HEALTH CARE OF TRANSGENDERS IN KERALA - HELPING THE INVISIBLE TO BE VISIBLE

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ABSTRACT

Transgenders in India are highly vulnerable to stigma, violence and discrimination in all the fields of life including in the health care settings. Transgenders health needs in India, Health services and schemes for transgender welfare available in the national level and services offered for transgenders in Kerala are discussed in this article. This article was compiled through extensive literature search, consultations with a small group of transgender persons across Kerala, both trans men and trans women, and also with personnel associated with TG Cell and NGOs working in the field of transgender health care in Kerala.

Key words: Transgender, Health needs, Welfare, Health Services, TG Cell, NGOs.

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INTRODUCTION

India has achieved significant growth and development in the last 70 years after independence. It has improved on human development indices such as levels of literacy, education and health. There are indications, however, that not all disadvantaged groups have shared equally the benefits of the growth process. Among these, the transgender community, one of the marginalized and vulnerable communities in the country is seriously lagging behind on human development indices including education and health.

In India, the total population of transgender is around 4.88 Lakh as per 2011 census but the majority of them are invisible in mainstream society. Only 30,000 are registered with the Election Commission. However, estimates suggest there are 50 to 60 lakh transgenders in India but most keep it a secret to avoid discrimination. The socio-economic and caste census reveals that rural India has over 70,000 transgenders with Uttar Pradesh topping the list with nearly 13,000¹

Transgender are the people who are born with male or female anatomies but they feel different from their body structure. Transgender is an umbrella term to refer to individuals whose expression of gender is different from the sex assigned to them at the time of birth which includes transwomen, transmen and transsexual.²

Transwomen

People who are assigned the sex “male” at birth, as well as the associated gender role, but do not identify with these, and identify as women. They are sometimes referred to as “male-to-female” (MTF) transgender persons.

Transmen

People who are assigned the sex “female” at birth, as well as the associated gender role, but do not identify with these, and identify as men. They are sometimes referred to as “female-to-male” (FTM) transgender persons.

TG” is an abbreviation used widely by transgender individuals in Kerala to refer to themselves and their community. “TG” is used as a noun, as in “I am a TG/transgender”, rather than “I am a TG/transgender person.”

Transsexual

The term that is popularly used by community members in Kerala is “transsexual,” used to describe transgender individuals who have undergone sex reassignment surgery³

HEALTH NEEDS OF TRANSGENDERS IN INDIA

Transgender people have both general health needs and specific health needs that relate to transition

HIV and sexual health:

There have been very few epidemiological studies among trans people, but those that exist have identified high HIV prevalence, ranging from 8% to 68%. The data suggest that there is a heavy burden of HIV in transwomen, especially on those who have sex with men. Worldwide, HIV prevalence among trans women is reported to be 19%; trans women are 49 times more likely to be HIV positive than the general population. In India, national HIV prevalence is 0.31% whereas HIV prevalence among transgender community is estimated to be 8.2%.⁴

Gender dysphoria and mental health:

The incongruity between a person's internal sense of self as either male or female and their anatomical or birth sex can lead to depression and severe emotional distress. When these feelings rise to clinically significant levels, a

person may be suffering from gender identity disorder (GID). This diagnosis of gender identity as a disorder was held until DSM-IV was revised, and in 2012, on the basis of the standards set by the DSM-V, individuals will be diagnosed with Gender Dysphoria (and not 'Disorder') for displaying "a marked incongruence between one's experienced/expressed gender and assigned gender".

Suicide:

Thirty-one percent of transgender persons in India end their life by committing suicide, and 50% of them have attempted for suicide at least once before their 20th birthday; however, the exact prevalence of completed suicide among transgender persons in the country remain undocumente d⁵

Social anxiety and depression

These are the other major mental health problems frequently affected by transgender population. Details about this are minimally documented in India.

Alcoholism and substance abuse:

Lack of adequate research makes it difficult to determine the extend of transgender substance abuse related problem. But available studies indicate that transgenders are more likely to use alcohol, tobacco and other drugs like marijuana than the general population and are more likely to continue heavy drinking into later life.

In a study of 300 Indian transgender women, 37 per cent were found to consume alcohol at least once a week.

Transphobia and discrimination in health care:

Discrimination in India's healthcare system against transgender people remains a truth despite new laws and policies aimed at ensuring them equal treatment. Stress caused by the fear of being treated unfairly, worries about abuse and administrative hurdles are preventing many of the country's two million transgender people from seeking medical care. Many of those responsible for "transphobia" are medical professionals themselves, who remain largely uninformed about gender identity issues⁶

NATIONAL HEALTH SERVICES AND SCHEMES AVAILABLE FOR TRANSGENDERS

1. **WPATH GUIDELINES AND STANDARDS OF CARE :** The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health. One of the main functions of WPATH is to promote the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments⁷
2. **NACO AND NACPIV :** Considering the concentrated nature of the HIV epidemic in the country, NACO has targeted its preventive efforts towards sub-groups of population identified to be at high risk of acquiring HIV infection. These High Risk Groups (HRGs) are provided with a number of preventive services through NGO/CBO led Targeted Interventions (TIs). At present, around 1500 such interventions are providing HIV prevention, treatment, care and support services to various High Risk Groups including Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Injecting Drug Users (IDU), Hijra and Transgenders (HTG), and Bridge Populations such as Migrants and Long Distance Truckers. Target Interventions (TIs) projects provide a package of prevention, support and linkage services to HRGs through drop-in-centre (DIC) and outreach-based service delivery model which includes screening for and treatment of Sexually Transmitted Infections (STI), free condom and lubricant provision among core groups, Social Marketing of condoms, Behaviour Change Communication (BCC), creating an enabling environment with community involvement and participation, linkages to Integrated Counselling and Testing Centres (ICTC) for HIV testing, linkages with care and support services for HIV positive HRGs, community mobilization, ownership building and specifically for IDUs, free distribution of sterile needles and syringes, abscess prevention and management, Opioid Substitution Therapy (OST) and linkages with detoxification / rehabilitation services. The national programme adopts the peer led approach in partnership with NGOs/CBOs along with State AIDS Control Societies (SACS) and Technical Support Unit (TSU) for mentoring and supporting the TIs for quality service delivery and enhancing the overall program performance.

The UNDP in its report has made the following recommendations to address the gap in NACP-III:

1. Establish HIV sentinel sero surveillance sites for Hijras/TG at strategic locations
2. Conduct operations research to design and fine-tune culturally- relevant package of HIV prevention and care interventions for Hijras/TG

3. Provide financial support for the formation of Community Based Organization (CBOs) run by Hijras/TG; and build the capacity of CBOs to implement effective programmes.
3. **PEHCHAN PROGRAMME** : The Pehchan programme strengthens and builds the capacity of 200 community-based organisations (CBOs) to provide effective, inclusive and sustainable HIV prevention programming in 17 states in India for more than 450,000 men who have sex with men (MSM), transgenders and hijras (collectively, MTH). Pehchan is funded by the Global Fund and remains their largest single-country grant to date focused on the HIV response for vulnerable and underserved sexual minorities. Along with Alliance India, the Pehchan consortium includes the Humsafar Trust, Pehchan North Region Office, SAATHII, Sangama, Alliance India Andhra Pradesh, and SIAAP. Pehchan is a rare example of a Community Systems Strengthening programme working at a national scale. It provides organisational development, technical and capacity building support to new and existing CBOs working with MTH communities. Using a rights-based approach, the programme develops CBOs to serve as implementing partners with the National AIDS Control Programme's Targeted Interventions (TIs) that provide HIV prevention services to high-risk groups. By helping build strong CBOs, Pehchan addresses capacity gaps that often prevent them from receiving government funding⁸

OVERVIEW OF EXISTING HEALTHCARE DIRECTIVES IN KERALA

Kerala Govt. has launched several noble initiatives for safeguarding the rights of TG community and mainstreaming them. As a front step Kerala is the first state to unveil a transgender policy in consultation with NALSA verdict of Supreme Court in 2015. Here is a short overview of the healthcare provisions in the Kerala State Transgender Welfare Policy of 2015:

1. **SRS/HRT and other gender affirmative procedures** – The Policy is clear that transgender persons in Kerala have the right to choose their identity independent of hormonal or surgical intervention (pg. 4). The Policy mentions the need for a fund for those who wish to have SRS (pg. 12). The survey of 4000 (almost exclusively MTF) transpeople in the state conducted before framing the policy yielded the information that whereas 52% of them felt a need to change physical appearance, only 9% have actually done so (pg. 7), indicating severe limitations in accessing gender-affirmative procedures.
2. **General healthcare** – The Policy recommends the setup of special health insurance schemes for TG people, as well as non-discriminatory policies in hospitals, and training for staff (pg. 12). HIV serosurveillance - Provision of separate HIV serosurveillance centres for transgender people (pg. 4).
3. **Mental health and counseling** – Legal action against medical practitioners who attempt “conversion therapy” (pg. 10); proper counseling about gender-affirmative options and post-operative counseling (pg. 12).
4. **Care for minors and adolescents** – The Policy document mentions the need to include gender non-conforming children under the ambit of the Juvenile Justice Act (pg. 11). It also states the need for legal action against parents who desert or abuse their gender nonconforming children (pg. 10).
Service providers in Anganwadis and other agencies catering to juveniles and child protection must also be trained to deal with gender nonconforming children (pg. 13)⁹

OVERVIEW OF THE IMPLEMENTED HEALTH CARE SCHEMES

Some of these policy directives have been implemented through schemes and provisions that can be accessed by anyone with the ID card for transgender persons issued by the Social Justice Department. They are:

- The allotment of up to INR 2 lakhs as reimbursement for transgender persons who have undergone SRS,
- The provision of INR 3000 per month for a year for post-Sex Reassignment Surgery care and recovery,
- The opening up of clinics exclusively for transgender persons in 2 government medical colleges (Kozhikode General Hospital and Kottayam Medical College), long-term plan to open clinics in all government hospitals,
- The approval of 5 short-stay homes across the state that provide care to transgender persons recuperating after SRS, apart from functioning as a safe house in times of crisis³
- Kerala state AIDS control Society runs nearly 2 projects for transgenders through out 14 districts in Kerala with the help of various NGOs. 6 projects are especially for transwomen concentrating mainly in Thiruvananthapuram, Kollam, Kottayam, Thrissur, Malappuram and Kannur. The activities in these projects include HIV and other STI tests and surveillance, Condom provision, Counselling and welfare programmes.

- Separate care homes are functioning in various part of Kerala for transmen and transwomen with the aid from government sector in association with TG cell which extends its services like care after sex reassignment surgeries, immediate medical aid in need and also counseling.

CONCLUSION

As there are only very few public sector providers offer transition related care compelling transgenders to seek services in the private sector that offers it as a cosmetic service which is comparatively costly and inaccessible by most of the transgenders in Kerala. Given that a majority of transgender people continue to be economically deprived, this could add to their problems, often pushing them to engage in risky ventures or sex work to earn enough money for SRS. Although gender affirmative procedures have been shown to mitigate dysphoria, there is evidence that SRS alone cannot address health and morbidity issues specific to transgender individuals, which may arise from prolonged social stigma and mistreatment. Gender-affirmative healthcare, therefore, is not just about surgical and biomedical procedures, but about social acceptance and long-term support.

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