



# MEETING THE HEALTHCARE NEEDS OF THE TRANSGENDER COMMUNITY

## Gender Guidance Clinics of Tamil Nadu, India

- Health care for LGBTQIA+ in India has largely been restricted to HIV/AIDS prevention and control, whether in the private or public health sector.
- LGBTQIA+ struggle to access and use affordable and quality healthcare due to non-availability of qualified providers, stigma, discrimination, insensitive attitudes, an inability to pay for healthcare and lack of family and social support.
- Our research indicates that the Gender Guidance Clinics (GGCs) of Tamil Nadu provide important lessons on how a government program can be planned and organized to address the health needs of the transgender community in a more holistic way.
- This Policy Brief outlines why it is critical to discuss transgender healthcare provision at this juncture, and some of the key takeaways from the GGC experience that are relevant for public health systems in other states as they put together their own plans.

### Why it is important to discuss healthcare for the transgender community NOW

With the adoption of the Transgender Persons Protection of Rights Act 2019 (Sec VI-15), each state is required to ensure that at least one government hospital is equipped to offer gender affirmative surgeries, hormone therapies, counselling and to provide insurance coverage, whether at public or private hospitals.

States like Delhi, Uttar Pradesh and Maharashtra have already publicly announced their intention to include transgender services in public hospitals. However, as of April 2023, except for Tamil Nadu and Kerala, most states are yet to draft detailed administrative guidelines to implement these directives. Sharing lessons from the Tamil Nadu experience will provide useful insights to other states gearing up to introduce these services.

GOVERNMENT GENERAL HOSPITAL Chennai - 600003		
SERVICES		
Sl. No.	Services Offered	Service Providers
<b>1. MULTI-SPECIALTY OP CONSULTATION</b>		
1.1	Treatment for common ailments	Physician
1.2	Treatment for NCDs	
1.3	Vaccination for Hepatitis, HPV etc	
1.4	Mental Health Care & Assessment	Psychiatrist
1.5	Dermatological treatments	Dermatologist
1.6	Treatment for STDs	Venereologist
1.7	Gender affirmative hormone treatment and routine monitoring	Endocrinologist
<b>2. SURGICAL SERVICES</b>		
2.1	Sex Reassignment Surgeries (SRS) for Transwomen (a male-to-female transsexual)	Plastic surgeon
	Vaginoplasty	
	Urethral problems and other Urological care	
2.2	Sex Reassignment Surgeries (SRS) for Transmen (a female-to-male transsexual)	Gynaecologist
	Hysterectomy, oophorectomy	
	Mastectomy and Nipple positioning phallo/metoidioplasty	
2.3	Non genital surgeries for Transwomen (a male-to-female transsexual)	Plastic Surgeon
	Rhinoplasty, Facial feminization surgery, Liposuction, Breast augmentation	
	Vocal cord tightening,	
	Facial and Body hair removal by Lasers	
<b>3. OTHER SUPPORTIVE SERVICES:</b>		
3.1	Registry maintenance, Coordination of OP and IP services	Social Worker/ Counselor
3.2	Counseling and Management of attenders from TG community in hospital	
3.3	Procurement of consent from relevant stakeholders in absence of Blood relatives	
3.4	Procurement of certificate from Notary Public for legal affirmation and assist in other legal formalities.	

Source: Research Team

# What was our study about, where was it done and how?

The Public Health Foundation of India's Ramalingaswami Centre on Equity and Social Determinants of Health (RCESDH), Bengaluru conducted research to systematically examine and document the GGCs given their degree of Government ownership and for being unique in addressing healthcare needs of gender and sexual minorities. Using both quantitative and qualitative data collected from program functionaries, civil society advocates, and members of the transgender community, the case study builds a rich narrative of the opportunities and challenges that the GGCs present.

This study was a part of the 'Promising Practices in Integrating Gender in Government Health Programs' project that brought together researchers from the United Nations University – International Institute for Global Health (UNU-IIGH) and School of Public Health at the University of Western Cape in South Africa.

The objective was to document cases from three regions – Africa, South East Asia and South Asia – of instances where gender issues had been integrated in government-led health programs.



Source: Research Team

*"Only after getting surgery, I feel like I got freedom, I am free. Before this, I had to wear binders all the time. I would have to button all the buttons in the shirt. There was constant fear that people would find out..."*

**- Transmale**

## What are Gender Guidance Clinics?

A 'Gender Guidance Clinic' is the name given by the National Health Mission, Tamil Nadu to the clinics located within a large public hospital that cater exclusively to the healthcare needs of the transgender community, specifically for gender affirmative treatments.

As on March 2023, three such clinics were operational in Tamil Nadu – at Rajiv Gandhi Government General Hospital in Chennai, Government Rajaji Hospital at Madurai and Government Mohan Kumaramangalam Medical College Hospital, Salem.

The GGCs fall under the administrative purview of the National Health Mission, Government of Tamil Nadu.

## Research Questions

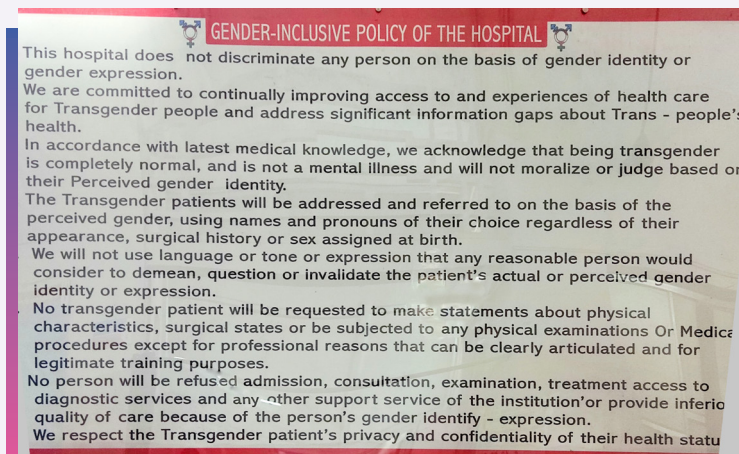
- What was the socio-political economic context in Tamil Nadu that created a conducive environment for GGCs to be established and sustained?
- What are the mechanisms through which the GGCs were able to leverage institutional support and sustain the initiative?
- What are the outputs and outcomes of the GGC?
- What transferable lessons in gender integration do the GGCs provide?



# What were the key findings of the study?

We found that several legal and policy changes within the country, such as the NALSA judgement (2014) and the Transgender Persons Protection of Rights Act (2019), as well as landmark judgements by the Madras High Court, reaffirmed the human rights of the transgender community. This, combined with progressive political, social and cultural attitudes towards the transgender community in Tamil Nadu supported by the self-respect and social justice movements, paved the way for GGCs to be established.

Some of the key mechanisms that supported the initiative were: (i) a proactive LGBTQIA+ community that leveraged bureaucratic and judicial systems to lobby for access to appropriate healthcare; (ii) the emergence of champions within the Health administration who drove the initiative forward, providing leadership and establishing the evidence-base; and (iii) effective leveraging of the existing Transgender Welfare Board to bring about critical inter-sectoral coordination.



Source: Research Team

## Outcome 1: Improved Health Seeking Behaviour by

- Fulfilling the community's demand for an essential health service
- Reducing the reliance on quacks, untrained, and fraudulent health providers
- Being a predictable source of services with fixed days and regular timing

## Outcome 2: Provided Financial Protection by

- Reducing direct medical costs: for example, surgeries are free at the GGC, as compared to almost INR 5 lakhs at a private facility
- This reduces the risk of falling into a debt trap
- Setting a standard rate for various procedures through the insurance scheme
- As on 2021, around 100 gender affirmative surgeries have been covered under Chief Minister Comprehensive Health Insurance Scheme (CMCHIS)

## Outcome 3: Enhanced Quality of Care/Respect by

- Reducing exposure to harassment faced in public hospitals, as reported by beneficiaries
- Improving provider attitudes, respect and courtesy (use of appropriate pronouns)
- Enhancing post-operative care before discharge and later with regular follow up & reviews
- Increasing patient autonomy by opening up consent for surgeries and hospital attendance to individuals beyond blood relatives

## Outcome 4: Supported Mental Health by

- Recognising and paying attention to mental health concerns
- Providing a service (gender affirmative surgery) that promotes in users a sense of freedom, relief and well-being through greater mind-body congruence, psychological and sexual health



## A lived experience

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Renuka (fictitious name), a 28 year old trans woman had visited the GGC at Chennai every Friday for five months. She lives by 'clapping hands' and begging from shop to shop. Renuka wanted to have a breast implant, had approached 5 or 6 private hospitals and found that she would have to pay a one-time amount of 1.5 lakhs (approximately USD 1820), that she could not afford. She delayed treatment, until one day she met a transwoman who had got a breast implant done through the GGC. This person said she was satisfied with the outcome of the surgery and post-surgical care.

Renuka was convinced, and decided to also visit the GGC. She prepared herself mentally for the multiple visits that may stretch to months. She was asked to enroll in the CMCHIS health insurance scheme. She has now completed her consultations with all the specialists in the clinic but her surgery has been delayed because of shortage of breast implants.

Renuka reported that transgender people were treated with respect and given a choice of procedure they wanted to undergo, as well as whom they would like as an attender during the hospitalization. Her expenses have included INR 400/- (USD 5) for transport during her weekly visit and the loss of INR 700- (USD 8.5) which is her usual one day earning through begging. Overall, she feels satisfied and says that if her breast implant surgery goes well, she will go back to the GGC for a penectomy also.

## What are some future directions?

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The GGCs do face a few challenges: vacancies for counsellor positions; weak monitoring mechanisms for follow-up; limited if any services beyond surgeries – such as screening for hypertension, diabetes and cancer. The GGCs currently cater only to transgenders. In future, the clinics could potentially cater to others in the LGBTQIA+ spectrum as well.

The GGCs have been successful in addressing a largely unmet healthcare need of a group marginalized by their gender identity. Some of the strategies that contributed to their success and speak more widely to all gender integrative strategies include:

- Complete Government ownership, with strong champions among the political leadership and health bureaucracy;
- Sensitization and training of healthcare providers to acknowledge the health needs and rights of transgender individuals and provide respectful care;
- Designing healthcare facilities to be (trans)gender responsive with appropriate services and facilities provided in an accessible, approachable way.

These learnings can be leveraged by Government and non-government stakeholders to scale up similar initiatives across different geographies, across public and private healthcare institutions, to penetrate secondary and primary levels of health systems, to truly progress towards universal health care and gender and health equity.

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