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Ray Craig  
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The State of Transgender and *Kinnar* Communities in Delhi: Case Studies Connecting  
Socioeconomic Factors to Health

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SIT Study Abroad

India: Public Health, Gender, and Community Action

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## Abstract

The paper seeks to draw connections between socioeconomic barriers faced by the transgender (trans) community in Delhi, India and the healthcare that the community receives. It primarily discusses transgender people who are not part of the *kinnar* population, with as much consideration to the experiences of the *kinnar* community as possible, given limited access to their circles. Five transgender individuals and two cisgender individuals who have worked with trans communities participated in semi-structured qualitative interviews to understand various factors that affect trans people's daily lives and their healthcare experiences in Delhi. Interviews were transcribed and coded, finding common themes of societal perception, family pressure, discrimination in education, housing, and employment, general treatment as factors affecting healthcare experiences. The paper relies primarily on the lived experiences and expertise of trans participants, supplemented by scholarly sources which restate the impact of these social issues to explain how each of these factors impacts healthcare quality and access for trans people. The final section offers future directions for research and improving the state of the trans community in Delhi, in areas of healthcare and beyond.

## Audience

This is a paper for anyone who cares about the experiences of transgender people in Delhi. I have had the privilege to be a listener, keeper, and reporter of this knowledge, theorizing it in conversation with other trans people who have been willing to share parts of their lives with me. Conversations I had while writing this paper offer an immense amount of information coming from those who understand it best, and some who have learned directly from them. Given that context, this paper is intended as an act of solidarity with gender nonconforming people in Delhi, and an opportunity to learn from their valuable knowledge, which must be counted and respected as such.

Each of the lived experiences presented in this paper are factual in and of themselves. The paper makes some use of numbers and statistics, which are valuable, but they are not people. There is no "one size fits all" trans experience, and this paper will not pander to that idea.

Existing data about trans people often tells a certain story, lacking detail and compassion. This paper seeks to contribute a little more detail.

This paper includes intense discussion of hardships, systemic inequity, discrimination, and other negative experiences. It also discusses coping mechanisms, hope, and community action. I have attempted to draw a balance that accurately represents the complexity of human existence, while also acknowledging that this project is limited in time, scope, sample, and a variety of other areas. With that in consideration, this paper tells the partial stories of some transgender and gender nonconforming people in Delhi, which may resonate for others as well. I have written it for anyone who wants to understand and empathize with the human experiences represented here.

## Introduction

Transgender and gender variant<sup>1</sup> people have a long history of existence in India, dating back to Hindu Vedic texts describing the power of *kinnar*<sup>2</sup> individuals— demigods who are not men or women but a third gender (The Guardian, 2015; HuffPost, 2016). There is not a huge body of literature about people do not identify with the gender and sex they were assigned at birth, but the vast majority of scholarship on both the broader transgender community and *kinnar* communities specifically focus on poverty, begging, sex work, HIV/AIDS, and other hardships (Gupta and Sivakami, 2016). Generally, existing data shows that transgender and gender-nonconforming individuals can experience a harsh atmosphere in India, facing many

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<sup>1</sup> Gender nonconformity and gender variance both describe gender expressions and identities that do not match one's assigned sex at birth, or the expression expected from someone who was assigned that sex.

<sup>2</sup> Members of the *kinnar* community are often referred to colloquially as "*hijras*," which refers to someone who leaves their own tribe in search of their true self (HuffPost 2016). It is widely used and has other translations as well, some of which carry a negative connotation (Daryani 2011). Therefore, this paper will not use the term unless quoting directly from a source, with the goal of maintaining the intended connotation from various sources to better understand perceptions of the *kinnar* community.

barriers to health<sup>3</sup> in both basic and specialized care. The trans community has unique health needs in terms of appropriate, gender-affirming services, which are unfortunately not always available at an affordable level (Manzoor et al., 2020). Literature has identified issues of low education and health literacy levels, discrimination at healthcare facilities, inadequate healthcare, exclusion from social protection schemes, socioeconomic status, and gender-based violence as barriers to transgender people's health, most of which will be discussed in this paper (Pandya and Redcay, 2021).

Scholarship representing only these issues leave a huge gap in understanding trans people's experiences in other aspects of everyday life, especially positive ones. It reduces the community down to misery, stigmatized work, and stigmatized diseases, and ignores hardships that trans people face outside of poverty and sex work, such as mistreatment by the public and systemic barriers that lead them to options they may not have chosen otherwise. This in turn leads society to neglect gender nonconforming communities' rich histories, culture, and everything else that trans people experience and have to offer. *Kinnar* individuals are known to be skilled in music and dance and have the power to bless or curse everyday people (HuffPost, 2016; Pandya and Redcay, 2021). They are revered as such, both feared and respected, and paid to attend ceremonies like weddings and births to give blessings and celebrate, a practice which continues today (Pandya and Redcay, 2021).

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<sup>3</sup> This paper uses "health" to refer to both mental and physical health throughout. Emotional pain and trauma caused by transphobia are damaging to one's health right alongside the physical violence or fear of violence that can result from discrimination. These experiences also make a person less likely to seek physical healthcare if needed (for reasons that will be discussed), which in turn worsens health outcomes. Hardships that transgender people face can harm them both mentally and physically, and therefore contribute to health overall.

A lot of the historic respect for *kinnar* communities was lost when British colonizers imposed a harsh gender binary<sup>4</sup> throughout their rule in India from the 1850s until 1947. They imposed laws targeting and criminalizing any forms of gender expression that did not conform to binary standards. One participant pointed out that

It's important to understand that you can't look at the rights or experiences of trans persons starting from 2023, we have to look back into the past to understand the current discriminations. We need to understand that there has been criminalization of trans folks through the Criminal Tribes Act, which was enforced during the British rule over India, and which was withdrawn at the time of independence, around 75 years back, but informally has continued to exist. Which means that trans folks will have been arrested for no offense done by them because we are [seen as], you know, "criminal." (Dr. Hiya, Personal Communication)

The Criminal Tribes Act required the "registration of criminal tribes and eunuchs," lumping together almost every group that the British Government found undesirable and difficult to manage, including many tribes indigenous to India, nomadic groups, traveling tradesmen, and the *kinnar* population (Criminal Tribes Act, 1871). The Act made aspects of these groups' existences inherently illegal, and the communities suffered stigma and violent penalties as a result (Criminal Tribes Act, 1871). Section 377 of the Indian Penal Code, imposed in 1861, had already made sodomy and other kinds of queer sex (between consenting adults) illegal at the time under the umbrella of "unnatural sex," falsely equating them with pedophilia and bestiality (*Navtej Singh Johar vs. Union of India*, 2018). These are two notable ways that gender

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<sup>4</sup> The gender binary refers to the idea that there are two genders which align with two biological sexes, men being "biologically male" and women being "biologically female." In reality, both biological sex and gender exist on a spectrum and are not limited to just two options, but this rigid construct has very real impacts on human life today.



nonconformity was othered and criminalized under British rule, creating an “us vs. them” attitude against gender variant people in India.

Still, there is a notable dichotomy to the treatment of *kinnar* communities because of their history in India:

On one side we have treated trans persons by deifying them, by treating them as something who are like gods, or who have these spiritual power[s] of blessing someone, or they curse someone. That’s really potent. But at the same time denying them the basic rights, um, to exist, for example, within their natal family, to have rights of inheritance, marriage, and so on.” (Dr. Hiya, Personal Communication)

Sentiments and policies like those, which deify, but also fear, other, and exclude any sort of gender nonconformity or non-mainstream sexuality, still exist in India today, after being internalized into social expectations (HuffPost, 2016; Dr. Hiya, Personal Communication). The Criminal Tribes Act and Section 377 made expressing gender nonconformity in public very dangerous, due to the threat of legal prosecution against these individuals by the British. This meant that society got used to seeing gender variance as it was framed under these laws: unnatural, criminal, and dangerous (Criminal Tribes Act, 1871; *Navtej Singh Johar vs. Union of India*, 2018). The highly respected view of the *kinnar* community in Hinduism was, and still remains, at odds with their treatment under colonization, meaning that gender variance is oftentimes either ignored or feared and misunderstood in Indian society today.

At the same time, awareness of the Western definition of transgender identity has grown in the last few decades. The Western definition of “transgender” is an umbrella term for anyone who does not identify with the gender and sex they were assigned at birth. There are many identities which fall under this, such as trans men, trans women, and non binary people. The term

transgender technically includes the *kinnar* and other third-gender identities described in Vedic texts within that literal definition, but it is important to remember that this is a Western concept with which *kinnar* individuals do not necessarily identify (The Guardian, 2015). In India, the transgender and *kinnar* communities are distinct, but are often both referred to as “trans,” creating confusion. There are also other non-mainstream identities that challenge norms of gender and sexuality in India, such as *kothis*, who are characterized mainly as males exhibiting varying degrees of femininity which is usually situation-specific, unlike in the *kinnar* community (Daryani, 2011). The experiences and identities of *kothi* individuals are beyond the scope of this paper, and I do not attempt to represent their experiences nor draw any conclusions about the community. Even so, it is important to reinforce that gender variance in India, and abroad, expands far beyond the *kinnar* or transgender distinction discussed here. This paper only discusses a miniscule piece of the huge variety of experiences of gender that exist around the world. For clarity’s sake, this paper will refer to *kinnar* individuals and communities as such, and will use “transgender” to describe people who identify differently than their sex assigned at birth but are not part of *kinnar* communities.

With growing awareness, laws regarding the transgender community in India today have advanced beyond colonial era rules. They are a good deal more complicated today because while some outdated policies have fallen away, many remain. Trans people are still seen and treated as second-class citizens in many ways, but have gained many rights and protections under recent legislation and judgements. The *National Legal Services Authority (NALSA) vs. Union of India* decision of 2014 legally recognizes people who fall outside the male/female gender binary, including those who identify as third gender (2014). This was followed by Section 377 being read down in 2018, and the Transgender Persons Protection of Rights Act being passed in 2019

by the Central Government of India (*NALSA vs. Union of India*, 2014). The 2019 Act covers prohibition against discrimination, recognition of identity of transgender people, applications and issuance of certificate of identity and legal gender change, non-discrimination in employment, right of residence, the obligation of educational institutions to provide inclusive education to transgender people, healthcare facilities and a grievance and redressal system, amongst other protections (Transgender Persons Protection of Rights Act, 2019).

Interestingly, despite undeniable discrimination against the *kinnar* community, their notoriety in Indian society has afforded some recognition that may have played a part in these legal changes. One participant described that the *kinnar* community's reputation was an important factor for the 2019 judgment:

The courts gave a very good judgment for the trans community but *not* for the rest of the community [gay, lesbian, and bisexual people]...I suspect that part of it was because the judges, they see trans as *hijras*, and that's what we are brought up with, that's—the *hijra* communities are communities that we interact with and they're part of our religious functions and all of that. So there is an acceptance of the *hijra* community that doesn't necessarily mean that they are not marginalized, of course they are, but still there is at some level more acceptance of them than the rest of the community. So the judges actually gave, they ensured that the community got certain rights... (Ekta Ji, Personal Communication)

This nuanced legal reasoning reveals complexity in the role that *kinnar* individuals play in society, where tolerance and marginalization coexist. This is also true for the role that perceptions of *kinnar* people have for other transgender people who are not in *kinnar* communities. The distinction between the two will be discussed at length later in the paper, but it

is important to consider how actions taken for or about the *kinnar* community also affect other gender nonconforming groups.

Simultaneously, legal discrimination and exclusion continue. Despite some legal protections and reservations in housing and employment, there are certain other laws and legislations that have been pushed that are denying trans folks the rights that they had previously...For example, the Artificial Reproductive Techniques Act, which now explicitly excludes LGBT folks, the Surrogacy Act, which now explicitly excludes single people or trans folks from commissioning a surrogacy. If you look at the adoption rules, the rules allow couples or single folks to adopt but not trans persons. (Dr. Hiya, Personal Communication)

So despite having non discrimination protections in health, housing, employment, and other important areas of life, trans people are still not afforded all the same rights as everyone else. Trans people, currently legally designated as a “third gender,” are often completely ignored in legislation like this, which references only men and women (by which they mean cisgender<sup>5</sup> men and women) (Dr. Hiya, Personal Communication). Adoption agencies insist on only working with married heterosexual couples and cisgender women for fertility procedures (Adoption Regulations, 2022; Assisted Reproductive Technology Act, 2021). They do nothing to protect the trans community’s right to have a family of their choosing. Trans people still face the dehumanization of being denied family planning services and the opportunity to have children, which also perpetuates the false idea that trans people cannot have families or be parents like anyone else.

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<sup>5</sup> “Cisgender” refers to someone who identifies with the gender and sex they were assigned at birth. A cisgender person is someone who is not transgender.

This historical and legal framework will remain relevant for understanding current perceptions of the trans and *kinnar* communities in Delhi and how they are treated. Residual stigma left over from colonial influences remains normalized in ways that still affect gender nonconforming people today. This paper seeks to tell those stories, balancing good and bad, hardships and coping, joy and mundane normalcy, while drawing connections between systemic and social barriers and the healthcare trans people receive. The goal of this paper is to expose areas for improvements and to make clear that society has a responsibility to do better by its trans and *kinnar* communities, which is true in Delhi and across the world.

## Methodology

To further investigate problems faced in the community, I sought the experiences of transgender people living in Delhi. *Kinnar* communities tend to be very insular and hard to access out of self-preservation, so I was unable to access them for interviews. It is important to note that statements about the experiences of *kinnar* people in this paper were not made by *kinnar* individuals themselves. Instead, I reached out to The Naz Foundation through my academic director at SIT to contact respondents. Naz is a leading LGBT+ advocacy organization in New Delhi, famous for starting the petition to read down Section 377, decriminalizing queer sex. The Foundation works with many members of the LGBT+ community and was able to facilitate interviews with individuals who have relevant life experience. This facilitation was essential because finding respondents among my small network in a new place was very difficult, and my reach in Delhi's trans circles was incredibly limited.

Seven individuals were interviewed to collect qualitative data on the state and experiences of the trans community in Delhi. Five participants are transgender, one trans man, two trans women, and two people who explained that they have the soul of a woman, but that

their identity is closer to non-binary (by Western definitions). Two participants are cisgender and have worked with the trans community for many years. None identify as *kinnar*. One cisgender participant has had a strong relationship with *kinnar* populations through her work, so this paper cannot fully represent their experiences as previously stated. Participants vary in background—all interviewees are from India, and most were born outside of Delhi, moved there in their adulthood, and have stayed for a number of years. Trans participants who moved to Delhi from elsewhere did so seeking economic opportunities, less discrimination, or the opportunity to transition medically and socially.

Respondents' education levels vary from secondary schooling to having completed a masters or medical school. Three of the trans participants are employed in various capacities at Naz. The other two trans participants are unaffiliated with Naz; one has experience as a medical doctor and professor of public health, and the other works with a different organization providing resources to the queer and trans community. One cisgender participant is a doctor and psychiatrist who has worked with trans patients for many years, and the other has worked extensively with trans and *kinnar* communities through Naz. Ages in the sample range from mid-twenties to mid-sixties. All interviews were conducted in English except two, which were conducted in Hindi with the help of individuals from Naz and SIT acting as translators. All participants verbally consented to be interviewed and to have information they shared be used anonymously in this project. All names have been changed and all pronouns used are the ones preferred by the respondent.

Respondents of this paper are my partners in knowledge production, not merely subjects of an interview process. As such, the paper was member checked (sent out to participants for review) in its draft stages. Two responses were received, and all participant feedback received is

incorporated into the final paper. Member checking is an important step of anthropological field work, and this paper benefits from it in the fact that trans people are experts on the trans experience. Member checking with a group of trans people from Delhi is almost like peer-reviewing the paper for accuracy among experts in the field. Of course, it is specific to the experiences of those represented in the sample, but nonetheless ensures more accuracy in representing them. Trans respondents should not be used as merely a source of raw data. Their analysis and feedback on the connections I have made and argued for in this paper is essential to the quality of the product. Differences in our perspectives are all included. I do not expect to understand or entirely agree with all participants, but as a trans scholar I understand the importance of representing a diversity of trans experiences within the scope this month-long project has allowed.

Differences in the sample group lead to big discrepancies in life experiences and the resources that participants have had access to, which of course influences their experiences. All participants have stable income and work with organizations that affirm LGBT+ people, giving them a certain level of privilege and stability that not all trans people have access to. Therefore, this paper cannot make claims about the experiences of people without those privileges. The focus is on experiences shared between the people interviewed, which will not always apply to the trans population at large. Many trans people have a lot more or less privilege than the respondents for this paper, and we must understand that the community is not a monolith.

Because the sample is small and varies significantly, this paper does not seek to draw any generalizable conclusions about the trans community, the *kinnar* community, or even the experience of being gender-variant in Delhi. There are also religious and caste differences among the sample group that greatly impact their lives in addition to other factors listed, which I

unfortunately did not have time to delve into. Furthermore, because the sample does not include any *kinnar* individuals, I cannot claim to represent their experiences directly, but still hope to shed some light on issues faced by the community through secondary sources, including one participant who has been welcomed into their spaces. I reference these interviews as primary sources and case studies of sorts to better represent the experience of being in Delhi from some trans peoples' lived perspectives. The paper merely seeks to contribute to the body of knowledge about transgender and gender variant people by sharing their first hand expertise, which is often not heard or respected as such.

## The Transgender vs. *Kinnar* Distinction

One big issue transgender and *kinnar* people face, especially in regards to recent legal protections, is confusion about who belongs to that community or under that title. It is important to understand the difference between those who identify as *kinnar* and those who identify as transgender by the Western definition. The issue is summarized very clearly by Ekta Ji, who has worked closely with both trans and *kinnar* individuals largely through HIV/AIDS treatment and prevention:

There's a lot of confusion in the term "trans." It's a very Western word. Because when you say trans *here*, people automatically assume you're talking about the *hijras*, the *kinnars*. So, I think what has happened is, you had, post this [2019] judgment, the trans community said they're trans, the *hijra* community said they're trans, and, um, we've had a lot of trans people come to us and say "there's no space for us within this judgment," especially trans men. So, that I think is the unfortunate part. Because, the *hijra* traditions are very different, you know? They have a very strong cultural tradition... the *hijras* live in a certain way. They have a strong family grouping, they have a *guru*, they have *chelas*,



the *guru* looks after the *chelas*, you know, it's a very, well-programmed way of living.  
(Ekta Ji, Personal Communication)

The *kinnar* lifestyle also includes living in closed, often insular communities separate from the rest of society. Their relationships mimic a family structure, where *gurus* act as mothers to their *chelas*.<sup>6</sup> Ekta Ji went on to describe that the *kinnar* community is “what we are brought up with, that's—the *hijra* communities are communities that we interact with and they're part of our religious functions and all of that” (Ekta Ji, Personal Communication). The same is not true for trans people outside the *kinnar* community, who have no such reputation in India.

Far fewer people are aware of those who identify as transgender under the more Western paradigm, who do not live in *kinnar* communities and are often less visible as a result. Because people often confuse transgender and *kinnar* identities, transgender people are lumped in with the *kinnar* community, making them that much more invisible. Many participants expressed that this confusion impacts how their families view them and their identities. Prejudice against the *kinnar* community is projected among the rest of the trans community as well, because people do not know the difference. Dawn Ji, a trans man who is not out to his family, noted that the *kinnar* community

is the *only* community that the families honestly, or the laymen know, when it comes to trans people. And if I tell them that “okay, I identify as a trans person,” they might say “okay, do you belong from the same community as *hijra* persons?” And it will be a huge, huge task to get them, to explain [everything to them], how this identity is different. That is why it's always a struggle to make families understand what trans identity, especially

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<sup>6</sup> Archana Merh of the SIT faculty explained to me that in Hindi, a *guru* is a religious or spiritual teacher, and a *chela* is someone who follows a *guru*. *Chela* can be synonymous with “disciple” or “scholar,” and specifically describes a relationship with the *guru* in yogic and Hindu traditions.

mine, looks like and what it feels like, and that is what makes it a little difficult. (Dawn Ji, Personal Communication).

Dawn Ji's experience reinforces what Ekta Ji mentioned about the invisibility of trans men and trans masculine<sup>7</sup> individuals, since the *kinnar* community would be considered closer to trans feminine in Western terms. But because perceptions of the *kinnar* community are often the only context people have for gender nonconformity, they may be confused when not every gender nonconforming person is *kinnar* or trans feminine, as Dawn Ji described. As Ekta Ji pointed out, the *kinnar* community is still marginalized despite being well-known, so trans people are often subject to the same kinds of stigma by default. This paper will further explore some of the shared experiences between the transgender and *kinnar* communities in Delhi, while also understanding that these communities are very different at their cores. What connects them is experiencing gender in a way that does not fit within binary expectations, and the way that society mistreats and falsely equates them because of it.

Unfortunately, society does not need to understand the nuances of individual gender identity to discriminate against any form of gender-variance. Negative colonial perceptions of anything outside the binary have villainized it as something to be feared, an idea which remains clearly engrained in Indian society today. Because trans and *kinnar* communities both experience and express gender in non-mainstream ways, they tend to face similar social issues. This paper seeks to address issues faced by any people who have non-mainstream gender identities, while also understanding that day-to-day experiences will vary widely based on location, class, the specific communities one is from, and a variety of other factors. It also seeks to leave behind

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<sup>7</sup> Trans masculine refers to someone who was assigned female at birth and is more comfortable with masculine gender identity and expression, such as a trans man. Trans feminine refers to someone who was assigned male at birth and is more comfortable with feminine gender identity and expression, such as a trans woman.

damage-centered approaches to fieldwork, and take on a desire-centered approach instead. The goal is to address gaps as trans people have experienced them and collaboratively find the fault in *systems*, not in trans and *kinnar* people. The next step is to address the needs and desires of respondents in their own words, and to work to bring those calls to action to reality.

## Public Perception and Treatment

Interviews reinforced what is already known about many of the barriers and hardships that transgender people face. While society is not as culturally aware of the trans community as they are of the *kinnar* community, trans people can still be visible and targeted for visible gender nonconformity on a day to day basis. When asked about how the public views the community, one respondent who is a doctor and psychiatrist said people see it as “abnormal,” “a disease,” and “a mental illness” (Dr. Fateh, Personal Communication). He was sorry to say such negative things and wished the picture was rosier— whether the public assumes they are *kinnar* or not, trans feminine and gender nonconforming people often face stares, exclusion, intrusive questions, or worse if people are confused by their gender expression. Dr. Hiya, a trans woman and doctor, said that it may start to happen more if one chooses to transition medically, because “you start to look androgynous at a point of time” (Dr. Hiya, Personal Communication). Being androgynous in binary society makes one very vulnerable, because

you don’t really have a choice of not coming out. You are now visibly trans. And those curious glances that you get from people who are trying to put you into the box of a man or a woman because, now when they look at you they are like “oh, who is *he or she?*”

You always get those questioning glances. (Dr. Hiya, Personal Communication)

This experience can be frustrating and anxiety producing as trans people try to go about their everyday lives. This unwanted attention is often a fact of life for people whose gender expression

does not match what people expect of them. Dr. Hiya said that despite starting her medical transition many years ago, “while I may be able to pass on certain occasions, most I don’t, and I don’t, even now, make an attempt to pass as a woman. Thankfully I have that much confidence now to know, be myself” (Dr. Hiya, Personal Communication). Dr. Hiya points out through expressing gratitude at her own confidence that these experiences are not always easy or comfortable, they require incredible resilience. Having to navigate being perceived differently from one’s identity in public spaces can be very difficult and take a mental toll for trans people over time.

Having a very different gendered experience, trans men tend to be even more invisible than trans women in India because they are not as associated with the *kinnar* community. This means trans men are less able to see themselves represented in media and social spheres. This paper only has one trans male respondent, who described that

for the longest time I thought that, “okay, there are no trans men in India” because even within the trans community trans men and trans masculine people are at the margins, so they are invisibilized. So I had no knowledge about other people here in this thing, here in the same space [in India].” (Dawn Ji, Personal Communication)

Having no forms of representation can make trans men feel alone, which Dawn Ji hints at. It can also make it harder for trans men to discover their identities, given very few role models. Even after finding clarity about their identities, trans men can still face confusion and judgment for any kind of visible gender nonconformity. If they do fit in based on appearance, they may be lumped in with cisgender women or cisgender men and made invisible as described.

Dawn Ji shared that this kind of confusion happens to him often and impacts how he feels on a day to day basis. Unfortunately, trans men are sometimes assumed to be cis women

depending on their appearance. Invisibility can mean less risk for violence in public, but the emotional effects are still very present. For Dawn Ji, in the metro

when people look at me from behind or from [the] side, they touch me thinking that I'm a man. And I'm realizing this every day that men, even when they are touching men, they have no sense of consent, and they can touch a man *anywhere*, and that makes me really uncomfortable. (Dawn Ji, Personal Communication)

In order to express his gender in a way that feels comfortable, with masculine clothes and haircut, Dawn Ji has had to navigate what that means about how other people perceive him and what they assume his boundaries are. This often means having his boundaries crossed by strangers, which takes a mental toll over time. After already having his personal space violated, the interactions that come after tend to be further invalidating: “then they look at me they'll say ‘oh! sorry, sorry,’ and that is even more discomforting. Because that then also instills that dysphoria” (Dawn Ji, Personal Communication). This cycle of violation and invalidating can be exhausting, but is often unavoidable given Dawn Ji's need to go out and live his life.

The daily experience of learning to expect society to treat you poorly wears down on individuals over time. On public transport, some people will refuse to share a seat with someone if they know or think they are trans, which is a hurtful and exclusionary experience (Dr. Fateh, Personal Communication). While everyone experiences daily stresses and hardships, these kinds of difficulties add on top of those daily troubles for trans people, which other people do not have to think about. The constant effort of navigation causes

too much of unnecessary stress. People are, every day, in the morning, getting up, going to their work, but I have to figure out all of these things because whenever I go to the check post in the metro station, I am just thinking that “*please* don't ask me if I'm a girl

this time, just do your work and let me go.” So all of these very minute things, they, at the end of the day, drain you, so that is the feeling. I’m drained. (Dawn Ji, Personal Communication)

Dealing with this additional stress every day affects trans people both mentally and physically. It makes simply going outside into more of an ordeal than it is for others. This experience compounds over time, becoming draining as Dawn Ji said. This is one of the ways that public perception and treatment can come to affect trans people’s mental wellbeing.

These experiences tend to be a bit easier for trans people who fit into the gender binary and are seen in public as either men or women. Sometimes it is not just about what one looks like, but fulfilling societal norms of dress and behavior. Being accepted in this way is not guaranteed, but still tends to require medically transitioning, since cisgender society has trouble understanding people whose bodies do not fit the molds they expect. If families are able to realize that being trans is not a phase, they may then turn to pressuring their trans family members to fit this mold

They say things like “You should get a transplant done,” or “Why are you living like this? You should start living like a woman, like completely like a woman.” [But] it’s also a lot of money, it costs a lot of money to go through transplantation and everything, and maybe [I don’t] want to, who are they to tell [me]?” (Bahula Ji, Personal Communication)

As Bahula Ji articulated, not only are these procedures inaccessible, not everyone wants them. Trans people should have the right to do whatever they like with their bodies, just like everyone else. A different participant expressed how this binary expectation affected her:

Once I transitioned, I changed my name and gender legally, I started to dress as a typical Indian woman, you know, suddenly the outlook of the people changed, and it was like “oh, now you are one of us, because now we are no longer confused. We have to call you a woman, we have to use your new name.” The confusion for them was sorted and they were feeling comfortable. So, I think that when you are transitioning, you also give dysphoria [laughs] to people around you, who are confused as to how they should be addressing you, because they’re only raised with the binary understanding of genders.

(Dr. Hiya, Personal Communication)

Being expected to medically transition and fit into one of two categories can be both expensive and suffocating, not to mention that it may not feel comfortable for all trans people. For some, it is potentially easier than being misgendered and mistreated, but this is not the case for everyone. These different experiences get at the nuances of how trans people have to navigate not only their feelings, but other people’s feelings *about* them and its impact on how they are treated.

Even when one does fit societal molds of femininity or masculinity, extra attention and judgment on trans people continues. This is often an unwelcome but unavoidable part of being trans in public. For some, “stares are something that I’m really uncomfortable with,” but are unfortunately hard to evade (Dawn Ji, Personal Communication). Dr. Hiya has experienced even more attention in public, both because of her gender presentation and her reputation in her work:

they’re like, “Okay we want to take a selfie with you.” It feels nice, it feels nice that people want to take selfie[s] with a transgender person, but at the same time, it makes us question, I mean, what is really [so] special with a trans person that you want to take a selfie with me? I mean, what’s really that great about it? You know, if I may be some other gender...how does that matter? That’s not my achievement, you know? But the

social system is such that existing as a trans person has now become *so* special, that if you are trans, and still alive, you are celebrated. (Dr. Hiya, Personal Communication).

Dr. Hiya reflects an important contradiction— the relief and pleasure that comes with acceptance in society, while also having to balance hypervisibility due to one small part of her identity. She also described discomfort that strangers become so excited by her mere existence. This is not something she can control, so she is expected to be subject to the whims of the public, however they may respond to her.

Dr. Hiya goes on to describe how this hypervisibility extends beyond when one is physically out in public and into society's perception of trans people overall. As seen historically with *kinnar* communities, when trans people are not discriminated against, they are either put on a pedestal or ignored and marginalized. This either-or treatment extends into one's work and social life as well. Dr. Hiya has found that people see transness "exotic," which has impacted how she is treated at work:

you do get fetishized for that, so, your talents as a medical person become secondary. You are [an] important guest on a panel discussion now because you are a trans person. Even though you are going to speak on COVID-19 vaccinations, you know, your expertise as a doctor become[s] secondary. What's important, or exotic for you to be on the panel is you being a trans person. So, I sometimes feel that trans folks are both invisibilized and hypervisibilized. And, during [an] earlier phase of my life I lived a very invisible kind of existence, I would exist in a room but no one would notice me. (Dr. Hiya, Personal Communication)

Dr. Hiya describes that despite not facing outright prejudice for her transness, her treatment in work environments is still affected when her colleagues tokenize her identity. Before entering the



public eye she felt invisible, but since coming out she does not have access to that kind of privacy anymore. There is no real in-between where Dr. Hiya is able to just exist normally in society, without extra considerations. Society only offers extreme options, the pedestal of hypervisibility or the invisibility that she used to feel.

However, many of the trans people interviewed are using the privilege afforded to them by their education, occupation, and socioeconomic status to help the entire community. Dr. Hiya does so with her work as a doctor and trans advocate, raising awareness about the needs of the community and showing that trans people have a lot to contribute to public good. Other organizations, like the Naz Foundation, offer sensitization training for schools, corporations, and other environments to make them more welcoming for trans people, often led by trans people themselves. Chahna Ji has been working to sensitize Delhi Police to the LGBTQI community with Naz over the past seven years (Chahna Ji, Personal Communication). Her life experience as a trans woman makes her well qualified to lead these trainings and to understand barriers facing the trans community. Naz also offers face-to-face counseling, telephonic counseling, advocacy, and legal help for trans people to help them cope with and address the impact of discrimination on their everyday lives (Chahna Ji, Personal Communication). These resources are growing in reach and number and offer some support and solutions for trans people who may grow tired of facing these issues, in addition to providing a safe haven for the community..

## Family Influences

Aside from society in general, family pressure was identified by all seven participants as one of the first and most intense emotional factors in trans people's lives. Family is a conduit by which broader societal perceptions become personal understandings, which create a foundation for one's individual belief system and values. Before people even have a sense of their own

identity, families have the chance to instill a sense of societal expectations which can put undue weight on an individual. Family attitudes are of course impacted by society, and Ekta Ji described the role that families have in perpetuating societal ideas by pushing their children as “the biggest problem in our culture” (Ekta Ji, Personal Communication). Expectations to maintain one’s reputation are very strong, but “if you do what you’re supposed to do, which is meant to be done in a certain way in the eyes of society, then really no one cares, especially if you’re a male, what you do otherwise” (Ekta Ji, Personal Communication). Those assigned male at birth and expected to play male roles in their families may be allowed some freedom in their private life as long as they conform outwardly. However, any deviation from social norms must be kept a secret, which can pose social and emotional challenges. These expectations are also gendered and not applied in the same way for everyone. While men’s private lives are more easily maintained, “women are still very...uh, policed” (Ekta Ji, Personal Communication). Women or people who are assigned female at birth tend to have less freedom in their personal lives as far as families are concerned, while men or those who are assigned male at birth tend to be given more. Even so, what one does with that freedom must be kept quiet. By and large, people are still expected to enter traditional marriages and have children, even if they have other relationships or identities at the same time. The pressure that people feel from families is one of “the biggest [impediments], because, in this culture, if families accept the children for who they are, half the battle is won.” (Ekta Ji, Personal Communication). Family support was a defining factor in many respondents’ lives.

The families of trans people can have a huge influence, depending on their response to or awareness of their children’s identities. When children are not openly out to their families, sometimes the “family knows it, that something is off about this person, but they are unable to

accept it, they are just dodging the ball” (Dawn Ji, Personal Communication). Many people may choose not to come out in these cases because acceptance feels unlikely. Acceptance for cisgender people coming out as gay, lesbian, or bisexual is somewhat more common according to Dawn Ji, “but being a trans is altogether very different, and using these terms won’t make our families understand this, because they haven’t read about it anywhere” (Dawn Ji, Personal Communication). A lack of understanding and awareness about what it means to be trans makes coming out more difficult for many:

I came out to my family about this, to a couple of my friends, but they didn’t understand what I was speaking, I mean, [it] didn't make any sense to them. They thought it was temporary, it’s some kind of a mental illness, or, um, you know, something that will be done with in a few years, when it happened. But I guess, my most important concern at that point of time was the depression that I was dealing with. (Dr. Hiya, Personal Communication)

Being misunderstood by one’s family is an incredibly difficult emotional experience, but it is sometimes the only choice. As Dr. Hiya describes, coming out was necessary in order to transition and address the gender dysphoria<sup>8</sup> she was having, which was leading to depression. Because of the need to appease families while also staying true to one’s self, many trans people may end up having to compartmentalize aspects of themselves. Ekta Ji argued that this need to compartmentalize is a problem for many other people in Indian society too. She shared “a very personal take on our culture— all of us are very good at living one life for ourselves and one life for society. So I think we are inherently, every Indian you meet, is living a double life, I feel” (Ekta Ji, Personal Communication). The pressure of this double life is extreme for anyone, but

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<sup>8</sup> Gender dysphoria is the powerful feeling of discontent or dissatisfaction with one’s assigned birth gender and associated characteristics. Euphoria is the powerful feeling of joy and contentment at aspects of oneself or experiences that reflect or validate one’s true gender identity.

can be even more so for trans people because it complicates transitioning socially, medically, or otherwise. Family pressure means that transition can be enforced by family, as in Bahula Ji's example, or impossible because it would require coming out and risking the familial relationship.

In addition to unkind treatment, familial discomfort can lead to outright exclusion for trans people. One participant noted that during her medical transition, “my mother stopped going out with me because she is like ‘everyone keeps staring at you and that’s really uncomfortable for me’” (Dr. Hiya, Personal Communication). In fact, the stakes of this are incredibly high. On top of being very hurtful, families sometimes take drastic measures when they are uncomfortable with their child’s identity. Above anyone else, “it’s the families who will take children for conversion therapy, right? And that’s a huge issue, and it’s an issue that many of us don’t talk about” (Ekta Ji, Personal Communication). This discomfort can be taken to incredibly dangerous levels if the family feels strongly enough to try to change their child. Historically, laws have worked in ways that make this possible: “By saying that homosexuality or lesbianism is a mental illness that could be treated by conversion therapy, which, though now banned in India, continues to be practiced informally” (Dr. Hiya, Personal Communication). Dr. Fateh reported that in his experience, most families are not accepting or inclusive of trans people and listed stigma, discrimination, and family pressure as main factors for why people might not be open about their identity. He said many families ask him as a psychiatrist how they can change their children to be straight, or not to be transgender, which he strongly disagrees with (Dr. Fateh, Personal Communication). Families may ask about conversion therapy or electro shock therapy, or how to make their children get married and have kids (Dr. Fateh, Personal Communication). I asked what the effect of this is on the transgender people, and he said they are “traumatized”—some families may disown their trans children, which is “incredibly painful” for them (Dr. Fateh,

Personal Communication). Trans people are often aware of these risks, which impacts how open they are able to be about their identity and the stakes they must consider when navigating whether to come out or not.

On the other hand, positive stories and loving families are everywhere, and they are becoming more common as “a certain level of knowledge amongst people has helped. I mean, when I introduce myself as a transgender person to people now, they kind of have a vague idea of what a trans person is” (Dr. Hiya, Personal Communication). This has been a big change, with four different participants reporting more awareness in recent years. Openness within families has led to beautiful, positive moments for some of the participants:

My family has now become accepting and with time, I am also becoming more accepting. Now I have started to wear a *saree*, which is again a very traditional women’s wear, and I would also dress up in those... with time, me, with my family, even [my] wife and children have become comfortable for [me] to dress, wear a *saree*, at home and leave the place. (Bahula Ji, Personal Communication)

For a long time this kind of acceptance was not common, and “we wouldn’t dress up in our homes, we would carry those clothes hidden in our bags and we’ll then transform into another persona in a safe space, or at a party or someplace” (Amay Ji, Personal Communication). Having to hide this element of oneself can have repercussions for trans people’s mental health and are a huge part of the family pressure mentioned. But in some cases, families are now gaining capacity to support their trans family members. For Bahula Ji, who often presents physically as a man and has the soul of a woman, his family has become a space to “share their good experiences... [I] share it with [my] children, with [my] brother, and talk to [my] wife” (Bahula Ji, Personal Communication). Bahula Ji’s family has even taken this support further, and they said that their

wife has now gotten a wig for him, hair extensions for him, and lipstick [*Bahula Ji was dressed like a typical man on the day of the interview, and shows me a picture of themselves at home in more feminine clothing and makeup*]...when I showed this to my wife, that I'm going to wear this, and I'm going to dress up like this, so she suggested that this lipstick color would go better. [laughs] Even I [*translator speaking for himself*], constantly working with the community, am always inspired, even taken aback with the kind of acceptance that he has found with family, with children, and with wife as well. (Bahula Ji, Personal Communication).

This kind of support is possible everywhere, and growing in recent years. Family acceptance allows for joy, jokes, advice, and even sharing clothes and accessories— all of which benefits the entire family dynamic. Having a familial support system can mean a lot to trans people emotionally, as well as giving them access to financial and housing support that the rest of society tends to have easier access to with their family as a safety net.

## Housing and Employment

Aside from family support, most participants identified a link between discrimination and stigma about the *kinnar* community engaging in begging and sex work with employment and housing discrimination faced in the trans community. Negative stigma wherein most members of society “think that the only work [trans people] are doing is giving blessings to people on occasions, or sex work, and that’s where they’re earning their money from...” means that “[cisgender people] do not want to understand that we can be full time employees...” (Amay Ji, Personal Communication). In reality, “[trans people] want to work, we do not necessarily want to do these things,” but they are not afforded opportunities that would offer financial security or upward mobility (Amay Ji, Personal Communication). That is how misconceptions about trans

people cyclically lead to systemic employment discrimination, which leads to poverty and isolation by forcing trans people to turn to whatever other options they see. These stereotypes mostly originate in biased understandings of the *kinnar* community and negative views of sex work, but get applied to gender nonconforming people in general because of the *kinnar*-transgender conflation. For some gender-variant people, especially those without family support or education to fall back on, “they only see the traditional trans [*kinnar*] community, they make a very quick choice to join that,” or “they do sex work, because they have no any job opportunities” (Amay Ji and Chahna Ji, Personal Communications). This is not necessarily a bad thing on its own, but the fact that people are forced to make the choice out of desperation removes their autonomy in joining the *kinnar* community. The fact that trans people have such a reputation in *kinnar* communities and sex work contexts also makes finding other opportunities very difficult.

One respondent pointed out just how hard it is for trans people to find employment. Because of this issue and general discrimination, “people can’t even keep them for their domestic help, for as a maid, or as domestic help people, because the attitude in their mind, you know— ‘we don’t accept them.’ Straightforward” (Chahna Ji, Personal Communication). Another respondent also stated that in the professional employment sector, “no company or agency is ready to hire a trans person, except very few” (Dr. Fateh Personal Communication). One qualitative study interviewing transgender individuals found that many had been employed, but needed to leave their jobs due to the stigma they faced at work (Gupta and Sivakami, 2016). This kind of discrimination leaves people with very few options to make money aside from the stigmatized options of sex work and begging.

For those with the resources to support other endeavors, small business ventures can be a viable way to increase income. Some trans people take up self-employment in “various income options, because it’s hard to live in a city like Delhi” where supplemental funds may be necessary (Bahula Ji and Amay Ji, Personal Communication). While all of the interviewees earn a stable income, Bahula Ji and Amay Ji also earn supplemental income through their own small businesses:

They make jewelry sometimes, and side hustles are ongoing...pickling season, he sells paintings, he makes handmade bags and sells them, Amay cooks in other places as well, in residential homes, because it’s very hard to make [ends meet]. [Bahula Ji] has handmade these bags [*Bahula Ji shows me a picture, the bags are intricately painted with vibrant colors*]. (Bahula Ji and Amay Ji, Personal Communication)

For them, “the key is hard work. Otherwise, the society is anyways against us, so we need to work hard on ourselves, we need to make ends meet, and we need to live on our own terms” (Amay Ji, Personal Communication). In this case, both interviewees are able to make enough money to support their basic living costs through their work at Naz and self-employment ventures, largely as a result of their own self-empowerment. This shows resourcefulness, intelligence, and perseverance— traits which often go unrecognized in marginalized communities and deserve appreciation.

Even with a stable income, systemic discrimination in housing still poses a problem for the trans community. Discrimination in the job market also exists in the housing market. Inconsistent employment poses obvious difficulties with affording to buy or rent a place, especially in an expensive city. But even for many trans people who can afford housing, “with your hard earned money, if you want to buy a place for yourself, the society, the residential area



will then create problems for you” (Amay Ji, Personal Communication). Dr. Fateh reiterated that it is much harder for trans people to find rented accommodations. He said that the same landlord will sometimes charge a higher rate for a transgender person, and that some places are a “strict no” for transgender people and will not offer them housing (Dr. Fateh, Personal Communication). This is because landlords and the residential community “wouldn’t want somebody from the [trans] community living there. Because the idea is that they would run a sex trafficking or brothel of sorts” (Amay Ji, Personal Communication). A lack of housing and job options keeps trans people on the street or dependent on the traditional *kinnar* community, allowing exclusion to fester (Dr. Fateh, Personal Communication). The trans people interviewed are not new to these feelings of isolation. One respondent pointed out that discrimination in housing and jobs makes trans people totally invisible outside conditions of poverty. She seemed dejected as she described that: “you can’t see [trans people] in offices, you can’t see [trans people] in any corporate sector, you can’t see [trans] doctor[s], engineer[s]. Not anywhere, you know?” (Chahna Ji, Personal Communication). This is an example of how constant rejection from society leads to further isolation. It perpetuates othering and feelings of loneliness which can impact self-esteem and overall mental health.

Socioeconomic disenfranchisement of the trans community has major health implications in this regard. Mental health in the community is negatively affected by lack of access to therapy or other support resources, because they are rare, stigmatized, and “extremely expensive here. A lot of us are unable to be a beneficiary of it, even if you have queer affirmative counselors” (Dawn Ji, Personal Communication). Dawn Ji went on to summarize that cost is a huge issue “because of the low education levels, people are unable to find jobs that [pay] them well, and because of that they are unable to find or pay for these therapy sessions” (Dawn Ji, Personal

Communication). He explained that this may lead people to neglect their own support needs, “and many a times they have lost that mental health<sup>9</sup> is important and they can reach out to people” (Dawn Ji, Personal Communication). This means that lack of access to support may be disincentivizing trans people from seeking it.

Low socioeconomic status and social exclusion combined with low health literacy have been found to have detrimental effects on trans people’s physical health-seeking behaviors as well (Pandya and Redcay, 2021). Chahna Ji discussed and Manzoor et al. also found that very few transgender people (less than 20%) were aware of their legal rights in the last three years (Chahna Ji Personal Communication; 2020). After the passing of the 2019 Act, “many trans people have no idea what rights they have because the government didn’t circulate it very actively,” which means that many are unable to demand equal services, jobs, housing, or advocate for themselves in other ways (Chahna Ji, Personal Communication). Gupta and Sivakami reinforced that this is an issue in the trans community more broadly, finding that only 16% of their survey of trans people had knowledge of government health insurance (2016). Furthermore, being restricted to risky occupational choices is associated with unhealthy dietary practices and substance abuse, which negatively impact health as well (Gupta and Sivakami, 2016).

Happily, there has been positive change in these areas in recent years. After the passing of the State Policy for Transgenders in Kerala, 2015, a large number of transgender women were employed in Kochi Metro station in a variety of positions in ticketing and housekeeping. These new trans employees first had to dispel misconceptions that they were all involved in sex work,

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<sup>9</sup> It is also important to note that “mental health” plays a different role in India than in the Western world. Language around managing one’s psychological needs and struggles is less common and mental health professionals are incredibly sparse. Many people do not consider mental health as part of their overall health or at all, which contributes to lower amounts people in India seeking mental health services.

but respondents noted that they have now overcome those assumptions. Despite a rough start, the public and new employees have both adjusted well to the situation. Things are now “back to normal, and gender has faded into the background. To [passengers], customer-care people are just customer-care people, whatever the gender” (YourStory, 2018). Furthermore, empathy has reportedly grown among cis and trans co workers because of one trans woman’s efforts at educating her colleagues about the community. Her work seems “to have paid off, because now most of her co-workers seem to have understood at least something, not just about her community but also their way of life” (YourStory, 2018). This is a clear example of the positive change that can come about for everyone when trans people are given a chance to thrive.

## Educational Experiences

Unfortunately negative attitudes are not always so easily changed, because discrimination against people who counter gender norms does not start in the adult world. It starts when prejudice is reinforced in schools, everywhere from primary school to medical education. Gender non-conforming youth face bullying in schools which affects their lives long term, and gaps in higher education curricula mean that even the educated population and those providing medical care do not learn appropriate or accurate information about trans or *kinnar* people they will likely encounter in their work and lives.

Many participants noted that their experiences with homophobia, transphobia, and harassment have “always been there. It started from home, then it continued with schools” (Amay Ji and Bahula Ji, Personal Communication). They expressed the sentiment that this experience is shared by most trans people they know:

I think half of the trans people, if you would ask about...their school experience, they would say that it was very unsafe, very unprotected. And students are not aware about

LGBTQI issues, about trans [issues], and the educators as well, ignoring children, those who are from LGBT community (Chahna Ji, Personal Communication).

Facing bullying and harassment in schools makes continuing education incredibly difficult for trans youth. One participant said abuse from her classmates was so bad that “I was really interested in study and day by day, my confidence became very low, and I was thinking that I will not go to school” (Chahna Ji, Personal Communication). Chahna Ji was an engaged student, but she was denied access to her education through the treatment she received. She is far from the only person to face this, pointing out that it is a trend among trans youth:

Day by day my confidence [got] low and I started skipping school, and one day I got very bad marks and I decided I will quit school. All these situations, you can imagine, that trans children [start off] willing to go to school. And they could be more visible in India if they would complete their education, if they would complete school. But the whole environment in school, they *force* them, the trans student, to leave the school. You have no rights, you can't study. I mean, all this horrible environment creates [the need] to leave school, to the trans student. (Chahna Ji, Personal Communication)

Being forced out of school before completing their education greatly decreases the job prospects available to trans and *kinnar* people in the future. It also means that fewer trans people pursue higher education, whether for social reasons or lack of familial and therefore financial support. This greatly contributes to trans invisibility in office and white collar jobs that Chahna Ji mentioned, as well as to the overall trend of poverty seen in the trans community. Of course, not all trans people are treated poorly in school, and many trans people continue their education despite this treatment, bearing the additional weight emotionally and sometimes physically.

For trans people who continue past higher secondary school, discomfort and stigma may continue. Two trans participants talked about their experience in higher education, and described an experience of invisibility, hypervisibility, or both. As one participant medically transitioned after medical school, she felt constantly watched and judged by others:

Every time I entered a class of hundred medical students...their focus would not be on the topic but on *me*, and how my body is changing, and why am I doing this, what I really intend to do with my life. Then there were questions from faculty members as to why “he,” because they used to call me “he” at that point of time, “why is ‘he’ acting like this? It’s certainly a bad role model for the students.” And it also had other consequences like my promotion was delayed for some time. (Dr. Hiya, Personal Communication)

This sense of disdain and harsh surveillance had a very tangible impact on Dr. Hiya’s life and career, on top of other difficulties she was also managing in her life at the time. The toll of this is mentally exhausting. For transgender people who are integrated into cisgender society and not living in *kinnar* communities, they are exposed to this discomfort every day.

Another essential area of education that affects trans and *kinnar* people is medical education. Educating future doctors about the existence and needs of trans and *kinnar* people is one way to combat invisibility and poor treatment, and certainly benefits the quality of healthcare available. Current medical education curricula are hugely lacking in appropriate and compassionate information on trans people’s biology and medical needs, on top of general societal stigma which also permeates doctors’ perceptions. After all, doctors are people too—just like anyone else, they can hold biases which affect their work. Doctors’ biases are compounded by the fact that medical education fails to challenge harmful assumptions and simply does not prepare medical students to treat trans patients well. A study at a college of

Nursing in Delhi using a basic quiz found that approximately 68% of nursing students had average knowledge LGBTQ+ community, while 32% had poor knowledge (Aniyan and Sehar 2020). None scored high enough to demonstrate “good” knowledge of the LGBTQ+ community, the threshold of which was only 67% (Aniyan and Sehar 2020). This means that even when trans people have the resources, time, and health literacy to go to the doctor, they may end up receiving sub-par, inappropriate, or even harmful care. Aniyan and Sehar’s conclusions reinforce the importance of nurses and other medical providers having medical knowledge about the LGBTQ+ community, concluding that nursing students must be more aware of LGBT+ people, their health needs, privacy needs, rights, how to address them, and types of hardships they commonly face in order to provide the best medical care (2020).

This is evident both in the educational experiences of medical students and how they go on to treat trans patients. Dr. Hiya described this as a result of “the onslaught of the medical sciences on trans and intersex persons and also on gay folks, I mean, by pathologizing their existence, by saying that intersex conditions are disorders, or sex differentiation. By saying that gender incongruence is actually gender identity *disorder*” (Dr. Hiya, Personal Communication). This mindset is reinforced in medical schools in textbooks that use derogatory words like “disorder,” and in improper or nonexistent education about trans bodies. Multiple participants agreed this is a huge part of the problem: “it’s a lack of training for healthcare providers...there isn’t any training they go through which is adequate enough to look at *attitudes*, to look at *values*, to understand rights, to understand respect” (Ekta Ji, Personal Communication). Caring properly for trans patients is simply never expected of medical students by the system, allowing them to become negligent or discriminatory doctors if they do nothing to address this gap in their training.

Doctors are even given explicit misinformation about vulnerable communities, which further impedes their ability to treat them properly. There are an upsetting number of examples of this, “for example, it shocked me that there was a time when—I was always told that *hijras* never had sex...till HIV happened. And I’m like ‘how? And why is this happening if you’re not...’ So there was so much of learning and unlearning that I had to go through” (Ekta Ji, Personal Communication). The notion that the *kinnar* people do not engage in sex contributes to their powers and is part of their role in Hindu traditions, so this is a common understanding. However, the medical community’s failure to keep up with the medical needs of the *kinnar* community when physically demonstrated is a clear failure of the medical system to provide care to vulnerable populations who need it. The result is a trans community that is “intimidated going to doctors” because of

their attitudes—no one’s ever walked them through a process to understand anything about sex work, *anything* about the community, so they’re equally bad with female sex workers, male sex workers—it’s just that whole attitude and therefore you don’t end up with—so a lot of people will go to quacks, in various communities. They end up going there frequently. (Ekta Ji, Personal Communication)

Traditionally, the doctors *kinnar* individuals go to in their own communities are called midwives, and are considered quacks by the outside world. Though it is changing more in the modern era, *kinnar* people may be especially hesitant to go to Western doctors because of mistrust and cost. Transgender people tend to be hesitant to go to Western doctors for the same reasons, and may turn to local doctors in their villages, who are also considered quacks. Mistrust of Western medicine is largely a result of negative past experiences with doctors, which are mostly due to a doctor’s lack of awareness of trans people and their health needs. Furthermore, healthcare for

trans people has been found to rest at a lower quality than for their cisgender counterparts (Manzoor et al., 2020). These combined factors can make healthcare inaccessible, scary, costly, and sometimes dangerous for trans people if they do not have access to better options.

## Healthcare Experiences

When trans people seek healthcare, their experiences tend to be mixed. Some respondents identified good experiences with non-medical doctors, especially ones that they have known for a long time. Amay Ji shared that “whenever I get a little bit sick I have a doctor very close in my community [in Bengal], so I go there and he knows me and I know him, so that’s very well...I [knew] him before he became the doctor” (Amay Ji, Personal Communication). A close, personal relationship allows for trust between Amay Ji and this doctor. The relationship Amay Ji described also indicates that this doctor may be a non-medical village doctor (commonly referred to as a quack), who has not been trained in Western medicine. Untrained individuals providing allopathic care is common in small villages in Bengal and elsewhere, commonly referred to in Delhi as *Bangaali daaktars*<sup>10</sup> (Singh, 2012). This is a Delhi-specific colloquialism, referring only to non-medical doctors performing allopathic medicine, not actual medical doctors from Bengal. The prevalence of this title indicates that many people “traditionally, [go] to quacks in the slums they live in or in the areas they live in, so depending on which economic strata they’re coming from” (Ekta Ji, Personal Communication). Amay Ji is perfectly happy with their care and described never having faced discrimination in a healthcare setting, possibly because he has largely avoided Western medical facilities, which is also common in the trans community (Amay Ji, Personal Communication; Manzoor et al., 2020). Not all quacks are trans affirming, but their

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<sup>10</sup> One of my professors, Dr. Chris M. Kurian shared with me that this term is a Hindi-ised version of “Bengali,” which is the Anglicized spelling and pronunciation of the language *Bengali*, originating in Bengal where Amay Ji is from. People in other parts of the country may refer to unqualified people providing allopathic medical care with other names.



prices are more affordable than Western medicine which makes them a more viable option for many.

As another healthcare option, public government hospitals in India offer Western and Eastern Ayurvedic medicine in India, and are free and therefore more financially accessible. But unfortunately, a very high proportion of trans patients have experienced discrimination or experienced a lack of training of doctors in treating trans people (79% and 84% respectively) in these government facilities (Manzoor et al., 2020). Doctors have been reported asking harsh and bigoted questions of their gay and trans patients, such as ““Why are you doing this?’ ‘Who told you to do this?’ ‘What did you expect when you did this, what were you expecting?’ ...Of course it [affects trans people’s mental health]” (Ekta Ji, Personal Communication). This kind of unacceptable treatment exists in many kinds of facilities, including services such as Anti-Retroviral Therapy (ART) Clinics for HIV, which treat a high proportion of LGBT+ patients and can be expected to know better. Many people share about these instances at the Naz Foundation, where

it’s not uncommon for people to come to our services to tell us... that they’re being treated badly, and including, *including* counselors in ART clinics... That is *really* frustrating because we hear their stories where they tell us, “they said ‘why are you having sex with another man?’” Why it is their business I don’t know, but apparently it is. So everyone wants to sit on judgment all the time, which is really problematic for the community. (Ekta Ji, Personal Communication)

This judgement creates an environment in which providers mistreat trans and other LGBT+ patients in healthcare facilities, which tarnishes the quality of healthcare people are receiving.

Experiences like the one just described would understandably make someone hesitant to return to a healthcare facility for fear of being ridiculed again.

When facing this kind of discrimination in healthcare, not having skills of health and legal literacy and self advocacy can be barriers for positive treatment. Chahna Ji described that she feels relatively uninhibited in healthcare settings for this reason: “I would say I don’t feel any discrimination because I’m [a] very empowered trans [woman]” (Chahna Ji, Personal Communication). The trans participants at Naz all described that working there means they know their medical and legal rights and can therefore stand up to unjust treatment. A similar experience was had by Dr. Hiya, who noted that “being admitted [to the hospital] as a trans person, in a healthcare facility, made me realize that, how difficult it is for a trans person who is not necessarily from the medical community to navigate the healthcare system” (Dr. Hiya, Personal Communication). This sample of trans people happens to be well resourced when it comes to their healthcare because of their involvement with trans advocacy through their work. Other experiences may not be as good, especially when the individual is not as able to advocate for themselves. Resources associated with privilege and income should never be prerequisites for a positive healthcare experience. This is an issue that must be addressed on the health provider side so that trans people do not have to advocate for themselves anymore, they should simply be treated well.

Health providers’ lack of appropriate knowledge about trans health is apparent in many transgender peoples’ experiences. This is directly related to the previously discussed lack of medical education about trans people. Furthermore, the issue is perpetuated by public misconceptions, which doctors unprofessionally bring into their work. Some seem to expect that, possibly because of the godly powers of the *kinnar* community, trans people’s bodies do not

function the same as other peoples’: “Many doctors say that ‘why are you com[ing] here? Do you people also [fall] sick?’” (Chahna Ji, Personal Communication). Even when it is not malicious, misinformation and misunderstandings like these are prevalent and can impact the quality of medical care one receives:

Many doctors... if I would say that I’m trans, he would think that I am intersex— “she is [trans] by birth, she is by birth”— and many doctor[s] would say “oh, she has a vagina and a penis both,” or they would say “she is intersex.” But intersex is different and trans is different. (Chahna Ji, Personal Communication)

I went with my friend, [to the] hospital, so, her ultrasound happened, so there was a doctor that was there. And I told that doctor “she is trans, she is pre-operated trans.” She said “oh, trans, no problem.” Then after she did her ultrasound, [the doctor] said “she has no uterus!” [laughing]. I said “yeah, I told you she’s trans.” So, but she said, “she has no uterus.” (Chahna Ji, Personal Communication)

This is a clear example of a doctor being misinformed about transgender and intersex people’s anatomy and medical needs. Having to explain one’s own anatomy (or a friend’s) or put up with disrespectful comments from a doctor is already a frustrating experience, especially when the individual is already in a state of immense vulnerability. That is why some trans people prefer to “not go to such kind of doctor, those who [have] no idea about [trans people]— he should be trans friendly. He should know a little bit about the anatomy of the trans people” (Chahna Ji, Personal Communication). Doctors lacking this general knowledge is a major gap in public health. As Aniyana and Sehar found, the need for medical education about trans people’s needs and bodies is glaring, especially given that this is a vulnerable population whose needs are currently being ignored (2020). When studied, treatment-seeking behavior in trans people has

indicated a mistrust in doctors, fed by these negative experiences (Gupta and Sivakami, 2016). Unfortunately, this means that trans people tend to seek medical care only in extreme conditions (Gupta and Sivakami, 2016). This increases the cost of treatment and the burden of disease on the patient, as well as being dangerous for one's health. It also really detracts from the quality of healthcare that trans and other LGBT+ people receive (Manzoor et al., 2020).

These gaps show up in an upsetting number of other ways too, impacting areas of healthcare beyond reproductive anatomy. In terms of sexual health,

Doctors are not trained to look at STIs which affect men having sex with men, including the trans community. For example, no one is really looking at anal STIs... So that's a problem, right? So then you'll have someone saying, instead of saying that they have an issue, uh, with anything to do with the anus, they'll talk about stomachache and they'll talk about backache and, you know, they deflect it, so you're not getting the treatment that you *should* get. Anal STIs—doctors don't even, I don't think [it] even... comes into their heads that that's a possibility. Now, for *hijras*, if they're doing a traditional castration, the urethral infections around the urethral opening is extremely common, but this is something doctors are not even talking about or looking for or looking at. (Ekta Ji, Personal Communication)

Ekta Ji has pointed out two essential, intertwined issues of queer healthcare. The first is that when doctors are not trained properly in issues affecting gay and trans people, they do not ask about a patient's sexual activity in a respectful and open minded way, or at all. The second is that, in that kind of medical environment, patients are not inclined to be honest, and then doctors are unable to treat and diagnose them properly. This is true in reference to the *kinnar* community as well, who also tend to only come to hospitals in extreme circumstances for a variety of

reasons (Gupta and Sivakami, 2016). If doctors are unaware of that community and their needs, the quality of care they receive during high stakes health situations can suffer, putting trans and *kinnar* people in danger.

For trans people who live with their families and may not be out as trans, it can be a survival tactic to hide one's identity from the doctor out of necessity. Unfortunately, this means healthcare quality and patient experience can suffer. Navigating a relationship with an untrusted doctor can be very stressful for a patient, because "I'm extremely skeptical, scared that they might go tell this to my parents and things spread like fire, gossips spread like fire here, especially in our neighborhood" (Dawn Ji, Personal Communication). Being outed can put someone in a very dangerous position with their family, at their workplace, or where they live, so even going to the doctor can become risky.

When confidentiality is reliable, some medical procedures can still pose challenges if they are associated with parts of one's body that one is uncomfortable with. Even without overt discrimination, trans people may feel uncomfortable because they do not trust their doctor to understand the vulnerability of the experience. Some trans people may be emotionally unable to visit certain doctors for this reason:

Even when I was experiencing issues, I talked to friends, I read [a] few things, and I made it a point that I'll never visit [a gynecologist]. It is going to be extremely discomfoting, and what if they'll tell me that, "okay, we need to touch you, to check what's happening?" That'll be extremely uncomfortable. (Dawn Ji, Personal Communication).

In some cases, this kind of dysphoria is a personal experience, to no fault of the doctor. But there are many things doctors can do to make trans patients more comfortable, such as positive bedside

manner and expressing respect for the patient's identity, which unfortunately do not happen commonly. Ekta Ji described that "our doctors don't have the best bedside manners often. And they will talk very roughly and look down on people from the community," damaging the doctor-patient relationship (Ekta Ji, Personal Communication). Trans people know this kind of treatment is a possibility, and may defer to other ways of navigating healthcare if they have the resources, such as choosing a specific doctor who can work better with certain concerns. For example, "[if] I have any [gynecological] issue, I will make it a point that I visit a doctor who is not a gynec, but who knows how to treat it. And *he*—those doctors are male assigned at birth, cis male,...and I know that they won't be touching me" (Dawn Ji, Personal Communication). Luckily, Dawn Ji has been able to find doctors he is comfortable seeing to navigate his health needs while minimizing discomfort, using societal gender norms to his advantage. This is an additional effort Dawn Ji has taken on in order to manage the complexities of navigating healthcare as a trans person. These extra considerations vary from person to person, but generally increase the mental load on trans people and impact their health experiences.

Trans people are also highly stigmatized in healthcare settings outside of the doctor-patient relationship, which has unjust financial and social consequences that can further alienate them in healthcare settings. One doctor interviewed was exasperated as he explained that some doctors are inherently suspicious that trans people carry infectious diseases. A trans patient may have "extraneous investigations thrust on you" which drain time, mental energy, and resources in an already "resource-poor country" (Dr. Fateh, Personal Communication). He says this is morally and ethically wrong if not indicated for the patient's medical needs, as well as "killing resources and troubling people" (Dr. Fateh, Personal Communication). If the hospital is private, the transgender patient will be charged for all these unnecessary tests, which essentially

equates to extra charges just for being trans. Government hospitals may also charge extra costs or higher overall prices to transgender people for the same procedures and services (Dr. Fateh, Personal Communication). Dr. Fateh also noted that transgender patients get pushed back on waiting lists, especially for surgeries, when other patients do not, which endangers their lives (Dr. Fateh, Personal Communication). The deprioritizing of trans people's health and wellbeing is shown in other areas as well. In an already strained and underfunded government health system, services for trans people are often treated as expendable. Especially during the COVID-19 pandemic, many trans people were thrown into crisis, calling centers to say that "we are finding it extremely hard to get our hands on hormones," because the entire...focus [of the importers] had shifted on different medicines, and people are not getting their hormones...they are saying that they're out of stock" (Dawn Ji, Personal Communication). Though making other medications is an understandable priority during the pandemic, the fact that this supply issue impacted trans people specifically continues to illuminate ways their needs are pushed aside.

The COVID-19 pandemic exposed a lot of inequities facing the trans community in other areas too. Dr. Hiya has been working through the pandemic on how to increase equity for trans people in many areas concerning COVID, especially vaccine equity. An aspect of this is that we realized that trans folks, who were already marginalized, were further marginalized from accessing healthcare services, including therapeutic services like being admitted into a COVID ward, including preventive services like getting a vaccine, because they never thought that trans folks are also existing, and they also need vaccines. (Dr. Hiya, Personal Communication).

Trans people tend not to be considered in the development or dissemination of vaccines at any stage, which puts them at far greater risk of illness and death. According to Dr. Hiya, a big part

of the issue starts with “excluding trans people from clinical trials on vaccines, because they are vulnerable groups, and therefore you don’t test vaccines on them. But then without doing that, you directly go and implement the vaccines on them” (Dr. Hiya, Personal Communication). She was clear that “something as simple as not including us in the vaccine trials, these are small things by which that discrimination happens” because the needs of the community are not considered in vaccine development (Dr. Hiya, Personal Communication). Since trans people may be reluctant to go to the doctor until it is too late, equity in preventative care is essential for curbing health issues before they become extreme. The presence of gaps in preventative care contribute to the failure of the healthcare system in addressing the specific needs of this population.

Happily, recent legislation has publicly acknowledged that the inaccessibility of gender affirming care for trans people is a problem, and has attempted to address it. Because the 2019 Act (as well as later amendments and government schemes) affords trans people insurance, gender affirming surgeries can now be free if one follows proper channels through multiple doctor and psychiatric referrals to receive government approval. Current policy says that if government approval is received, one can have a free gender affirming procedure through a government run hospital (Bajeli-Datt, 2022). However, very few people have the time and energy to follow this system, and it is rife with issues that make it far less accessible in reality. Government appointments can take many months, which is a very tiring and emotionally draining process. Trans people “look forward to surgery” because of the relief that comes with having more alignment with one’s body, but government hospitals are not particularly concerned or trained to make this a positive experience (Dawn Ji, Personal Communication). Dawn Ji shared a story from a peer, about an experience with



a very, very huge very #1 kind of famous government hospital in the entire area, and a doctor there asked very intruding and personal questions from this trans man. And there was also this anger in his voice when he was telling me about all of it, that “this is happening, I do not know where to go, because there is also this, another space, another hospital which is private. Where I won’t be asked such questions, but they’re going to charge a lot of money and I can’t give that money to them.” So there is this economic factor that you are also talking about, the social fact, the class also comes in. Who will go to a private hospital? All of these are intersecting with each other and shaping the experiences of the people, where they are just waiting for [an] appointment to come and the doctors should not ask any questions that...make them feel uncomfortable. (Dawn Ji, Personal Communication).

This trans man had an incredibly negative experience with a disrespectful doctor who did not respect standards of medical professionalism. Instead of being able to find a new doctor or a new facility easily and receive complimentary support after this treatment, this man was forced to choose between withstanding further harsh treatment or paying more than he can afford for a surgery that is meant to be free.

The government has also used a loophole in recent legislation entitling trans people to these gender affirming surgeries to avoid paying for the procedures. The Ayushman Bharat Scheme in 2022 stated that every state will have one hospital which will provide gender affirmation services, but actually providing these services requires appropriate funding (Bajeli-Datt, 2022). Therefore, the government uses the fact that trans people *can* possibly have insurance as an excuse not to provide services itself: “now with the insurance it’s like ‘oh you can go and get it done from a private hospital also’ and therefore the government is shirking its

responsibility of providing those services” (Dr. Hiya, Personal Communication). This creates confusing back-and-forth for trans patients seeking care, and is also blatantly untrue in the vast majority of cases. Only about 10% or less of the Indian population is covered by insurance, and trans people are covered at disproportionately low levels because of socioeconomic factors previously discussed (Dr. Fateh, Personal Communication). Even when trans people do have insurance and go to private hospitals, “the private hospital is not opting for the insurance, government insurance, because they think that repayment will be delayed and, you know, they don’t have a *need* to do this, it’s not a priority for them” (Dr. Hiya, Personal Communication). As clearly stated by Dr. Hiya, taking care of trans people is not a priority for hospitals. Private hospitals have the choice to accept these patients or not, and often choose not to because there is no incentive. This demonstrates that gender affirming care does not matter to them in the same way, as it is not as lucrative as other surgeries and procedures. Since free or affordable gender affirming procedures are so hard to access, many trans people have these procedures with doctors who are willing to bypass the government channels. Dr. Fateh described that this is actually worse for the patient— surgeons can charge very high prices and the patient is left with no legal protection if something goes wrong (Dr. Fateh, Personal Communication). This is all a result of a system that does not care if trans people can access medical care as needed, forcing them to follow other less reliable pathways to care.

While these procedures are incredibly hard to access for people who want them, they are also being expected of people who do not want them. This relates to the previously discussed societal need to fit people into the gender binary, which negatively affects anyone who does not. The government still maintains caring about trans health, but only in certain cases. It seems as though the government is saying that, “we want more work on trans health and everything

provided you fit into the binary of man and woman. But not as a [non-binary] person because then you confuse us” (Dr. Hiya, Personal Communication). Dr. Hiya noted that this puts a huge “impetus on surgical transition,” which not everyone necessarily wants (Dr. Hiya, Personal Communication). She commented on this change, pointing out that

previously when I did my legal gender change, I didn’t have to undergo a genital surgery, or a sex change surgery as they call it, to get my gender changed...now you have to undergo a surgery to get your gender changed. So there is now, I would say, increasing medicalization of your gender expression and identity. (Dr. Hiya, Personal Communication)

She also pointed out that this change is represented as “welfare” for trans people, when in fact it removes freedom and choice about one’s body and expression. As Bahula Ji so rightly asked, “who are they to tell [me]?” (Bahula Ji, Personal Communication). Removing agency from gender affirming healthcare is a grave injustice against trans people, especially when accessing these procedures is so difficult. Sadly, it is a “kind of situation where the government gets the brownie points to say ‘oh we have done this for [the] trans community,’ but [the] on-ground situation is actually quite depressing” (Dr. Hiya, Personal Communication). This is a reflection on how hospitals and the government value reputation over trans lives.

While the broader systemic picture requires a lot of change, things are not always this way on the individual level. Some very queer affirming doctors exist and can be accessible to trans patients with the right resources. The fact that not all trans people can access them is a notable equity problem, but does not negate the importance of valuing trans people’s positive experiences in healthcare. One of my most joyful experiences throughout this interview process

was hearing participants recount positive experiences like this one. Dawn Ji was very excited to recount this story to me, and did so with a big smile on his face:

One of my colleagues shared that near to this office where I am sitting and talking to you right now, there is a doctor who is queer affirmative. So I went to her, and uh, went as Dawn. It was extremely nice, welcoming. For the first time ever in my life a doctor asked me, “Dawn, how are *you* doing, how are *you* feeling? I want to know about your health a little later, but tell me how you’re feeling right now.” And I was like, “okay, doctors like these exist? Okay! I am glad that I am finally here.” So, that has been an experience and, uh... There are days when I am very happy and I share that okay I am happy and the reports are coming better that “okay, after one and a half year of medicating myself, the thyroid level has finally come into the bracket in which it needs to be.” And uh, when I shared it with her she was also very happy so, the kind of happiness and the kind of solidarity we built in that space, it was beautiful. So I look forward to going to that doctor...after meeting this doctor, the only criteria that I had was [my doctors] need to be queer affirmative. (Dawn Ji, Personal Communication)

This kind of experience is very impactful for trans patients and can make a big difference for how they feel about themselves and their health. Doctors can take matters into their own hands to become competent at providing care to trans patients, and they should. With self-education and empathy, experiences like this are possible in every doctor’s office. However, the true responsibility rests with the government and medical education policy. Systemic change will be necessary as well to truly change how trans people are treated in healthcare.

The long term solution to how doctors treat trans patients lies in how doctors are trained. This will require a substantial change in what subjects are covered in medical education and

expectations for conduct with trans patients. Dawn Ji expressed that “if all the medical colleges are going to have a curriculum which is inclusive of the identities and they make people sensitive about it, then that is going to be great” (Dawn Ji, Personal Communication). The literature cited shows that kind of training does not yet exist, which has led to all sorts of problems we see today. Dawn Ji also raised the question of power, as in, “how much time of the timetable [are] these experiences going to get, where people are being taught about these different identities?” (Dawn Ji, Personal Communication). He pointed out that subjects like LGBT+ and specifically trans health are often only allotted a few hours, which is not nearly enough to understand various trans identities, experiences, and common medical needs. Considering how everyday factors impact trans people should be present in medical education, beyond one-off trainings. They should be integral parts of the curriculum which are inseparable from teaching anatomy and physiology. This requires a fundamental change that many trans people are hoping for and needing. It is my hope that this paper clearly communicates the need for such change, and that it will reach those who can put this information to good use.

## What are We Missing about Trans and *Kinnar* Communities?

Despite the many hardships that this paper describes, trans people are not victims. There is a lot that society misses about trans people when they are systematically pushed to the margins via social exclusion, exclusion in education, housing and employment discrimination, violence, and poor healthcare access. When trans people are kept out of the public eye except for in very specific ways, it allows harmful and reductive perceptions to continue, ignoring the virtues of many different gender nonconforming communities that are full of rich life experiences and humanity. Trans people deserve to emerge as individuals of knowledge, of privilege, with more

to offer than a perceived life of suffering. As the data in this paper has demonstrated, trans people have every ability to theorize about their experiences and explain their stories ideologically and conceptually. This is especially true in a healthcare context, because trans people are experts on the healthcare that trans people receive.

Outside of healthcare, many of the participants expressed a strong balance of positives and negatives in their lives which are not often represented— what makes them upset and violence they have faced, but also coping mechanisms and positive experiences. One common theme amongst almost all trans participants who work alongside other queer and trans people is that “Talk[ing] to my colleagues, and my friends, is definitely a few of those positive interactions that I’m looking forward to every day” (Dawn Ji, Personal Communication). Amay Ji, Bahula Ji, and Chahna Ji also described that they have benefitted from working in a gender affirming space. Some participants have developed a network of family and friends, and gaining joy out of simple everyday experiences that everyone can relate to. Amay Ji and Bahula Ji talk about their days, fashion advice, and their personal business ventures with family and friends, some of which have been found through their workplace. Naz and other queer affirming organizations practice “a relationship of caring and friendship and loving” which everyone can benefit from (Ekta Ji, Personal Communication). For Dawn Ji, interacting with a child who visits his work and “calls me a brother...is also very affirming” (Dawn Ji, Personal Communication). Conversations with coworkers in the office offer “a space to let it all go, and let it all be, and having people, to be there with them, and be there for them. I think that really helps. And at the end it feels...light, and warm also, in the presence of these people” (Dawn Ji, Personal Communication). These are examples of the joy that trans people are able to find in everyday environments. These are

examples of one kind of space that trans people can thrive in, and the positive influence that they contribute to these supportive environments.

The *kinnar* population is also home to many vast care networks that entire communities rely on, which was shared by Ekta Ji who has worked closely with them. Because of their highly stigmatized role in society, it is essential to consider ways that *kinnar* communities are not what people think. She explained that because most people in India have been taught a certain perception of the *kinnar* community from a young age, “people don’t get to know them *as people*, and I think therein lies the problem” (Ekta Ji, Personal Communication). When children encounter *kinnar* people at births, weddings, and other ceremonies, they may be intimidated because

especially when you’re a kid you don’t know better. And because adults put that fear into your head, it just, that’s how it is, no one ever tells you, no one ever shows you, you’ve never been to a *hijra gharana*<sup>11</sup> where you’ve seen how they take care of each other and what wonderful food they make, and the music, and the dancing and all of that, right? So that’s not what the world sees. (Ekta Ji, Personal Communication)

This means that society completely fails to see all of the enjoyment that happens behind social and physical divisions. There is cooking, laughter, singing, and all sorts of fun behind those walls that the rest of the world imagines does not exist. This is a tragic reduction of the humanity of *kinnar* people, which allows harm to perpetuate based on a false reality. People do not see the fact that *kinnar* communities are not “very different from anybody else. Um, actually I find them to be a lot more fun than most other people I know [laughing]” (Ekta Ji, Personal

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<sup>11</sup> Archana Merh informed me that in Hindi, *gharana* means “family,” describing the *guru-chela* family structures in *kinnar* communities. *Gharanas* are large, well established clans and can even have their own styles of music specific to the *gharana*.

Communication). Ekta Ji was sure to point out that she did not always feel this way, and that most people do not:

Of course when I was growing up I had the same attitude as everyone else, when I'm saying trans I'm thinking *hijras*. We always grew up feeling very scared of *hijras*, so now when I think back on it I'm like "oh my god," you know? "What was there to feel scared [of]?" Yeah. But that's what all of us—most, actually, if you speak to most Indians, if you stop someone on the street and ask them "what do you think of *hijras*?" They'll say... "oh, they're very scary." So, also, that, you know, *hijras* have ensured that those stories also keep circulating, that they have the power to curse because they're neither man nor woman. (Ekta Ji, Personal Communication)

The common sentiment that the *kinnar* community has powers to be feared is reinforced on both ends, possibly because the *kinnar* community needs to maintain their reputation as a means of self-defense. As often stated in this paper, *kinnar* people are more often respected out of fear, not out of love. This fear protects them from outside violence and maintains part of their income at blessing ceremonies. Social ostracization has meant that the *kinnar* community may actually need to be feared in order to stay safe, since *kinnar* individuals are left with few other social or economic choices.

However, the scary image presented to the world is not the overarching reality. The family structures and close communities present in *kinnar* circles are not something that has a Western equivalent, so it can be hard to comprehend for outsiders. Ekta Ji pointed out that these family dynamics are hard to explain "because it's not part of the Western—*our* understanding of how *we* look at, including, these are Indians who are brought up in the Western framework, how we understand family. Very often it is defined in a very Judeo-Christian manner" which *kinnar*



communities do not fit into (Ekta Ji, Personal Communication). Their family lives are rich and complex, often mimicking multigenerational family roles at the same time as less traditional family structures. While this is not something most people have been able to see, Ekta Ji has been lucky to have *gurus* as friends and to have access to their homes. Ekta Ji feels that she was accepted as someone that was allowed into that private space, so I saw a different side of their life. Um, because we forget that, you know, that some of them have children, some of them had wives, all of that. That they've given up a traditional family setup and are now living in a very different kind of setup...my experience overall, has been of a very strong network and space that is created to take care of each other. (Ekta Ji, Personal Communication)

Ekta Ji expresses a lot of admiration for the level of community care she witnessed in *kinnar* circles, and argues very strongly that the rest of society should open itself up to similar ways of being in community. She shared that seeing the loving ways *kinnar* communities operate made her understand that “we need to redefine the meaning of family, right? And how many of us in society *do* make our own families, we have families of choice, which is an absolute no-no in our culture, because everything is so... well-defined” (Ekta Ji, Personal Communication). She notes that many people already do this and benefit from it, and are simply forced to hide these experiences because of rigid social expectations. Pretending that nontraditional families do not exist only serves to push people away from actions and relationships they enjoy.

Of course, people's biases are products of their environment among many other factors. This is something that the trans community knows firsthand and has had to grapple with, because it directly impacts their existence. Along with Dr. Hiya and Chahna Ji, Dawn Ji expressed immense empathy for the people around him who contribute to invisibility and stigma for the

trans community, “because it is *nowhere* in our education curriculum...I did my education, I have done my masters, and all this while I haven’t learnt *anything* about the community. All I got to know was through the people I interacted with or the Google searches I did by myself” (Dawn Ji, Personal Communication). Even so, he notes that

That is a challenge. So, there are also days on which I realize that, “okay, *these* are the reasons why all of these people are unable to understand it.” But then, it also gets too much, when you take the entire load, and the burden on your shoulders, that “okay, I have to understand *everybody*.” (Dawn Ji, Personal Communication)

The level of empathy Dawn Ji shows is very important to acknowledge. As he says, engaging with ingrained reasons *why* people ignore your existence or treat you in discriminatory ways can be deeply hurtful. It is an immense burden for any individual to take on, yet it can be essential to comprehend these aspects of society for one’s own peace of mind. The emotional labor that this takes is time intensive and difficult, but can simultaneously be a requirement of everyday life. This is a huge psychological cost that trans people often have to pay just to exist, in ways that cisgender people do not have to. I asked Dawn Ji how he would describe this feeling and how it affects him, and he said “draining. I am drained...” (Dawn Ji, Personal Communication). This illustrates the mental toll that this kind of emotional burden can take for trans people. Luckily, there are things people can do to take away from this burden. Dawn Ji said that “I also look forward to having *some* instances where people are also understanding me” (Dawn Ji, Personal Communication). This is a labor that trans people take on for society, to maintain their place in it, that the rest of society could do a lot more to share.

Many trans people also engage in daily work to improve material and social conditions for their community. Trans people experience a flawed healthcare system and a discriminatory

society, but this is not a community that is not doing anything to stand up. Organizations like Naz that provide services, social support, and teach people about their rights can be very empowering for trans people. Many participants expressed that they are working to spread this positive influence so that more trans people can experience the benefits they have. Amay Ji and Bahula Ji described that police violence and harassment are common against trans people, which has led them to participate in many efforts to prevent this on the part of queer affirming organizations. There is an ethos of “just using the privilege that I’ve got” to help others, which was shared by many participants and shows the level of community care present in the trans community and LGBT+ community broadly (Dawn Ji, Personal Communication). Amay Ji has noticed a difference in himself since joining Naz, “because now I have the confidence to speak, that I know what my legal rights are,” and they believe that services at Naz “should now be extended to everybody within the country because everybody is deserving of it, and it shouldn’t be reserved for just a few” (Amay Ji, Personal Communication). Amay Ji acknowledges that “a lot of people are still facing these issues and we are among the few privileged,” but they are part of the work against those injustices: “with the center [at Naz] we hope that we will be able to have a wider reach” (Amay Ji, Personal Communication). This is something that Chahna Ji and Dawn Ji have both worked on as well. They are from two different organizations that both conduct trainings with police “to sensitize all of these people who are every day in touch with the community to be a little more sensitive, be empathetic, and understand issues of the community” (Dawn Ji, Personal Communication). Safer police officers, more awareness about trans people, and having social and health resources available will contribute to a safer and more welcoming society for trans people in general. Trans people are at the forefront of this work, being in a unique position to recognize its importance and understand what contributions are needed to help

the community. Trans people are deeply capable of creating change and support for themselves, but it is the task of broader society to perpetuate this work and create more spaces in which trans people can live, work, and thrive.

## Conclusions

Ultimately, discrimination in education, housing and jobs create a very harsh socioeconomic context for the trans community in urban areas of India, which is a huge contributor to the state of emotional and physical health in the community. Dr. Hiya named “the social factors, the medical factors, and the legal factors” as those that “have contributed enormously to the current state of the discrimination that we see against trans persons” (Dr. Hiya, Personal Communication). Societal stigma reinforces medical and legal problems, pushing trans people to the margins of society where they are economically disenfranchised and ostracized from resources that would aid their ability to advocate for themselves and their communities. Health literacy and stable income can benefit physical and emotional health and decrease barriers to healthcare access, but these are not equally available to all transgender people.

Further research is needed to understand how these discrepancies affect individuals and how to address these problems beyond proper allocation of government resources. The field of public health would greatly benefit the input of members of the trans and *kinnar* communities about how to improve quality of life and access to quality medical care for those groups. More research on the experiences of the trans community outside the paradigm of disease and poverty will also help to combat invisibility, misconceptions, and discriminatory perceptions of the community. This kind of discrimination does not make public health sense. The trans and *kinnar* communities have developed ways of dealing with this, but that does not mean that the onus is not on the government to fulfill its obligations. This is a public health issue for everyone. Trans

people are positioned to see gaps and injustice in healthcare systems firsthand. Their experiences offer insights that can shape public health for the better in ways that benefit everyone. If accessing technically sound, quality healthcare is a challenge in the trans community, it means that discrimination is able to cause public health gaps. This is an injustice that can affect anyone, which the government should be concerned with addressing.

The vantage point from the cisgender perspective is very limited, but trans people can offer a more holistic, more expansive vantage point on gaps in healthcare for everyone. Issues that impact trans health impact other marginalized populations and everyone else. Trans people's ability to hone in on and express these issues is an act of agency that everyone can benefit from. Centuries of history, culture, and joy is repressed when trans people are not allowed to flourish, to the immense detriment of society as a whole. The best pathway forward in the face of this is to uplift as many trans voices and experiences as possible. Trans people are people of knowledge and agency and can understand the public health implications of their treatment for themselves and others. In light of this, please note that all of the recommendations below were developed in collaboration with the participants of this paper, none of them are my ideas alone and many are participant suggestions.

## Recommendations and Future Directions

1. Introduce transgender health, intersex conditions, and appropriate LGBT+ care as mandatory curriculum in all medical schools to create healthcare providers who are competent at treating trans and other LGBT+ patients, and measure the impacts of this.
  - a. Inspired by Dawn Ji, Ekta Ji, and Dr. Hiya
2. Represent trans and *kinnar* people in positive ways in lower school curricula and in the media. Trans kids need to see that trans adults exist and thrive. Moreover, all of society needs to see this so they can understand the complexity and joys of trans people in addition to stigma and hardships.
  - a. Inspired by Chahna Ji and Dawn Ji
3. The government should allocate resources to see existing policy through, actually implementing all promised rights, protections, and reservations for trans and *kinnar* populations, such as ensuring access to gender affirming care.
  - a. Inspired by Dr. Fateh and Dr. Hiya
4. Trans affirming organizations such as the Naz Foundations and Nazriya, a Queer Feminist Resource Group, could also receive supplemental government resources for the work they do in sensitizing the public about LGB+ and trans issues.
  - a. Inspired by Amay Ji, Bahula Ji, Chahna Ji, Dawn Ji, and Ekta Ji
5. More research should value qualitative data about transgender people via their lived experiences, with special consideration towards how to engage ethically with trans and *kinnar* populations.

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## Appendices

### *Interview Questions*

#### **A: All participants (English & Hindi)**

1. What is your name? Would you please introduce yourself and share anything you want to? *Appka naam kya hain? Aapke barre me bathaiye?*
2. How old are you? *Aap kii umar kya hai?*
3. Where are you from? *Aap kahan se hain?*
4. What do you do for work? Permanent or contract job? Government or private employment? Self employed? Do you make a salaried, daily or weekly wage? *Aap kya karte hain? Kya aapki naukri (work) pakkii (permanent) hai ya roz mazduri (labor) milthi (get) hain? Kya aapka business hai? Kya aapko mahine me (monthly), roz aur (daily), hafte me tankha (salary) milthi hain?*
5. Have you gone to school? What is your educational level? *Kyaa aap school gaye hain? Aap kis class tak parRde? (until what grade did you study?)*

#### **B: Transgender participants (English & Hindi)**

6. How would you describe your gender identity? How and when did you come to realize this identity? *Aapki pehechan (identity) kya hain? Lardaka hain, lardakii hain, aur/ya transgender hain? Mahila = woman, purush= man. Aapko kab pataa chala kii aap – transgender (or other label) hain? Aur kaise pata chala (find out)?*
  - a. (If they use a specific identity label) When and how did you learn of this identity? *Aapko kab aur kaise iske baare me (about this) pata chala?*
8. Do you face any daily struggles because of your identity? If yes, could you share some of these? *Kya aapko aapke transgender hone par kuch (some) pareshaaniya (problem) jhelenii (to bear) paratii hain? Kya aap iske baare me kuch aur (some more) bataa (to tell/explain) sakte (can) hain?*
9. How do you feel on a daily basis in different spaces– walking down the street, in private, etc? *Jab (always/when you– connector) aap bahar (out) jaate hain (when you go out), logo se milthe hain (when you meet people), aur pariwaar ke saath rahate hain, to aapko kaisa lagata hain?*
  - a. How do you feel if you have a negative interaction? How does that make you feel about yourself? *Jab log aapke saath galat (wrong/bad) vyavhaar (behavior) karate hain, aapko kaisa lagta hain? Ikse karan (due to this), aapko apne baare me (about yourself) kaisa lagta hain?*
10. After a negative experience, what do you do to feel better? Who do you talk to? Anything else you do to cope with a negative interaction? *Agar koi galat vyavhaar karata hai, to*

- aap apne aapko kaise samjhate (understand) hain? Aap kis se baat karate hain? Jab aapko kharab lagta hain to aap kya karate hain? (When you feel bad what do you do?)*
11. Who do you share positive things with? *Aap kis ke saath acchi chize (good things) baatate (to share with retroflexive) hain?*
  12. Have you faced any barriers to being treated fairly? What were these barriers and how did they affect you? *Kyaa aapke saath koi bhed bhav hota hai? Kya kya bhed bhav hota hai aur is se aap par kya assar (affect) hota hain?*
  13. Have you ever resisted visiting a medical setting when ill for fear of discrimination? Why? *Kya khabi aapne asbatal jaane ke liye manaa kiya hai kyonki aap sochte hain kii aapke saath bhed bhav hoga? Kyon?*
  14. Have you had any distinctly positive experiences with healthcare? What made them good? *Kyaa aapke saath asbatal me khabi accha vyavhar hua hai? Kyon accha vyavhar hua hain?*
  15. What are your criteria for picking a healthcare facility or practitioner? *Aap kaise aapna doctor ya asbatal chuunte hain?*
  16. Do you have a specific doctor that you trust? *Kya aapke paas ek accha doctor hai? Jis par aap vish vaas karate (trust) hain? If yes, why do you trust them? Agar han, kyon vish vas karate hain? If no, why do you not trust your past doctors? Agar nahin, kyon nehin vish vaas karate?*
  17. Does your identity affect your ability to maintain or achieve good health? If yes, could you elaborate in what ways? *Aapki transgender identity ke karan kya accha swasth milnaa mushkil (difficult) hain? Agar han, aisa (like this) kyon hota hain?*
  18. What kinds of interactions do you see as positive/what interactions make you feel good? *Aapko logon ka kya vyavhar accha lagta hain?*
  19. How do you feel when you have a positive interaction? What do you do afterwards? Does it change how you feel about yourself? *Jab log aapke saath accha vyavhar karate hain to aapko kaisa lagta hain? Uske baad aap kya karate hain? Iske karan kya badlaav hota hai? Kya aapko accha lagta hain?*
  20. What experiences make you feel more comfortable, happy, or secure in your identity? *Aapko kya kya chizen acchi lagti hain jab log aapke saath accha vyavhar karate hain? Kya aap zyada aramse (comfortable), kush (happy) aur surakshit (secure) me hesus karate hain?*

### **C: Cisgender participants (English & Hindi)**

21. What experience do you have working with the transgender community? How has that been for you? What do you like/not like about it? *Aapka transgender community ke saath kya anubhav (experience) hain? Kya aapko aapka kam pasand hai? Aapko kya pasand hai aur aapko kya nahin pasand?*
22. What makes you want to work with this population? *Aapne kaise yaha kam shuru (start) kiya?*

23. How do people around you perceive you in the context of your work? Have you faced stigma or judgment from others in this context? *Aapke aas paas ke log (people nearby) aapke kaam ke baare me kya sochte hain? Kya log aapke saath kharab vyavhaar (behave badly) karate hain kyonki aap yaha kam karate hain?*
24. What is the general perception about transgender people in this area? Where do people get these ideas? How do you think they impact the transgender community? *Yaha log transgender community ke baare me kya sochte hain? Unko iske baare me kaise pata chalta hai (how do they find out about this)? Jaisa log sochte hain, us se kya asar (difference/impact) parta hai (What is the impact of this)?*
25. What is your perception? Where did you get these ideas? How do you think this impacts the transgender community? *Aap iske baare me kya sochte hain? Aapko iske baare me kahan se pata chala? Iska kya asar hota hai?*
26. Is accessing healthcare in this area different for trans people than other people? How so? *Kya healthcare trans logon ke liye milnaa mushkil (difficult) hain? Kaise?*
27. Where do trans people go when they need healthcare? *Trans log healthcare lene ke liye kahan jaate hain?*
28. In your experience, do transgender people often face discrimination based on their identity in a medical setting? In what ways? *Kya aapke anubhav me trans log jab healthcare ke liye aspatal jaate hain to unke saath bhedbhaav (discrimination) hota hai? Kya kya hota hain?*
29. How would you describe the state of mental health in the trans community based on your experience? *Trans logon kaa mansik swasth (mental health) kaisa hota hain? Kya koi (any) parishani (problems) hoti hain?*
30. In your work, have you seen a relationship between self-esteem and health-seeking behaviors? *Jab aap trans logon ke saath kam karate hain to kya aap unke vyavhar me kuch khas baat dekhte hain? Jaise (like) bhed bhav ke karan vo healthcare ke liye nahin jaate hain aur vo sochte hain kii main zaruri (important/worthy) nahin hun?*