**Transgenders Access to Healthcare in India**

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**Introduction**

Human beings are complex creatures. Every life is unique, and every experience is different. As we grew and evolved from our primitive ancestors, we started structuring our lives into collectives forming societies. Each was different, but one facet remained the same, a structure. While it is impossible to trace the progression of everything being structured, gender was divided into a binary based on biological sex by the time we reached so-called Modern times. Gender roles are defined by the norm set by society, and anyone falling out of this system, this structure is labelled as an abomination, an outcast or mentally challenged. Falling prey to this exclusion, the Transgender community has faced atrocities and discrimination. It has affected all facets of their lives. The community still lives with gross disadvantages with little to no effort from society to help them. Opinions against them are often made because of negligence, unawareness and lack of the effort to educate about identities that fall out of the binary.

**Understanding the Community**

The way the Transgender community is understood and defined has changed with time. Up until 1920, cases where men and women would express their desire to assume gender roles or gender expressions other than their assigned gender were rare, and when presented, Delusion was the leading clinical diagnosis regarding the western transgender phenomenon (Janssen, 2020). In 1910, Hirschfeld used the term and concept of transvestitism in *Die Transvestition* and *Transexualismus* in 1923, but it remained virtually unused until 1955 (Janssen, 2020).

Psychiatrist John F. Oliven of Columbia University coined the term *transgender* in his 1965 reference work *Sexual Hygiene and Pathology*, writing that the term which had previously been used, *transsexualism*, "is misleading; actually, 'transgenderism' is meant, because sexuality is not a major factor in primary transvestism (Oliven et al. 1965). The term *transgender* was then popularised with varying definitions by various transgender, transsexual, and transvestite people, including Virginia Prince. The latter used it in the December 1969 issue of *Transvestia*, a national magazine for cross dressers she founded. It is still challenging to describe the community with one universally accepted definition as their lives and experience vary with Nation, culture and historical evolution.

According to American Psychology Association, “***Transgender***is an umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth. ***Gender identity*** refers to a person’s internal sense of being male, female or something else; ***gender expression*** refers to how a person communicates gender identity to others through behaviour, clothing, hairstyles, voice or body characteristics.”(American Psychological Association, 2015)

**Table 1. Important definitions which help understand Transgender Identities**

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These definitions are classically western and do not extend to defining the various identities present in the Indian subcontinent. One such identity that has been present since ancient times is the hijra, also known as the Aravani in South India or Kinnar/Khusra in North India (Kalra, 2012). These communities have a distinguished stance and have preferred calling themselves the ‘third gender’ Or the ‘trithiya panthi’ or ‘trithiya prakriti’, which literally means of the third gender or the third nature (Kalra, 2012). The closest association between hijra identity and the western idea of transsexualism is with many of them considering themselves as having been born in a body different from their soul. However, most of them do not consider themselves to

belong to any gender.

On the other hand, transgender women differentiate themselves from the hijras. Transwomen associate themselves more with cis-gendered women (Mount, 2020). Hijras have their distinct cultural and traditional practices. Because of these practices and cultural presence, they form the most visible group under the transgender umbrella in India.

Historically, the community has been misdiagnosed as mentally challenged, subjected to conversion/corrective therapy and denied fundamental human rights. With recent advances and extensive research on transgender lives and lived experiences, the opinion continues to change in the medical and social domain. In International Classification of Disease, Edition 11th, 2021, WHO has removed Gender Incongruence from its list of Mental Disorders. The American Psychiatric Association has revised “Gender Identity Disorder” to Gender dysphoria in DSM 5, 2013. The difference found in the recent research is, Gender Incongruence is not a mental disorder. However, excessive distress persisting for more than six months due to gender incongruence is a mental disorder that affects the life of the person experiencing it. This stress is possibly due to the inability to express themselves and societal unacceptance.

### Transgender in Indian history

The Transgender community has been mentioned throughout known history. Every nation and culture has different names for the transgender community, and they follow different cultural practices.

In the Indian context, the most widely recognised mentions are in Kamasutra, Ramayan and Mahabharat. More than 1500 years ago, there was mention of Transgender people as “Tritiya Prakriti” in Kamasutra, people with a third nature as a natural variation of human sexuality. Their presence in joyous occasions to bring good luck is also mentioned. (Danielou & Vatsayana, 1994)

In some versions of Ramayan, Lord Ram blesses a group of people who remain with him even after he orders all “men and women” to go back when the city leaves with him as Lord Ram was exiled. Elated with their devotion, he gives them the boon to grant blessings during auspicious events. (G. D. Singh, 2015)

In Mahabharat, Shikhandini was born a woman but raised as a warrior to fight Bhishma, a role reserved for men. When the battle of Kurukshetra required all warriors to be men, Shikhandini is said to have transitioned into a man Shikhandi with the help of a Yaksha and Lord Krishna and fulfilled their goal. Mahabharat also narrates the tale of Brinhalla, a form of Arjuna, while in exile due to a curse that helps him disguise himself from his enemies. (Agoramoorthy & Hsu, 2015). Aravan, the son of Arjuna and Nagakanya in Mahabharata, offer to be sacrificed to Goddess Kali to ensure the victory of the Pandavas in the Kurukshetra war, the only condition that he made was to spend the last night of his life in marriage. Since no woman was willing to marry one who was doomed to be killed, Krishna assumed the form of a beautiful woman called Mohini and married him. The Hijras of Tamil Nadu considered Aravan their progenitor and call themselves Aravanis (Michelraj, 2015). In one of the earliest Indian ideological belief systems, Jainism and its beloved texts mention the concept of ‘psychological sex’, which emphasises the psychological make-up of an individual, distinct from their sexual characteristics (Habin, 2021).

Other than the mythological context, the Transgender community also has been mentioned in Mughal Era. They were respected and held in high regard and often considered divine beings (Ghosh, 2018). They performed active roles such as advisors, administrators, generals, guards for harem and others (Ghosh, 2018). They have held significant social and political influence over the course of Indian history. They held high regard in Islamic religious institutions as guards of the Holy city of Mecca and Medina. They were confidants of religious leaders and rulers and asserted considerable religious and political influence (Michelraj, 2015).

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### Colonial India and the shift in opinion

With imperialism digging its roots in the Indian subcontinent in the 18th century, it had an influence not only on political aspects but also on the socio-cultural aspects of India. At the beginning of the British period in the Indian subcontinent, hijra used to accept protections and benefits from some Indian states. Furthermore, the benefits included land, rights to food, and a smaller amount of money from agriculture (Michelraj, 2015).

The British brought with them the concept of the gender binary. The existence of the third gender baffled them. The culture and practice of the Hijra community in India were labelled “unnatural”. The Western religious order had a considerable role in labelling the Hijra community or the third gender unnatural. The community cannot procreate and was seen as incomplete or something vile. Various accounts of the negative colonial attitudes towards the Hijra community set the tone for discrimination and marginalisation for generations. Many travellers, writers and British officials in the 19th century would document hijras as ―the vilest and most polluted beings and commenting on the ―revolting practices that they imagined. However, they could rarely prove that the hijras carried out those practices (Gannon, 2009.). In his work, *On Random Sketches of Western India,* Paston (1838) describes the presence of two “hideous” hijras’ beside the queens of Rao Deshalji II, the Rao of Kutch. (Ghosh, 2018). From a western point of view, they were considered imperfect as they could not procreate. The account of Francois Balthazar Solvyns‘s *The Costume of Indostan* (1807) narrates how colonial representations categorised hijras as physiologically abnormal (Ghosh, 2018).

The first instance of legal discrimination came with Criminal Tribes Act (CTA) 1871. Over the years, it went through various amendments and finally, in 1924, CTA was implemented in all presidencies of Imperial India. In the Act, the entire community of hijra persons was deemed innately criminal and corrupt. The immediate aim was to erase hijras as a visible socio-cultural category and gender identity. Thus, the Act provided for the imprisonment for up to two years with a fine of “[a]ny eunuch … who appears, dressed or ornamented like a woman, in a public street or place, or any other place, with the intention of being seen from a public street or place, or who dances or plays music, or takes part in any public exhibition”, thereby criminalising hijras’ primary means of income (Hinchy, 2014).

The Criminal Tribes Act 1871 was repealed in 1952, but its effect on public opinion persists. The community faces discrimination in various walks of life which denies them access to education, employment and healthcare. This discrimination, compounded with a lack of political representation or power, keeps them marginalised.

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### Transgender Community in Contemporary India

Accurate population statistics for the transgender community have never been collected in India. It was only in Census 2011 that a section for “Others” was included in the gender category to collect data on the transgender population. Other information like literacy, employment and caste were also collected (Sawant, 2017). The data shows the total number of transgender persons in India to be 4.88 lakh. The report also shows data of 55,000 transgender children as identified by their parents. Though many transgender activists have expressed that the actual data may be six to seven times higher than the official count, the first official visibility of such numbers was appreciated as the Census was conducted before the NALSA 2014 judgement by the Supreme Court (Nagarajan, 2014).

After Census 2011, all other major government data sources still collect gender data in binary, thus excluding the transgender community from recognition and thus seeking benefits and services from various sectors like Banking (Raman, 2021). India has achieved significant growth in different spheres, like literacy, education and health. However, the transgender community is still one of the marginalised and vulnerable communities in the country and is seriously lagging in all spheres.

1. **Education**

Most of the transgender community does not have access to education, because of which they cannot be part of the mainstream. The educational system amplifies the stigmatisation of gender-nonconforming and transgender children and youth, which mirrors the rest of society in reinforcing strictly binary and patriarchal gender norms (More, 2021).

According to the Indian Census 2011, the community has a low literacy rate, just 46 per cent of transgender people are literate, compared to 74 per cent literacy in the general population. The dropout rate amongst transgender students is higher than other students because of bullying, discrimination, and harassment. Among the students who registered for the class 10th exam, 7,88,195 were girls, 11,01,664 were boys, and 19 were transgender. For class 12th, 5,22,819 were girls, 6,84,068 were boys, and six were transgender (Bhaina et al., 2020).

1. **Employment**

Low literacy rates and social exclusion further limit the employment and livelihood opportunities for the transgender community. Stigma, discrimination, and violence against gender-nonconforming and transgender children in families and school systems are further compounded by economic marginalisation (More, 2021).

The National Expert Committee on the issues of Transgender Persons, in its approach paper on Education and Employment opportunities and challenges for transgender, has acknowledged the fact that the low level of education that transgender get due to insensitive teachers and the staff forces them to other occupations like sex work, as a result of which they become vulnerable to Sexually transmitted infections (STIs) and also pushes them to take optimal jobs like begging and so on (Sineath et al., 2016).

One aspect of discrimination that the Act fails to recognise is the Right to Inheritance (Gulati & Anand, 2021). In the absence of education and employment opportunities, inheritance may be the only option for the Transgender community to earn a livelihood. Due to the gender binary nature of Inheritance laws in India, the Transgender community is excluded from any chances to own or claim inheritance. A negative attitude towards a transgender person from a family will result in the person being outcasted, and with no claims to inheritance, they are subjected to poverty. We cannot deny the gross implications of such instances on their physical and mental health.

1. **Health**

Negative attitudes, stigmatisation because of HIV/AIDS, discrimination, lack of awareness, knowledge and research in medical practice are significant barriers for the Transgender community to access the healthcare system.

The Transgender community bears a more significant burden of HIV/AIDS globally. Their reduced engagement in health promotion and disease prevention activities, especially sexual health, puts them at a higher risk of sexually transmitted infections, including HIV (Saleem et al., 2016). According to UNAIDS Global AIDS update 2020, Transgender and gender diverse people have a 13 per cent higher chance of acquiring HIV (UNAIDS, 2021). HIV prevalence in the Transgender community is 3.1 per cent, and 68 per cent of transgender people living with HIV are aware of their status. In 2017, NACO reported that 45 per cent of Transgender people living with HIV are receiving targeted HIV interventions.

We must also acknowledge that HIV/AIDs is not the community's only health issue (Winter et al., 2016). Sex reassignment surgery and hormonal procedures are not provided in most healthcare setups due to a lack of knowledge and training to offer them. Financial constraints form another barrier which prevents their access to sex-reassignment surgery for gender transition and other healthcare services (Y. Singh et al., 2014). Limited employment options have kept the community from growing economically, and thus they cannot afford healthcare services in tertiary care centres.

A transgender person is also denied healthcare service for any ailment because they are not allowed in most hospitals. They are humiliated, rudely behaved and made to feel bad about themselves due to stigma. This negative attitude affects their Health seeking behaviour which negatively affects the health of an entire community. A growing body of literature supports stigma and discrimination as fundamental causes of health disparities (Poteat et al., 2013).

The considerable levels of stigmatisation, discrimination, and harassment faced by the transgender community in their daily lives lead to an increased prevalence of mental health issues. A significant number of Transgender people, particularly younger Transgender people, had to cope with stigmatisation, discrimination, and harassment without support. This results in a negative impact on their mentality, which leads to psychological distress, self-harm, and suicidality in them. Teenagers can be particularly isolated, given that many will be exploring their sexual orientation or gender identity without any support. These emotions might comprise deep sadness, anxiety, loneliness, discomfort in social situations, and feeling overwhelmed.

1. **Political Scenario**

Transgender Rights have gained pace in the current political scenario of India. There have been various historic judgements which enlighten the issues of the transgender community, focus on their marginalised state, and provide a remedy to the injustice the community faces in society.

The significant judgement of NALSA vs Union of India, 2014 recognised the transgender community as the “third gender” and came as the first recognition of their identity under the law (Sikri et al., 2014). The Apex Court, under Article 21 of the Indian Constitution, also interpreted self-expression as an essential part of a person’s identity and living with dignity. The court also noted that Article 14 (Right to Equality) and Article 19(1)(a) were framed in gender-neutral terms and must include Transgender persons. The right to Identity and Freedom of Expression thus granted are not dependent on the validation of any authority or person (Sikri et al., 2014).

The Supreme Court struck down Section 377 in the landmark judgement of Navtej Singh vs Union of India 2018. The Apex court declared that Section 377 violates Articles 14, 15, 16 and 19 1 (a) of the Constitution of India. It recognised that every individual irrespective of gender identity and sexual orientation, has the right to live with dignity and autonomy and make personal and private decisions without State interference (Supreme Court of India, 2018).

An effort specifically aimed to alleviate the transgender community's marginalised status came as Transgender Persons Act, 2019. The Act has provisions against discrimination in the family, workplace, educational institutions, and other social services. The Act lays down the process for identification of the individual as transgender and provides measures to access such procedures in various government agencies. The Act lays down guidelines for the government to provide various welfare measures such as vocational training and livelihood measures. It also instructs the construction of safe homes. It also provides explicit instructions to health institutions to make amends in healthcare access barriers and thus alleviate the community from extreme health conditions. The transgender community is subjected to gender-based physical violence (Sikri et al., 2014), and the act outlines the penalty for the same.

**Social Determinants of Health**

It is evident with a growing body of research that social factors have a significant effect on the health of a population. Just provision of healthcare services is not sufficient to meet health needs, especially when a marginalised section of the society is concerned. The health impact of social factors also is supported by the strong and widely observed associations between a wide range of health indicators and measures of individuals’ socioeconomic resources or social position, typically income, educational attainment, or rank in an occupational hierarchy (Braveman & Gottlieb, 2014).

The WHO defines SDHs as “the conditions in which people are born, grow, live, work and age” and that are “shaped by the distribution of money, power and resources.”(Pega & Veale, 2015). The transgender community being stigmatised is exposed to violence, victimisation,

stigma and discrimination higher than other sections of the population (Thomas et al., 2017). It keeps them from these crucial social facets, which can help them lead healthy lives. Transgender people often experience a disproportionately high burden of disease, including in the domains of mental, sexual, and reproductive health (Seelman et al., 2017).

The effect of social factors on health is complex; it can be direct or indirect, and how it affects health can vary over time. E.g. living in slums or crowded settlements with poor sanitation can cause various infectious diseases. Socioeconomic and other social factors may also contribute to worse health through pathways that play out over relatively short time frames (e.g., months to a few years) but are somewhat more indirect (Braveman & Gottlieb, 2014)—accepting risky health behaviours like indulging in sex work because of lack of support. The strong and pervasive relationships between socioeconomic factors and physical health outcomes can reflect even more complex and lengthy causal pathways, which may or may not involve health behaviours as key mediators or moderators (Braveman & Gottlieb, 2014). Evans and Schamberg showed that the association between the duration of childhood poverty and adult cognitive function appears to be explained by poverty-related material deficits and partly by chronic childhood stress (Evans & Schamberg, 2009). Children growing up in socioeconomically disadvantaged neighbourhoods face more significant direct physical challenges to health status and health-promoting behaviours; they also often experience emotional and psychological stressors, such as family conflict and instability arising from chronically inadequate resources (Braveman & Gottlieb, 2014). However, adjusting for depression, anxiety, and other negative emotional states has not entirely explained the effects of social factors on health (Matthews et al., 2010).

The transgender community faces oppression, marginalisation, discrimination and violence that affect their social determinants of health and access to health care (Hana et al., 2021). Disproportionately high rates of adverse health outcomes are at least in part secondary to the stigma and discrimination one experiences due to an aspect of one’s identity (Hana et al., 2021). A better understanding of these factors is necessary to get a comprehensive picture of the barriers faced by them.

### Stigma

Studies on stigma and its effect on various aspects of life have been popular in recent times. The definition of stigma is complex and varies based on context. Early famous mention of the word stigma comes in Erving Goffman’s (1963) book Stigma: Notes on the Management of Spoiled Identity (Link & Phelan, 2001). It gave rise to an increased interest in the concept and later extensive research and conceptualisation of stigma.

While defining stigma, we must first mention Goffman’s definition of stigma as an “attribute that is deeply discrediting” and that reduces the bearer “from a whole and usual personto a tainted discounted one” (Thompson et al., 1963). Nevertheless, various researchers have elaborated and added dimensions to stigma theory ever since.

Link and Phelan (2001) put forward a widely used conceptualisation of stigma that recognised the overlap in meaning among concepts like stigma, labelling, stereotyping, and discrimination. Their conceptualisation defines stigma as the cooccurrence of several interrelated components: People distinguish and label human differences in the first component. In the second, dominant cultural beliefs link labelled persons to undesirable characteristics – to negative stereotypes. In the third, labelled persons are placed in distinct categories to accomplish some degree of separation of “us” from “them.” In the fourth, labelled persons experience status loss and discrimination, leading to unequal outcomes. Stigmatisation is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories and the complete execution of disapproval, rejection, exclusion, and discrimination. Thus, we apply the term stigma when labelling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows them to unfold (Link & Phelan, 2001). This definition helps explain how the transgender community is kept at the margins and gives evidence of stigma's social, economic, and political disadvantages.

Hughto et al. operationalise stigma according to the levels and means through which it is experienced structural, interpersonal, and individual (White Hughto et al., 2015). Structural stigma refers to the societal norms and institutional policies that constrain access to resources. In contrast, interpersonal stigma refers to direct or enacted forms of stigma such as verbal harassment, physical violence, and sexual assault because of one's gender identity or expression. At the individual level, stigma includes the feelings people hold about themselves or the beliefs they perceive others to hold about them that may shape future behaviour, such as the anticipation and avoidance of discrimination (White Hughto et al., 2015). Stigma is a fundamental cause of adverse health in transgender populations as it works directly to induce stress (a key driver of morbidity and mortality) and indirectly by restricting access to health-protective resources (e.g., knowledge, money, power) (Hatzenbuehler et al., 2013; Link & Phelan, 1995)

### Discrimination & Marginalisation:

While term stigma directs our attention differently than a term like “discrimination.” In contrast to “stigma,” “discrimination” focuses the attention of research on the producers of rejection and exclusion—those who do the discriminating—rather than on the people who are the recipients of these behaviours (Sayce, 1998). Thus, the terms we use could lead to “different understandings of where responsibility lies for the ‘problem’ and as a consequence to different prescriptions for action” (Sayce, 1998). When people are labelled, set apart, and linked to undesirable characteristics, a rationale is constructed for devaluing, rejecting, and excluding them. Thus, people are stigmatised when they are labelled, set apart, and linked to undesirable characteristics, which leads them to experience status loss and discrimination (Link & Phelan, 2001). Discrimination is a differential treatment that puts the group discriminated against at a disadvantage. The social group that is discriminating may or may not be gaining an advantage from discrimination directly but benefits them on a larger scale.

People stigmatised and discriminated against have relatively little control over their lives and the resources available to them, thus leading to their marginalisation. They have relatively limited access to education, health services and employment. Marginalisation often excludes Transgender people from such social services and keeps them vulnerable to various health issues.

Discrimination against transgender individuals often starts from the family they are born in. Because of stigma, the families tend to hide or discourage individuals from going to school.

In cases where they are thrown out of the house, transgender individuals, especially youth, indulge in risk-taking behaviour like sex work that can lead to HIV infection and other STIs. Because of discrimination from the systems, medical treatment and psychosocial support for such individuals is absent. Transgender persons face massive discrimination in access to public places like restaurants, cinemas, shops, malls etc. (More, 2021). Further, access to public toilets is also a serious problem they face quite often. The discrimination and marginalisation have gravely affected the lives of transgender persons.

The result is dropping out of school earlier, Leaving Home and Family, being unable to find regular jobs, having fewer options than others, being ignored in the community and isolated, being unable to access various services and Unaware of what they are entitled to.

### Medical Education and Transgender community

Clinicians who are poorly educated or biased about gender diversity may be deliberately or accidentally discriminatory in their words or behaviour (Hana et al., 2021). Such clinicians contribute to and perpetuate institutional and systemic discrimination, which often leads to denial of the existence of transgender and gender-diverse people, with significant negative impacts on their health outcomes and on access to care consistent with that received by the general population (Bauer et al., 2009).

With a few notable exceptions, there is minimal or no inclusion of topics related to transgender health in undergraduate medicine (Obedin-Maliver et al., 2011; Sekoni et al., 2017). Recent studies examining the biases held by medical students found evidence of high degrees of bias against individuals not conforming to gender norms (Sharma, 2018).

Medical education is not inclusive. Future medical professionals learn from books where terms like “Sodomy” are still used with sections like “Unnatural offences” (Reddy, 2014) describing various aspects of the LGBTQIA+ community. Archaic terms such as “pederasty” and “tribadism” are discussed in conjunction with bestiality and paedophilia, reinforcing negative stereotypes. A widely followed textbook of undergraduate psychiatry enlists methods like psychotherapy, aversion therapy and even androgen therapy for changing a person’s sexual orientation. Similar methods are suggested for “Reconciliation with the anatomic sex” in transgender individuals (Ahuja, 2011)

When curriculums are not revised, keeping recent advances in context, they perpetuate false information, affecting mass opinion and subjecting a community to ridicule and stigma. A doctor who has been taught to believe that transsexualism is a mental disorder will not be able to make a proper diagnosis when treating a transgender patient with any ailment and, in turn, will affect the health-seeking behaviour of the community, thus creating a vicious cycle of misinformation and lack of trust which eventually adversely affects the health of the community.

### Medical Professionals and Power

Stigma is entirely dependent on social, economic, and political power—it takes power to stigmatise. The role of power in stigma is frequently overlooked because, in many instances, power differences are so taken for granted as to seem unproblematic (Link & Phelan, 2001). When it comes to healthcare and access to these services, medical professionals hold the position of power. Their perception of the transgender community will determine if a transgender individual gets care in the institution. If we move past admission, their level of awareness, attitude and behaviour toward the individual will determine the ease of access to care. It will determine if other members of the community will ever access care.

Medical professionals are considered health experts. Their education qualifies them to be the bearer of wisdom regarding medical conditions. If they have biases and express opinions that stigmatise a community, it is also perpetuated in society. Medical professionals make decisions about the medical curriculum. The younger generation of medical professionals is taught by the older ones. If the cycle of misinformation continues, a section of society will always be discriminated against and unable to access healthcare.

### Access to Healthcare

Access to healthcare is characterised by the ability and ease of the consumer to seek and obtain needed services from providers or institutions, as well as the cost of healthcare (Levesque et al., 2013). The transgender community has limited access to healthcare. Societal intolerance and stigmatisation, combined with discriminatory practices in healthcare settings, have resulted in decreased access to adequate healthcare (Grant et al., 2011). An important factor leading to decreased access is the insensitivity of healthcare providers. The community faces verbal and, at times, physical abuse while accessing healthcare services (Grant et al., 2011). Negative interactions in health care settings can make an already vulnerable experience unbearable, leading trans persons to delay or avoid necessary services putting their overall health at risk (Fantz, 2014).

Apart from the interpersonal barriers to healthcare, there are various systemic factors which lead to decreased access. The transgender community has limited to no insurance coverage because they cannot afford private insurance (Grant et al., 2011). Most of the processes in getting insurance are gendered and cater to the needs of the gender binary. The facilities also lack the basic infrastructure to cater to the needs of the transgender community. The lack of toilets in healthcare facilities and wards in the case of IPD care is a classic example (Kcomt et al., 2020).

**Conclusion**

From their early life, discrimination determines the transgender community’s access to basic resources necessary for a health life and access to healthcare. Inequity in access to these resources has a perpetual effect on different facets of their life which push them away from the mainstream society even further and keeps them marginalised. These events over the decades of discrimination have resulted in their dire situation in today’s time. Even after legal and political measures to mitigate their issues, popular public opinion remains the same. The legal and measures are translated into action by people in the system and them being part of the society carry the opinion thus affecting access to basic resources.

Healthcare providers hold power when it comes to access to health-related services and their opinion influences the overall public opinion. It is evident that most healthcare providers were unaware of the transgender identities. Since the medical curriculum hasn’t been revised with scientifically proven and current knowledge about gender identities and the topic is not focused on in medical education, they have little information about gender identities and specific health issues related to them. They believed in the context of their facility that they would try their best to make comfortable and treat a transgender but expressed that perceived discrimination could be one of the reasons why the community doesn’t access the hospitals.

The lack of awareness and knowledge has not affected their perception about the transgender community. They expressed empathy to the socioeconomic discrimination and issues the community faces in society. The providers emphasised on how discrimination in education and livelihood prospects keep the community marginalised.

An inclusive education system and curriculum can be the first step towards an inclusive healthcare and support system. Adolescent reproductive and gender diversity should be taught separately to adolescents to help them make sense of their gender identities if they are struggling with it or for others to be sensitive to them. To implement an inclusive curriculum, teachers must be sensitised towards the issues of gender identities. Every school must have a counsellor to cater to needs of students. If a permanent counsellor cannot be appointed then, MoU with local mental health can be made so that list of professionals for students to know where they can seek help can be made available. Strict Anti-bullying laws must be made to make sure a students have a healthy environment to learn and grow as they must. Sensitising the existing medical system is important to ensure no discrimination against the transgender community: The Transgender Persons Act, 2019 mandates that any institution should not discriminate against the TG community but fails to provide a measure to do so. If it also mandates the government and private healthcare institutions to sensitise their employees, it will help them serve the community better. Another measure can be a LGBTQ friendly certification. Vocational training of the transgender community can help them get financially stable. But a newer approach to training is suggested. Mere training in skills without opportunities to use those skills will not add value to the community. Transgender community must be given reservation in higher educational institutions and employment to make up for generations of marginalisation. The training for skills must be accompanied with opportunities to create employment for themselves. They must be trained to create business and supported financially by the government. Financial independence will ensure growth. Empowerment of a community must be reflected in political representation. Inclusivity must be extended and encouraged in political domain.

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