

## Chapter 37

# Contextualizing Healthcare Needs of the Transgender Community in Kerala: A Strategic Approach

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### ABSTRACT

*Kerala witnessed a transformation in recent times in the case of social acceptance of the transgender community. Participation in HIV/AIDS projects gave them some social recognition. There was a turning point in the situation when the Supreme Court judgement came in 2014 on National Legal Service Authority vs Government of India. It started to formulate policies and welfare schemes to support the transgender community. Following this, the Kerala government drafted the Transgender Policy in 2015. The present situation is much improved. Yet there is not much improvement in healthcare services. There is no protocol or guidelines for treatment, which may result in practice without quality assurance and high cost. This chapter is an attempt to review the situation of the transgender community in Kerala before and after the transgender policy to look into achievements and gaps in security measures, including healthcare access.*

### INTRODUCTION

Kerala, a south Indian state of India, has beheld the transformation of the social space as accommodative to transgender (TG) people in recent years, though in a limited sense. This happened as a result of the rights movements of the affected people, followed by a transgender policy drafted by the Kerala government in response to Supreme Court guideline (Supreme Court guideline 2014). Since there ex-

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isted a movement of transgender people initiated in the late nineties in Kerala, and there was a collective demand from the community to implement the Supreme Court judgment, the Kerala Government drafted a transgender policy. This policy reflected on the stark realities of their life. This was possible because the active participation of the community ensured that a base-line study was undertaken before drafting the policy. Health care need was one of the highlighted domains in the policy.

Social determinants of health are widely acknowledged in recent years, underlining the fact that health care is accomplished only in a favorable social context. Sexual health is an integral part of human health, and there is an obvious increase in the recognition of the relation between sexual identities, violence, discrimination, human rights and sexual health of people in the past three decades. The health of women, transgender people, and other sexual minorities can be protected only if there are legal and political commitments from the side of the state (WHO, 2015). Making laws and policies to support the rights of transgender people in India and Kerala can be viewed against this background. The transgender policy drafted by the Kerala Government has much relevance in this context.

The said Policy and the following programs brought much visibility to the transgender community in the public space. A transgender board with representatives of the community was formed. Consequently, they have availed of identity cards, more employment opportunities, educational opportunities and public participation. Yet, they continue to face many issues like stigma, discrimination, housing problems, difficulty in accessing health care etc. Access to health care is closely linked to identity, citizenship and rights. This paper tries to comprehend the evolving social realities of transgender people of Kerala in recent time and to place their health care needs in the present context.

## **METHODOLOGY**

Review of the related papers, newspaper reports and event documentation were done, and those were organized thematically to develop the paper, justifying the purpose. Case diaries and field notes of the author were also used to supplement these.

## **GLOBAL CONTEXT**

Since the last two decades, there has been an increase in the awareness about the gender identity problems and health rights issues of transgender people all over the world. International agencies like WHO accept that every person should have the right to determine their gender identity in legal terms and to live without discrimination, harassment, injury, pathologization or criminalization (WHO, 2015). Transgender persons are identified as follows; someone born male, who identifies as female, may use the term “male-to-female”, (MtF), “trans woman”, “transgender woman”, “trans feminine”, or simply “woman”. Someone born female, who identifies as male, may use the term “female-to-male” (FtM), “trans man”, “transgender man”, “trans masculine”, or simply “man” (WHO, 2015). There are about estimated 25 million transgender people, living in the world (WHO, 2016).

In many countries, legal recognition does not exist for transgender people, whereas some countries have recognized their legal rights, enacted laws, and made policies supporting them. These are prerequisites for their daily life activities like accessing health services and applying for housing, travelling, employment, education etc. On the contrary, laws criminalizing same-sex sexual behavior and non-

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