Dissertation Training

At

International Institute of Health Management Research New Delhi

Title: The Profile of Transgender who availed health services at Garima Greh, New Delhi, India, 2024.

By

Name: Arpana Kumari
Enroll No.: PG/22/014

Under the guidance of
Dr Ekta Saroha
Dr Sukesh Bhardwaj

PGDM (Hospital & Health Management)

IIHMR DELHI

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The certificate is awarded to

Miss Arpana Kumari

Is recognition of having successfully completed

Her dissertation

At IIHMR, Delhi

And has successfully completed her project on

Title: The Profile of Transgender who availed health services at Garima Greh, New Delhi, India, 2024.

Date: 25th February 2024 to 25th June 2024

International Institute of Health Management Research New Delhi

She comes across committed, sincereness and diligent person who has
A strong drive and zeal for learning.

We Wish her all the best for future endeavours.

Training and Development

Zonal Head-HR

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Miss Arpana Kumari,** student of PGDM (Hospital and Health Management) from International Institute of Health Management Research New Delhi has undergone dissertation training at **International Institute of Health Management Research, New Delhi from 25th February 2024 to 25th June 2025.**

This candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical.

The dissertation is in fulfilment of the course requirements.

I wish her success in all her future endeavours

Dr Sumesh Kumar
Associate Dean, Academic and student Affairs
IIHMR Delhi

Dr. Ekta Saroha
Associate Professor Training Dean
IIHMR Delhi

Certificate of Approval

e following dissertation titled "The Profile of transgenders who availed health services at IIHMR Delhi" at Gaurima Gurh, New Delhi, 2024. is hereby approved as a certified study in management carried out d presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of GDM (Hospital & Health Management) for which it has been submitted. It is understood that by is approval the undersigned do not necessarily endorse or approve any statement made, opinion pressed, or conclusion drawn therein but approve the dissertation only for the purpose it is ubmitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
NAVEEN VASHIST	
Dr. Piyush Kanti Khan.	
VINAY	

CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that Arpana Kumari a graduate student of the PGDM (Hospital and Health Management) has worked our guidance and supervision of Dr Ekta Saroha, Associate Professor Training Dean, IIHMR Delhi and Dr Sumesh Kumar, Associate Dean, Academic and Students Affairs, IIHMR Delhi. She is submitting this dissertation titled "**Title: The Profile of Transgender who availed health services at Garima Greh, New Delhi, India, 2024**" at IIHMR Delhi in partial fulfilment of the requirements for the award of the PGDM (Hospital and Health Management).

This Dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr Sumesh Kumar
Associate Dean, Academic and student Affairs
IIHMR Delhi

Dr. Ekta Saroha
Associate Professor Training Dean
IIHMR Delhi

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Title: The Profile of Transgender who availed health services at Garima Greh, New Delhi, India, 2024"** has been submitted by **Miss Arpana Kumari, Enrollment no. PG/22/014** under the supervision of **Dr. Ekta Saroha, Associate Professor at IIHMR Delhi and and Dr Sumesh Kumar, Associate Dean, Academic and Student Affairs, IIHMR, New Delhi** for the award of PGDM (Hospital and Healthcare Management) of the Institute carried out during the period from 25th February 2024 to 25th June 2025. It embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution or other similar institution of higher learning.

Arpana Kumari

Miss Arpana Kumari

Feedback Form

Name of the Student: Arpana Kumari

Name of the organization in which dissertation has been completed: IIHMR New Delhi

Area of Dissertation: The Profile of Transgender who availed Health services at Garima Greh, New Delhi, India, 2024.

Attendance: 100%

Objectives achieved: Design Strategies, Collaborate with Stakeholders, Advance Professional development

Deliverables: Needs Assessment, Report & Documentation, Program Development & Evaluation, Partnership agreements.

Strength: Analytical Skill, Communication Skill, Problem Solving, Leadership & Collaboration.

Suggestion for Improvement: Enhance data literacy, strengthen community engagement, Expand Leadership abilities, public speaking and Advicacy

Suggestion for Institute (Course curriculum, industry, placement, alumni):

Signature of the officer-in-charge Organization, Mentor (Dissertation):

Date:

Place:

CONTENT

ABBREVIATIONS

1. Garima Greh ..... (Literal: Shelter of Dignity)
2. MoSJ&E.....Ministry of Social Justice and Empowerment
3. SMILE.....Support for Marginalized Individuals for Livelihood and Enterprises (Scheme)
4. TP(PR)A, 2019.....Transgender Persons (Protection of Rights) Act, 2019
5. LGBTQ+..... Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Others
6. GAC..... Gender-Affirming Care
7. SDP..... Socio-Demographic Profile

ACKNOWLEDGEMENT

It is an esteemed pleasure to present this research project by thanking everyone who helped me in this task. I would like to explore my concern my sincere gratitude towards my guide **Dr. Ekta Saroha, Associate Professor, IIHMR New Delhi, and Dr. Sukesh Bhardwaj Assistant Professor, IIHMR New Delhi**, who helped me immensely throughout the tenure of my internship. He inspired me greatly to work in this project with his valuable guidance, support, interest, encouragement, involvement and advice.

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ABSTRACT

Gender refers to the roles, behaviours, and identities that society associates with people. Within this broad spectrum, the term *transgender* describes individuals whose sense of gender or the way they express it does not align with the sex they were assigned at birth. Transgender people form an important part of the wider LGBTQ+ community.

India's relationship with gender diversity goes back thousands of years. Communities such as Hijras, Kothis, and Jogappas have been visible in cultural and religious spaces for centuries. Early texts, including the Vedas and the Kamasutra, mention more than two genders, showing that non-binary identities have long been a part of Indian society.

Even with this deep historical presence, transgender people—often collectively referred to as hijra—have faced social exclusion, invisibility, and discrimination. They were not even counted separately in national data until the 2011 Census, which recorded around 4.9 lakh transgender individuals, a figure widely considered to be an undercount.

In recent years, the Government of India has introduced several legal and welfare measures to support the community:

Legal and Social Measures

Protection of Rights: The Transgender Persons (Protection of Rights) Act, 2019, prohibits discrimination and ensures access to essential services, including healthcare.

Healthcare Initiatives: The National Policy for Transgender Persons (2014) calls for inclusive healthcare, mental health support, and gender-affirming procedures. The Ministry of Health has issued guidelines for provider sensitization and inclusion of gender-affirming treatment in insurance. Dedicated centres—such as ATHI in New Delhi and VJ's Transgender Clinic in Visakhapatnam—provide specialized care.

Rehabilitation and Livelihood Support: The Ministry of Social Justice and Empowerment runs the **SMILE scheme**, aimed at supporting transgender persons, especially those who depend on begging for survival. The programme offers medical care, counselling, education, skill-building, and livelihood opportunities. Shelter homes are also being set up for individuals who are abandoned or displaced.

These initiatives, coordinated through the **National Council for Transgender Persons**, reflect the country's ongoing efforts to uphold the dignity and rights of the transgender community.

Study Objectives

To outline the socio-demographic characteristics of transgender individuals who accessed services at Garima Greh.

To examine their healthcare-seeking behaviour.

Methodology

This study used secondary data collected from Garima Greh in 2024. The dataset included demographic details, information on healthcare utilization, and types of services availed.

Key Findings

About **75%** of individuals were between **18 and 30 years old**.

60% had completed secondary education.

80% sought services related to **gender-affirming care**.

70% travelled less than **5 km** to reach Garima Greh.

Discussion

The results suggest that young transgender individuals in Delhi rely heavily on nearby, community-based centres like Garima Greh for gender-affirming healthcare. The findings highlight the need for better outreach, more accessible services, and policies that address the unique challenges faced by this population.

Conclusion

This study provides an overview of the social background and healthcare-seeking patterns of transgender individuals who used services at Garima Greh in 2024. The insights can help guide future programmes aimed at improving health access and overall well-being for the transgender community.

ABOUT IIHMR DELHI

The International Institute of Health Management Research (IIHMR), New Delhi is allied to the "Society for Indian Institute of Health Management Research" which was established in October 1984 under the Societies Registration Act-1958. IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia-Pacific region.

We are a leading institute of higher that promotes and conducts research in health and hospital management; lends technical expertise to policy analysis and formulation; develops effective strategies and facilitates efficient implementation; enhances human and institutional capacity to build a competent and responsive healthcare sector. Our multi-dimensional approach to capacity building is not limited to academic programs but offers management development programs, knowledge and skills-based training courses, seminars/webinars, workshops, and research studies. Our four core activities are:

- Academic courses at master's and doctoral level in health and hospital management to meet the growing need of skilled healthcare professionals.
- Research that has high relevance to health policies and programs at national and global level. C
- Continued education through management development programs and executive programs for working professionals to help them upgrade their knowledge and skills in response to the emerging needs of the industry.
- Technical consultation to the national and state-level flagship programs to address the gaps in planning as well as implementation.

International Institute of Health Management Research (IIHMR), New Delhi Over the years IIHMR-Delhi has emerged as an institute of repute both nationally and globally for producing socially conscious, skilled and vibrant top-class health care management professionals. Our graduates are well-matched for the ever-changing health care sector and evolving social milieu. The institute has progressed as a leader in research, teaching, training, community extension programmes and policy advocacy in the field of health care. IIHMR has carved out a niche for itself through its cutting-edge academic curriculum, infrastructure, accomplished multi-disciplinary faculty and research. The Institute as an autonomous body of international stature has been developing leaders for several years to shape tomorrow's healthcare by equipping the students in the fields of health, hospital, and health information technology. The Institute's dynamic health care research programmes provide rigorous training in management, health systems, hospital administration, health care financing, economics, and information technology

CHAPTER 1: INTRODUCTION

1.1 Background

India's transgender community is not a modern phenomenon but a deeply rooted part of the country's social and cultural fabric. Historical references to people outside the male–female binary appear throughout Hindu scriptures, Sanskrit literature, mythology, and accounts of medieval courts, where eunuchs and gender-diverse individuals often held respected administrative or ceremonial roles. Over time, groups such as Hijras, Kothis, Jogappas, Aravanis, and others have shaped their own cultural traditions and social structures.

Despite this long-standing presence, transgender persons in present-day India continue to face widespread stigma, marginalisation, and barriers to social acceptance.

The term *transgender* is generally used for individuals whose internal sense of gender or outward expression does not match the sex assigned to them at birth. Gender identity is an internal experience, while gender expression is visible through clothing, behaviour, and appearance. It is important to note that gender diversity exists on a spectrum—many people who display gender-nonconforming traits may not identify as transgender—highlighting the fluid and complex nature of gender in society.

The Census of India (2011) recorded around 4.9 lakh people identifying as transgender, although the actual number is believed to be considerably higher. Social stigma, lack of awareness, under-reporting, and fear of discrimination contribute to this significant gap. Before 2011, transgender individuals were not counted as a distinct demographic group, resulting in years of statistical invisibility and limited policy attention.

1.2 Health, Social and Economic Challenges

Transgender people in India frequently face rejection from families, homelessness, social exclusion, unemployment, and discrimination in education and healthcare systems. Many

experience verbal, physical or sexual abuse, leading to increased vulnerability to mental health disorders, substance use, HIV, violence, and poverty. Structural discrimination contributes to limited access to healthcare, lack of gender-affirming services, financial constraints and poor health-seeking behaviours. Shelter homes such as Garima Greh function as protective environments for transgender individuals who face abandonment or violence. These shelters play a crucial role in providing housing, healthcare linkages, psychosocial support, livelihood training, and legal services.

1.3 Healthcare Access and Healthcare System in India

Healthcare in India is currently a rapidly expanding sector, driven by increased demand for specialised and quality services. The Indian healthcare market was valued at approximately USD 370 billion in 2022, and projections estimate substantial growth by 2026 (4). Despite national progress, transgender individuals often experience barriers such as stigma in hospitals, absence of gender-sensitive care, economic hardship, and lack of insurance coverage. National policies including the National Health Policy aim to increase access to affordable care and provide health services to all population groups irrespective of gender (5). More recently, health-specific initiatives such as Ayushman Bharat TG Plus have been introduced to expand insurance coverage, including gender-affirming procedures for transgender people.

1.4 Legal and Policy Framework

The Transgender Persons Act (2019) mandates the government to ensure access to comprehensive, respectful and inclusive medical care, update medical training, and promote legal protections for transgender people. Programmes such as the Ministry of Social Justice and Empowerment's SMILE scheme and its Garima Greh initiative specifically address social protection, rehabilitation and health-related needs of persons facing homelessness, violence, and socio-economic exclusion.

1.5 Rationale

Although India has recently undertaken several policy reforms, transgender individuals continue to experience unequal access to health services and limited awareness of available schemes. Literature from India remains sparse in terms of documenting healthcare seeking patterns, cost of services, and access-related disparities among transgender populations, particularly those residing in shelter homes.

Understanding the socio-demographic characteristics and healthcare-seeking profile of transgender persons living in temporary residential settings is essential for designing context-specific interventions, strengthening service delivery systems, supporting community-based initiatives, and improving linkage to primary and tertiary healthcare services.

The present study aims to contribute evidence regarding who uses shelter home services and how transgender individuals seek healthcare, with a specific focus on provider types, service expenditure, and distance travelled.

CHAPTER 2: METHODOLOGY

2.1 Study Design

This study employed a secondary data analysis design using an existing dataset obtained from the IIHMR-funded project titled "Determinants of Non-Communicable Diseases among Marginalized LGBTQIA+ in Delhi, India: A Population Survey." Secondary analysis was undertaken to explore socio-demographic characteristics and health-related variables of transgender individuals residing in Delhi.

2.2 Study Setting

The original study was conducted in a shelter home located in the West District of Delhi, India. The shelter home primarily accommodates transgender persons who are socially and economically marginalised.

2.3 Study Population

The study population consisted of transgender individuals aged 18 years and above, residing within the Delhi metropolitan area at the time of the survey.

2.4 Data Source

Secondary anonymized data was formally requested from the Principal Investigator of the IIHMR-funded study. Only variables relevant to the objectives of the present analysis were extracted for further examination.

2.5 Sample Size

A total of 212 transgender respondents were included in the dataset. All cases meeting the eligibility criteria were included in the secondary analysis, therefore no additional sampling technique was applied.

2.6 Data Collection Tool

The original study used a structured interviewer-administered questionnaire. The present analysis utilized the following sections from the questionnaire:

- socio-demographic characteristics
- living arrangement
- education
- employment
- income
- religion
- caste

- type of healthcare provider
- healthcare expenditure
- healthcare access distance

A copy of the questionnaire is attached as Annexure 1.

2.7 Inclusion Criteria - Participants were included if: they self-identified as transgender, belonged to the age group 18 years or older, were currently residing in the West District of Delhi, had complete records for the study variables, provided informed consent for secondary data use in the original study.

2.8 Exclusion Criteria - Participants were excluded if: they were below 18 years, reported residence outside West Delhi, refused consent for use of secondary data, did not have complete data for key variables.

2.9 Variables Dependent Variables (Health-service related), healthcare provider type, healthcare expenditure, distance travelled for health service, Independent Variables (Socio-demographics), age, gender identity, education status, employment type, monthly income, living arrangement, religion, caste category

2.10 Data Management: Data were downloaded into Microsoft Excel for cleaning and preparation. Missing values, invalid entries, and inconsistent responses were verified against available metadata.

2.11 Data Analysis - The data were analysed using Microsoft Excel. Descriptive statistics included: frequencies and percentages (categorical variables) mean, median, range (continuous variables) Where appropriate, cross-tabulations were generated to explore associations between socio-demographic characteristics and healthcare-related variables. Findings are presented in tabular form.

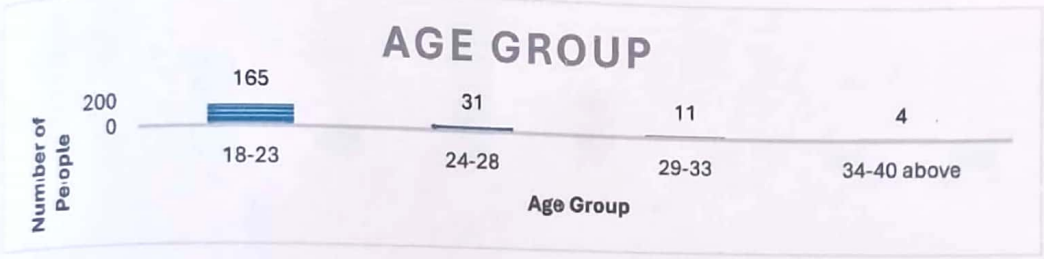
2.12 Ethical Considerations: Ethical approval and data collection were undertaken by the original IIHMR research protocol. Only anonymized secondary data were used in the current analysis. No personal identifiers were accessed. Permission for secondary data use was obtained from the Principal Investigator.

CHAPTER 4 – RESULTS

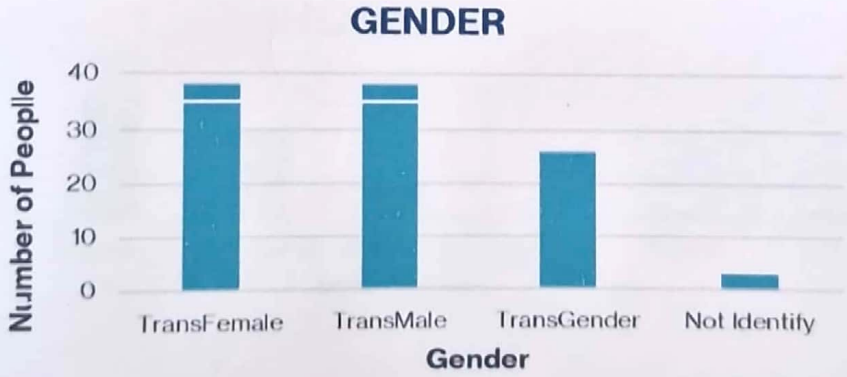
4.1 Introduction to Results

This chapter presents the socio-demographic profile and healthcare-seeking behaviour of transgender individuals who availed services at Garima Greh, New Delhi, during the study period. Findings are based on primary data extracted from the admission records and clinical documents available at the centre. Analysis has been organised according to the study objectives and variables mentioned in the methodology.

4.2 Socio-Demographic Characteristics: Age -The study population mainly belonged to young and middle-aged adults. The majority were within the economically productive age group, which highlights the need for employment-linked social protection and health services.

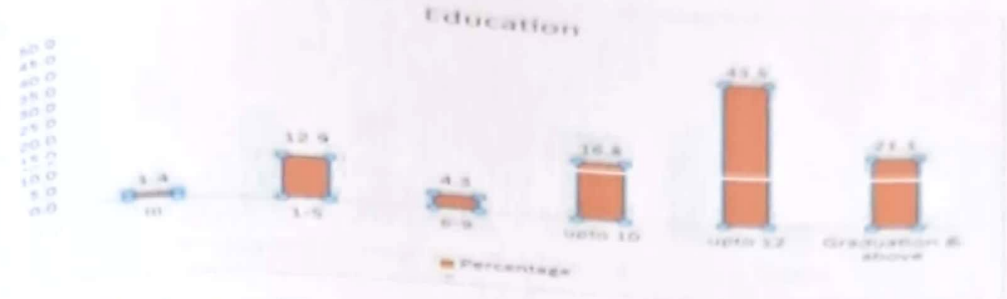


Gender Identity: Most participants self-identified as transgender women, with a smaller proportion identifying as transgender men or non-binary. This reflects the existing trend that transgender women are more likely to access community-based shelter services compared other subgroups.



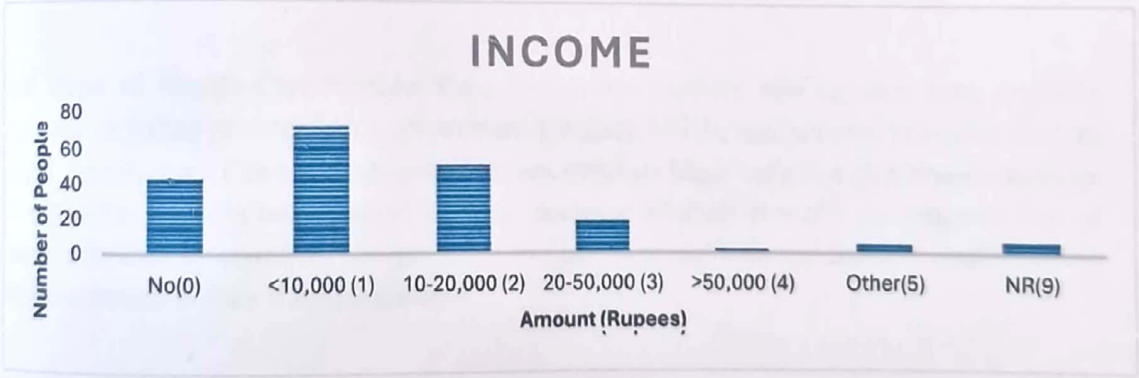
Educational Status: Education level varied widely. A considerable proportion had complete secondary or senior secondary schooling, while only a few reported attainments beyond

graduation. Lack of higher education may contribute to limited employment opportunities and social exclusion.

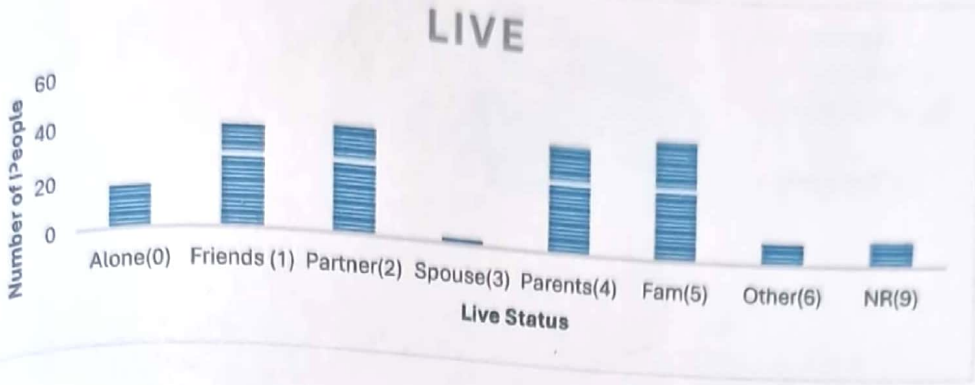


Current Employment: Most participants were unemployed at the time of admission. Among those who were employed, self-employment and informal work were the most reported categories. Very few participants were engaged in formal jobs.This finding suggests the continued vulnerability of transgender individuals to economic instability.

Monthly Income: Income levels were significantly low, with a considerable number reporting no stable monthly income. Very few earned above INR 10,000. Financial insecurity directly influences healthcare access, nutrition and mental health



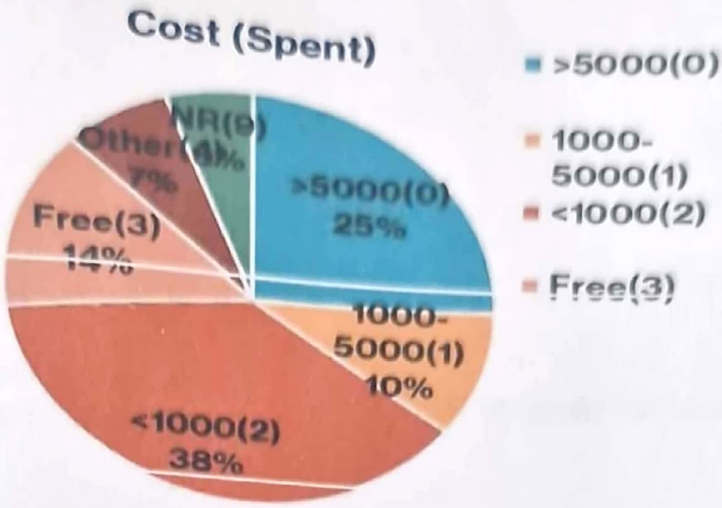
Living Arrangement: The majority lived away from biological parents and family. Many were residing with friends, peers, or partners before admission to Garima Greh. This reflects social dislocation, stigma and family rejection as major reasons behind homelessness among transgender persons.



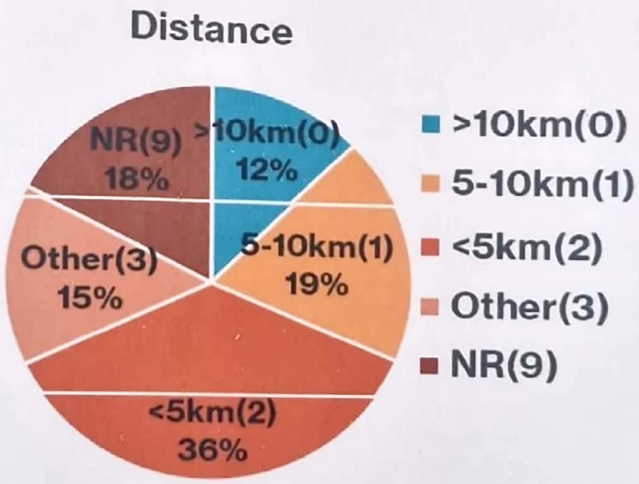
Religion and Caste: Most respondents belonged to Hindu households. Participants also belonged to marginalized caste groups including SC/ST/OBC, reflecting multiple social disadvantages intersecting with gender identity.

4.3 Type of Health-Care Provider Used Participants reported seeking care from multiple sources including private clinics, government hospitals, NGOs, and informal providers such as local practitioners. Use of private providers was common Many relied on NGO-based services A notable proportion had accessed informal treatment Multiple provider use suggests lack of trust, affordability concerns, non-availability of inclusive services, and frequent health-related discrimination in formal health systems.

4.4 Cost of Treatment: Most respondents reported either very low or no direct expenditure on recent health visits, indicating dependence on free or subsidized services. A few reported expenditures above INR 1000, possibly based on hormone treatment or specialized consultations.



4.5 Distance Travelled: A large proportion travelled <5 km or within local vicinity, implying that participants accessed nearby community-based services. A smaller proportion travelled more than 10 km, mainly for government facility-based services. Longer distance creates a barrier due to limited financial and mobility support.



4.6 Summary of Findings: The socio-demographic profile reveals multiple layers of vulnerability, including:

- young age group
- educational gaps
- unemployment
- absence of family support
- economic hardship
- dependence on informal or NGO-based healthcare

Healthcare-seeking behaviour highlights:

- limited access to formal health systems
- preference for informal/private/NGO services
- affordability constraints
- geographic and financial barriers

These findings indicate continuing structural marginalization of transgender individuals despite institutional support under Garima Greh.

CHAPTER 5: DISCUSSION

The present study examined the socio-demographic profile and healthcare-seeking patterns of transgender individuals who accessed services at Garima Greh in New Delhi. The findings show that many participants came from economically disadvantaged backgrounds, often with limited education and irregular employment. These vulnerabilities directly shaped how they approached healthcare—treatment was frequently delayed, decisions were influenced by informal community networks, and support was largely sought from community-run spaces like Garima Greh. Most of the individuals were young adults, and a large number identified as transfeminine. Educational levels were generally low, which further restricted their employment options and contributed to persistent economic hardship. Many also reported strained or broken family ties, resulting in social isolation and a heightened dependence on peers for emotional and financial support. Together, these factors illustrate how social marginalisation and economic precarity intersect to influence health outcomes for transgender persons.

Stigma, discrimination, and financial limitations played a major role in shaping healthcare behaviour. Several participants avoided or postponed seeking medical help due to negative encounters in public health facilities, where they faced misgendering and insensitive treatment from staff. Against this backdrop, Garima Greh served as a trusted and safe space—providing not only shelter but also referral pathways to healthcare, psychosocial support, and a sense of belonging. Its role highlights the importance of community-based organisations in filling systemic gaps and ensuring accessible, respectful healthcare for transgender communities.

The observations from this study reflect trends reported in wider research on transgender health in India. Existing literature also points to similar barriers: stigma from providers, inadequate awareness within the healthcare system, and economic marginalisation. These patterns have been documented across various metropolitan settings, suggesting that the challenges are widespread and structural rather than unique to Delhi.

The implications extend to both policy and practice. There is a clear need for healthcare policies that mandate gender-sensitive training for medical personnel and reinforce accountability in service delivery. At the implementation level, organisations like Garima Greh require consistent funding and institutional backing so they can continue offering essential support. Future studies would benefit from following individuals over time to understand long-term outcomes, particularly around mental health, employment stability, and social reintegration.

This study does have certain limitations. It focuses on a single Garima Greh facility in New Delhi, which may not reflect the diverse experiences of transgender individuals across the country. Additionally, reliance on self-reported information increases the likelihood of recall or social desirability bias. Despite these constraints, the study offers meaningful insights into the everyday realities of transgender individuals and emphasizes the crucial role that community-based services play in supporting their health and well-being.

In conclusion, the study underscores the intersection of socio-economic marginalization and healthcare inequities faced by transgender individuals. Garima Greh emerges as a vital

intervention, but broader systemic reforms are essential to ensure equitable access to healthcare and social support for transgender communities across India.

CHAPTER 6: LIMITATIONS

This study has several limitations that should be kept in mind when interpreting its findings. First, the sample was drawn exclusively from transgender individuals living in a single Garima Greh shelter home in New Delhi. Because of this narrow setting, the results may not reflect the experiences of transgender persons living independently, in other types of housing, or in different regions of the country, where socio-economic realities and healthcare-seeking patterns may vary considerably.

A second limitation relates to the use of self-reported information. Participants may unintentionally understate sensitive issues, provide socially desirable responses, or have difficulty recalling details about healthcare visits, expenses, or past experiences of discrimination. Such biases can influence the accuracy of the data collected.

The study's cross-sectional and descriptive design is another constraint. Since information was captured at a single point in time, it is not possible to draw causal links between socio-demographic characteristics and healthcare-seeking behaviour. Longitudinal studies would be more effective in tracking how healthcare practices change over time and in assessing whether continued engagement with Garima Greh leads to lasting improvements in access to services.

Additionally, detailed clinical information—such as medical records, HIV status, mental health conditions, or specifics of gender-affirming interventions—was not included in the analysis. These aspects are essential for building a fuller understanding of transgender health needs and should be integrated into future research.

The relatively small sample size also limited the scope for subgroup analysis across characteristics such as age, employment status, or duration of stay at the shelter. A larger and more diverse sample drawn from multiple Garima Greh centres and states would allow for stronger comparisons and more generalizable conclusions.

Finally, due to time and logistical constraints, the study did not include qualitative interviews with residents or caregivers. Such insights could have offered a deeper understanding of stigma, emotional wellbeing, interactions with the healthcare system, and expectations from government support services.

Despite these limitations, the study provides meaningful preliminary evidence on the socio-demographic profile and healthcare-seeking patterns of a highly marginalised population accessing shelter-based services in Delhi. It contributes to the limited body of research on transgender health in India and points to several areas where further study and policy intervention are needed.

CHAPTER 7: CONCLUSION

This study sought to examine the socio-demographic characteristics and healthcare-seeking behaviour of transgender individuals residing at the Garima Greh shelter home in New Delhi. The findings reveal that many transgender persons continue to experience significant socio-economic vulnerabilities, including low levels of education, limited employment opportunities, and minimal income. These conditions reflect the broader structural and social exclusion faced by the community, compelling many to depend on shelter homes for safety, livelihood support, and social acceptance. The results further indicate that most participants accessed healthcare primarily through government facilities, underscoring their reliance on publicly funded services. Free or subsidised care, particularly through initiatives such as the Ayushman Bharat TG Plus scheme, emerged as a key facilitator of healthcare utilisation. At the same time, a notable proportion of respondents reported receiving care from NGO-based services, highlighting the crucial role of community organisations in bridging gaps and ensuring access to transgender-friendly health services.

While the financial burden of healthcare was generally low, travel distance varied considerably and often posed challenges for consistent service utilisation, especially in the case of specialised care. Despite the presence of supportive policy frameworks such as SMILE, Garima Greh, and the Transgender Persons (Protection of Rights) Act, the study suggests that healthcare access for transgender individuals continues to be shaped by socio-economic disadvantage and dependence on public infrastructure.

Overall, the findings underscore the need to strengthen policy implementation and enhance awareness of government schemes among transgender persons. Establishing dedicated, culturally competent healthcare services, alongside broader social protection and employment opportunities, is essential to address unmet needs. This study contributes to the limited body of evidence on transgender health in India and reinforces the importance of sustained research and community-based interventions to promote inclusive and equitable healthcare for transgender populations.

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Data for the following will be accessed and analysed (Annexure 1)

Annexure

Questionnaire

Socio- Demographics

Q. How old are you?

Q. Gender

Q. What is the highest level of education you have completed?

0. Illiterate 1 Class 1-5 2. Class 6-9 3. Class10 4. Class 12 5. Graduate 6. Post-Graduate

7. Above postgraduate 8. Other (Specify) 9.NR

Q. Are you Currently employed?

0. NO 1. Yes, government Job 2. Yes, private job 3. Yes, NGO Job 4. Yes Self-employed

5. Other (Specify)…. 9. NR

Q. What is your monthly Income

0.No income 1. <RS.10,000 3. Rs.10,001-20,000 4. Rs.>50,000 5. Other (Specify)….

9.NA

Q. Whom Do you live with

0.Alone 1. Friends 2. Partner 3. Spouse 4. Parents 5. Family members 6. Other (specify)….

9. NR

Q. What is your Religion

0. Not Hindu 1. Hindu 3. Other (Specify)…. 4.NR

Q. What is your Caste?

0.SC/ST/OBC 1. Not SC/ST/OBC 2. Other(specify)…. 9.NR

Healthcare provider, Cost, Distance

Q. Is it a private doctor or clinic?

1. Yes 2. No 3. NR

Q. Is it a government doctor / facility?

1. Yes 2. No 3. NR

Q. Is it an NGO facility?

1. Yes 2. No 3. NR

Q. Is it Both private & Government?

1. Yes 2. No 3. NR

Q. Is it an informal provider?

1. Yes 2. No 3. NR

Q. Is it Multiple providers?

1. Yes 2. No 3. NR

Q. Is it another (Specify)?

Q. How much did you spend to get this (or the most recent) services?

0. >Rs. 500 1. Rs 1000- 5000 2. <Rs.1000 3. Free

4. Other(specify)…. 9. NR

Q. How far did you travel to get this (or the most recent) services?

0. >Rs 10kms 1. 5-10kms 2. <5kms 3. Free

4. Other(specify)…. 9. NR

Arpana DIS

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