Transgender Health and Healthcare in India: A Review

Rishi S Baba, Reetu Sharma Sogani

Indian Institute of Public Health Gandhinagar, Gujarat, India

ABSTRACT

The share of Transgender in overall global population is 0.5 percent of which 490000 reside in India (Census 2011). Pushed away from the mainstream society due to their socially non-confirming gender identity has implications on their health and wellbeing. This paper describes the social roots of various health and healthcare problems faced by transgender in India. The paper is based on reflections and analysis from mainly two sources of information i.e. descriptive literature review and the first-hand experience of one of the authors who completed an internship project between April and June 2017 on transgender health in Pondicherry, India. It concludes with a call for not just upgrading healthcare system but also sensitizing society to be all gender-inclusive for better health and life of transgender persons in India.

Key Words: Transgender, Health, Healthcare, India, LGBTI

Introduction

The seven billion population of the world is classified by their biological sex at birth as males and females (United Nations, 2015). But there is more to these biological sex categories that contribute to one’s social identities. A male must be fearless, strong, and aggressive to be a “Man” whereas a female must be shy, obedient and submissive to be a “Woman”. Such a social construction is called “Gender” and depending on whether one identifies with this social construct, this frame one’s Gender Identity. So while one’s sex is biologically determined, gender is a social construct and gender identity is psychologically determined. To be accepted and respected in gender binary societies, persons’ sex, gender and gender identity must align with social norms. In cases e.g. “Transgender” where it does not, one ends up paying its price in various ways.

The mythological and history texts e.g. “Laws of Manu”, “Kama Sutra” and Mughal’s era in India does provide some description of those practicing alternate sexualities. The “Hijras” claim their origin to Mughal era while Kinnars and Aravanis draw their heritage from pre-Mughal Hindu era. The others in this group include Jogtas and Jogappas and Shivshaktis. While these groups bagged respect and socio-economic security in Mughal era, the Criminal Tribes Act 1871 enacted by Britishers when India was a British colony treated these groups as criminals by birth who could possibly kidnap and castrate children hence to be dealt with strictly by police and society. This was one reason that led to stigmatization and exclusion of these groups from the mainstream society.

India for the first time in 2011 had an official count of Transgender as 490000 out of 1.21 billion total population though the Transgender activists believe it to be a gross underestimate (Census 2011). The Supreme Court of India recognized Transgender as the “Third Gender” in 2014 and defined Transgender as an umbrella term that includes all those who do not want to identify with socially accepted gender binaries. The Transgender Persons Bill 2016 defines Transgender as “Neither wholly female nor wholly male; a combination of female or male; neither female nor male”, and “whose sense of gender does not match with the gender assigned to the person at the time of birth”. This includes groups e.g. Hijras, Aravanis, Kinnars, Jogtas and Jogappas and Shivshaktis.

Despite such advances, the gender binary norms and Transphobia still haunt Transgender in India with stigma, discrimination, exclusion and violence. The implications are not only on their social and physical health but also psychological and mental health. This paper is an attempt to delve deeper into the contexts of Transgender and understand their health and healthcare concerns in India. The description and discussion presented in this paper is based on the descriptive review of literature. The paper is also enriched by the first-hand learning on Transgender health issues by one of the primary authors of this paper who completed a three months internship in a Transgender focused organisation in South India in 2017. The paper is divided into three sections where the first section describes
the personal and societal level discordance in Transgender person’s lives, second section focuses on their health status and healthcare issues and the third section discusses and concludes the lessons learnt from this review.

Transgender and Society

Being born as a male but identifying oneself with feminine social construct or vice versa can be a difficult realization to accept and reveal in many societies prejudiced with gender binary lens. This leads to gender dysphoria and discordance in many Transgender during early stages. But if one decides to exercise one’s choice over social norms, one has to pay its price. The first non-acceptance comes from their closest social unit i.e. family. Due to fear of shame, disgrace and exclusion from society, transgender children are abused, discriminated and punished by their own families in hope of changing them as per social norms. If unsuccessful, families prefer to surrender to these norms over accepting their own child in howsoever they are. Many families either abandon their own Transgender children or these children themselves leave such homes. All these dynamics leave many Transgender children, adolescents and youth without families and peer support and also manier times with no rights on parental property. In search of social and emotional support, many transgenders formally join Gharanas or groups (e.g. Hijra community) that bring together people of similar orientation and identity and where behaviours deemed unacceptable by mainstream society are accepted, appreciated and groomed.

Not just families, instances of such children being bullied, discriminated and being out casted from schools have also been reported leading to school drop-outs. This lack of education deprives them from also acquiring minimum skills required for job market. Additionally, due to the gender binary criteria for many social welfare schemes of governments, they also fall out of any safety net. Such social and financial insecurities push them into sex work or begging to earn their livelihood.

Transgender Health

Such a socio-ecological context in which many Transgender in India live provides some explanation of their health problems. In the absence of any periodic health screening of this group, the information on burden of common acute and chronic health problems among them is not available.

Studies from various parts of India indicate high prevalence of HIV and sexually transmitted infections (STIs) among Transgender. HIV prevalence in this group is estimated to be 14-5 percent against the national average of 0.3 percent. As risk factors, some studies report low, improper and inconsistent use of condoms during sex by transgender. Personal, social and economic context is also recognized as a risk factor that puts Transgender in less negotiable state with their sex clients due to which they succumb to unprotected sex.

Violence and substance abuse are also problems with implications on transgender health. The NACO 2015 study shows that 20 percent transgender experienced some form of physical or sexual violence in the last 12 months preceding the survey. Another study reports alcohol consumption in about 50 percent of transgender. Alcohol consumption is explained to be associated with their need to cope with life stresses, stigma and also to deal with their rough clients during sex work. The NACO study also brings forth associations of excessive alcohol use before and during sex work and transgender people’s inability to properly use condoms.

Together, this combination of “Gender Deviance” as per society, “Sex Work” and an “HIV infection” triples their stigmatization, discrimination, harassment and exclusion in the society. The result is psychological distress due to rejection from everyone i.e. family, friends, relatives, neighbours, schools, work places. In cases where they are even abused and harassed by their sex work clients, they resort to withdrawal from people and communities leading to loneliness. All these factors are associated with higher rates of post-traumatic stress disorder (PTSD), anxiety, depression, suicidal tendencies and substance abuse among them.

Transgender and Healthcare System in India

Similar to transgender people’s overall health status, their interface with healthcare system in India is least studied. Whatever limited was found, points at issues of healthcare in relation to-a) policy, b) service provisioning, c) staff behaviours.

With high prevalence of sex work and HIV infections among transgender group, the National AIDS Control Program is one such health program among all others that has special provisions for Transgender group. But a study published in 2016 showed that about two-thirds of transgender people who were part of the study had no access to STI treatments. It reports that of those who accessed the system, 33 percent did not receive proper counselling on antiretroviral therapy adherence even though the medication was given.

Presence of chronic conditions e.g. high prevalence of HIV/AIDS, alcoholism, sexual and physical violence, exclusion from society explain the psychological, emotional and mental health problems in Transgender people. Mental health and related service provisioning through government setups had been a neglected area in India in general and more so for Transgender. Thus, it is not surprising that amidst demand, there is negligible literature on Transgender and mental healthcare system interface in India.

Another issue is related to Sex Reassignment Surgery (SRS). While many transgender desires to align their sex with their gender identity, limitations in relation to its availability, access and quality are reported. Lack of
legal clarity on this matter in India kept formal healthcare institutions away from providing this service.\textsuperscript{31,32} In such situation, many transgender approach unqualified people who offer such services without proper knowledge, skills and infrastructure.\textsuperscript{32} As a result, many report back with severe life threatening post-surgery complications such as bleeding and urinary infections.\textsuperscript{33} The available formal healthcare institutions, though limited in number, are reported to be inaccessible due to cost or compromise on quality.\textsuperscript{34} Lack of access to any health insurance and social welfare schemes for transgender by the government is an additional barrier affecting health services access and utilization.\textsuperscript{27}

Another barrier to healthcare seeking is staff’s behaviour towards Transgender. The health system is a part of the larger social system and replicates stigma, abuse, discrimination and exclusion inflicted by society on transgender.Insensitive behaviours by healthcare staff e.g. deliberate use of male pronouns, admission in male wards, forcing them to stand in male queue, verbal abuse and physical violence on transgender have been reported by Transgender.\textsuperscript{22,35} Sharing such experiences with peers can negatively affect healthcare seeking behaviours of other Transgender through self-exclusion.

The Rights of Transgender Persons Bill 2014 revised as The Transgender Persons (Protection of Rights) Bill, 2016 mention the following as government’s responsibility in relation to providing healthcare to Transgender in India-1) Separate HIV Sero-Surveillance Centres; 2) Free of cost SRS; 3) Counselling services; 4) Schemes to cover medical expenses; and 5) barrier free access to healthcare institutions.\textsuperscript{36} As India takes its baby steps towards all-inclusive development by firstly counting Transgender numbers under Census 2011 followed by providing them legal recognition in India, passing of this bill by government will be a step towards formalizing gender inclusive initiatives within healthcare system in India. Some examples of health and healthcare interventions tried out in other countries specific to Transgender people are summarized in Table 1.

### Discussion and Conclusion

Transgender people’s health in India is understood to be influenced by various factors that play a role at individual, family, community and societal level. The gender binary social norm and intolerance towards any deviation seems to be the root cause cutting across all levels. At individual level, it leads to gender dysphoria. At family level, it leads to rejection, neglect and violence of transgender. In communities, it leads to exclusion from education, peer network, livelihood opportunities and at societal level it is associated with issues of legal identity, social protection and access to social welfare. Such conditions in which Transgender people are born, live, work and age in India have implications on their physical, sexual, emotional and mental health. The inaccessible and insensitive healthcare system seems to deepen the Transgender health story further.

With legal recognition of Transgender identity in India, the healthcare system needs to be freshly looked at from all gender-inclusive perspective. With respect to Transgender, following areas may need attention-

- **Research and Evidence:** a) Health screening and research with Transgender persons to understand their overall health and healthcare issues more systematically; b) Gender analysis and audit of public health system to assess how transgender friendly they are; c) Study best practices and interventions done within health sector in other countries and draw lessons for India

- **Policy level:** a) Cognizance of Transgender as a vulnerable group in national health policy like that done for other groups based on age, life stage, gender, class and region; b) Clarity on legality, availability, access and quality parameters pertaining to SRS services in India; c) Recognise Transgender health issues beyond just HIV/AIDS and provide guidelines for healthcare providers on their roles and responsibility towards this group.

\begin{table}[h]
\centering
\caption{Transgender related health programs/policies in other countries}
\begin{tabular}{|l|l|l|l|l|}
\hline
Sl. No. & Country & Health programs/policies & Year & Details \\
\hline
1. & Australia & Mind OUT! National LGBTI mental health and suicide prevention project\textsuperscript{37,38} & 2011 & To develop and deliver suicide prevention initiatives \\
2. & Canada & Trans care BC\textsuperscript{14} & 2002 & To provide health information and healthcare services to Transgender people in British Columbia, Canada. \\
3. & UNDP Multi-country Project & Being LGBTI in Asia\textsuperscript{41} & 2014 & To promote universal access to health, education and other social services. \\
4. & United States & Transgender affirming hospital polices\textsuperscript{32,42} & 2013 & Creates equal access to quality healthcare for transgender patients. \\
5. & Oregon, U.S. & Transgender health care program\textsuperscript{43} & 2015 & To provides safe, comprehensive and affirming health care to transgender and other gender-non-confirming individuals \\
\hline
\end{tabular}
\end{table}

1. LGBTI means Lesbians, Gays, Bisexuals, Transgender and Intersex. An individual’s sex, sexual orientation and gender are some important determinants of his or her biological and social identity. The one born with a set of morphology, anatomy and physiological characteristics is classified as either “Male” or “Female” Sex. In case of an anomaly, one is classified as “Intersex” and hence may face discrimination in society. In societies where heterosexually is the “norm” (i.e. sexual relationship with only opposite sex individuals is accepted), people with non-confirming sexual orientations e.g. Lesbians, Gays, Bisexuals are considered deviants.
Service Provisioning: a) Evidence based decisions on aligning healthcare infrastructure and services e.g. wards, toilets, separate surveillance and counselling units; b) Periodic health camps at sites of high transgender population density along with strengthening routine systems that currently is less accessible to transgender due to social stigma; c) Partnerships with organized associations of Transgender, community, non-government agencies and professionals working with Transgender groups to address issues such as substance abuse, violence, mental health and community based health financing models need to be explored and implemented.

Capacity Building: a) Designing gender sensitization training especially for medical and paramedical healthcare staff and training them; b) Equipping both medical and paramedical staff on communication skills to be used with patients; and c) Training nurses and doctors through short course on counselling is needed.44

But as health and wellbeing is an outcome of the conditions and opportunities under which one is born, lives, grows and ages, interventions in health sector alone may not bring sustainable change in Transgender people’s health. This is especially because if the root cause is gender binary social norms that leads to transphobia in our society, it is these norms that push transgender people to live, grow and age in unacceptable living conditions that affect their health. Like all other phobias or fears, Transphobia also has its roots in the lack of knowledge and awareness about Transgender in our society.

Hence a more sustainable solution to preventing ill health in Transgender people will be to sensitize society on issues e.g. who they are, why they are so, whether they are normal as anyone else, what duties does a responsible society holds towards them. But it is important that this knowledge building is evidence based. Thus, the current dearth of research on transgender people’s health and healthcare issues in India is an urgent need. Such research needs to be with system’s perspective as Transgender people’s health has its linkages with larger system. Research, societal awareness and healthcare system initiatives—all offer an opportunity for multiple stakeholders e.g. academia, public health professionals, media, non-government and government organization to contribute to all gender inclusive healthcare system in India.

Conflict of Interest: None declared

References

21. Nanjundaswamy S. An anthropological study of male to female transsexuals in Mysore and Bangalore cities, Karnataka, India.
24. NACO. Government of India. Last accessed on 18th January 2018


42. Lambda Legal. (May 2016). Creating equal access to quality healthcare for transgender patients. Transgender-affirming hospital policies.
