

NATURE AND TYPES OF TRANSGENDER PEOPLE IN THE SOUTH ASIAN COUNTRIES

Juyel Ali
Research Scholar and College Teacher
Department of Education
University of Calcutta
1, Reformatory Street, Alipore, Kolkata, West Bengal 700027

Abstract: India is a diverse South Asian country enriched with the world's most populous democracy. In India, besides the common population, transgender community is also a part of this diverse culture. Over time, the number of transgender people is growing rapidly all over the world. Transgender people known as the people who feel that their sex assigned at birth is different from their gender identity. Transgender is a wide term. Gender identity, gender expression of transgender people does not conform to the sex they were assigned at birth. In every society, the common people do not accept transgender people fully. Consequently, there is scarcity to know various relevant perspectives about transgender people such as educational status, types, nature, and educational barriers in several countries. The major objectives of this comparative study is to find out the family status, educational status, idea about sex and gender, satisfaction with present identity of transgender people, to find out the idea about the change in feelings of transgender people over the time, share about the physical changes with and with the outside family and to find out the relationship status between transgender and trans community people. In this study, exploratory survey research is used. A quantitative research approach is used in this comparative study. The total sample size is 200. The relevant data were collected from transgender men and transgender women. The purposive sampling technique was used. The data were collected from Kolkata, India and Dhaka, Bangladesh. The data was collected through an interview schedule. The study revealed that transgender people including Transgender Men and, Women were more likely visible in urban areas of India from nuclear family. In Bangladesh, maximum Transgender Men and Women were born in Joint family. In India, maximum Transgender Women were well educated, and the rest were uneducated. In **Bangladesh**, maximum Transgender Men were uneducated and Transgender Women were educated. In India, maximum Transgender Men had an idea about sex and gender where maximum Transgender Women had no idea about sex and gender. In Bangladesh, maximum Transgender Women had an idea about sex and gender. Maximum Transgender people in India and Bangladesh did not share anything about the changes with the people of outside family. The study also revealed that most of the Transgender people in India and Bangladesh had shared about the changes with the family. In India and Bangladesh, maximum Transgender people did not observe any changes in feelings over time. In India and Bangladesh, maximum Transgender people did not go through any surgical procedure due to poverty, social and family related obstruction. In India and Bangladesh, maximum Transgender people had a good relationship with Trans community people.

Key Words: Transgender people, Nature, Types, South Asian Countries.

Introduction

India is the top most populous country around the world. In several South Asian Countries, India and Bangladesh are developing countries foster with diverse culture and diverse population, religion, spiritual beliefs, cultural norms and regulations. India and Bangladesh share deep rooted cultural, historical, and linguistic bonds. India and Bangladesh were part of British India in the pre-independence period and Bengal was the central cultural and political hub. In 1947, the Bengal province was divided into two parts viz. eastern part (East Bengal) and western part (West Pakistan) (Source: Merriam-Webster <https://www.merriam-webster.com>). In the year of 1971, through the liberation war, Bangladesh broke away from West Pakistan and grew up in an independent country. Transgender is an umbrella term that evolved from the ancient Vedic period and was significantly popular during the Delhi Sultanate between the 1206-1556 era (Source: American Psychological Association (APA) <https://www.apa.org>). The Hijra community popularly enjoyed several rights during the Mughal era (1526-1707). In the late 20th century, Hijra activists wanted a separate official recognition from the government. Transgender people known as whose gender identity does not match the sex assigned at birth. The term 'Trans' is sometimes used to describe 'Transgender' (Source: <https://transequality.org>). **Chavada et al. (2025)** in their study Resilience among transgender individuals in Puducherry, India: Insights into mental well-being and social challenges, examined reciprocity between mental well-being and social challenges. The sample was 100 transgender participants. The Connor-Davidson scale was employed to assess the resilience levels among 100 transgender people. The study found that related to mental health outcomes there were 33% experienced depression, 29.6% suffered from anxiety, and 31.1% reported suicidal ideation in the past year. The researchers also found that 53% exhibited average, 28% demonstrated low, and 19% showed high resilience. Based on these findings, the study identified some protective factors that enhanced resilience, such as peer networks, family support and community connectedness, **Dubey et al. (2025)** in their research study A qualitative inquiry into the lived experiences of menstrual health and hygiene in the transgender and non-binary people in urban areas of India, documented the lived experiences of menstruation management among transgender and non-binary people in urban areas of India. Relevant data were collected through 13 semi-structured interviews from transgender and non-binary adults aged 19-40 years. The researchers found 3 major themes in MHH for transgender and non-binary individuals in India such as gendering of menstruation, navigating physical aspects of menstruation, and challenges beyond bleeding. Gendering of menstruation shaped overall MHH experiences. Gendered expectations at menarche led to gender dysphoria. Navigating physical aspects of menstruation easier in familiar, private settings, while in public spaces and bathrooms remained challenging and stressful. Several participants faced Challenges beyond bleeding that included burden of multiple diseases, mis-gendered healthcare services, lack of social support, **Kumar and Bora (2025)** in their study Emerging perspectives on gender in India: Explorations of masculinity, LGBTQ+ identities and other under-represented experiences, examined the changing views on gender in India, historical development, cultural influence, and contemporary tendencies. The study revealed that in India, traditional notions of

masculinity were re-examined. In modern perspectives, there were more emphasized emotional openness and a broader range of behaviors, encouraging men to embrace more authentic and diverse identities. Several legal and social developments for LGBTQ+ individuals which included decriminalization of Section 377, had shifted social perceptions of sexual and gender diversity. Nevertheless, LGBTQ+ people yet face stigma and discrimination, **Kumari et al. (2025)** in their research study Mental health of Indian transgender individuals: A meta-ethnography, explored the mental health challenges faced by transgender individuals in India. A meta-ethnographic qualitative approach was used. The researchers found 4 major themes enriched with sub-themes from the qualitative synthesis such as healthcare barriers (sub-themes: stigma and discrimination within the healthcare system, limited life resources for accessing services, and healthcare-system barriers), mental health issues (anxiety, depression, suicidality, and substance use), predisposing factors to psychological distress (micro, meso, and macro levels), and coping strategies, **Ogale and Bhansali (2025)** in their study Willingness to seek help for mental health, psychological well-being and perceived stress in LGBTQIA+ individuals, investigated the relationship between willingness to seek help for mental health, psychological well-being, and perceived stress in LGBTQIA+ individuals. The sample were 119 LGBTQIA+ individuals between the ages of 15-48. Several scales were used in this study such as the inventory of attitudes towards seeking help for mental health scale, Ryff's psychological well-being scale, and Perceived stress scale. A Pearson's product-moment correlation was used. They stated that there was a positive correlation between willingness to seek help for mental health and psychological well-being. The researchers found that a significant negative correlation between psychological well-being and perceived stress. While the relationship between willingness to seek help for mental health and perceived stress was found insignificant, **Qadir et al (2025)** in their study Transgender perspectives on social entrepreneurship: An exploration in the Asian context, investigated the entrepreneurial motivators that transgender entrepreneur experience prior to launching their business. The data were collected from 15 transgender entrepreneur interviewee. The transgender entrepreneur leaves all type of dancing, acting, begging, and commercial sex work to founded a new identity such as business or self-employed. Numerous cognitive drives such as personal fulfilment and autonomy, passion for the chosen industry, and the environmental drives such as financial independence, stability, family support, societal recognition and acceptance desire them to formed a positive impact. The study also suggest that the role of policy makers, advocacy, governmental organizations, and non-governmental organizations may expand the status of transgender people by promoting entrepreneurship among transgender communities, **Susilowati et al. (2025)** in their article Transgender people in Indonesia: How do they overcome their personal adjustment toward stress? conducted quantitative research to analyze the impact of self-esteem and anxiety on personal adjustment to stress among transgender individuals in Jakarta, Indonesia. A survey questionnaire was used to collect data from 158 transgender participants and for sample determination, a Partial Least Squares (PLS) were used. The researchers found that anxiety had a positive and significant effect on personal adjustment of transgender individuals. Self-esteem had a lesser effect on personal adjustment. The researchers revealed that personal adjustment had a negative but significant effect on stress among transgender individuals, **Rawat (2024)** in his paper Transcending binaries: Exploring the historical context of transgender community in South

Asia, explored the historical evolution of transgender identities in South Asia throughout pre-colonial, colonial, and post-colonial periods. In this paper, it was revealed that in the pre-colonial period, hijras were known as third sex and held prestigious position in society. During the British colonial period, the British rulers criminalized the hijra community and remove all the facilities, and enforced strict gender binaries such as IPC Section 377, Criminal Tribes Act 1871 etc. In the post-colonial period, advocacy and legal advancements have recognized transgender rights in various South Asian countries viz India, Nepal, Pakistan, and Bangladesh. Therefore, transgender communities consistently faced discrimination, violence, exclusion, limited opportunities in education, employment, and healthcare services due to societal prejudice attitudes, **Suleman et al. (2024)** in their study “Navigating shadows: The impact of social stigma on the mental health of the transgender community in South Asia, explored the intricate relationship between social stigma and mental health among the transgender people in Lahore, Pakistan and Delhi, India. The data were collected through 16 in-depth interviews and thematic analysis was used in this study to uncover the core things that arise from the personal narratives of transgender individuals. The analysis revealed some major themes such are the pervasive impact of societal rejection, the psychological toll of discrimination, resilience in the face of adversity, and the quest for identity and acceptance. The stigma companion of their gender identity resulted discrimination in several spheres of life such are employment, healthcare, education, social interactions, influenced their mental health challenges. The study suggested on the urgent need for societal reform and policy reform to support the mental health and mental well-being of the transgender community in India and Pakistan, **Anderson (2023)** in his article What does transgender mean to you? Transgender definitions and attitudes toward trans people, examined lay people’s definitions of transgender and attitudes towards trans people. The data were collected from 497 cisgender people of diverse sexual orientations. The researcher found that, cisgender people with nonheterosexuality less support to trans prejudice, showed less agree that trans people have a psychological disorder, also more agree with the statement that trans people are born with their gender identity. Compared to heterosexual people, nonheterosexuality people were more agree to mention the gender identity theme and less agree with the statement that trans people as being confused. People’s conceptualizations of a transgender identity may reflect their attitudes towards trans people, **Irshad et al. (2023)** in their study Suicidal risks in transgenders in South Asia, explored various risk factors for suicidal ideation among transgender people in South Asia. A systematic review and meta-analysis (PRISMA) on PUBMED and GOOGLE SCHOLAR were employed to examined risk factors for suicidal thoughts and attempts in transgender people. In this study, seven papers were selected out of 1900 articles. Four articles are based in Pakistan, two studies based in Nepal, and one paper is based in South India. In the included studies, 1559 participants were engaged. A non-probability sampling technique was used. Several biological risk factors such as body dissatisfaction, environmental and social risk factor such are lack of family support, low income, social discrimination, psychological risk factor such are depression, anxiety, and behavioral risk factor such as drug abuse are high prevalence of suicidal attempts among transgender community. The study concluded that the policy makers, healthcare professionals may change the suicidal attempts through evaluate different risk factors, **Kohnepoushi et al (2023)** in their study Prevalence of suicidal thoughts and attempts in

the transgender population of the world: A systematic review and meta-analysis, conducted a meta-analysis to determine global pooled prevalence of suicidal thoughts and attempts in transgender people. In this study, a comprehensive meta-analysis strategy was used based on all international databases such as PubMed, Scopus, Embase, Web of Sciences, and Cumulative Index. Newcastle-Ottawa Quality Assessment Scale for Cross-sectional studies was used and analysis was done in STATA version 17. The findings revealed that the prevalence of suicidal thoughts in the transgender people was 39% worldwide in the past month, 45% in the past year, and 50% during lifetime. Prevalence of suicidal attempt in the transgender people was 16% worldwide in the past month, 11% in the past year, and 29% during lifetime. The findings showed that prevalence of suicidal thoughts and suicidal attempts was high in the transgender community.

Need of the Study

The diverse population is growing rapidly. In the popular South Asian Countries like India and Bangladesh, besides the common people, transgender population is significantly growing rapidly. In several South Asian Countries, it is extremely important to sustain equality in several social and educational rights for all. In South Asian Countries, Hijra is known as intersex, eunuch, aravani, khawaja sira, kinnar, jagappa and many more who live in communities and follow a kinship system. In Bangladesh, Hijras recognised as third gender and are equally accessible in education and certain kinds of jobs. Other South Asian Countries viz Nepal and Pakistan legally accepted third gender people, particularly India, Pakistan and Nepal provide an opportunity to include an option on passports and official documents for transgender people. In India and Bangladesh, a common misconception has existed about transgender, intersex, bisexual, and asexual. Therefore, there is a dearth that needs to know all relevant information regarding transgender community. It should be made clear to everyone that they too have the same respect and are equally entitled as ordinary people. It also makes everyone aware of the way they have to fight and survive in every step of life. They are like ordinary people demanding all kinds of social, political and economic rights. The judiciary needs to be equally generous and sympathetic to them. The transgender community needs to be included in the mainstream development program of the country and be protected from all forms of abuse and exploitation. This study is to improve knowledge and positive attitudes towards transgender people among the students. Despite a society is moving forward in acceptance of differences but many young people still maintain uncomfortable and confused attitudes towards non-heterosexual lifestyles (Sharpe, 2002). These attitudes lead to discrimination and oppression towards the transgender community in academic field also.

Objectives

- (1) To find out the family status and educational status of transgender people in India and Bangladesh.
- (2) To find out the idea about sex and gender and the state of satisfaction with the present identity among transgender people.
- (3) To find out the idea about the Change in feelings of transgender people over the time.
- (4) To find out the state of share about physical changes with and with the outside family.
- (5) To find out the relationship between transgender and trans community people.

Methodology

Statement of the Problem: What is the nature and types of transgender people in the south Asian countries.

Research Type: An exploratory survey type of study. This study is based on mixed research method.

Population: The transgender people (transgender men and transgender women) from India and Bangladesh were treated as a population.

Sample: Transgender people (100 transgender men and 100 transgender women) from Kolkata (India) and Dhaka (Bangladesh) were selected as a sample of the study.

Sampling Technique: Through the random sampling technique, samples were collected.

Tools: An interview schedule was prepared by the researcher to know the nature and characteristics transgender people.

Reliability and Validity of the Tools: Tools are reliable. Content validity was checked by six experts from India and Bangladesh.

Data Collection: Upon finalizing the development of the interview schedules, these were subsequently administered to the samples. A qualitative analysis was conducted on the gathered data.

Data Analysis: The collected data were analyzed qualitatively.

Delimitations of the study

- (1) The present study is delimited only transgender (men and women).
- (2) The study is delimited only to India (Kolkata) and Bangladesh (Dhaka).
- (3) The study is delimited only to nature and types of transgender people.

Analysis of Data

Table 1.1
Family status and educational status of transgender people
in India and Bangladesh

		INDIA		BANGLADESH	
		TRANS GENDER MEN	TRANS GENDER WOMEN	TRANS GENDER MEN	TRANS GENDER WOMEN
FAMILY STATUS	NUCLEAR	39 (78%)	31 (62%)	14 (28%)	11 (22%)
	JOINT	11 (22%)	19 (38%)	36 (72%)	39 (78%)
EDUCATIONAL STATUS	EDUCATE	46 (92%)	38 (76%)	19 (38%)	18 (36%)
	UNEDUCATE	4 (8%)	12 (24%)	31 (62%)	32 (64%)

Table 1.1 shows the family status and educational status of transgender people in India and Bangladesh. The data revealed that in **India**, out of 50 transgender men, 39(78%) people belonged to a nuclear family, and 11(22%) people belonged to a joint family. In contrast, out of 50 transgender women 31(62%) people belonged to a nuclear family, and 19(38%) people belonged to a joint family wherein **Bangladesh**, out of 50 transgender men 14(28%) people belonged to a nuclear family, 36(72%) people belonged to joint family. In contrast, out of 50 transgender women 11(22%) lived in nuclear family and 39(78%) people lived in joint family.

The table also revealed that in **India**, out of 50 transgender men 46(92%) people were educated, 4(8%) people were uneducated whereas out of 50 transgender women 38(76%) people were educated, 12(24%) people were uneducated. In **Bangladesh** out of 50 transgender men 19(38%) people were educated, 31(62%) people were uneducated whereas out of 50 transgender women 18(36%) people were educated and 32(64%) people were uneducated in Bangladesh

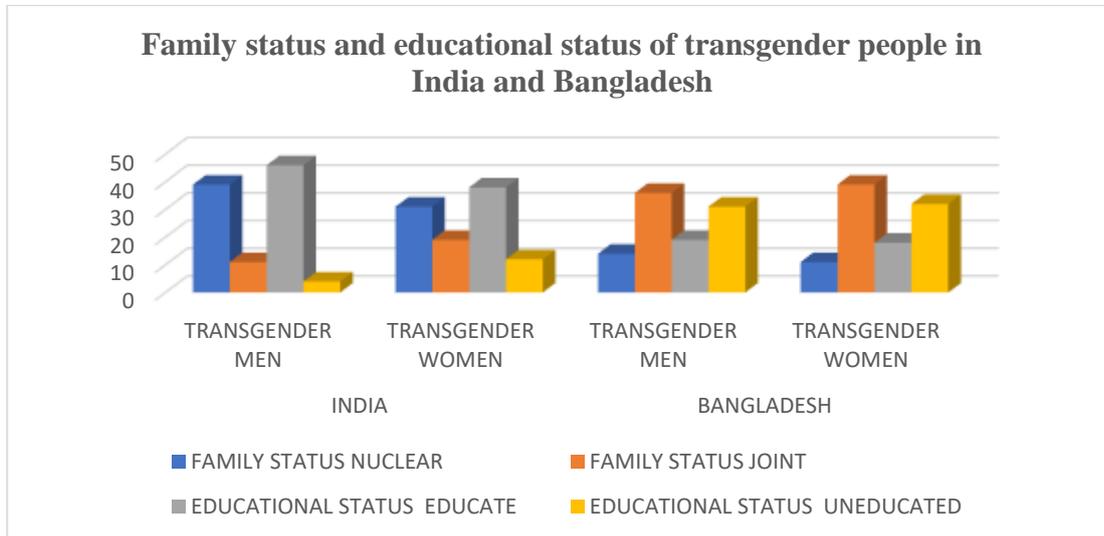


Table- 1.2

Idea about sex and gender, satisfaction with the present identity of transgender people in India and Bangladesh

		INDIA		BANGLADESH	
		TRANS GENDER MEN	TRANS GENDER WOMEN	TRANS GENDER MEN	TRANS GENDER WOMEN
IDEA ABOUT SEX AND GENDER	YES	32 (64%)	18 (36%)	28 (56%)	34 (68%)
	NO	18 (36%)	32 (64%)	22 (44%)	16 (32%)
SATISFACTION WITH PRESENT IDENTITY	SATISFIED	49 (98%)	36 (72%)	50 (100%)	49 (98%)
	DIS-SATISFIED	1 (2%)	14 (28%)	-	1 (2%)

Table 1.2 shows ideas about sex and gender, and satisfaction with the present identity of transgender people in India and Bangladesh. In **India**, out of 50 transgender men 32(64%) people had an idea about sex and gender, and 18(36%) people had no idea about sex and gender. In contrast, out of 50 transgender women 18(36%) people had an idea and 32(64%) people had no idea about sex and gender. It also observed that in **Bangladesh**, out of 50 transgender men 28(56%) people had an idea, and 22(44%) people had no idea about sex and gender whereas out of 50 transgender women 34(68%) people had an idea and 16(32%) people had no idea about sex and gender.

The data also revealed that out of 50 transgender men in India, 49(98%) people were satisfied and 1(2%) person were not happy with their present identity. In contrast, out of 50 transgender women 36(72%) people were satisfied and 14(28%) people were not satisfied with their present identity wherein Bangladesh, out of 50 transgender men 50(100%) people were satisfied and also out of 50 transgender women 49(98%) people were satisfied, 1(2%) person is not satisfied with their present identity in Bangladesh.

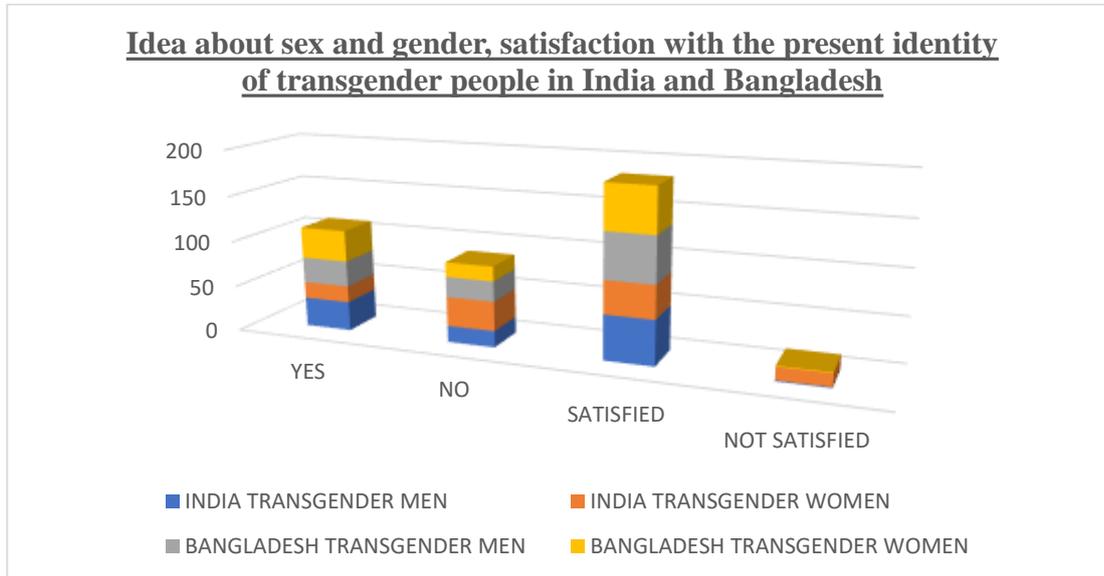


Table- 1.3

Share about the changes with family and with outside family of transgender people in India and Bangladesh

		INDIA		BANGLADESH	
		TRANS GENDER MEN	TRANS GENDER WOMEN	TRANS GENDER MEN	TRANS GENDER WOMEN
SHARING WITH FAMILY ABOUT THEIR CHANGES	SHARED	26 (52%)	29 (58%)	29 (58%)	38 (76%)
	NON-SHARED	24 (48%)	21 (42%)	21 (42%)	12 (24%)
SHARING WITH OUT SIDE FAMILY ABOUT THEIR CHANGES	SHARED	12 (24%)	4 (8%)	20 (40%)	25 (50%)
	NON-SHARED	38 (76%)	46 (92%)	30(60%)	25 (50%)

Table 1.3 shows the sharing with family and outside the family about the changes of transgender people in India and Bangladesh. In **India**, out of 50 transgender men 26(52%) people had shared the changes that occurred within them with their family, and 24(48%) people did not share the changes with their family whereas out of 50 transgender women 29(58%) people shared and 21(42%) people did not share any information about their changes with their family. In **Bangladesh**, out of 50 transgender men 29(58%)

transgender men shared and 21(42%) transgender men did not share about the changes whereas out of 50 transgender women 38(76%) transgender women shared and 12(24%) transgender women did not share about their changes with their family.

The data also revealed that in **India** out of 50 transgender men, 12(24%) people shared and 38(76%) people did not share about their changes with outside family and out of 50 transgender women 4(8%) transgender women shared, 46(92%) transgender women did not share about the changes with outside family. It is also observed that in **Bangladesh**, out of 50 transgender men 20(40%) people shared and 30(60%) people did not share about the changes with outside family and out of 50 transgender women 25(50%) people shared and 25(50%) transgender women did not share about the changes occurred within them with outside family.

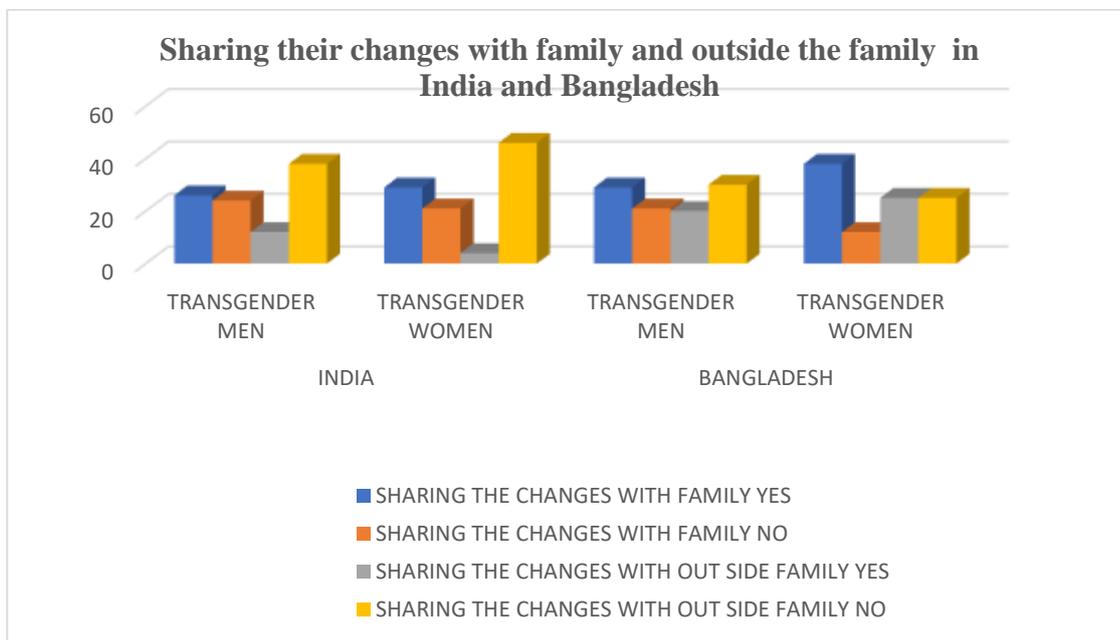


Table- 1.4
Change in feelings of transgender people over the time
in India and Bangladesh

		INDIA		BANGLADESH	
		TRANS GENDER MEN	TRANS GENDER WOMEN	TRANS GENDER MEN	TRANS GENDER WOMEN
CHANGE IN FEELINGS OVER TIME	CHANGED	9 (18%)	23 (46%)	15 (30%)	4 (8%)
	UNCHANGED	41 (82%)	27 (54%)	35 (70%)	46 (92%)

Table 1.4 shows the change in feelings of transgender people over the time in India and Bangladesh. In **India**, out of 50 transgender men 9(18%) people have noticed changes in feelings over time, and 41(82%) people did not notice any change in their feelings over time whereas out of 50 transgender women 23(46%) people have noticed the change and 27(54%) people did not notice any change. In **Bangladesh**, the data

revealed that out of 50 transgender men 15(30%) people had noticed the changes and 35(70%) people did not notice any change in their feelings over time. It was also shown that out of 50 transgender women, 4(8%) people had noticed changes and 46(92%) people had noticed that there was no change in feelings over the time.

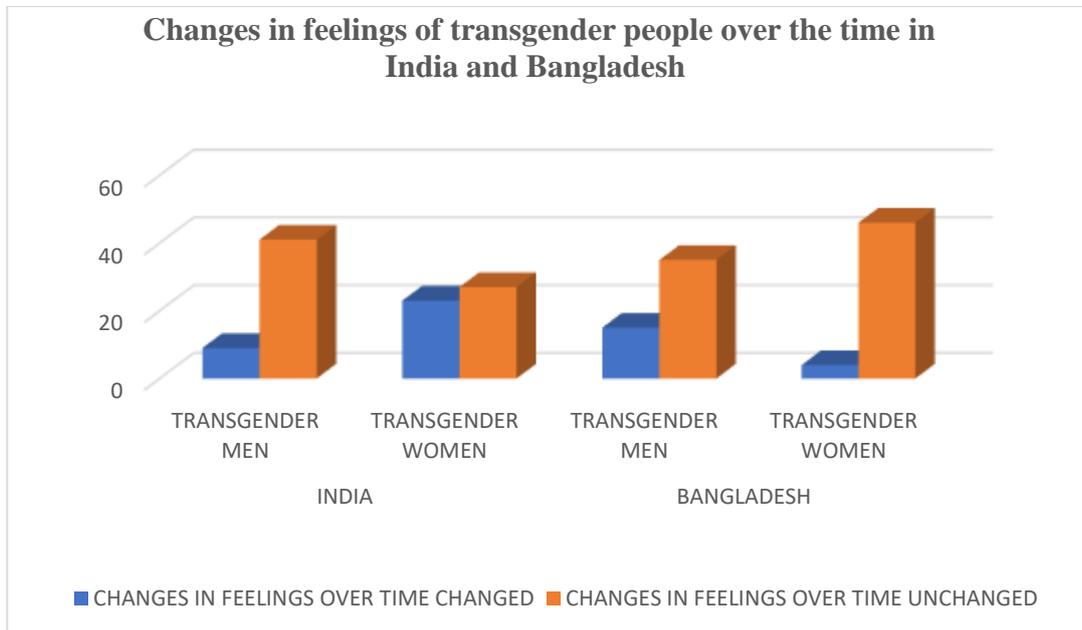


Table- 1.5

Number of transgender people in India and Bangladesh undergone surgical procedure

		INDIA		BANGLADESH	
		TRANS GENDER MEN	TRANS GENDER WOMEN	TRANS GENDER MEN	TRANS GENDER WOMEN
SURGICAL PROCEDURE	YES	24 (48%)	14 (28%)	14 (28%)	15 (30%)
	NO	26 (52%)	36 (72%)	36 (72%)	35 (70%)

From the Table 1.5, the data showed that in **India** out of 50 transgender men 24(48%) people had undergone surgical procedure and 26(52%) people had not undergone any kind of surgical procedure whereas out of 50 transgender women 14(28%) people had undergone surgical procedure and 36(72%) people had not undergone any surgical procedure. It is also stated that out of 50 transgender men 14(28%) people had undergone the surgical procedure, 36(72%) people had not done it in **Bangladesh**, and out of 50 transgender women 15(30%) transgender women had undergone surgical procedure, 35(70%) transgender women did not do it.

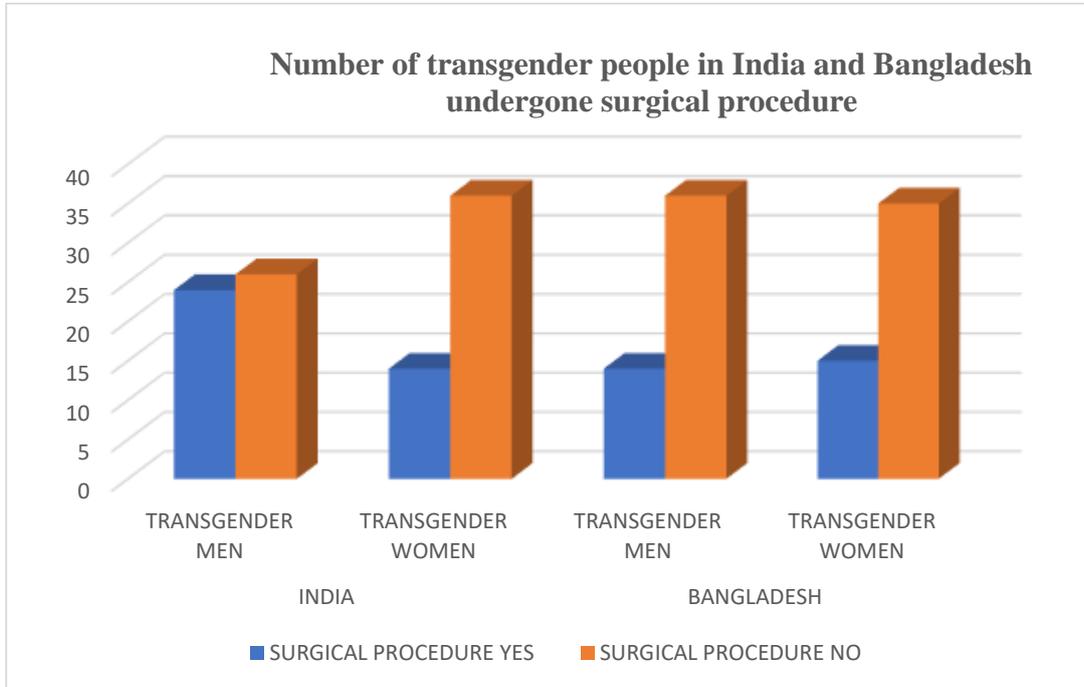
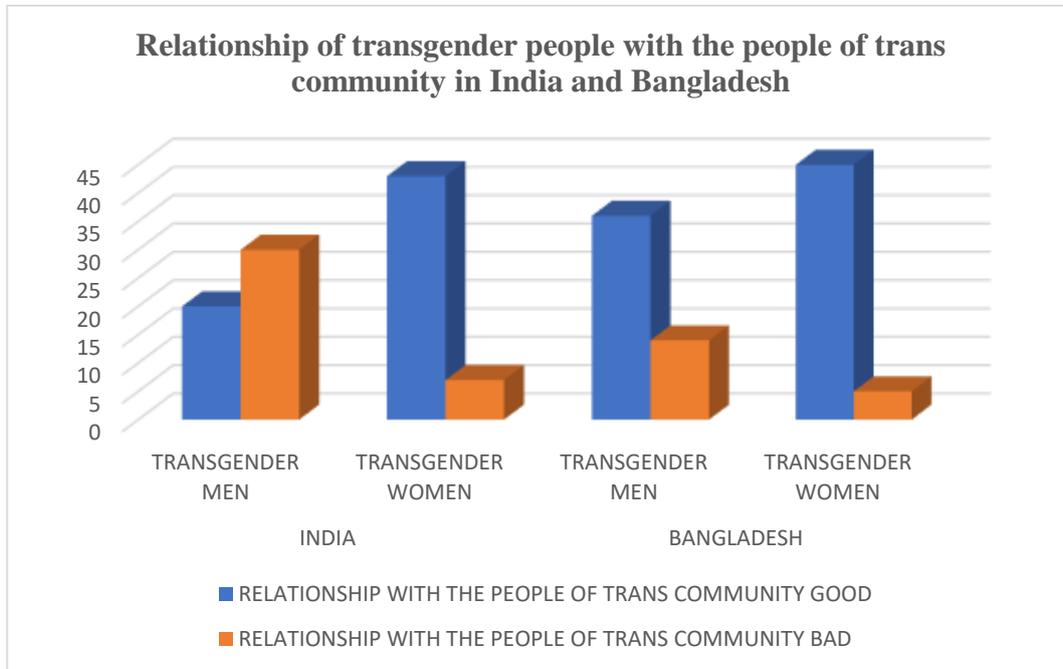


Table- 1.6

Relationship of transgender people with the people of trans community in India and Bangladesh

		INDIA		BANGLADESH	
		TRANS GENDER MEN	TRANS GENDER WOMEN	TRANS GENDER MEN	TRANS GENDER WOMEN
RELATIONSHIP WITH THE PEOPLE OF TRANS COMMUNITY	GOOD	20 (40%)	43 (86%)	36 (72%)	45 (90%)
	BAD	30 (60%)	7 (14%)	14 (28%)	5 (10%)

Table 1.6 showed the relationship of transgender people with the people of transgender community in India and Bangladesh. In **India**, out of 50 transgender men and 50 Transgender women, 20(40%) people and 43 (86%) were carrying good and 30(60%) and 7 (14%) people were carrying bad relationship with trans-community. In **Bangladesh**, the data revealed that out of 50 transgender men 36(72%) people had good relationship and 14(28%) people had bad relationship with trans-community. On the other sides, out of 50 transgender women, 45(90%) people had good relationship whereas 5(10%) people had bad relationship with the people of trans-community.



Findings of the Study

In recent times, the concept of nuclear family had increased more in urban and semi urban areas in India. Transgender people including Transgender Men and, Women were more likely visible in urban areas of India from nuclear family. In India, the family status of Transgender people had showed different variations. Maximum (78%) Transgender Men were belonging to nuclear family and rest 22% people were belonging to joint family. Similarly, maximum Transgender Women (62%) lived in nuclear family and rest 38% were living in joint family. Nuclear family structure was most common structure in Indian urban and semi urban areas, where Transgender Men and Women had greater opportunity to access education, healthcare and support networks. In Bangladesh, maximum (72%) Transgender Men were born in Joint family and rest 28% were belonging to nuclear family. Similarly, maximum Transgender Women (78%) were belonging to Joint family and rest 22% were belonging to nuclear family. Joint family structure was historically been a common family structure in Bangladesh, especially in rural areas.

In India, maximum Transgender Women (76%) were educated, and the rest 24% were uneducated. In **Bangladesh**, maximum Transgender Men (62%) were uneducated, and the other 38% people were educated. In Bangladesh, the researcher also stated that maximum Transgender Men (64%) were uneducated and 36% Transgender Women were educated. In **India**, Indian government has introduced various initiatives and also provided National judgement for improving educational opportunities for Transgender individuals. In 2014, NALSA judgement of Supreme court of India had affirmed the right to education for Transgender people. Various State governments, especially West Bengal State Government has provided financial assistance and the National Transgender Welfare Board has provided various government programs to empower the Transgender people through education. In Bangladesh, the Transgender people faced various legal issues for getting educational opportunities. Transgender people were often mocked, harassed and bullied by school teachers, classmates, seniors and also faced family rejection, economic barriers for getting education. These were the major reason for high illiteracy among Transgender people in Bangladesh. Lack of awareness and lack of inclusivity were also the major reason for low educational status of Transgender people in Bangladesh.

In **India**, maximum Transgender people had an idea about sex and gender. Out of 50 Transgender Men, maximum people (64%) had an idea about sex and gender and rest 36% people had no idea about this. Those who were highly educated had an idea about sex and gender. In India, maximum Transgender Women (64%) had no idea about sex and gender and another 36% had an idea about this mainly who were highly educated. Transgender women had less Idea about sex and gender due to lack of knowledge. In **Bangladesh**, out of 50 Transgender Men, 56% had an idea about sex and gender and another 44% people had no any idea about this. Those who completed their studies and interacted with society people largely, had an idea about this. In Bangladesh, out of 50 Transgender Women, 68% people had an idea about sex and gender and another 32% people had no idea about this. In **India**, maximum Transgender people had an idea about sex and gender due to various governmental provisions, laws, judgement and they got few opportunities to work with Transgender people in educational and work field around India specially in West Bengal. Those who achieved formal education, they were aware with different issues related to Transgender, LGBTQ, sex and gender. In **Bangladesh**, the Transgender people were also educating themselves but comparatively the number was less than India. But the Transgender people had faced much more difficulties in family, society and educational institutions.

In **India**, maximum Transgender people (76%) did not share anything with the people of outside family members about their changes. Out of 50 Transgender Men, only 24% people had shared about the changes with the people of outside family. Out of 50 Transgender Women, 92% did not share, only rest of 8% had shared their changes with the people of outside family. In **Bangladesh**, 60% people did not share and only 40% had shared about the changes with the people of outside family. It is seen that out of 50 Transgender Women; 50% people had shared and another 50% did not share anything about their changes with the people of outside family. Maximum Transgender people in India and Bangladesh did not share anything about the changes with the people of outside family to avoid bullying, abuse, harassment by the other people and also had fear to face discrimination, social exclusion, mocked, insulted by neighbours, relatives, classmates, seniors. The various social stigma, discrimination and economic problems were the main causes to share about the changes with outside family. In India and Bangladesh those Transgender people had shared about their changes with outside family, the main causes were to avoid the social stigma, family rejection, fear of exclusion from the family. Known people were trusted and gave emotional support to Transgender people.

In **India**, out of 50 Transgender Men, 52% people had shared and rest 48% people did not share anything about the changes with family. Similarly, out of 50 Transgender Women, 58% had shared and another 42% people did not share anything about the changes with family. In **Bangladesh**, out of 50 Transgender Men, 58% had shared and another 42% did not share anything about the changes with family. Out of 50 Transgender Woman, 76% people had shared and another 24% people did not share anything about the changes with family. Most of the Transgender people in India and Bangladesh had shared about the changes with the family to get emotional

support, family acceptance and also safety and stability. Family was the utmost primary source to provide emotional and psychological support and for that reason the Transgender people had shared about the changes with the family. In Bangladesh, the social system and structure was historically conservative, so to coordinate with social obstruction, Transgender people had to struggle to get the support from family members.

In **India**, maximum Transgender people did not observe changes in feelings over time. Only few Transgender people had observed some changes that was emotional and behavioural changes in feelings. 82% did not observe changes in feelings and only 18% observed some changes in feelings over time. Similarly, 54% Transgender Woman opined that people did not observe changes in feelings and 46% observed the changes in feelings over time. In **Bangladesh**, maximum (70%) Transgender people did not observe any changes in feelings over time and rest of 30% observed the changes in feelings over time. Similarly, 92% women did not observe any changes. In India, few Transgender people had observed various changes in feelings over time such as emotional, behavioural and emotional maturity.

In **India**, maximum Transgender people did not go through any surgical procedure due to poverty, social and family related obstruction. Out of 50 Transgender Men, only 48% people had gone through surgical procedure and another 52% people did not do it. This treatment is very expensive and maximum people did not bear those amounts at all. Similarly, Transgender Women were not also able to gone through medical treatment due to poverty and those were highly expensive. Out of 50 Transgender Women, 28% had done and another 72% did not go through. In **Bangladesh** also maximum Transgender people did not go through any medical treatment due to poverty, family obstruction and health issues. Out of 50 Transgender Men, 28% people had done and another 72% did not do this. Out of 50 Transgender Women, 30% people had done and another 70% people did not go through any surgical procedure. In India and Bangladesh, maximum Transgender people did not go through any medical treatment because of family rejection, financial problems, health issues, legal challenges, misconception about the side effects of medical surgeries, highly expensive medical treatment, lack of government healthcare providers. Only few Transgender people had undergone medical treatment whose financial condition was well and also did not have any health issues at the adult age.

In **India**, maximum Transgender people had a good relationship with Trans community people. Out of 50 Transgender Men, 40% people had a good relationship and another 60% people had a bad relationship with Trans community people. Out of 50 Transgender Woman, 86% had a good relationship and another 14% had a bad relationship with Trans community people. In **Bangladesh**, out of 50 Transgender Men, 72% had a good relationship and rest 28% people had a bad relationship with Trans community people. Out of 50 Transgender Women, 90% had a good relationship and 10% people had a bad relationship with Trans community people.

Conclusion

India is enriched with a diverse education system. On the other side Bangladesh is also enriched with a diverse population and diverse education system. Both in India and Bangladesh, transgender population is significantly growing rapidly. Besides the common people, transgender people also need educational and financial support to survive with dignity and respect. Several rights and reservations about legal protections, dignity, and equal access in healthcare, education, employment ensuring for transgender people and prohibition of discrimination is provided of transgender community in India and Bangladesh. In India and Bangladesh most of the transgender people belong to a nuclear and a joint family respectively. In comparison with India, Bangladeshi transgender people are more satisfied with their present identification. In Bangladesh and India, the majority of transgender persons had disclosed to their families about their transitions in order to receive safety, stability, and emotional support. They kept their changes a secret from their extended families in order to prevent bullying, abuse, and harassment. They did not receive any medical care because of financial difficulties, and health concerns. They have minimal access to hormonal and surgical treatments. Compared to India, Bangladesh showed generally greater intercommunity relationships for their unity and interconnectivity.

Reference

- **Anderson, N, Veanne. (2023).** What does transgender mean to you? Transgender definitions and attitudes toward trans people. *Psychology of Sexual Orientation and Gender Diversity*, 10(4), 600-612. DOI: <https://doi.org/10.1037/sgd0000566>
- **Arshad, Maryam., Yaseen, Iqra., Shuja, Hamza, Kanwar., & Shahbal, Sayed. (2023).** Myths and attitudes toward transgender (Male to Female) by Pakistani subcultures. *KEPES*, 21(3), 826-834. DOI: <https://doi.org/10.6084/m9.figshare.24182547#135>
- **Ashakraj, S. (2019).** Educational status in relation to problems and challenges of transgender people. *Coimbatore*.
- **Asseervatham, Anne. Rysheila., Eng, Sothearith., Eang, Songheang., Tuot, Sovanbary., & Yi, Siyan. (2023).** Barriers and facilitators of post violence help-seeking behaviour among 21-49-year-old transgender women in Phnom Penh: A qualitative study. *International Journal of Transgender Health*, 24(4), 368-380. DOI: <https://doi.org/10.1080/26895269.2021.1985677>
- **Chavada, Kantilal. Vijay., Shivasakthy, Manivasakan., Vasanthi, Suresh., & Vasudevan, Kavita. (2025).** Resilience among transgender individuals in Puducherry, India: Insights into mental well-being and social challenges. *Advancing Equity-Health, Rights, and Representation in LGBTQ+ Communities*, DOI: 10.5772/intechopen.1010547
- **Dubey, Priyanka., Sivakami, Muthusamy., Watkins, Lea. Shannon., Baker, K. Kelly., Story, T. William & Afifi, A. Rima. (2025).** A qualitative inquiry into the lived experiences of menstrual health and hygiene in the transgender and non-binary people in urban areas of India. *International*

- Journal of Transgender Health*, 26(2), 396-412. DOI: <https://doi.org/10.1080/26895269.2024.2362915>
- **Irshad, Tahira., Shahid, Tahreem., Anwar, Tasmia., Ali, Sheraz., Akram, Shahzaib., Awais, Muhammad., Tufail, Muhammad., & Afzal, Saira. (2023).** Suicidal risks in transgenders in South Asia. *Journal of Society of Prevention, Advocacy and Research KEMU*,2(4),318-325. <https://journalofspark.com/journal/index.php/JSspark/article/view/288>
 - **Kohnepoushi, Parisa., Nikouei, Maziar., Cheraghi, Mojtaba. (2023).** Prevalence of suicidal thoughts and attempts in the transgender population of the world: A systematic review and meta-analysis. *Annals of General Psychiatry*, 22(1), 28. DOI: 10.1186/s12991-023-00460-3. <https://doi.org/10.1186/s12991-023-00460-3>
 - **Kumar, Ajay., & Bora, Aman. (2025).** Emerging perspectives on gender in India: Explorations of masculinity, LGBTIQ+ Identities and other under presented experiences. *Journal of People's History and Culture*, 10(2), 127-140.
 - **Kumari, Sarika., Devu, Rajeev., Maji, Sucharita., & Jordan, Gerald. (2025).** Mental health of Indian transgender individuals: A meta-ethnography. *Early Invention in Psychiatry*, 19(5). <https://doi.org/10.1111/eip.70048>
 - **Ogale, Miloni & Bhansali, Neha. (2025).** Willingness to seek help for mental health, psychological well-being and perceived stress in LGBTQIA+ individuals. *Indian Journal of Health & Well-being*, 16(1), 63-69. ISSN: 2321-3698
 - **Quadir, Farhan., Chaudhry, Shafaq., Lodhi, Nawaz, Rab. (2025).** Transgender perspectives on social entrepreneurship: An exploration in the Asian context. *Asian Bulletin of Business and Social Science Research*, 5(1), 1-17. <https://abssr.com/index.php/Journal/article/view/>
 - **Rawat, Bhasker. (2024).** Transcending binaries: Exploring the historical context of transgender community in South Asia. *Omniscient: An International Multidisciplinary Peer Reviewed Journal*, 2(1), 26-36. <https://omniscientmjprujournal.com>
 - **Suleman, Danish., Kashif, Aisha., Gul, Seema., Hamid, Suriya., & Yunus, Asma. (2024).** Navigating shadows: The impact of social stigma on the mental health of the transgender community in South Asia. *Migration Letters*, 21(1), 167-181. ISSN: 1741-8992. <http://www.migrationletters.com>
 - **Susilowati. Ellya., Soelton, Mochamad., Yusuf, Husmiati., Fahrudin, Adi., Rashmi, Hanna. Kush., & Islam, Razaul. M. (2025).** Transgender people in Indonesia: How do they overcome their personal adjustment toward stress. *Journal of Ethnic & Cultural Diversity in Social Work*, 34(3), 170-182. DOI: <https://doi.org/10.1080/15313204.2024.2338384>
 - **Tarafdar, Ashish. (2025).** Barriers to the inclusion of transgender students in schools: Psycho-social and institutional challenges. *The Academic: International Journal of Multidisciplinary Research*, 3(1), 764-774. <https://doi.org/105281/zenodo.14850858>

- **Thelly, Savio. Anu., Manivasakan, Shivasakthy., Kripa, Angeline. A., & Sheethal, K. (2025).** Exploring the lived experience of elderly transgender people: Qualitative phenomenological study. *Indian Journal of Palliative Care*, 31(1), 27-31. <https://doi.org/10.25259/IJPC1302024>
- **Tiwari, Kusha. (2020).** Gender variant children and institutional arrangements: Exploring the phenomenon from South Asian perspective. *South Asian Survey*, 27(2), 141-157. DOI: <https://doi.org/10.1177/0971523120947088>
- **Ullman, Jacqueline. (2017).** Teacher positivity towards gender diversity: Exploring relationship and school outcomes for transgender and gender-diverse students. *Gender and Sexuality in Education and Health*, 42-55. <http://taylorfrancis.com>
- **Uzzaman, Ashraf, MD., Begum, Mariam., Roy, Sujit., & Begum, Mosarrafa. (2016).** Challenges of access to education: Transgender society in Bangladesh. *Research Gate*.
- **Verma, Subham., Goyal, Vivek., Kapur, Gayatri., Khetarpal, Ishita., Saini, Nayan., Sharma, Subham., & Nigam, Shreyansh. (2023).** Principle of social justice and right to reservation for transgender people in India. *Business, Management and Economics Engineering*, 21(2), ISSN: 2669-2481



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