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The Urgency of Creating Trans-Inclusive Healthcare: An Exploration of Healthcare Barriers faced by Trans men in India

| Arushi Raj and Fatima Juned



Issue Brief

TABLE OF CONTENTS

1. Abstract	03
2. Introduction	04
3. Methodology	05
4. Trans Men and Their Health Needs	05
5. Barriers to Health Seeking Behaviour Among Trans Men in India	06
6. Policy Recommendations	10
7. Positionality Statement	11
8. References	12

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ISSUE BRIEF

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ABSTRACT

Historically, the trans community has faced stigma, discrimination, violence, and social exclusion. This has also manifested in the form of health inequities leading to poor health outcomes, a high burden of mental health problems, and unmet healthcare needs. Within the umbrella term of 'trans', there exists a knowledge gap for trans men, those who are assigned female at birth but identify as male or with a transmasculine identity. As data on trans men in health research is universally absent, it becomes crucial to highlight the problems that trans men face in healthcare settings, either due to the lack of knowledge of healthcare providers, systematic discrimination, or fear of mistreatment in healthcare settings. This underrepresentation of trans men in health research has scientific and human rights implications. In this context, this paper aims to highlight the research gap on trans men and highlight the barriers they face in accessing quality healthcare in India through qualitative research analysis.

Keywords:

Trans men, Healthcare, Transgender Health, Discrimination

INTRODUCTION

The Human Rights Campaign (n.d.) defines the word “transgender” – or trans – as an umbrella term for people whose gender identity differs from the sex assigned to them at birth. Although the word “transgender” and our modern definition only came into use in the late 20th century, people who would fit under this definition have existed in every culture throughout recorded history.

Over the years, despite gaining legal recognition, access to quality healthcare amongst transgender populations in India has been alarmingly scarce. Due to this, transgender persons face numerous healthcare disparities and adverse health outcomes, including HIV and other sexually transmitted diseases, mental health distress, substance abuse, and unmet healthcare needs (Reisner et al., 2016). A 2015 study stated that an estimated 20% of the transgender population in India has unmet transgender-specific healthcare needs (Shaikh et al., 2016).

In the last two decades, there has been a growing body of literature on trans health in India. However, most research is limited to HIV/AIDS and primarily focuses on transgender women (Chakrapani et al., 2021). Studies on trans men or transmasculine identities, their healthcare needs and their experiences in India have received little scholarly attention. Even globally, the literature on trans men’s health is relatively scant, with existing studies conducted mainly in Western countries (ibid.). A recent review of peer-reviewed studies on transmasculine health in lower and middle-income countries from 1999 to 2019 found only two studies with data from India. Neither of them had a primary focus on transmasculine health (ibid.) This exclusion and systemic erasure of trans men from research and public discourses has contributed to their invisibility and underrepresentation/ misrepresentation in legal and policy dialogues. It has also equated the collective imagination and public understanding of transgender in India to only trans women. Further, this has created a significant knowledge gap regarding the health needs of trans men and their experiences with healthcare systems in India. This may result in generalising the healthcare needs of the transgender community to just trans women and miss out on enhancing our understanding of gender-based healthcare. There also exists a dearth of government data and statistics on trans men which has contributed to their low visibility and under-representation in policy discourses.

Trans men, assigned female at birth [AFAB], challenge the hegemonic structures of heteronormativity¹ and patriarchy, resulting in great difficulty expressing and negotiating their gender identity and expression in society. The lack of representation and visibility of those assigned female at birth can be attributed to larger structures of heteronormativity and patriarchal power relations, which tend to hierarchise men over women (Bhattacharya, 2014). Therefore, trans men face double marginalisation because of their gender. Moreover, even within the larger transgender community, trans men constitute a small group who are not socially organised and live isolated lives (Semmalar, 2014). Hence, trans men in India are a minority within a minority.

With low visibility, recognition, and representation, trans men face multiple problems, such as lack of healthcare access, education (if they leave their homes early on due to abuse, violence, and social stigma, they might lose out on education), and gaining employment. One such problem that the paper will discuss is the barriers that trans men in the country face to access healthcare services. Despite efforts to achieve universal health coverage in India, trans and gender non-binary people face unequal healthcare barriers as the healthcare system—both public and private operates within

1 - Heteronormativity is the notion that heterosexuality is the only natural and normal expression of sexuality. It assumes that sexual or romantic relationships only exist between cis-gendered men and women.

the heteronormative gender binary of male and female, which contributes to this inequity. In this context, there is an emergent need to understand and document the experiences of trans men to inform policies and advance transgender rights. This paper attempts to address the gaps in the literature and raise visibility by examining the lived experiences and social exclusion faced by trans men in healthcare settings in India. While this study advances the understanding of a group that has been largely invisible, the primary purpose of this paper is to start a conversation and prompt future research on trans men in India.

METHODOLOGY

This paper is based on a qualitative study considering trans men and their experiences accessing healthcare services in India. Research on the specific healthcare needs of trans men is scant globally, which only further limits the understanding of their unique healthcare needs and interactions with healthcare systems. Trans men face multiple challenges in accessing healthcare due to low visibility and representation, stigma, and discrimination. This leads to many trans men avoiding healthcare professionals, further deteriorating their health.

To understand the unique healthcare needs of trans men and the social barriers that exist, both primary and secondary research tools were employed for the study. The primary data was collected through semi-structured interviews, both online/telephonic and in person, with ten participants to understand first-hand experiences of trans men. Participants were based in New Delhi, Uttar Pradesh, Rajasthan and Punjab.

For the purposes of this paper, Reisner's (2013) definition of trans men is employed. Herein, the term transmasculine is used broadly and as an inclusive term that refers to transgender people who are assigned female sex at birth and who identify on the masculine spectrum, including as a man of transgender experience, transgender man, trans man, female-to-male [FTM], genderqueer, or 'other' masculine identity. This paper collectively refers to trans men and transmasculine identities as 'trans men'.

The study's limitations include the following. First, the research does not represent all the experiences of people who identify as trans men in India due to the small sample size. The study's small size also excludes a class understanding of the issue but notes that the Indian trans community's experiences are divided along caste and class lines. Second, the study is geographically limited to only some states, specifically North India. Finally, a limitation in terms of representation in the study comes from our social positioning as non-trans, cisgender researchers.

TRANS MEN AND THEIR HEALTH NEEDS

Trans men are often placed under the broad umbrella of sexual and gender minorities, and their healthcare needs differ from their cis-gender counterparts. The health needs of transgender individuals can be broadly classified into four areas: general health, sexual and reproductive health, mental health, and gender-affirming services. Within this broad categorisation, health issues and requirements of trans men include routine gynaecological care, unintended pregnancies, gender-affirming surgeries, and hormone therapy such as testosterone shots, among others (Lunde et al., 2021).

Gender affirmation services are one of the biggest health priorities for trans men. Trans men suffer

severe gender dysphoria, which is the distress that a person undergoes due to a mismatch between their gender identity and the sex assigned at birth. Many trans men seek gender-affirming care to alleviate this dysphoria, including hormonal therapy and gender-affirming surgeries (Defreyne et al., 2017).

For trans men, hormonal therapy mainly entails testosterone agents that can be administered orally, intramuscularly, or transdermally. This causes voice break, facial and body hair growth, and the bulking of muscles (ibid.). Trans men obtain weekly/biweekly testosterone injections to maintain their physical change and stop their menstruation, and this process is lifelong. Surgical interventions include but are not limited to mastectomy², hysterio-oophorectomy³, and vaginectomy⁴. Many trans men are unable to afford chest surgeries or do not opt for them. For instance, the estimated cost of undergoing gender affirmative surgeries at private hospitals/clinics in Delhi for female to male [FTM] transition process ranges from INR 4 lakhs to INR 8 lakhs (Ghosh, 2020). While many 'bind' their breasts with bandages to flatten their chest and obtain a male chest contour (ibid.). However, long-term binding and usage may be painful and reduce the breast's skin quality.

Trans men have specific health needs and challenges. These include routine sexual health screenings to reduce the risk of reproductive cancers, HIV acquisition, and to detect other STIs. As aforementioned, regular examination of gynaecological needs, medical monitoring of hormone therapy, outcomes of gender-affirming surgery, and mental health support services are also a medical priority. However, despite their unique sexual and reproductive needs, trans men are often excluded from gynaecological and reproductive practices (Lunde et al., 2021). Rampant stigma, discrimination, fear of mistreatment, and gender binary rigidity prevailing within the healthcare system often result in trans men's disengagement. This withdrawal results in poor healthcare-seeking behaviour and adversely impacts their health and well-being (Reisner et al., 2021). The following section highlights the experiences and vulnerabilities faced by the community in India in accessing public healthcare systems.

BARRIERS TO HEALTH SEEKING BEHAVIOUR AMONG TRANS MEN IN INDIA

Evidence supports the magnitude of victimisation and exclusion of trans women in healthcare settings (Poteat et al., 2013). However, there is low visibility of trans men in these studies (Chakrapani et al., 2021). Trans men's experience with both direct and indirect discrimination alongside intersecting forms of oppression continues to be underrepresented. Such experiences include being asked invasive or inappropriate questions about their bodies, invalidations of their gender identity such as being misgendered⁵ and deadnamed⁶, being denied healthcare, or receiving low-quality care replete with rough handling by staff, verbal harassment by hospital staff and co-patients, or not being allowed to enter certain wards or spaces within hospitals. (Seelman et al., 2020). Experiencing discrimination in public spaces affects not only emotional and physical health but also leads to delaying or avoiding healthcare altogether by trans men (Seelman et al., 2017).

2 - Mastectomy is the top surgery for transgender men and non-binary persons to remove the breast or chest tissue.

3 - Hysterio-oophorectomy is the removal of the uterus, ovaries, and oviducts, surgically.

4 - Vaginectomy is the procedure to surgically remove all or parts of the vagina.

5 - Being addressed with pronouns or gendered terms that do not match one's gender identity.

6 - Deadnaming is the act of referring to a transgender or non-binary person with the name they were assigned to at birth, before transitioning in order to invalidate a person's gender identity.

One of the respondents recounts his experience going to the government hospital:

“The doctor came and shouted my dead name. There were a lot of people in the emergency room and I remember feeling numb for a second. I was worried about this and it happened the very moment the doctor came. The doctor was supposed to ask me what the problem was. He went like, ‘is this you? Yehi naam hai aapka? Chila chila ke bol raha’ (Is this you? Is this your name? He was shouting). There were other people as well and they started looking at me. Then he literally pointed at my chest and said your chest is so flat, do you have your periods? I was numb and I didn’t say anything. I didn’t get my medicine, I didn’t tell him my problem, I just went home and I locked myself in my room for a week.” (Soham, personal communication, July 14, 2022)

Moreover, Kattari and Hasche (2016, as cited in Seelman et al., 2020) suggest that being more ‘out’ with visible markers of being gender diverse is usually associated with a greater possibility of mistreatment in healthcare settings. Such negative experiences have detrimental consequences on the community at large. This is because the transgender community is often rejected by family, ostracised by society, and has to rely on community support. The well-founded fear of discriminatory treatment and past negative experiences permeates community spaces resulting in profound distrust of the healthcare providers and medical establishments. Consequently, this has led to high healthcare avoidance amongst trans men, which worsens their general and mental health. This was reiterated by a respondent:

“Even though there are trans men in my circle, I tell them that you can go to this doctor even if they are trans-friendly/trans-affirmative, they don’t go to the doctor. They ask ‘aap bata do kya karna hai’ (you tell us what to do). There’s so much stigma that has harmed them.” (Vinay, personal communication, July 16, 2022)

Ongoing social marginalisation and high rates of violence and abuse have severely impacted the mental health of trans people. This is especially true for trans men who experience a heightened state of gender dysphoria and mental health conditions due to a lack of social visibility, community representation, and rejection by families and social groups (White Hughto, 2015). Most trans men face significant challenges in coming to terms with one’s own gender identity and gender expression. They face shame, fear, internalised transphobia, social pressure to conform to gender roles, and more (Pandya & Redcay, 2020). Studies from Western countries reveal that transmasculine/ transgender men are at higher risk for mental health conditions, such as depression, anxiety, suicidal ideation and self-harm, compared to cisgender men and women (Chakrapani et al., 2021). Even if mistreatment or discrimination is not explicit, misgendering, inappropriate comments and other microaggressions have been shown to harm the mental health of trans men (Russell et al., 2018, as cited in Chakrapani et al., 2021).

A respondent noted during the interview:

“Chote sherr mein there’s zero scope of accessing services. There are no trans-friendly services. Ya toh aap wahan jaake misgendering ya dead name se bulwao- honi hai yeh mindset bana ke jao toh hi access kar paoge. Some people say ki physical pain sehen kar lenge par emotional ya mental pain nahi. I’m just better off this way.”

(In smaller cities, there is zero scope for accessing services. There are no trans-friendly services. So when you go there you have to prepare for being misgendered or being

deadnamed, only then can you access the services. Some people say that they can bear physical pain but not emotional or mental pain. I'm just better off this way). (Rahul, personal communication, July 20, 2022)

Due to patriarchal structures, for many trans men, the family becomes the first space for mental and physical violence, abuse, and outright rejection of their identity. Such violence occurs as constant othering of trans men in families, refusal to recognise gender and sexual orientation, emotional blackmail, physical beating, forcing them into heterosexual marriages, restricting mobility and access to education, and forcing them to undergo corrective rape by relatives (Bhattacharya, 2014). Talking about gender dysphoria and lack of family support, one respondent stated:

“Humare andar jihhak aati hai. Bachpan se pehle hum khud se fight karte hai uske baad hum khud ke parents ke saath...society toh bohot durr hai. I am 30 years old aur fir bhi mera family ke saath fight chal raha hai for my acceptance. Thodi si acceptance agar mil jaye, agar woh family ke side se ho ya friends circle.”

(There's a hesitation within me [about their identity]. Since my childhood, I had been battling myself, and then my parents... the society is a bridge too far. I am 30 years old, and yet my family does not accept me. I just wish I get even a little bit of acceptance, either from my family aur friend circle.)

“Conversion therapies karwai jaati hai, kyuki ‘tum naam barbaad karwa rahi ho, shaadi karwa dogi, ek-do bachche paida honge phir sab theek ho jayega. Yeh bhoot nikal jayega. Even ‘rape bhi karwaya jaata hai, zabardasti’. ‘Ki isko pata nahi hai yeh kaun hai, jab hoga uske saath tab pata chalega’. Yeh cheezein hoti hai reality mei, shaadi zabardasti karwa dete hain. Padhna-likhna ho raha hai toh woh band kar diya jata hain. Families emotional karti hunki maa baap ki izzat sabse zyada hoti hia, kahin na kahin emotionally breakdown ho jaati hai. Ya toh suicidal attempts hote hain uski taraf se, ya phir acceptance ki chalo jo hai woh hai, aur bohot rare hota hai ki ‘nahi mujhe yeh karna hai’. Aur coming out ke baad kaam karna hai, study karni hai, dikkat hoti hai.”

(Conversion therapies are done forcefully, family says ‘you’re getting the family name spoiled, get married, have one-two kids, and then everything will be fine’. Even ‘rape is gotten done, as a measure’. That ‘they [transperson] don’t know who they are, and when it happens with them then they’ll know [their true orientation]’. All of this is done in reality, trans men are married forcefully. If they’re studying, that is stopped. Families take the emotional route stating that parents have the highest amount of respect, and that causes a trans person’s emotional breakdown. This causes some to attempt suicide, or acceptance about the status of things, and in very rare cases that people continue to do what they wish to. After coming out, things get difficult such as studying, problems arise). (Zohaib, personal communication, July 20, 2022)

Compared to trans women, who have a higher social visibility and have been collectivising for a longer time, trans men do not have the same sense of community support or representation in mainstream transgender activism (Jansen, 2022). With a lack of community support and representation, negotiating their identity in social spaces becomes even more difficult. For trans men, visiting hospitals and interacting with healthcare providers becomes a matter of mental, emotional, and physical well-being.

In addition to rampant transphobia and stigmatisation, trans men also have to interact with uninformed and reluctant healthcare providers who lack knowledge and training on transgender health and issues (Seelman et al., 2020). This stems from a lack of adequate attention to transgender health in medical curriculums and a general lack of research on transgender health needs, risks, and behaviours in India. Lack of knowledge and information amongst medical professionals combined with a poor social understanding of trans men meant that trans men often have to self-advocate and explain their health-related issues and gender identity to medical practitioners who constantly challenge or dismiss their identity while visiting hospitals (Norris & Borneskog, 2022). However, this self-advocacy and mental effort put into the uncomfortable task of having to explain or justify one's gender identity and expression often leads to emotional exhaustion (Jansen, 2022). It is also not a viable option because trans men suffer because of the low health literacy, lack of awareness and information, fear and other anxieties surrounding healthcare institutions. In India, historical marginalisation and widespread stigma have impacted access to education amongst the transgender population, resulting in said low health literacy, lack of awareness, and poor health-seeking behaviour. Additionally, unwillingness to treat people from the transgender community translates into self-administering medicines, especially hormones, resulting in even more significant physical health risks (Singh et al., 2014, as cited in Pandya & Redcay, 2020). During COVID-19 lockdowns, trans men all over the country, especially those transitioning, were facing a crisis of hormone shots which severely impacted their mental health (Gurllhosur, 2020). Pandemic induced apprehensions and reluctance about going to hospitals also led to rise in medically unsupervised hormone use. During the interview, a respondent noted:

“Dysphoria mujhe woh karne nahi dega [hospital jaane mei], medical store pe jaunga most of the time, kya karte hai ya hota hai, medical store painkiller deti hai, painkiller laate hain aur kha lete hain. Kahin na khin woh harm karta hai body ko. Jis cheez ka requirement hai woh nahi de rahe hain buss painkiller kha le rahe hain. Toh aage chal ke iska kuch bhi effect ho sakta hai.”

(Dysphoria wouldn't let me do it [going to the hospital], I go to medical stores, most of the time what happens is, they give the painkiller, we bring it, and have it. Somewhere it harms the bodies. They are not taking what is required, rather only taking a painkiller. In the future , the effect of it could be anything on the body.)

(Sidhartha, personal communication, July 22, 2022)

In addition, another common barrier faced is the lack of availability of free gender-transition services in public hospitals in India (Pandya & Redcay, 2020). Even though the Transgender Persons (Protection of Rights) Rules, 2020 mandates the establishment of free of cost gender affirming or sex re-assignment surgeries at state run hospital and every state should have one hospital dedicated for providing these services (Pandey, 2020). However, only a limited number of government hospitals provide medical gender affirmation such as hormones or surgeries which is accessible and affordable for transgender persons. Another challenge is that transgender persons' treatment, especially gender-affirming care, requires a multidisciplinary team, including primary care physicians, psychiatrists, psychotherapists, endocrinologists, fertility specialists, gynaecologists, dermatologists, and otolaryngologists (Srinivasan & Chandrasekaran, 2020). However, finding all trans-friendly specialists under one roof who can provide coordinated care is a complicated and costly affair for most transgender persons. This also compels many transgender people to seek treatment from unqualified medical practitioners for surgery.

Despite legal recognition, a common problem transgender individuals face is a lack of legal

documentation in their preferred name and gender. Due to heavy stigma and abuse inflicted by their parents, many transgender individuals flee their parental homes early, leaving behind their documents like birth certificates and Aadhaar. A study by the Kerala government revealed that only 33% of transgender persons interviewed had an Aadhaar card or a voter ID card, and only two per cent had a PAN card (Sangama, 2015). Evidence suggests that having discrepancies in the name and gender on legal documents for transgender persons can lead to more discrimination and maltreatment in public spaces (UNHR, n.d.). This was cited as a primary reason why trans men chose not to seek treatment from healthcare providers. A respondent noted:

“If someone has a fever, any other health problem, people who have transitioned or have not or do not have IDs in preferred name and gender, then they avoid going to doctors. They just go to medical stores and self-medicate.” (Soham, personal communication, July 14, 2022)

POLICY RECOMMENDATIONS

Research suggests that people from the transgender community have complex and substandard interactions with healthcare systems and services globally. Within the larger trans community, trans men face even more disengagement from healthcare systems which have scientific, policy, and human rights implications for the community. The lack of data and underrepresentation of trans men in global health research feeds into a poor understanding of their issues and the under-allocation of funds for schemes and policies. Therefore, the government must take adequate measures to collect data on the transgender community. There is also an urgent need to study trans men-specific social experiences and their healthcare needs.

Our study indicates a lack of cultural sensitivity and knowledge amongst medical health providers, which amounts to high healthcare avoidance among trans men. In order to reduce pervasive stigma and discrimination against trans men and promote their inclusion and well-being:

- Appropriate gender affirming verbal and non-verbal communication techniques, gender and sexuality sensitisation, public awareness of gender diversity and inculcating transgender-sensitive care into professional standards becomes paramount.
- Teaching medical practitioners and administrative staff how to be more inclusive, knowledgeable, and transgender-friendly is crucial to building the trust of trans men in healthcare systems and helping encourage transgender patients to seek medical treatment.
- Subsequently, efforts must be made to improve the overall medical curriculum and education to fill the knowledge gap regarding trans men’s health.
- Healthcare systems need to tackle the absence of public services for medical gender affirmation (hormones, surgeries) by providing free gender affirmation care across public hospitals in India.

Health outcomes of trans men are shaped by complex social, economic, and legal challenges. The social exclusion they face needs to be adequately addressed.

POSITIONALITY STATEMENT

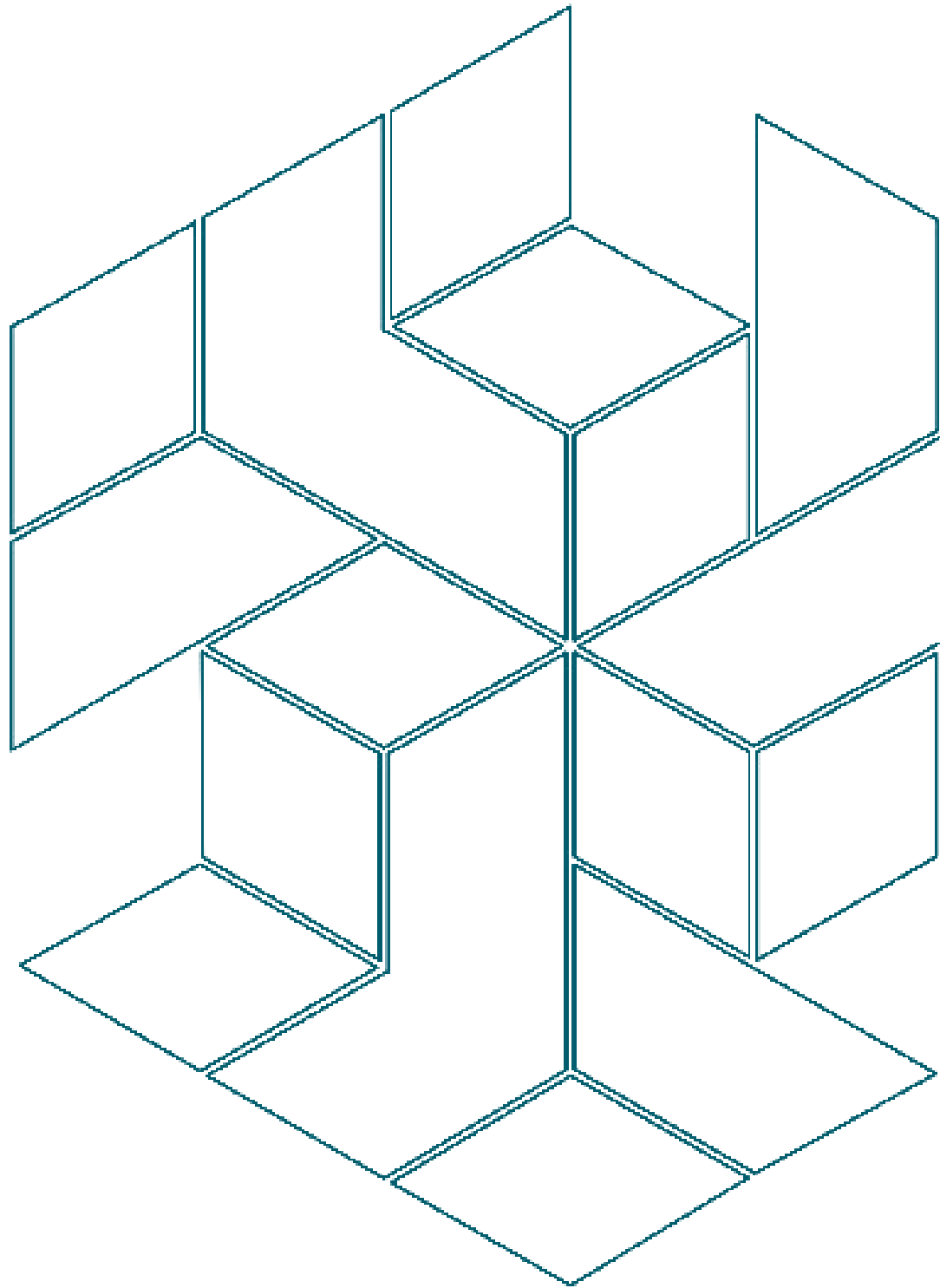
The authors and editor of the paper believe it is imperative to acknowledge their positionality as cis-gendered women and that this positionality could have influenced the work to some extent. They are ardent supporters of trans rights and have attempted to build the work around the narratives of trans men. Aside from highlighting the interviewee's experiences, the paper also attempted to present a responsible portrayal of the community by getting the content reviewed by a trans person and incorporating their feedback.

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