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Homopopulus: An Intersex's perspective on Mental Health

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ABSTRACT

Throughout history, the mainstream perspective has traditionally acknowledged and counted only three genders: namely, men, women, and intersex. The gender that falls out of the binary norms falls under a separate category i.e., "Third gender;" the intersex individuals fall under the category of "Third Gender." This study will focus on the Intersex individuals who fall below the poverty line, where we tried to cover their awareness about their laws, rights, and their views on mental health. It is seen that even though the government has made some policies there still is lack of awareness about their legal rights. The population covered in this study was chosen from the state Uttrakhand, India.

Keywords: Hijra, Homopopulus, Intersex, Kinnar, Mental health, Third gender

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INTRODUCTION

The harmony between one's gender identity and biological sex is something that people have always taken for granted. However, for some individuals, not

being able to identify as the sex they were assigned at birth can be a great amount of stress. The individual who does not fit into the set dichotomous gender norms biologically falls into the category of the third gender. The presence of third gender in society is not new, just like male and female, the intersex has always had its existence. In ancient times, the intersex was identified by the names of “Tritriya Prakriti,” “Hijra,” “Kinnar,” “Napunshaka” and “Kliba” in India (Wilhelm, 2010). The contemporary world that we now is led by the heteronormative norms due to the set gender norms. As the toll of not fitting into the heteronormative dominant culture can affect the wellbeing of any individual. Dealing with something natural but treated as “not acceptable” again can lead to several mental or physical disparities.

Intersex corresponds to a variety of anatomical variations in a person’s body where primary and secondary sexual characteristics, including chromosomes, hormones or genitals, are not considered typically male or female. This condition may range from having very obvious, at birth, unknown genitalia to one where they are normally formed but later are discovered to have abnormal hormone levels or reproductive structures. It ranges from so-called ‘true hermaphroditism’ where both ovarian and testicular tissues are seen, to more ‘cryptic’ forms, where intersex traits are ovarian or hormonal (Harper, 2020).

As Garg et al. (2023) stated, the ambiguity of the biological sex can lead to several things; for instance, gender dysphoria, which can later on lead to interpersonal as well as intrapersonal conflicts. To cope with stress stemming from entrenched traditional gender roles, individuals require not only personal strength but also substantial support from society, friends, and family. After the NALSA (2014) judgment in India, the attention shifted towards the basic needs and rights of the third gender. This covered some aspects, like any individual has the freedom to express their gender identity. Due to this, healthcare plans start to modify according to the specific needs of the LGBTQ+ individuals.

After the COVID-19 outbreak, the healthcare approach shifted due to numerous disparities experienced by the population. During that period, there was a sudden focus on mental health due to the rise in cases of stress, anxiety, suicide, and depression (Gaur et al., 2023). The government started to take initiatives for mental health, along with physical health. Even though the Ministry of Health and Family Welfare, Government of India, in collaboration with NIMHANS, generated some guidelines covering several mental health disparities with the preventive measures. Yet they were not specific issues faced by the intersex or sexual minority community (Rangaswamy et al., 2022).

Most of the discussions often focus on laws and policies, rarely considering the perspective of the individuals for whom these regulations are intended. This paper seeks to examine the viewpoint of intersex individuals regarding the mental health of sexual minority individuals. This approach will help us assess

the effectiveness of mental health guidelines and policies along with the ways to explore ways to improve their functionality and quality of life.

The purpose of this study is to explore the viewpoints of intersex individuals on mental health and to have an in-depth understanding of their experience. One of the most important things this paper aims to determine is the needs of the intersex of India. How well they are equipped with what they have and how a little shift of attention toward their mental health can improve their quality of life.

REVIEW OF LITERATURE

Before talking about the genetic cause of being intersex, let us discuss the chance of an infant being born with gender ambiguity. Approximately 1 in 1500 to 2000 births involve a kid that is born with gender uncertainty, according to the Intersex Society of North America (INSA, 2015). The term "intersex" refers to a broad category of people who are born with a variety of genetic, morphological, and chromosomal problems that cause them to acquire mixed sexual characteristics of both male and female (Liesen, 2001). As Wolff et al. (2022) stated in their article *The Intersex Issue*, the ambiguity that happens basically due to the presence of XXY, XYY, XO sex chromosomes or any differences in the hormones which are responsible for the production of masculine features are not even apparent on the body surface of the individuals. The infants born with gender ambiguity or ambiguous genitals can be a great source of distress (Warne & Zajac, 1998). Both the infants and the parents might go through discomfort regarding the uncertainty of sex and whether to do the surgery and if they have to undergo surgery, then which sex do they have to be (G. Warne et al., 2005).

Born as an Intersex

From the moment an individual is born as an intersex or with any kind of gender ambiguity, the individual has to go through a lot of challenges physically, mentally, as well as socially. In Indian culture, when it comes to the third gender, people have no idea about that, even biologically there are 3 sexes i.e., male, female, and intersex (Dutta et.al., 2014). When it comes to the third gender, which is intersex, many people have been defining them as transgender, since they have variation in their sex and how they identify themselves (Thompson et al., 2019). Additionally, the third gender faces several problems not only physically but also mentally. Most of the research has been limited to the sexual health of one gender, but these individuals are at risk for many mental health disparities, and the government is preparing many of the policies to deal with them. The National Institutes of Health frequently aims to prepare the policies and interventions for sexual minorities (National Institutes of Health Sexual and Gender Minority Research Coordinating Committee, 2015).

As Nanda (1990) stated in their book, the majority of the population in India knows or calls the third gender as “Hijras” or “Kinnar.” Which means a person who identifies as neither male nor female, basically pointing out the gender ambiguity. In India, most of the intersex population seems to wear feminine attire, their behavior is also similar to women. The pronouns that they use to identify are “she” as they seek male partners as well. Most of the families of intersex people disown their children after finding out that they are intersex. Since childhood, the intersex individuals have had to face challenges like earning on their own, taking care of themselves. Due to this, their education gets missed, and they sometimes can’t seem to get a proper education. Even if they want to get an education, they face discrimination due to not fitting into the traditionally set gender norms, which are followed in educational institutions as well.

Almost every individual who has been born as an intersex is brought by the set communities for the third gender, which are formed by the individuals themselves. The people who take care of the individuals or other intersex individuals are called “Gurus.” “Gurus” basically have their disciples, and these disciples are known as “Chelas,” and they share their earnings with them (Reddy, 2010). However, the earnings that they share with their “Gurus” are earned from giving blessings on a special occasion like marriage, festivals or if there has been any good thing happened in the family. The kinnar’s perform a special act called “Badhai,” in which they say “Balaiyan le jaengey or Badhaiyan de jaenge,” which means “we will take all the negative energy around you and will give you blessings.” While the “kinnar” gives the people blessings in exchange of that the people give them money or gifts, which is the livelihood of many intersex individuals. Along with that, we can find many of these individuals on the train station, bus stations, airports, and many public places where they openly ask for money while clapping their hands together and saying, “the almighty will bless you with good things.”

When it comes to the dating experience of intersex individuals, they have a few of them, and when they get into one, they often feel insecure about how their partners are going to react if they find out about their real identity (De Brouwer et al., 2022). Due to this, the individuals have been postponing getting into a real relationship, as for the sexual pleasure, most of them don’t usually initiate it, as sometimes they are not confident about how they feel, or they are not sure if that relationship is going anywhere or not (Frank, 2017). Additionally, a study conducted by Marinus and Cense (2024) about the sexual development of intersex individuals, where a participant said during one of the interviews that, if an individual plan to go through surgery or their family insists on getting one, they feel unsafe due to the genital examinations as they have very less awareness about the treatment. Moreover, there was a participant who even stated that maybe the medical staff who operated on the surgery sexually assaulted the individual. The intersex individual not only goes through the physical toll of the

surgery but also faces the psychological toll of fear, anxiety and stress related to the surgery.

As we are talking about psychological stress, there are a lot of issues faced by intersex individuals in India. Although the issues about intersex are frequently raised throughout research in the past years, there are a few studies that cover important aspects like mental health. Many studies hint that they require medical intervention, but the truth is that they also require mental health support. The main question is whether there is any connection between this gender ambiguity with the discrimination faced by the third gender and there is, which is the traditionally set rules that we have been following for a long time. The societal set dichotic norms are the reason behind it, as the concept of identity arises from the sex assigned at birth, which is binary i.e., male and female, according to the traditionally set norms (Looy & Bouma, 2005). The intersex individual faces severe discrimination that is usually neglected, which is disowning them, which is the root of several severe problems, like homelessness and mental health issues. The discrimination is not just like you are not part of society, but it is vague that you don't have access to the medical facility, public washrooms and many more things which are usually taken for granted. The discrimination and victimization sometimes crosses the line of human dignity, for instance, many intersex individuals have been mistreated by government officials like police officers, who don't even listen to their complaints. One of the most important aspects of human development is education and it has been seen that only a few percentages of intersex individuals are literate in India. The government of India is now recognizing the third gender. They have now mentioned such issues that they have the right to education, so in many educational institutes, there are even sections of the third gender in the official documents, which is applicable for transgender and intersex individuals, which is an initiative toward education is for everyone, despite gender, caste, class and race (Jain, 2016).

The literature about the third gender in India has been read or explored in almost every aspect of their life, yet they miss one of the important factors, i.e., are they aware of the laws and the mental health policies that the government has incorporated or designed for them. What are their views on mental health? Are they aware of what mental health is? Will they ever understand the importance of mental health? If they are aware of mental health, have they ever sought any mental health help? Government officials, educators, policymakers, gender activists, psychologists and social workers all recognize the critical role that mental health plays in overall wellbeing. They have been attempting to raise awareness about mental health and mental health concerns because of this. There is a study that suggests that intersex individuals in India require medical intervention (Sajan, 2024). Similarly, this study is an attempt to find is there any mental health intervention is required for the intersex of India by understanding their viewpoint. Moreover, when it comes to the marginalized population, like intersex. The

intersex individuals need to be aware of the concept of mental health. Furthermore, in order to understand where we stand with the intersex issue, we must truly hear their viewpoint, which is what this study aims to do. From the standpoint of intersex people, this study attempts to answer all of the aforementioned questions.

METHODS

We designed an interview questionnaire for the intersex individuals, which included 12 questions concerning their experience, their livelihood, their views on mental health and laws. These questions were aimed at gaining a comprehensive understanding of their lives and challenges. The collected data was analyzed using thematic analysis to find recurrent themes and patterns. The inquiries also asked about each person's sociodemographic information, but we haven't disclosed that information due to privacy concerns. This research follows a survey approach, as this approach would let us understand the depths of the issues faced by the intersex individual. Which is quite important, as there are only a few studies that cover their viewpoint; this is why we conducted this survey research.

Sample

The population covered in this study was chosen from the rural areas of the state Untraknand, India. A sample of 10 intersex individuals, who self-identify as intersex or “kinnar”, “hijra”, was included. The sampling method used in the study was convenience sampling. information on their whereabouts. The participants were not easy to trace, so we took the assistance of residents, who provided information on their whereabouts. Where we roamed around in several cities and found them, we found one participant in the bus station as they were performing their act “badhai” there. We asked them if they could be part of our study, to which they agreed. Some other participants we found with the help of the organization, and we interacted with them for some time before taking the interview, to gain their trust. Every participant willingly participates in the interview. It was quite an amazing feeling that none of the individuals whom we asked for an interview said no.

Survey Procedure

Each participant was interviewed individually in a confidential setting to ensure they felt safe and comfortable sharing their personal stories. The interviews were conducted using a semi structured format, which allowed for open-ended responses and a natural flow of conversation. The participants were informed about the study before they participated in the study.

FINDINGS

The findings of the study were based on the basis of sentiment analysis. The analysis focused on the underlying feelings of the intersex individuals about the mental health issues and the need for community-based interventions for them. The findings are as follows:

Q1: When did you find out about your gender? It was observed that for most of the interviewees they were aware of their gender as soon as they started to interact with the external world. It was seen that they all had a similar pattern, which was that they all liked to dress in a feminine way despite being born with gender ambiguity. By the age of 8, they started realizing that something didn't feel right about their body. Some of them stated that "I used to use the makeup of my elder sister and used to dress up in all feminine attire" (Participant 5), "I realized that since I got to understand the concept of gender, I used to do makeup, I used to dress up like girls, my company was all girls and it was not influential as people say I used to feel like a girl only" (Participant 7). "Since childhood" (Participant 1,2,3,4,8,10), "I started realizing my gender as I was in high school, when I started realizing my attraction towards feminine things" (Participant 6). "By the age of 8, I started realizing that I am not in sync with the sex I was born with and there is something wrong with me" (Participant 9).

Q2: How did your parents react when you came out? As the question was direct and to the point the all of the responses were quite similar, saying that "They do know that we are intersex or 'kinnar,' 'hijra.'" They were confused and unsure of what we are saying, they did not accept at the very moment, but they are trying to be okay with us" (Participant 5,6,7,8,9,10). "As soon as they found out about us, they left us the community that is for 'kinnar' and then those people looked after us" (Participant 1,2,3,4).

Q3: Do you still live with your parents? If yes, how do they treat you? If not, then how was your experience of living by yourself? The population covered in this interview was adults, so as of now, none of the interviewees live with their parents as they are all grown up. Their responses were like: "I am in touch with my family, but I live by myself, as for the experience it's quite unpleasant" (Participant 5,6,7,8,9) "I live by myself, I am not in touch with my family and the living experience was not easy, as we were raised by our gurus, even though they were nice, but still it was difficult as there were many rules and regulations that we had to follow" (Participant 1,2,3,4,10). In addition to it, Participant 1 stated that they don't even remember who their parents were.

Q4: What's your relationship status? If any, explain how the relationship is like? This question is a little bit personal; this question intended to find out if the individuals are in a healthy relationship. As relationships are a huge part of everyone's life, and the ones that can impact one's health the most (mentally and

physically). The responses are the follows “Yes, I am currently living with my partner, it seems to be going fine” (Participant 8,9). “I had a relationship, but we recently broke up due to different interests” (Participant 7). “No” (Participant 1,2,3,4,5,6,10).

Q5: What do you do for a living? “Badhai” (Participant 1,2,3,10) “Soft skills trainer” (Participant 6), “Associated with an organization on a project basis, has a tea stall” (Participant 7) “Participant 5, along with the badhai, I am the president of an organization. I do “badhai” along with that, I have a laundry service. Participants 8 and 9, along with the “badhai”, have a fast-food truck. It was observed that these participants are self-employed only where their source of income is dependent on the work that they do by themselves.

Q6: Are you aware of your rights and laws? It was seen that the individuals who are associated with any organization only they are only aware of the laws and the rights that they have. The other participants have no idea about any of the laws and rights that the government has for the third gender. “Yes, I am aware of the laws, and I’ve been spreading awareness about the same in the community” (Participant 6,7), “I know about the laws 50%” (Participant 5). “No, I have no idea about them” (participants 1,2,3,4,8,9,10).

Q7: Are you familiar with mental health and mental health helplines for the LGBTQIA+ Community? The responses were very disappointing, as none of the participants were aware of the mental health helplines for LGBTQIA+ individuals. Additionally, they didn’t have much clear information about their mental health or how their mental health is getting impacted by their surroundings, their lifestyle and by their parents and partners. Their responses were like: “No, I do not know” (Participant 4,6,7,9,10). “There are such things as mental health helplines for the LGBTQIA+ community” (Participant 1,2,3,5,8).

Q8: Have you ever been a victim of discrimination, victimization, harassment, bullying and other traumatic events? This question aims to find out if the interviewees have faced any kind of issues due to their sexuality and some of them faced so many difficulties because of their sexuality. “Yes, I was bullied by my batch mates, seniors and college peoples when I was enrolled there, I wanted to complete my studies as I already had paid the fee and all the other expenses, but the bullying got out of the hands, and I was not able to handle all the harassment and all the discrimination, so I left the college” (Participant 5). “Yes, I have faced discrimination so many times, while giving job interviews, while trying to do all the other official works, from the policemen, it’s like we people have an inseparable bond with discrimination” (Participant 6). “Yes, whenever I go for the job interviews, they used to ask what you are, male or female, first, tell us, then we will see. There have been lots of cases where the intersex individuals were harassed by their partners and they faced violence as well” (Participant 7). “No, I have not faced any discrimination as such, as we lived with the communities, there was very little discrimination there, but our parents sent us

there, that was the biggest discrimination” (Participant 1,2,3,4,8,9,10). It was observed that the participants felt discriminated against as their parents abandoned them. Additionally, Participant 5 stated that “My parents don’t behave the same with me as they do with my sibling.”

Q9: Did you take any legal action against it? If yes, what was the outcome? If not, how did you heal from that trauma? “Yes, we did police complaints against the people, but nothing happened. Instead, we get blamed for that. Why does this happen to you guys only? Why isn’t it happening with others? Now, even the police do not take us seriously. Even if we pass by the police station, they say, “You are here again. So, we stopped going to the police” (Participant 6). “Yes, I did police complaints and took help from the NGOs” (Participant 5). “Yes, we do take action against it, and we stand and do protest and post it on social media to make people aware of it” (Participant 7). As for the healing, they said “some of the fear are still with us, but cannot stay with them forever, so we move forward with the people that we have and we stay together with our other “kinnar” friends and we try to be, be there for each other and we fight against the wrong united” (Participant 10).

Q10: Have you ever taken any counselling or therapy sessions? “Yes, as I have undergone surgery, so because of that I had to take one medical counselling session, which was to ensure that if I’m 100% sure about the surgery or not” (Participant 5). “Yes, I did, I took only one session as it did not work out for me because it did not provide what I was seeking at that time, so I did not continue further” (Participant 6). “Yes, while I was going through surgery procedures, I did take medical counselling as it was for my gender dysphoria certificate, which is an essential pre-surgery step” (Participant 7). It was observed that the participants did take a therapy session, but their sessions were related to their surgery only, which cannot be considered a therapy session. The rest of the participants have never taken any kind of therapy or counselling sessions.

Q 11: If not, then why? For this question, the responses were like “never heard of such a thing,” “never thought about it,” “not sure what it is,” “did not know how to take one” (Participants 1,2,3,4,7,8,9,10) Q12: Would you like to be a part of an intervention program specially tailored for the LGBTQIA+ community for improving their mental health? It was observed that the individuals were eager to know more about how these kinds of interventions can help them and why they are important. Almost every individual said that they would like to be a part of such an intervention, as it sounds beneficial for them. “Yes” (Participant 1,2,3,4,5,6,7,8,9,10) The findings suggest that there is a lack of awareness among intersex individuals related to mental health and the policies related to mental health. To collaborate with them, we have to provide them with proper education about the importance of mental health.

DISCUSSION

The responses from the interview provided us with rich information regarding the intersex individuals' viewpoint on mental health and the mental health policies. The study aimed to find out the viewpoint of intersex individuals regarding the mental health of sexual minority individuals. The findings of the study suggests that there is a need to spread awareness about mental health on a ground level. The study also highlighted that not only mental health but, there is also a need for sexual education as well. It was noticed that the participant has come out to their parents, but there is still a barrier between them, as they think that this is not normal. One of the participants stated that "My parents know about me, but not my family. I did not tell them because in our culture they think that if somebody is acting like this, that means that somebody has done something wrong with them." This kind of thinking can be due to set binary gender norms and one of the studies by Cowan (2010) also supports that discrimination or unacceptance of one's sexuality can be a result of traditionally set norms.

As it was noticed, many of the individuals were self-employed, as they are facing discrimination and getting bullied because of their sexuality, this can be a minority stressor, as the main reason for the behavior is one's sexuality. A study by Meyer (1995) confirms this finding as one is being victimized because of being a minority, then that individual is at risk for minority stress. Another incident that falls under the minority stress is being harassed because of not falling into the set gender norms and being a minority. As Participant 6 stated, "it's like we people have an inseparable bond with discrimination". This clearly shows the symptoms of post-traumatic growth, which happened due to them being intersex or "kinnar," "hijra." This not only hints at the risk of minority stress, but this can also result in several mental health disparities. As Calcia et al. (2016) stated in their study, any kind of stress can result in mental illness. While asking about whether the individuals would like to be part of an intervention program for mental health, some of the responses of participants were like "It would be great if the government could provide us a home to stay, that's all we need" (Participant 1,2,3). To analyze this statement, there is a hint of helplessness and loss of hope, which was due to not having a proper place to stay and not having a secure source of income. Loss of hope is a symptom of depression according to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) (Association & Force, 2013).

The greatest irony is that those who disown their children if they are born as intersex because of concern that they won't fit in with society are also the ones who, when the "kinnar" visit their home for "badhai," treat them with the utmost respect. There are even folktales in Indian culture that state it will bring you bad luck if the "kinnar" criticizes you or becomes enraged. The same people who

subsequently desert them give them lavish presents and cash out a desire to bestow blessings on them. Not to cast doubt on anyone's beliefs, but it would be better if parents accepted that their infants were intersex and took care of them, taught them, and helped them become independent. Furthermore, when it came to the therapy session and mental health, it was observed that the individuals do not have that much awareness of reading the same. Despite facing a stressful environment, they are not able to get proper mental health resources, which is a great source of concern. Additionally, the findings of the study also hint that intersex individuals are at risk for mental health issues due to them being a minority community and for dealing with this, there is a need for LGBTQIA+ tailored interventions.

CONCLUSION AND FUTURE IMPLICATIONS

This study sheds light on the unique challenges faced by intersex individuals. Despite the government's efforts to create inclusive policies and legal protections for intersex individuals, there remains a significant gap in awareness and understanding of these rights among the community. The findings underscore that these individuals are at risk of mental health disparities. By incorporating the voices and experiences of intersex individuals, this research aims to inform the development of more effective and comprehensive mental health treatment plans and policies that are attuned to the specific needs of this minority group.

As was seen in the findings, almost every participant was unaware of the importance of mental health. This paper can serve as the framework for policymakers as it covers the viewpoint of the intersex individual, who is in need. The paper highlights the most important thing, which is the need for mental health interventions that are not only inclusive but also LGBTQ+ friendly. In conclusion, addressing the gaps in awareness and support for intersex individuals requires a multifaceted approach that includes tailored mental health services and community engagement specifically designed for LGBTQ+ individuals. By fostering a more informed and supportive environment, policymakers and mental health professionals can better serve the intersex community, promoting their well-being and social inclusion. Moreover, the findings of the study shows how urgent it is to address this issue, as they are a part of society who have been pushed aside and are being constantly ignored. Furthermore, a greater sample size and a larger study region are possible. It can aid in learning more about the problems intersex people encounter and their perspectives on the value of mental health.

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Bios

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