Issue Brief

Transforming Identity

Access to Gender Transition Services for Male-to-Female Transgender People in India

This issue brief summarises the current situation for male-to-female (MtF) transgender people in India with respect to their access to and use of health services related to gender identity – in particular, sex reassignment surgery (SRS) and cross-sex hormonal therapy. The brief describes barriers and offers suggestions to improve such services.

SRS and cross-sex hormonal therapy are two essential health services required for MtF transgender people to help them align their bodies in congruence with their gender identity. Available evidence indicates a near lack of gender identity-related services in even tertiary-level government hospitals and unaffordable SRS services in private hospitals. Lack of free or affordable services motivates many MtF transgender people to seek surgical services from unqualified medical practitioners and experience high risk of complications and inadequate counselling and care.

PEHCHĀN पहचान

Background

Male-to-female (MtF) transgender and transsexual people in India are quite diverse in terms of their self-identities, social structure, and cultural norms. Some of the several indigenous identities of gender-variant people in different parts of India include: hijras and kinnars (in North India); aravanis or thirunangai (in Tamil Nadu); yellamma (in Karnataka); jogti hijra (in Maharashtra); and shiv-shakthi (in Andhra Pradesh).

In this brief, for convenience, the umbrella term 'MtF transgender people' refers to gender-variant people with a range of indigenous identities such as hijras as well as those who identify with the English terms (male-to-female) 'transgender' or 'transsexual'.

MtF transgender people in India have high vulnerability to HIV. The national average of HIV prevalence among MtF transgender people is 8.8 percent (NACO, 2010-11), which is several times higher than the HIV prevalence among the general population (0.4 percent in 2010-11). MtF transgender people have been recognised as a 'key population' at risk for HIV since the beginning of the third phase of National AIDS Control Programme (NACP-III, 2006-2011). In the fourth phase (NACP-IV, 2013-2018); National AIDS Control Organisation (NACO) has plans to scale up Targeted Interventions (TIs) for HIV prevention among transgender population across India. In addition, with support from the Global Fund, India HIV/AIDS Alliance (Alliance India) implements Pehchan programme, in which one objective is to strengthen the capacity of community-based organisations (CBOs), including those working with hijras and other MtF transgender people, to implement government-supported TIs and related services.

Definitions: Transgender and Transsexual

Transgender
Transgender is an umbrella term used to describe people whose gender identity (sense of themselves as man or woman) or gender expression differs from that usually associated with their birth sex.

Transsexual
Another term for transgender; usually refers to people who have undergone or want to undergo transition-related medical procedures such as sex reassignment surgery.

(Adapted from definitions developed by American Psychological Association and World Professional Association for Transgender Health.)

While some progress has been made in responding to HIV in this population, a key issue for MtF transgender people is the continued lack of gender identity-related services such as sex reassignment surgery and cross-sex hormonal therapy. Tremendous gaps remain in this area. Recently, the Government of India has explicitly mentioned in its draft 12th Five-Year Plan that it "proposes empowerment of the transgender community by advocating that line Ministries support their education, housing, access to healthcare" and in its approach paper specifically mentions that "the health policy must focus on the special requirements of ... lesbian, gay, bisexual, and transgendered (LGBT) community".

Sex reassignment surgery (SRS) and cross-sex hormonal therapy are two essential health services that need to be available to MtF transgender people to assist them in changing their body to be congruent with their gender identity (Coleman, et.al. 2011). However, limited information is available on the gender identity-related service needs of transgender people in India. This issue brief summarises the current situation of MtF transgender people's access to and use of health services related to gender identity – especially focusing on access to sex reassignment surgery and cross-sex hormonal therapy - highlights the gaps, and puts forward suggestions on what can be done.

Research Methods

The information in this issue brief was drawn primarily from a multi-site qualitative research study commissioned by India HIV/AIDS Alliance (see 'Acknowledgments') and conducted among hijras and other male-to-female transgender people (n=62), healthcare providers, community leaders and lawyers in seven states of India.

Current Situation: Gender Identity Services in India

"Only recently I heard that breast augmentation is available in one of the private hospitals in Imphal and it costs INR 60,000. I don't think the transgender community would be able to pay such high fees."

– A senior nurse in Imphal

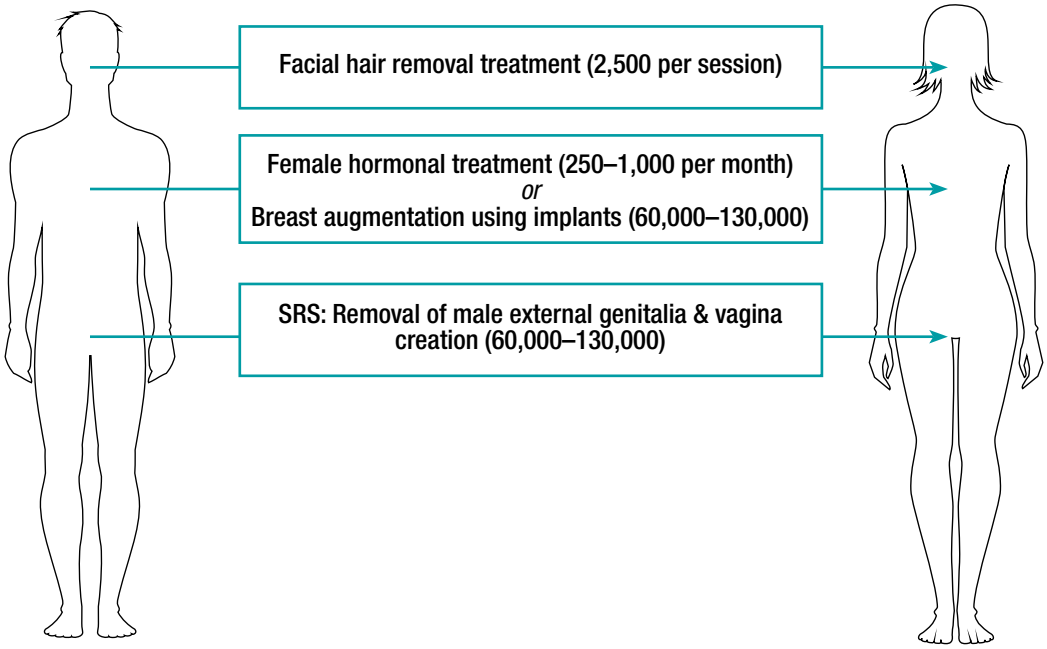
Range of services for gender transition for MtF transgender people

Different MtF transgender people have different needs related to their gender transition. Not all require or want to undergo SRS, which typically involves removal of male external genitalia and can include the creation of a vagina. These procedures can be performed with varying degrees of expertise and success by qualified medical practitioners, quacks, or hijra community members (*Dai maas*) experienced in performing the process in a traditional manner (*Dai Nirvan*).

Often prior to SRS, many MtF transgender people undergo breast augmentation, using silicone or saline implants. The current cost of implants alone can range from INR 20,000 to 40,000 per pair, and surgeons charge an additional INR 40,000 to 60,000 to perform the surgery. Some hijras/transgender people take hormonal tablets or injections for breast augmentation and to stimulate other feminizing characteristics. Often these tablets/injections are purchased from pharmacies without consulting qualified physicians. Side-effects commonly occur due to the use of improperly or self-prescribed drugs and incorrect dosages. At present, hormonal therapy is offered only by a handful of qualified physicians in certain cities in India. Due to the costs associated with engaging physicians for these services, many MtF transgender people choose instead to self-administer hormones.

Another common procedure is facial hair reduction using laser therapy or electrolysis. Overall, it is unknown what proportions of MtF transgender people in India undergo SRS, breast augmentation or other surgeries such as vocal cord surgery and Adam's apple shave.

Costs associated with selected gender transition-related services among MtF transgender people (in Indian rupees)



Barriers to access and use of gender identity-related health services

Structural and legal	Healthcare system	Community level	Individual level
• Healthcare providers' are concerned about potential adverse legal consequences after offering SRS or cross-sex hormonal therapy. • No national policy and practice guidelines on gender transition.	• Absence of free SRS and cross-sex hormonal therapy facilities in government hospitals. • Limited knowledge and expertise among healthcare providers about gender transition services. • Moral positions taken by healthcare providers to deny gender transition services.	• Preference of some hijra community members towards traditional *Dai Nirvan.* • Active or passive resistance from senior hijra leaders to pursue modern feminization procedures such as SRS (which may include vagina creation).	• Lack of awareness of SRS and other modern feminization procedures. • Inadequate resources to pay for gender transition services (SRS, breast augmentation, hormonal therapy) available in private hospitals.

Structural and legal barriers

Lack of a health policy on gender transition-related services at national-level and guidelines on standards of care for transgender people who require such services is a critical issue. Interviews with psychiatrists and surgeons who perform SRS indicated that many healthcare providers may not be aware of the authoritative guidance document from the World Professional Association for Transgender Health (WPATH), *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, which is now in its seventh edition. Ambiguity about the legal status of SRS and other services further complicates the matters; this is discussed in detail in the section on 'Healthcare system barriers' below.

Healthcare system barriers

The absence of free or affordable SRS and cross-sex hormonal therapy in government hospitals is a central challenge for transgender people seeking gender transition-related services. Even in Tamil Nadu where free SRS is to be provided in a few government hospitals; only one government hospital in Chennai has a long-standing free SRS programme. In reality, free SRS is

"There is nothing in our medical curriculum that talks about gender reassignment surgery. We don't have any Indian SRS guideline or any regulatory body."

– A plastic surgeon in Delhi

"*Dai Nirvan* is quite cheap. Most hijras go for it because of the low cost. But we have lots of complications in *Nirvan*. The hole [urethra] gets closed and it is usually safer to go for SRS."

– Thirunangai person who has undergone *Dai Nirvan*, Chennai

relatively inaccessible to many transgender people in other parts of Tamil Nadu. These study findings suggests that lack of explicit hospital policies that allow SRS coupled with moral positions taken by healthcare providers toward these procedures might also contribute to the failure of government hospitals to routinely offer these services. For example, one government hospital appointed an 'ethical committee' to examine whether SRS can be offered to a hijra-identified person as doctors felt it was 'unethical to harm a biologically normal male body'.

Doctors are concerned about potential adverse legal implications if they offer surgery or prescribe female hormones to biological males. For example, even though there are no specific laws for or against SRS, many doctors are worried that they could be sued by the parents for changing their child's sex (even if the 'child' is a legal major) or even by the patients themselves if something goes wrong. Under Section 320 of the Indian Penal Code (IPC) 'emasculation' (in the legal context, removal of testis or 'castration') is, however, explicitly mentioned as a grievous injury and a punishable offence, irrespective of the consent of the person who has been castrated. Similarly, doctors are unclear about the legal implications of prescribing female hormones to self-declared transgender people or hijras, especially those who have not undergone a formal psychological assessment. These dynamics are exemplified by doctors' practice of prescribing hormones on plain paper rather than on official prescription pads.

Community-level barriers

Failure to provide free SRS in government hospitals and inadequate personal resources to pay for gender transition-related services in private hospitals seems to be the key reasons why many hijras and MtF transgender people choose *Dai Nirvan* or go to quacks for emasculation. Besides the cost factor, some hijras seem to prefer Dai *Nirvan* for other reasons as well: no bureaucratic 'approval' for hospital-based surgery; personalised care by fellow community members; lack of discrimination; and no refusal when someone is HIV-positive. Many hijras believe that those who undergo *Dai Nirvan* will be more feminine than those who undergo surgery by a qualified medical practitioner. Such beliefs in the community and the social pressure they create often discourage hijras from seeking services from qualified surgeons.

Individual-level barriers

An unknown but significant proportion of hijra-identified persons appear to opt for traditional *Dai Nirvan* partly because free SRS is not available in government hospitals, and these services are too expensive in private hospitals. MtF transgender people in rural areas and small towns are typically unaware of modern SRS procedures available in city hospitals. Many hijras are also unable to afford the costs of physician-prescribed hormonal therapy and often rely on peer knowledge and experience in using specific brands and dosages of female hormonal tablets or injections. As a result, they face a high risk of adverse effects due to overzealous or incorrect dosages and interactions with other medications, such as antiretroviral treatment for HIV infection.

What Can Be Done?

Interrelated multilevel barriers prevent MtF transgender people from accessing and using safe SRS and cross-sex hormonal therapy in both government and private healthcare settings. To improve access to services, changes are required at several levels: structural and legal, healthcare system, community and individual.

Formulation of a policy at national-level for sexual minorities that addresses gender transition-related health service needs

India's 12th Five-Year Plan has explicitly mentioned 'LGBT people' and emphasised that their health and livelihoods must be addressed. Thus, there is a need for a national policy to specifically respond to the health priorities of transgender people, including gender transition-related services. The newly reconstituted National Health Mission (NHM) should include basic counselling and information services on gender transition in major hospitals, particularly in those attached to medical colleges where new generations of providers are being trained.

Preparation of national clinical guidelines on gender transition

SRS service providers in India use varying guidelines or no specific guidelines. Some providers are unaware of any guidelines. Consequently, wide variation exists in certain procedures and in the quality of these services. Thus, there is a need for national clinical guidelines or standards of care for gender transition-related services for transgender people. Taking into account some of the culture-specific aspects such as the presence of hijra and other indigenous transgender populations in India, existing international standards of care such as WPATH guidelines should be adapted to respond to the Indian context. One option could be to build on the interim national guidelines on SRS for MtF transgender people that were prepared by a national expert group convened by UNAIDS India in 2011.

> **"If the government wants to do something for the hijra community then it must provide free SRS or at least emasculation services through government hospitals. People in our community starve to save money to undergo this operation."**
>
> – MtF transgender person who has undergone SRS, Delhi

Provision of free gender transition-related services – especially SRS and hormonal therapy – at least in tertiary level government hospitals

Given the right of all Indians to mental and physical health and the fact that health is under the domain of the state, it is crucial that state governments provide free gender transition-related services for transgender people in need. Experiences and lessons learnt in providing free SRS through government hospitals in Tamil Nadu can be used to develop responsive and appropriate SRS and other gender transition-related services through government hospitals in other states. Initially, a team of healthcare providers in government hospitals in at least one city in each Indian state should commit to providing a range of basic gender identity services for transgender people. Training and sensitisation of healthcare providers in at least medical college-attached government hospitals or tertiary referral hospitals is also required.

Provision of information and counselling on gender transition-related issues to the MtF transgender people reached through HIV prevention interventions

In NACP-IV, NACO plans to scale up Targeted Interventions for HIV prevention in populations of hijras and other MtF transgender people. These groups can be provided with accurate information about gender transition and referral services to competent service providers, along with information about effective HIV prevention. Providing these services together may also in turn help increase use of HIV-related services by hijras and other MtF transgender people.

About Pehchan

With support from the Global Fund, Pehchan builds the capacity of 200 community-based organisations (CBOs) for men who have sex with men (MSM), transgenders and hijras in 17 states in India to be more effective partners in the government's HIV prevention programme. By supporting the development of strong CBOs, Pehchan addresses some of the capacity gaps that have often prevented CBOs from receiving government funding for much-needed HIV programming. Named Pehchan which in Hindi means 'identity', 'recognition' or 'acknowledgement,' this programme is implemented by **India HIV/AIDS Alliance** in consortium with **Humsafar Trust**, **PNRO, SAATHII**, **Sangama**, **SIAAP** and will reach 453,750 MSM, transgenders and hijras by 2015. It is the Global Fund's largest single-country grant to date focused on the HIV response for vulnerable sexual minorities.

Acknowledgements

This issue brief is primarily based on a study commissioned by India HIV/AIDS Alliance and implemented by Centre for Sexuality and Health Research and Policy (C-SHaRP) titled 'Feminization Practices among Hijras and other Male-to-Female Transgender People in India', January 2013. The persons involved in developing this issue brief include: Venkatesan Chakrapani, Yadavendra Singh, Abhina Aher, Simran Shaikh, Sonal Mehta and James Robertson.

Recommended Citation: India HIV/AIDS Alliance (2013). *Issue Brief: Transforming Identity: Access to Gender Transition Services for Male-to-Female Transgender People in India*. New Delhi: India HIV/AIDS Alliance.

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Pehchan is funded with generous support from:
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The Global Fund
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