

NEED OF AN INCLUSIVE AND ACCESSIBLE TRANSGENDER HEALTHCARE IN
INDIA: AN OVERVIEWAvanish Kumar Tripathi^{1*} and Prof. Udai Pratap Singh²¹Research Scholar, Department of Anthropology, University of Lucknow, Babuganj, Hasanganj, Lucknow, Uttar Pradesh, India 226007.²Head of Department, Department of Anthropology, University of Lucknow, Babuganj, Hasanganj, Lucknow, Uttar Pradesh, India 226007.***Corresponding Author: Avanish Kumar Tripathi**Research Scholar, Department of Anthropology, University of Lucknow, Babuganj, Hasanganj, Lucknow, Uttar Pradesh, India 226007. Email ID: avanishtripathi843@gmail.com, DOI link: <https://doi.org/10.5281/zenodo.22954712>

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ABSTRACT

Transgender individuals face severe stigma, discrimination, social, structural and institutional barriers while accessing healthcare needs for their survival in the 21st century. The constitution of India bans all forms of discrimination among citizens and allows equal access of resources to every individual. Social stigma, lack of preventive care, are major self barrier whereas affordability, doctor patient communication are structural and institutional barriers in attaining quality healthcare access and Wellbeing of the Trans individuals. The Transgender Persons (Protection of Rights) Act 2019, and Rules 2020 have formulated plan and policies for accessible healthcare delivery and better quality of life among the trans community. **Objective:** In the view of the above the present paper aims to find out the barriers in accessing healthcare by the trans gender community and building an inclusive healthcare system in India. **Method:** Using scoping review, we appraised peer-reviewed published studies and gray literature from three databases, JSTOR, PubMed and Google Scholar. The literature included a total of 35 articles met the inclusion criteria for a review. **Result:** Transgender individuals experience discrimination at healthcare facilities and by healthcare service providers. The major reasons for the discriminatory behavior towards the community was (i) Social prejudice (ii) Trans health knowledge gap (iii) Lack of medical and health infrastructures (iv) Transphobia (v) Affordability (vi) Accessibility (vii) intrapersonal barriers and interpersonal barriers. **Conclusion:** Despite legal advancements, transgender individuals in India continue to face significant barriers to healthcare access, including stigma, economic challenges, and a lack of provider knowledge. Comprehensive reforms are essential, including targeted training for healthcare professionals, improved economic support through initiatives like Ayushman Bharat TG Plus, and the establishment of specialized clinics. Additionally, inclusive policy-making that incorporates the voices of transgender individuals is crucial for addressing their unique needs. By fostering an equitable healthcare environment, India can ensure that all individuals, regardless of gender identity, receive the quality care they deserve, contributing to a healthier nation.

KEYWORDS: Transgender, Discrimination, Healthcare, Inclusion, Homophobia, Trans-health, health literacy.**INTRODUCTION**

The transgender community has a long history of presence in Indian culture and society. The inclusive and homogeneous Indian social structure has always included this gender-diverse population. The gender-diverse community was subjected to discrimination, criminalization, and social isolation throughout the colonial era. The Supreme Court recognized transgender people as third gender person and accorded them the same fundamental rights as ordinary citizens in the landmark judgment of National Legal Services Authority (NALSA) vs. Union of India in 2014. For the first time, transgender people were included under the "other" category in the 2011 Indian Census. Of the 4,87,803 transgender people, 54,854 were young children aged 0–

6 (Sawant, 2017). The Transgender Person (Protection of Rights) Act, 2019 "transgender person" mean a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, gender queer and person having such socio-cultural identities as *kinner*, *hijra*, *aravani* and *jogta* (Nair & Mishra, 2021). Globally, the transgender community faces stigma, discrimination, and marginalization because they do not conform to the socially and culturally prescribed gender binary of male and female. It is founded on a variety of factors, including poor educational attainment that results in a

lack of self-awareness, social and cultural isolation, stigma, discrimination, minority stress, and violence. This societal and institutional prejudice has prevented the inclusion of transgender community in the Indian healthcare system and has resulted in poor health outcomes for the population.

In addition to violation of the right to dignified existence, accorded by Article 21 of the Indian Constitution and fundamental rights accorded to all citizens of the country, undermining the healthcare requirements of the transgender population is an unprecedented attack on personal autonomy.

METHODOLOGY

The review paper is methodically organized procedure for identifying, selecting, and assessing pertinent research. This paper being a review paper has followed the similar procedure.

Inclusion Criteria: Peer-reviewed journal articles, studies published in English language, research focused on transgender healthcare seeking barriers, their social exclusion and policy analysis regarding transgender health inclusion.

Exclusion Criteria: Studies those were non-peer-reviewed, having incomplete data, and those in other than English language and those not aligning with the mentioned research objectives.

An extensive and comprehensive literature search was conducted using electronic databases, including PubMed, Scopus, Web of Science, JSTOR, Google Scholar etc. Additional sources, such as gray literature, digital print articles and reference lists of selected studies, were also examined.

In the identification phase, all retrieved records from database searches were systematically compiled. Duplicates records were selected and eliminated. In the screening phase, titles and abstracts were reviewed for relevance based on the inclusion criteria. During the eligibility phase, full-text articles of the selected studies were assessed to determine their suitability. Ultimately, 35 studies meeting the inclusion criteria were selected in the final analysis. For data extraction, a standardized form was developed to collect relevant details from each study, including study characteristics such as author, year, and country, as well as methodology, key findings, and conclusions.

Health Issues of Transgender Community

Harry Benjamin's 1966 book *The Transsexual Phenomenon*, argued and explored that transsexualism is a somatic disorder that should be treated with medical and clinical intervention rather than a psychological or mental problem, as it was socially and medically perceived at that period of time. This marked the establishing transgender health as a field in the medical

and health sciences. The healthcare needs of transgender individuals with the exception of situations requiring unique gender affirming care, which requires specific intervention and treatment, the demands and requirements of transgender patients are identical to those of cis gender patients. The decline in the health and well-being of the transgender community is exacerbated by the unfavorable impression of the healthcare provider and seeker.

As per the 2011 National HIV Sentinel Sero-surveillance mean HIV prevalence among transgender people was around 20 times higher than that of the general population (Ming et al., 2016). When compared to cisgender persons, TG people have shown to have greater psychological morbidity. Psychiatric health issues including stress, anxiety, depression, and dysthymia are the most prominent areas of disparity. Transgender individuals were more than four times as likely to have tried suicide and more than six times as likely to have experienced suicidal thoughts throughout their lifetime (Subramanian & Kavya, 2022).

Among Trans people, drug use disorder and substance addiction are major and common concerns. In the community, chewing tobacco, smoking, and drinking alcohol are all highly prevalent addictive behaviors. The most common drug used by transgender people is tobacco, followed by alcohol. Another factor contributing to drug usage is transgender people's gender nonconformity. According to studies, trans people utilize these drugs as a coping strategy to deal with the transphobia they encounter in their daily lives (Subramanian & Kavya, 2022).

Geriatric care, also known as elderly health care of old aged individual is a concern for the transgender individuals. Transgender people are concerned about geriatric care. Income hurdles, internalized stigma, and a lack of social and structural support put older trans people at risk for poor physical health, depression, disability, and a host of other health-related problems. Transgender people avoid routine and institutional healthcare seeking procedures because they believe their gender identity will not be embraced in healthcare settings over a prolonged period. A study conducted in Europe on sexual health of transgender individuals after hormone therapy and surgery found the sexual desire among trans women decreases and sexual desire of trans men increases and compared to cis population (Fredriksen Goldsen et al., 2013).

Barriers to Healthcare Access

Intrapersonal Barriers

HCST –Healthcare stereotype threat (HCST) refers to the fear of being reduced to identity-related stereotypes by medical providers (LeBlanc et al., 2024). HCST is internalized attitude resulting in negative psychological and physiological behavior toward the healthcare professionals and services. HCST affects the healthcare

access, outcomes and quality of utilization of available health facilities by an individual. In the U.S. national representative study, it was found that HCST was associated with adverse healthcare access and health outcomes for TGD population (Waggy & Bashir, 2024).

Minority stress – Illan H. Meyer proposed the minority stress model, which describes the additional stress that transgender people experience as a result of institutional and societal stigma and discrimination. This impairs the transgender population's quality of life and general well-being by causing mental and physical disorders such as anxiety, sadness, and suicidal thoughts in the ostracized group. Meyer highlighted proximal stressors, which are associated with stigma at the individual level, and distal stressors, which are associated with interpersonal stigma (Hendricks & Testa, 2012).

Interpersonal Barriers

Trans persons experience stigma, prejudice, and **microaggressions** when seeking medical assistance, all of which may adversely impact their wellness. A subtle verbal or nonverbal acts that is inadvertent, unconscious, and demeaning to someone because of their sex orientation, gender, race, or disability is known as microaggression (Stonewall, 2018).

Pathologization – Pathologization views being transgender as an illness in and of itself, and holds those struggling accountable for the difficulties they encounter in the realm of healthcare system. It justifies clinical coercion and institutional violence. It is the main cause of discrimination, health inequity, and disparities in healthcare delivery for the marginalized group. (Horton, 2022).

Transphobia - Transphobia is a type of oppression and discrimination committed by those who fear, disbelieve, or hate transgender or gender non-conforming persons. In a culture that upholds a binary definition of gender, transphobic prejudice is more likely to be directed at those who do not fit the mould. Transphobia refers to "an emotional disgust toward individuals who do not conform to societal gender expectations" (Hill and Willoughby 2005). Serano expands transphobia by explaining that transphobia phenomenon includes institutional, cultural, and interpersonal biases that marginalize and delegitimize transgender identities (Serano, 2007) further transphobia was defined as encompassing a systemic discrimination, including legal and medical barriers that restrict the rights and well-being of transgender individuals (Moran and Sharpe (2004).

Knowledge gap among healthcare service providers

Transgender healthcare is an emerging area of medical sciences. A lack of medical education on transgender health issues has resulted in misinformed or inadequate care (Panchapakesan & Panicker, 2022). There exists a severe knowledge gap among the medical health

professionals, as their curriculum and training lacks proper gender sensitized content and exposure. This poses a significant risk as the aspiring health professionals are ignorant of the needs and necessities of the marginalized community (Kattamreddy et al., 2023).

‘Injustice in Every Turn’ a report of the survey findings of transgender discrimination in the USA finds that 19 per cent were denied care, 28 per cent were harassed in medical settings, and over 50 per cent had to teach what transgender health care is to their health provider (Grant et al., 2011). In a 2018 survey study of primary care physicians (PCPs), 86% were willing to provide routine care to transgender patients, but 52% expressed lack of familiarity with guidelines, and 48% expressed lack of training in transgender health (Shires et al., 2018).

In a study conducted by the Centre for Enquiry into Health and Allied Themes (CEHAT) at Five teaching hospitals in Maharashtra found that teaching hospitals in India are marked by social, cultural and professional inequalities, hierarchical functioning, and bureaucratic processes that marginalize women and individuals who do not conform to the established social gender binaries (Deshmukh, A. 2023).

Affordability – A significant proportion of transgender individuals in India face economic hardship due to employment discrimination (Gopi Shankar et al., 2022). Trans population is socially marginalized and faces economic marginalization. The rate of unemployment among the trans population is much higher than the national average and those who are employed in the workforce are paid less as compared to their cis-gender colleagues. For transgender people begging, sex work, and offerings are the main sources of employment. Transgender people cannot afford health care and gender-affirming treatment in private health facilities owing to poverty-driven circumstances, homelessness, and a lack of economic support. Only those who are financially well-off, educated, and conscious are covered by India's limited health insurance coverage (Raman, 2024). Those who are not covered under health insurance scheme are less likely to afford huge out of pocket expenditure for attaining healthcare facility. Amrita Gupta and Muthusamy Sivakami reported how poor utilisation of government health services and lack of awareness of government health insurance impose a heavy economic burden on transgender who are already vulnerable due to the stigma around their gender identity (Gupta & Sivakami, 2016).

Availability and Accessibility - Gender-affirming care, including hormone therapy and surgical interventions, remains largely inaccessible due to high costs, limited medical expertise, and bureaucratic hurdles. Many trans individuals rely on traditional medicine due to accessibility and affordability (Chakrapani, 2018). Geographic isolation is a key barrier in accessing healthcare by the trans community. Unavailability of

healthcare delivery institutions and professionals within close proximity and affordable reach is a major concern in accessing healthcare for marginalized trans population. Travelling large distance to seek healthcare compounds the trauma, cost and suffering for trans individuals (Akré et al., 2024). Uttar Pradesh the most populated state of India, has only one dedicated trans care clinic with one day per week OPD and 6 bedded patient admission ward in Sanjay Gandhi Post Graduate Institute of Medical Science in Lucknow city. It is first of a kind Clinic dedicated to trans health needs but the state require many more dedicated clinic.

Physician - Patient Relationship - Although healthcare providers claim that they did not discriminate healthcare seekers on the basis of sexual orientation or gender identity, but they lack a comprehensive understanding of the health needs of transgender individuals beyond HIV and STDs. Minimal interaction with the transgender community, Trans phobia, HCST on physician end, low literacy and lack of health awareness among trans community are the reasons for the inadequate Physician-Patient communication. The Physician- patient relationship is based upon mutual trust, communication and respect. Effective and easy Physician-Patient communication helps better understanding of patient's problems and thus efficient delivery of healthcare services (Valente et al., 2023). The low literacy and awareness among the trans community is also barrier in accessing adequate and timely healthcare requirement.

Lack of Preventive Care Practices - The lack of preventive healthcare practices act as a major access barrier for transgender individuals in India, leading to higher disease burden, infections, chronic illness, untreated health conditions, poorer health mortality rates outcomes and increased among the transgender population. The population usually avoids its current health issues and symptoms unless the avoidance leads to the serious health threat. Routine checkup, screening, immunization, management of life style disorders like diabetes and blood pressure is avoided to the extreme. Many trans individuals are unaware of the importance of regular health check-ups, vaccinations, and early disease detection (Poteat et al., 2015). This attitude among the trans population makes them vulnerable and susceptible to healthcare threats.

Policies Regarding Transgender Health

THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019 and RULES 2020, by the Ministry of Law and Justice formulated legal and binding measures for trans health inclusion.

- establishing exclusive Human HIV Sero-surveillance centres to conduct sero-surveillance of trans individuals and patients.
- Providing medical care facility including sex reassignment surgery and hormonal therapy, before and after sex reassignment surgery and hormonal therapy counseling.

- States and union territories to formulate Transgender Health Manual related to SRS (sex reassignment surgery) in accordance with the WPATH (World Profession Association for Transgender Health) guidelines.
- Reviewing, revising and updating the medical graduate and post graduate curriculum for healthcare professionals. Enhancing research for doctors to address tran specific health issues, to address the challenges associated with transgender persons in hospitals and other healthcare institutions.
- Provisions for coverage of medical expenses by a comprehensive insurance scheme for Sex Reassignment Surgery, hormonal therapy, laser therapy or any other health issues of transgender persons.

SMILE Scheme – Support for Marginalized Individuals for Livelihood and Enterprise scheme includes a sub scheme Comprehensive Rehabilitation for Welfare of Transgender Persons which insures and compels the state governments to set up Graima Greh or shelter homes for transgender individuals. At least one Graima Greh or such shelter home should be established within territory of each state. The Garima Greh insures medical and health related facilities, rehabilitation and socio-psychological counseling of homeless transgender individuals, thus leading to inclusive and holistic development of transgender individuals.

Ayushman Bharat TG Plus cards – National Health Authority and Ministry of Social Justice have signed a memorandum of understanding (MoU) to issue Ayushman Bharat TG Plus cards for transgender individuals. This initiative will provide health insurance cover to trans community within the National Health Protection Scheme. The Ayushman Bharat TG Plus will cover free Cosmetic Surgery, laser therapy, Sex Reassignment Surgeries, hormone therapy and other healthcare costs and of transgender persons.

National Council for Transgender Persons: It is a statutory body established in year 2020 under the Transgender Persons (Protection of Rights) Act, 2019. The national council advises the central government on policies, programs and measures to ensure the rights and welfare of the transgender community throughout the Indian territory. It evaluates the ongoing plans and policies regarding transgender community and co-ordinates between various government departments, government and non government organizations.

Discussion: The way forward

This study has investigated the lacunas regarding trans healthcare Barriers in an inclusive, accessible and equitable healthcare delivery in Indian healthcare system. These above mentioned healthcare factors and practices works as hurdles for the dream of healthy India. This study suggests the following ways for building an

inclusive and accessible healthcare system and fulfilling the dream of healthy India.

The pre requisite condition for inclusion and holistic development of any population is its recognition and availability of accurate demographic data. Demographic data regarding the trans population in census 2011 is an estimate. The data regarding the third gender was carved out of data collected in male category. The next census should include specific and separate column for data collection regarding third gender population. Two step gender confirmation method to be used for accessing gender category of the population. Two step gender confirmation method includes, initially asking for one's gender assigned at birth followed by a question of their present gender (Tate, Ledbetter, & Youssef, 2012).

Sensitized and Inclusive Curriculum and Training - A lack of medical education on transgender health issues has resulted in misinformed or inadequate care (Panchapakesan & Panicker, 2022). National Medical Council and National Commission for Indian System of Medicine (NCISM) should emphasize on updating the curriculum for healthcare professionals with more sensitized and inclusive content and curriculum framework. Apart from gender binary discussions, third gender population should be part of academic discussions. AETCOM (Attitude, Ethics, and Communication) module should be implemented for training health professionals for catering and encountering trans population. Training AYUSH practitioners in gender-sensitive healthcare can expand access for rural transgender populations. Online health services, content and resource availability regarding trans health should be regulated. Trans depathologization is need of the hour for accessible and inclusive healthcare delivery system. Provider-focused training and education programs should combine components of TGNB clinical and cultural competence to facilitate development of positive relationships between TGNB patients and providers, thereby improving the health and wellbeing of TGNB people (Valente et al., 2022).

Dr. Prasad Raj Dandekar a radiation oncologist based in Mumbai Maharashtra had initiated a social and medical initiative HPQI (Healthcare Professionals for Queer Indians). HPQI sensitize professionals toward the healthcare needs of the LGBT community. Training and workshops by such organizations aim to create a network of LGBT-friendly doctors and increase awareness among healthcare service providers (Yerasala, 2021).

Use of Technology for Trans Healthcare delivery – The use of technology in healthcare system diminishes the barrier and enhances quality healthcare delivery for vulnerable and marginalized community. The eMpower is digital application developed by International Business Machines Corporation (IBM) in partnership with India HIV/AIDS Alliance and the Global Fund to Fight STDs and AIDS. It is reported that around 1.2 million people in

15 months (January 2018 and March 2019) were monitored and their healthcare needs were catered. The App introduced as part of a drive to end an HIV epidemic in India by 2030 is delivering targeted and specific needs to transgender community. It provides access to doctors, drugs. The eMpower app creates a unique ID number enabled profile for each client with personal information, demographic details and a map of their GPS location (Reuters, 2019). Technology can be used to maintain electronic health records of high risk patients and marginalized communities. This can help in ensuring better and targeted healthcare delivery. Telehealth services provide confidential consultations, reducing stigma-related healthcare avoidance (Reisner et al., 2018). Telehealth services can be used to deliver high quality healthcare beyond the physical barriers in remote locations. Telemedicine services are the useful method of healthcare delivery in mental and sexual health.

Building affordable and accessible healthcare infrastructure

Trans healthcare infrastructure needs easily accessible and affordable system. Ayushman Bharat TG Plus need better implementation and outreach. It should also cover all the needs and requirement of trans patients. Private Insurance companies should priorities trans health needs and issues within affordable and cheap policy premiums. Establishment of Trans specialized clinic with gender neutral toilets and waiting room in every district hospital is need of the hour to make healthcare accessible for trans population.

Adaptation of best global health delivery model and practices

Fenway Community Health Model- The Fenway community health model is a unique healthcare delivery model for transgender and gender minority population. The model collaborates various medical departments, nutrition therapies, rehabilitation, behavioral care community health education, awareness among community, community based research, health policy, parenting programs, training of physicians and allied healthcare delivery staffs (Mayer et al., 2001). It is scientific, inclusive and accessible health model which creates favorable and participatory environment for trans community. It positively caters healthcare seeking attitude of vulnerable groups and insures better health and quality of life among the transgender population (Reisner et al., 2015). Trauma-informed care practices, Informed consent and informed assent approach to be used for holistic and quality healthcare delivery to the vulnerable community.

Inclusive policy formation and implementation-

Inclusion of trans population, NGO's and other stake holder in policy formation regarding transgender community is prerequisite. Every plan and policy for the citizens should be transgender inclusive. Overcoming LGBT health disparities often require deliberate programs to lower barriers to care and offer unique

services. The focus of policy makers and stake holders should move beyond the narrow and specific paradigm related only to sexual health of trans community. It should include other aspects of the community's health and health care needs.

Community Engagement and Targeted Awareness Program

- Involving trans activists and stake holders in health policy formulation and decision-making ensures that services are tailored to their unique needs (Chakrapani et al., 2019). Community participation in healthcare planning leads to better health outcomes (Logie et al., 2018). Multilingual digital campaigns on social media platform and on digital trans networks to promote preventive health practices (Chakrapani et al., 2018). Multilingual campaigns help outreach programs availability to wider audience and have effective positive health outcomes for marginalized and vulnerable population and to those who are less educated.

CONCLUSION

Despite the legal developments brought by the Transgender Persons (Protection of Rights) Act, 2019, there exist several obstacles for transgender people in the healthcare system of India. The paper highlights how urgently substantial reforms are required to address the various obstacles prohibiting the transgender community from accessing high-quality and inclusive healthcare.

Major issues like accessibility, availability, affordability, minority stress, healthcare stereotype threat (HCST), and healthcare practitioners' knowledge gap creates a hostile environment that deters transgender people from getting the care they need. Implementing sanitization training programs for medical staff is crucial for overcoming these obstacles and ensuring they have the expertise and understanding needed to handle the particular medical requirements of transgender patients.

Another significant issue inhibiting access to healthcare is affordability. Due to economic marginalization and high unemployment rates, many transgender individuals are unable to afford their necessary medical care. Although programs like the SMILE Scheme and the Ayushman Bharat TG Plus cards show potential, their efficacy and reach need to be increased to assist all transgender people. In addition, the problem of accessibility, situation is exacerbated by geographic isolation. Many transgender people live in places with little healthcare options in their close proximity and reach. Accessibility may be greatly increased by setting up specialty clinics in each district hospital and utilizing telemedicine services.†

Finally, to guarantee that transgender people's needs are effectively met, the views of transgender stakeholders and community must be incorporated into the formulation of inclusive policies. India can progress toward a more equitable healthcare system by promoting awareness, improving medical education and

curriculum broadening economic access, and assuring community participation in policy-making. Achieving health equity for transgender individuals is essential for realizing the vision of a healthy nation, where every individual has access to the care they need and deserve.

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