

# TRANSGENDERS ACCESS TO HEALTHCARE IN INDIA

## Abstract

Human beings are complex creatures. When they evolved from their primitive way of life, they started structuring every aspect of life. One of the aspects which got structured was gender and gender roles. While it is impossible to trace when it happened, but gender was divided into binary. For centuries, the concept of gender binary has dominated in the society, labelling anyone out of these boundaries are immoral, unnatural or an abomination.

One community which had harsh consequences was the transgender community. For generations they have been marginalised due to stigma and discrimination. Even though they were an important part of various cultures and Indian religious texts like Mahabharat and Ramayana, colonial influences corrupted the cultural beliefs. Colonisation brought with it rigid structures of gender binary and thus began the onslaught of the transgender community.

Once revered in Indian subcontinent years of subjugation under British colonial laws and cultural influence left them one of the most vulnerable in India. Laws like Section 377 and Criminal Tribes Act tried to control various aspects of their life by declaring them innately immoral and their customs unlawful. Though CTA was abolished after independence, public opinion about the community persists. Stigma, discrimination, and marginalisation have dire consequences on health of the community.

These factors influence the socioeconomic aspects of their lives which are important determinants of health but also affect their access to healthcare. Healthcare

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providers being part of the mainstream society carry social beliefs with them into their practice which may affect their opinion towards a particular community. This chapter aims to understand the journey of the transgender community from an Indian context and the various social factors which influence their health.

**Keywords:** Transgender, Transgenders Health, Health Law, Transgenders Access to Healthcare

## I. 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.

## II. 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 *Transsexualismus* in 1923, but it remained virtually unused until 1955 (Janssen, 2020).

Psychiatrist John F. Oliven in 1965 introduced the term “*transgender*”, writing in his reference work *Sexual Hygiene and Pathology* that the term which had previously been used, *transsexualism*, “is misleading. He believed sexuality is not a major factor in primary transvestism (Oliven et al. 1965). The term *transgender* was later popularised by various trans rights activists including Virginia Prince who founded *Transvestia*, a national magazine for cross dressers and used it in its December 1969 issue. 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**

	Definition		Definition
1	<b>Sex (sex assigned at birth):</b> sex is typically assigned at birth (or before during ultrasound) based on the appearance of external genitalia.	6	<b>Gender Incongruence:</b> Gender incongruence is characterised by a marked and persistent incongruence between an individual’s experienced gender and the assigned sex.
2	<b>Gender/ Gender Binary:</b> Gender is a socially constructed set of characteristics which define masculinity and femininity. Gender Binary is the classification of gender into two discrete categories of boy/man and girl/woman.	7	<b>Gender Dysphoria:</b> Marked clinical distress due to Gender Incongruence
3	<b>Sexual Orientation:</b> a component of identity that includes a person’s sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction.	8	<b>Transsexual:</b> term to describe transgender individual who has changed or is changing their bodies through medical interventions (e.g., hormones, surgery) to better align their bodies with a gender identity that is different than their sex assigned at birth.
4	<b>Gender Identity:</b> a person’s deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics.	9	<b>Transition:</b> Process some Transgender people progress through when they shift toward a gender role that differs from the one associated with their sex assigned at birth. Can be social or medical.
5	<b>Gender Expression:</b> the presentation of an individual, including physical appearance, clothing choice and accessories, and behaviors that express aspects of gender identity or role. Gender expression may or may not conform to a person’s gender identity.	10	<b>Intersex:</b> Term used to describe a variety of medical conditions associated with atypical development of an individual’s physical sex characteristics. These conditions may involve differences of a person’s internal and/or external reproductive organs, sex chromosomes, and/or sex-related hormones that may complicate sex assignment at birth.

These definitions are classically western and do not extend to defining the various identities present in the Indian subcontinent. Hijra (the Aravani in South India or Kinnar/Khusra in North India) is one such identity that has been recognised in India since ancient times.(Kalra, 2012).These communities have a distinct recognition for their identity and they prefer the ‘third gender’ Or the ‘trithiyapanthi’ or ‘trithiya prakriti’,which literally means of the third gender or the third nature(Kalra, 2012). The closest association between the identities in Indian subcontinent and western 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 tochange in the medical and social domain.InInternational Classification of Disease, Edition 11<sup>th</sup>, 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.

### **III. 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 ofRamayan, 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, Shikhandiniis 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). Mahabharat also narrates the story of Aravan's sacrifice to Goddess Kali to ensure the victory of the Pandavas in the Kurukshetra war. He was the son of Arjuna and a Nagakanya. His only condition was to marry before he dies. To fulfil his wish Krishna assumed his Mohini form and married him. Aravanis in Tamil Nadu worship Aravan as their progenitor(Michelraj, 2015). Another prominent belief system, Jainism has the concept of 'psychological sex'. It focuses on the psychological constitution of an individual not dependent on 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).

#### IV. COLONIAL INDIA AND THE SHIFT IN OPINION

With imperialism digging its roots in the Indian subcontinent in the 18<sup>th</sup> 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 19<sup>th</sup> 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 hijra community was deemed innately criminal and corrupt. They aimed to erase hijras as an accepted apparent cultural group from the society and devalue their 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”. The Act criminalised the primary source of income for the Hijras. (Hinchy, 2014)

Criminal Tribes Act 1871 was outlawed 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.

## V. 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 already prevalent in the society which doesn't accept any form of expression other than strict gender binary and patriarchal roles. (More, 2021).

According to the Indian Census 2011, fewer members of the transgender community get education amounting to 46 per cent literacy, while the literacy rate in general population is 74 per cent. The transgender students drop out because of bullying, discrimination, and harassment and thus leading to a higher dropout rate than other group of students. Registrations for class 10<sup>th</sup> and 12<sup>th</sup> also reflect a grievous trend. In class 10<sup>th</sup> exam registration, only 19 were transgender against 7,88,195 girls, and 11,01,664 boys. For class 12<sup>th</sup> registration, 6 were transgender while 5,22,819 were girls, 6,84,068 were boys. (Bhaina et al., 2020).

**2. Employment:** Low literacy rates and social exclusion further limit the employment and livelihood opportunities for the transgender community. This leads to economic marginalisation which further aggravates their social marginalisation by fuelling stigma, discrimination, and violence against them. (More, 2021).

The National Expert Committee in its approach paper explored the challenges of the transgender community with respect to their Education and Employment opportunities. They acknowledged that insensitive teachers and the staff lead to the grievous state of education that forces the transgender community to occupations like sex work. This keeps them vulnerable to Sexually transmitted infections (STIs) and also pushes them to take desperate 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.

- 3. 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 people are at a 13 per cent higher risk of contracting HIV infection. (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 lead to an increased prevalence of mental health issues. Coping with stigmatisation, discrimination, and harassment without support results in



significant psychological distress leading to self-harm and increased chances of suicide. Transgender teenagers still struggling with their orientation, identity and acceptance may feel isolated further distressing the situation present in the society. These overwhelming emotions may have a lasting effect on personality which leads to further social marginalisation thus trapping them in a web of misfortunes.

- 4. 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.

## VI. 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. Studies on the social determinants of health support the associations between various health indicators and an individual’s social standing and control on resources and capacity to generate wealth, educational prospects. (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. Influence of social determinants on health may take effect in relatively short time frames (e.g., months to a few years) and may not be direct in causation(Braveman& Gottlieb, 2014) for example accepting risky health behaviours like indulging in sex work because of lack of support. Or the influence can take effect over complex and lengthy causal pathways. There may be risky health behaviour, but it doesn't necessarily have to be a key mediator.(Braveman& Gottlieb, 2014). According to Evans and Schamberg, prolonged childhood poverty leads to poverty related material deficit thus leading to stress and appears to influence cognitive function appearing during the adulthood. (Evans &Schamberg, 2009). Childhood stressors for children growing up in disadvantaged settlements influence health by direct physical challenges and lack of health-promoting behaviours. These children are often subjected to emotional and psychological stressors arising from lack of 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.

## **VII. 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 person to a tainted discounted one” (Thompson et al., 1963). Nevertheless, various researchers have elaborated and added dimensions to stigma theory ever since.

Conceptualisation of stigma by Link and Phelan in 2001 is a widely used one. They recognised that stigma, stereotyping, labelling, and discrimination often overlap. They conceptualise stigma as the occurrence of several co-components together,

- People realise the difference and their human differences are labelled in the first component.
- In the second, labelled persons are attached to undesirable characteristics, to negative stereotypes as per dominant cultural beliefs.
- In the third, labelled persons are categorised to separate “us” from “them.”
- In the fourth, once labelled persons are separated, they experience discrimination due to stigma, leading to inequality and status loss.

Stigmatisation thus is based on social, economic, and political power that allows one group to differentiate, construct stereotypes which separate labelled persons into distinct categories. 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.

Hugto and fellows operationalise stigma according to the levels and means through which it is experienced structural, interpersonal, and individual (White Hugto et al., 2015). Stigmatisation can also be structural where norms and policies whether enforced by society or an institution limit resources and access to remedy. Interpersonal stigma, on the other hand, is when people’s action like harassment and physical violence against a group categorised by their gender identity directly result in stigma. At the individual level, stigma comprises the self-realisation or perception that others to hold a feeling against them that may shape future behaviour, such as the anticipation and avoidance of discrimination (White Hugh to et al., 2015). Stigmatisation of transgender community affects their health directly by being a major stressor thus increasing morbidity and mortality and indirectly by barring access to fundamental resources (employment, education, status) and remedial measures. (Hatzenbuehler et al., 2013; Link & Phelan, 1995)

## VIII. DISCRIMINATION AND MARGINALISATION

The terms stigma and discrimination are overlapping concepts their difference lies in the focus. “Stigma,” focuses on the group, which is being stigmatised, but “discrimination” looks at the group causing rejection and exclusion, the group which is discriminating—rather than on the group subjected to it (Sayce, 1998). The difference lies in “different understandings of where responsibility lies for the ‘problem’ and consequently to different prescriptions for action” (Sayce, 1998). When a group of people is stigmatised, it gives rationale to the ones discriminating for excluding them from mainstream. Thus, people stigmatised experience status loss and discrimination (Link & Phelan, 2001). Discrimination can be thus defined as 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 and 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. The transgender community also face resistance while accessing public places and services like transportation, shops etc. (More, 2021). Barrier to access one crucial public place is toilets. Our country still lacks gender inclusive toilets at most public places. The discrimination and marginalisation have gravely affected the lives of transgender persons.

## **IX. MEDICAL EDUCATION AND TRANSGENDER COMMUNITY**

Clinicians come from and are a part of society. They carry the same opinions as is cultural norm with them while they enter the education system. Thus those who remain poorly educated about gender and all its normal variations even after the education may continue to be discriminatory thus jeopardising quality of care and access for the transgender community. (Hana et al., 2021). This contributes to perpetual institutional and systemic discrimination. In most places it also leads to denial of the existence of transgender and gender-diverse people. (Bauer et al., 2009). There are studies which examine the biases held by medical against individuals not conforming to gender norms (Sharma, 2018). 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).

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. The books discuss terms like “pederasty” and “tribadism” with bestiality and paedophilia, perpetuating negative stereotypes which have been proved baseless by various studies. Inhuman practices like psychotherapy, aversion therapy and even androgen therapy are discussed in a widely followed textbook of undergraduate psychiatry. “Reconciliation with the anatomic sex” by similar methods is discussed for 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.

## **X. MEDICAL PROFESSIONALS AND POWER**

Social, economic, and political power dynamics determine the capacity to stigmatise. These power dynamics are often not focused on when discussing stigmatisation because for certain group to hold power is never deemed unusual but a norm. (Link & Phelan, 2001). Medical professionals hold the position of power when it comes to healthcare and access to services. 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.

## **XI. 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. Discrimination in healthcare settings and social exclusion are a barrier in accessing 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). These negative interactions lead to trans persons delaying or avoiding necessary services thus risking overall health (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).

## **XII. 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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