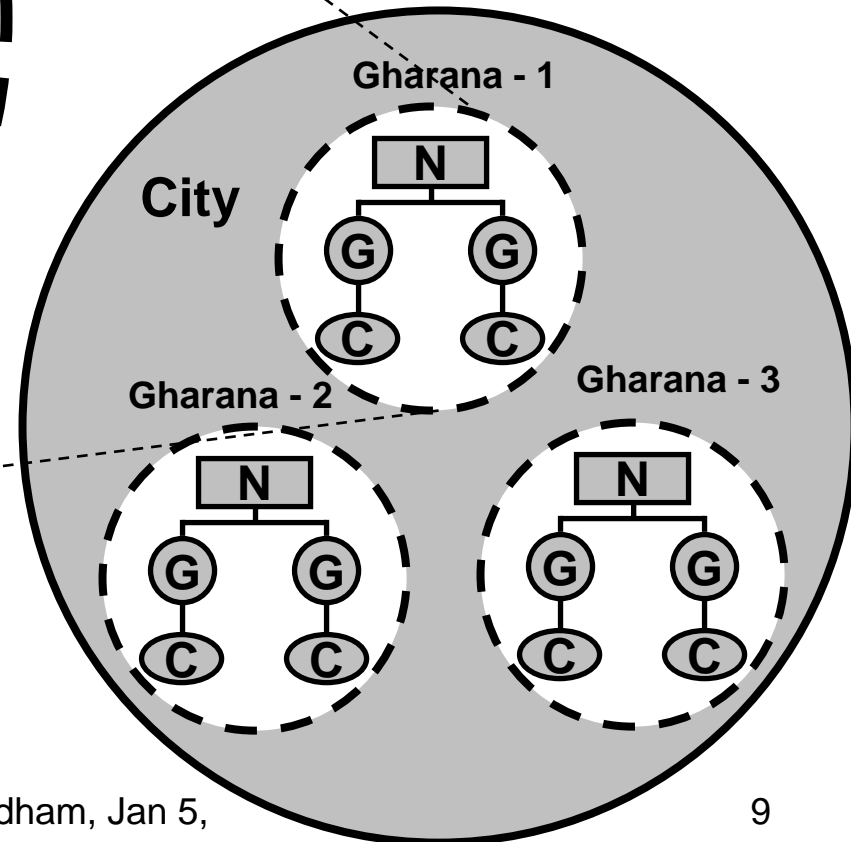
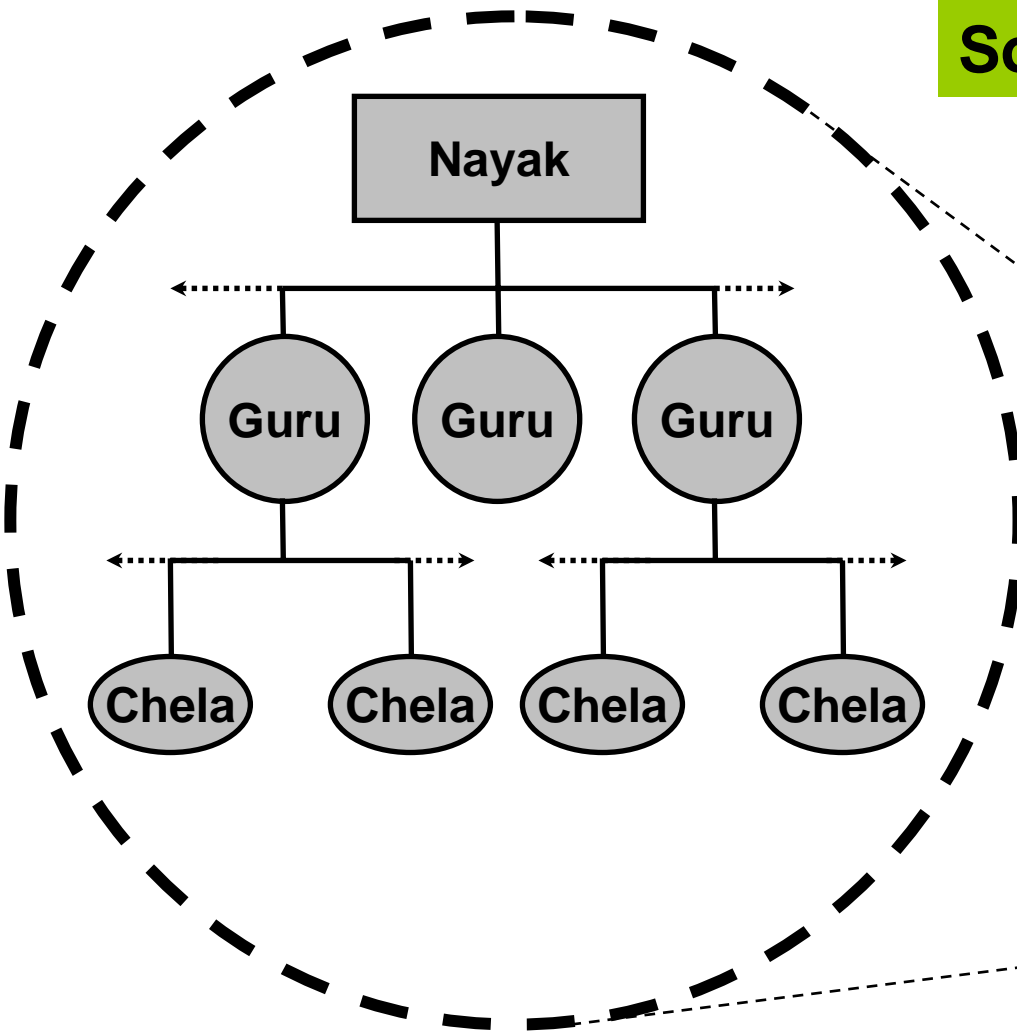
### *Nirvan Hijra:*

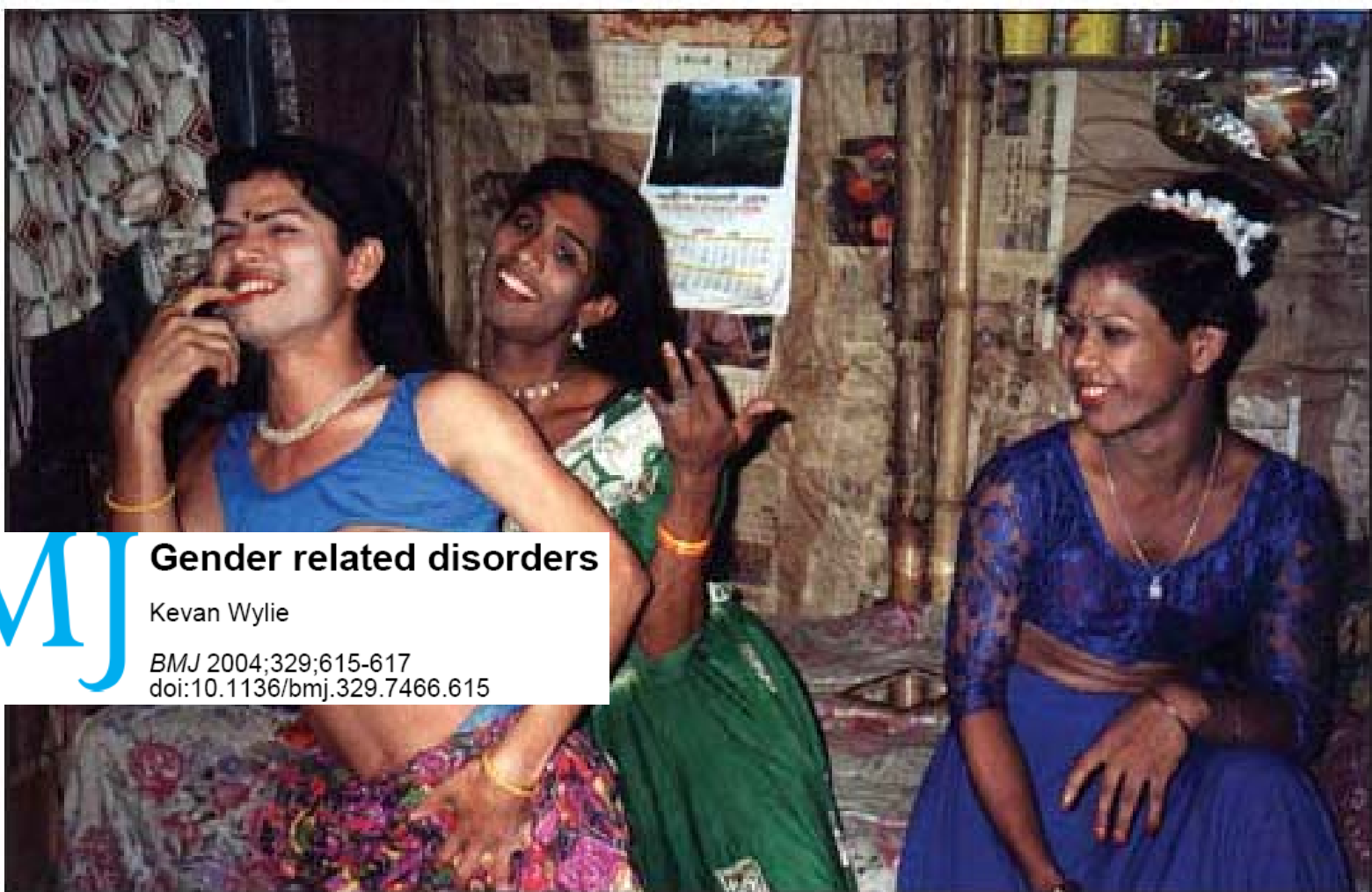
- Undergone Emasculation
- Usually in woman's attire.



# Social Organization of Hijras

N=Nayak  
G=Guru  
C=Chela





BMJ

## Gender related disorders

Kevan Wylie

BMJ 2004;329:615-617  
doi:10.1136/bmj.329.7466.615

These people are not transvestites or transsexuals. They are *Sylhet kothis*, from South Asia. Although men, they see themselves as feminine and adopt mannerisms to attract *panthis*—real men. Sociocultural, religious, and family pressures ensure that most *kothis* eventually marry and produce children, no matter how long they attempt to delay this process. This intense pressure, not surprisingly, produces a range of major psychological effects. With permission of Naz Foundation International

# Interactions between Kothi and Hijra communities

- Some Kothi-identified males may eventually join Hijra communities.
- Some Kothi-identified males may undergo emasculation and in woman's attire – but not formally inducted into Hijra communities.
- Some proportion of Hijras also identify as 'Kothi'.  
(Note: There are regional variations in India)

# ICD-10 categories

## (International Classification of Diseases)

**Transsexualism (F64.0)** has 3 criteria:

1. Desire to *live and be accepted as a member of the opposite sex*, usually [prefer]...surgery & hormone treatment;
2. Transsexual identity present persistently for at least 2 years;
3. No symptoms of another mental or chromosomal disorders.

**Dual-role Transvestism (F64.1)** has 3 criteria:

1. Wears clothes of the opposite sex to experience *temporary membership in the opposite sex*;
2. No sexual motivation for the cross-dressing;
3. No desire for a permanent change to the opposite sex.

**GID of Childhood (64.2)**

**Other GIDs (F64.8)** - has no specific criteria.

**GID, Unspecified** - has no specific criteria.

# DSM-IV criteria for diagnosis of gender identity disorder

- A strong and persistent cross gender identification...
- A persistent discomfort with ...[assigned] gender role...
- Absence of physical intersex condition
- Disturbance causes significant distress or impairment in social or occupational or other ... functioning

# World Professional Association on Transgender Health (WPATH) Treatment Guidelines

Formerly 'The Harry Benjamin International Gender Dysphoria Association' (HBIGDA) guidelines ([www.wpath.org](http://www.wpath.org))

- Standards of Care (SoC) - Currently 6th ed.
- This is a guideline, not a requirement.

## Review of SoC:

- At least 6 months **psychotherapy**
- Then ~ begin **hormone therapy**.
- Live cross-dressed for at least 1 year (**Real life experience/test**).
- Then, eligible for **SRS**.

# WPATH guidelines state:

- The designation of gender identity disorders as mental disorders is **not a license for stigmatization.**

# 'Gender Transition' in Hijra/Kothi communities

## ■ **WPATH treatment process:**

Hormones → Real life Experience/Test  
→ Surgery

## ■ **Process in Hijra/Kothi communities:**

- Cross-dressing only: No hormones & No surgery
- Crossdressing → Surgery
- Crossdressing → Hormones (No Surgery)
- No Crossdressing → Hormones → No Surgery
- No Crossdressing → No Hormones → Surgery



# Scenario-1:

## Only emasculation – No cross-dressing.

- 28-yr-old-Hijra in shirt/Dhoti (man's attire); co-habiting with a Panthi; underwent emasculation. Continues to be in 'shirt/Dhoti' after emasculation.
- **Issues with diagnosis/Treatment:**
  - Not satisfying the ICD-10 criteria of Transsexualism and dual-role transvestism.
  - If emasculation is requested by such biological males, can it be offered?
  - Should they be first given female hormones and then real life experience before surgery?

(Note: WPATH guidelines mention hormonal therapy as the first step before real-life test and surgery).

# Scenario-2:

## 'Partial breast development'

- 23-yr-old Kothi-identified male, not in Hijra community, and engages in sex work.
  - Wants minimal breast development
  - But does not want to lose erection since male clients ask for insertive sex.
  - Occasional cross-dressing.
  - Does not want to become a woman
  - Does not want surgery.
- **Issues with diagnosis/Treatment:**
  - Not satisfying the ICD-10 criteria of Transsexualism and dual-role transvestism.
  - Whether female hormonal therapy for partial breast development be initiated?

# In conclusion

## *DSM-IV, ICD-10, and WPATH guidelines:*

- Do not acknowledge the existence of well-adjusted transsexual or gender-variant people who may or may not require feminizing procedures/surgery
- Do not have clear management guidelines for gender-variant people who do not fit into existing diagnostic labels
- Are not always applicable among Hijra-/Kothi-identified people in India.

*Psychiatrists need to understand about Kothis/Hijras and their cultures to provide appropriate counseling / 'treatment'.*

# Next Steps

- Establish a **working group of IPS on 'transgenderism'** to develop plans to move forward in this neglected area.
- **Develop interim practice guidelines on management of people with gender identity concerns in India** – in consultation with transgender communities & researchers/experts.
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- **Conduct research to better understand the transgender communities** in various regions in India.