Healthcare Inequalities among Transgender Individuals: Barriers, Stigma, and Gaps in Policy Frameworks

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Abstract

Transgender population experience significant health inequality driven by stigma and discrimination at structural, interpersonal and individual levels. Stigma is a fundamental cause of health inequalities, both directly through stress, poor mental health, while indirectly through restricting access to gender affirming healthcare resources. This study aims to systematically analyse the health inequality among transgender population with particular emphasis on barriers to healthcare accessibility and existing healthcare policies in India. This study employed the systematic literature review to analyse the barrier to health care access for transgender and healthcare policies for transgender. The findings reveal that structural stigma embedded within healthcare, employment, and insurance systems significantly restricts access to medically necessary and gender-affirming care. Barriers such as workplace discrimination and economic exclusion constrain insurance coverage, where transgender women are most severely affected. A shortage of qualified healthcare professionals, combined with restrictive insurance policies, often results in postponed or missed medical treatment and, at times, reliance on unsafe and unregulated health practices. At the interpersonal level, family rejection, healthcare discrimination, and exposure to violence, intensify social isolation and healthcare avoidance. At the individual level, chronic exposure to stigma is associated with concealment strategies, delayed care-seeking, and elevated rates of depression, anxiety, self-harm, and suicidality. Despite several policy interventions in India, transgender populations continue to face layered forms of exclusion**.** The study concludes that transgender health inequalities and barrier to accessibility to healthcare services are rooted in broader social and structural processes and calls for multilevel policy interventions, including enforceable anti-discrimination measures, expansion of transgender-affirmative healthcare services, inclusive insurance coverage, and strengthened community-based and mental health support mechanisms**.**

Keywords: Health inequality, Stigma, Healthcare avoidance, Healthcare policies

Introduction

The term transgender (or trans) describes people whose gender identity differs from the sex they were assigned at birth based on their sexual characteristics, where cisgender refers to any individual who is not transgender and whose gender identity matches the sex assigned at birth (Bouman, 2017). Transgender individuals may have an ambivalent gender identity, which they express through their dissatisfaction with sex characteristics of their birth assigned sex, such as breasts, penis, and voice pitch (Coleman et al., 2012). Transgender individuals can choose to start a transition process. In order to transition or medically validate

their gender, many transgender people also seeks healthcare, which may involve the use of hormone therapy or surgery to align a person's gender identity to their gender representation. Access to transition-related treatment is deemed medically necessary for all transgender individuals and is associated with enhanced mental health and quality of life as well as a decrease in gender dysphoria. However, many transgender people encounter interpersonal (such as provider prejudice), structural (such as restricted insurance policies), and individual-level (such as education) obstacles to health care, which can have a negative impact on their health (Hughto et al., 2015).
Transition is a social process that can be expanded with adjustments to the body through hormones, change in name and documentation, and altered gender expression to live according to ones felt gender identity (Mizock & Mueser, 2014).While some individuals prefer a social transition alone and refrain from using hormones or other medical treatments, others opt for a physical transition, and choose to undergo medical interventions, such as chest or genital surgery, or facial feminization interventions.
The process of physical transition consists of different stages. Guidelines for the assessment and treatment of transgender and gender non-conforming people have been developed by the World Professional Association of Transgender Health (WPATH). The Standards of Care (SOC) aim to describe the different treatments that transgender people might wish to undergo, known as Gender Affirming Treatments (GAT), which may include puberty suppression, Cross-sex Hormonal Treatment (CHT), Chest Reconstructive Surgery (CRS) and Gender Affirming Genital Surgeries (GAGSs) (Coleman et al., 2012). GAT produces bodily changes that impact and alter gender role and its expression by developing secondary sexual characteristics of the experienced gender in order for the body to become more congruent with the gender identity of the individual.
Many transgender people, particularly prior to their physical transition, face considerable challenges. Not satisfied with their own body can lead to psychological problem, stress, depression, low self-esteem (Budge., 2013). However, at the same time, the visibility of a person as a transgender individual may increase due to a discrepancy between the sex assigned at birth and the person’s gender identity (Cruz., 2014).

Conceptualising Stigma: A Multilevel Framework

Goffman (1963) has defined stigma as stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviours are viewed as different from or inferior to societal norms. Transgender people experience a high level of social stigma, internalised stigma, social isolation, and victimization. Stigma operates and is experienced at three levels internal stigma, interpersonal stigma, and structural stigma. Internal stigma stems from the feelings that people have about themselves, or their perception of what others think of them. Interpersonal stigma refers to the treatment that individuals are subjected to by others because of their gender identity or gender expression. Structural stigma refers to the societal norms, environmental conditions, policies, institutional laws, and practices that may inhibit individuals and groups from reaching their potential (Hughto et al., 2015)
Stigmatization is a social process that can affect lives of people with that mark (Goffman., 1963) and may lead to social disapproval, status loss, and discrimination (Conron et al., 2012). They used enacted stigma which includes avoidant behaviour, rejection, exclusion, verbal abuse, bullying, and even physical violence (Cruz, 2014). Another stigma variant is anticipated stigma which refers to individuals’ expectations of a stigmatizing experience and the belief that others assign negative attributes to them (Dewey, 2008). Similarly, (Maria et al., 2020) also highlighted that some trans women reported feelings

of double stigmatization due to discrimination based on their visibility after their transition, which is intensified by discrimination based on their new gender identity as a woman, who continue to experience discrimination in society. In light of this, Thus, over a period of time, such discourses adversely affected the socio-economic status and wellbeing of transgenders. Consequently, they encountered stigmatization and marginalization, resulting in restricted educational opportunities, reduced chances of employment, and an increasing susceptibility to violence and prejudice. These cumulative challenges contributed to deteriorating health outcome of this community. Nevertheless, such discriminatory views prevailed even after India gained independence until the landmark NALSA (National Legal Services Authority) judgement in 2014, which granted citizenship rights to transgender individuals. Subsequently, the Indian Parliament enacted the Transgender Persons (Protection of Rights) Actin 2019 which aimed at ensuring equal rights and protection for the transgender population. In light of this, the present study aims to analyse the health inequalities and barrier to healthcare accessibility among transgender population.

Findings

Structural and Financial Barriers to Healthcare Access

Historically, transgender identities were viewed as deviance or disorders in medical and psychiatric system at the beginning of the twentieth century. Th process of medicalization served as a kind of stigma by portraying transsexual experience as a disorder that needed to be corrected clinically. While medicalisation eventually facilitated the development of surgical and hormonal interventions enabling transgender individuals to align their bodies with their gender identities (Bockting, 2014).

Structural stigma continues to shape transgender health through institutional policies and practices that restrict access to healthcare. Many transgender people lack insurance, partly due to higher rate of unemployment among transgender people relative to the general population, a likely product of employment discrimination (Conron et al., 2012; Grant et al., 2011).

Access to care is hampered by a lack of insurance. Even in cases where transgender individuals have insurance, obstacles to receiving gender affirming care frequently still exist because many private insurers may try to deny coverage for gender affirming medical procedures on the grounds that they are pre-existing, cosmetic, or medically unnecessary (Khan, 2011).Gender affirmation procedures may be too expensive for transgender individuals who do not have access to insurance for transgender-specific care (Khan, 2011).These institutional barriers systematically reproduce health inequalities by delaying or preventing access to essential care.

Risky and Informal Health Practices

Due to financial constraints and lack of accessible care, some transgender individuals resort to unregulated practices such as using street hormones obtained from friends or the internet since they are unable to pay for necessary medical care (Sanchez et al., 2009). Which can also pose high health risk like HIV and other infections.

These disparities are made worse by gendered social structure that value masculinity over femininity. Therefore, compared to transgender men, transgender women frequently face higher levels of economic marginalization and employment discrimination (Schilt, 2010; Grant et al., 2011). Some transgender women, especially women of colour, have resorted to practices like pumping which involves injecting liquid silicone to enlarge their hips, breasts, and lips, as a result of economic vulnerability and social pressure to adhere to dominant feminine beauty standards (Garofalo et al., 2006; Sevelius, 2013). Pumping

can pose adverse consequences as loose silicone can shift, causing permanent disfigurement, pulmonary embolism, pneumonia, renal failure, and even death.
The health outcomes of an individual are dependent on their timely health-seeking behaviors. A study conducted by (Ahuja, TK 2024) revealed that many transgenders prefer the traditional removal method of male genitals rather than conventional gender affirming surgery. This reflects multiple dimensions such as lack of awareness regarding appropriate health practitioners and discrimination by the qualified professionals. Other underlying reasons for this include the lack of public hospitals providing these services and the unaffordable costs of surgeries. A study participant has also revealed being comfortable getting the surgery done by the 'guru'. Moreover, the distance between their households and healthcare facility makes it inaccessible for them.

Mental Health of Transgender Individuals
Mental health disparities are a prominent dimension of health inequality among transgender populations. Interpersonal factors such as family rejection, social isolation, and exposure to verbal, physical, or sexual violence significantly contribute to depression, anxiety, substance use and suicidality. These experiences not only increase mental health risk but also discourage help-seeking behaviour. Lack of access to medically necessary care has been seen as the cause of depression, suicidal ideation, non-suicidal self-injury, and suicide (Spicer, 2010). Institutional practices that lead to inadequate access to essential resources such as healthcare represent another form of structural stigma. Indeed, lack of trained healthcare providers can limit access to care (Khan, 2011). Overall, mental health inequalities among transgender populations reflect the cumulative impact of social exclusion, healthcare inaccessibility, and lack of psychosocial support. Family rejection and healthcare discrimination are also common factor leading to isolation, homelessness, depression and avoidance of medical care (Hungto et al., 2015) Trans women often faced difficulties in using restroom, they often encounter questions regarding their gender and humiliated, with this fear they avoid using bathrooms which leads to diseases like urinary tract infections, kidney problem, stress and worsened mental health. (Bagagli,2021) Limited availability of trained healthcare providers and negative clinical encounters further discourage healthcare utilisation, reinforcing cycles of exclusion (Poteat et al., 2013).

Lack of Trained Healthcare Providers
The limited availability of trained providers forces some transgender people to travel long distances to receive care, pay out of pocket for a trained provider not covered under one's insurance, or postpone care altogether, an outcome of structural stigma with direct health implications (Cruz, 2014, Dewey, 2008). Insufficient provider training and lack of knowledge about trans health to health provider creates uneasiness and discomfort for both patients and providers, and even hostile treatment for transgender patients (Poteat et al., 2013).
Transgender individuals whose gender or sex incongruence becomes known to others are at risk for enacted forms of stigma such as physical and sexual assault (Grant et al., 2011; Stotzer, 2009). Similarly, (Hugto et al., 2017) also opined that transgender individuals with visible nonconformity face higher risks of assault and rejection.
Since their nonconforming appearance is visible to others, transgender people who are unable to access gender affirmation procedures (for example, due of cost, family rejection, or health concerns), those who have socially transitioned but never intend to medically transition, and those for whom medical

interventions are less effective in producing gender conformity (for example, those transitioning post-puberty, transgender women on estrogen compared to transgender men on testosterone) may be especially vulnerable to enacted forms of stigma (Bockting et al., 2013, Grant et al., 2011, Reisner et al., 2015).

Gender

Gendered social hierarchies further intensify these disparities, particularly for transgender women. Structural devaluation of femininity contributes to higher levels of economic vulnerability and employment discrimination, increasing exposure to health risks (Schilt, 2010; Grant et al., 2011).

Thus the findings of this review demonstrated that transgender health inequalities are deeply embedded within social, institutional, and economic structures. While policy initiatives such as the Transgender Persons Act, SMILE scheme, and Ayushman Bharat TG Plus represent significant progress, gaps remain in implementation, accessibility, and provider preparedness. Structural stigma persists through inadequate insurance coverage, lack of trained healthcare professionals, and limited awareness of transgender-specific health needs. Mental health disparities are not merely individual outcomes but reflect cumulative social exclusion, healthcare discrimination, and absence of supportive environments.

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.

Policy Framework and Government Initiatives in India

For a long time, the transgender community in India remained socially marginalized and systematically excluded from mainstream society, facing pervasive discrimination in familial, social, and institutional domains. A significant turning point occurred with the Supreme Court’s landmark **National Legal Services Authority (NALSA) v/s. Union of India judgment in 2014,** which constitutionally recognized transgender persons as the third gender and affirmed their fundamental rights, including equality, dignity, and full citizenship. Despite this legal recognition, transgender persons have historically continued to experience multiple forms of exclusion, such as rejection by families, lack of dignified livelihood opportunities, limited access to healthcare services, welfare schemes, and formal employment. In response to these long-standing inequities, the Government of India has undertaken consistent and targeted legislative and policy initiatives aimed at promoting social inclusion, safeguarding rights, and improving access to education, healthcare, employment, and social security. These efforts are reflected in the enactment and implementation of various laws, welfare schemes, and institutional mechanisms designed specifically for the protection and empowerment of transgender person.

The Transgender Persons (Protection of Rights) Act, 2019 defines Transgender person as a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy

or laser therapy or such other therapy) person with intersex variations, genderqueer and person having such socio-cultural identities as kinner, hijra, aravani and jogta. The transgender population had never been enumerated before 2011. The Registrar General of India (RGI), during the Enumeration of Census 2011, for the first time provided three codes i.e. Male-1, Female -2, and Others -3 for enumeration. Although the process had its own limitations, the Census (2011) recorded 4,87,803 individuals who identified themselves as being of a sex/gender other than male or female.

Transgender Persons (Protection of Rights) Rules, 2020

The Transgender Persons (Protection of Rights) Rules, 2020 were formulated and published in the Gazette of India on September 29, 2020. The rules seek to recognise the identity of transgenders and prohibit discrimination in the fields of education, employment, healthcare, holding or disposing of property, holding public or private office, and access to and use of public services and benefits.

National Council for Transgender Persons

In exercise of the powers conferred by Section 16 of the Transgender Persons (Protection of Rights) Act, 2019, the Central Government constituted a National Council for Transgender Persons on 21st August 2020. The function of National Council is to advise the Central Government on the formulation of policies, programmes, legislation and projects with respect to transgender persons. To monitor and evaluates the impact of policies and programmes designed for achieving equality and full participation of transgender persons. To review and coordinates the activities of all the departments of Government and other Governmental and non-Governmental Organisations which are dealing with matters relating to transgender persons. To redresses the grievances of transgender persons.

SMILE (Support for Marginalised Individuals for Livelihood and Enterprise)

The Ministry of Social Justice and Empowerment launched an umbrella scheme SMILE (Support for Marginalised Individuals for Livelihood and Enterprise) on February 12, 2022. This umbrella scheme would cover several comprehensive measures including welfare measures for the transgender community and for persons who are engaged in the act of begging with a focus extensively on rehabilitation, provision of medical facilities, counselling, education, skill development, economic linkages etc. with the support of State Governments/UTs/Local Urban Bodies, Voluntary Organizations, Community Based Organizations (CBOs)/Institutions and others. The scheme includes various welfare measures for transgender persons such as financial assistance in the form of scholarships to transgender students studying in classes Ninth till post-graduation, skill development training & livelihood, composite medical health for availing gender reaffirmation surgeries, pre and post-operative procedures and other health care facilities, setting up of Garima Grehs in each state for providing shelter facility for abandoned and orphaned transgender persons, setting up of transgender protection cells in the entire country for providing quick redressal of offences & crimes against transgender persons etc.

Composite Medical Health under SMILE

Composite medical health is a component under the SMILE scheme. The objective of the scheme is to provide health insurance coverage to all transgender persons living in India to improve their health condition through proper treatment including sex re-assignment surgeries as well as medical support. The scheme covers all transgender persons not receiving such benefits from other centre/state sponsored sche-

mes.
The scope of scheme is as follow.
Health insurance in the form of Ayushman Bharat TG Plus shall be available for transgender persons inclusive of gender reaffirmation surgery in the health benefit package under Ayushman Bharat Yojana. Each transgender person shall receive an insurance cover of Rs. 5 Lakh per year under the scheme.
The Comprehensive Package would cover all aspects of transition related healthcare for transgender persons. It shall also (not exhaustive) provide coverage for hormone therapy, sex re-assignment surgery inclusive of post-operation formalities which can be redeemed at all private and government healthcare facilities.

Conclusion

This systematic review concludes that health inequalities and barrier to healthcare accessibility among transgender populations are primarily produced through structural stigma, embedded within healthcare, employment, and insurance systems, rather than being inherent to transgender identities (Bockting, 2014; Grant et al., 2011). However, these structural barriers intersect with interpersonal and individual-level processes to shape health outcomes. At the interpersonal level, family rejection, discrimination within healthcare settings, and exposure to violence significantly contribute to social isolation, healthcare avoidance, and psychological distress (Grant et al., 2011; Hughto et al., 2015). At the individual level, chronic exposure to stigma influences coping strategies such as concealment of gender identity, delayed care-seeking, and engagement in unregulated health practices, which further exacerbate physical and mental health risks (Goffman, 1963; Mizock & Mueser, 2014).
Together, these multilevel processes generate disproportionate mental health burdens, including depression, anxiety, self-harm, and suicidality among transgender individuals Spicer, 2010). Addressing transgender health inequalities therefore requires multilevel interventions that extend beyond individual resilience to include interpersonal support systems and structural reforms. Inclusive healthcare policies, improved provider training, anti-discrimination protections, and family and community-based interventions are essential to reducing health disparities and promoting equitable health outcomes.

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