

Our Health Matters

ऑवर हेल्थ मैटर्स

**Indian Trans Men and
Transmasculine Health Study**

October 2023



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matters

Our Health Matters will continue to share study findings in multiple languages.

Please visit www.OurHealthMatters.in for updates and the Hindi version of this report.

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Executive Summary

Over the past decade, transgender (trans) men and transmasculine people* in India have become increasingly visible and have formed a vibrant movement to advocate for their rights. However, there has been limited scientific research with Indian transmasculine people. A scoping review on lesbian, gay, bisexual, and transgender health in India from 2010 to 2021 found that out of 177 articles, only 1% included transmasculine people.¹ *Our Health Matters* was initiated by trans community members with the goal of generating research data that could be mobilized to develop policies and programs that improve transmasculine people's health and well-being.

Our Health Matters: Indian Trans Men and Transmasculine Health Study was a community-based participatory research study of transmasculine people's mental health and access to health care in India, funded by the National Institute on Mental Health of the National Institutes of Health (USA). The project was led by a Steering Committee of Indian transmasculine people and researchers from the Drexel University Dornsife School of Public Health (Philadelphia, USA) and the Population Council (New Delhi), in partnership with two trans-led organizations, TWEET Foundation and Transmen Collective. The study was approved by ethical review boards at Drexel University, the Population Council, and the Centre for Sexuality and Health Research and Policy (C-SHaRP).

The study was conducted in two phases. In 2021, transmasculine peer researchers conducted in-depth videoconference or telephonic qualitative interviews in Hindi or Marathi with 40 transmasculine people living in 10 states. From November 2022 to January 2023, quantitative survey data were collected from 377 transmasculine people aged 18+. The survey was available in English, Hindi, Marathi, Bengali, and Telugu and could be completed online or in-person (with transmasculine peer researchers in Delhi, Mumbai, Bengaluru, and West Bengal). This report focuses on results from the *Our Health Matters* survey.

Key Findings

About the participants

The 377 survey participants:

- lived in 22 states or union territories.
- were young overall, with 50% between 18-24 years old.
- were mostly students (29%) or unemployed (29%).
- identified with diverse sexual orientations, with just over half (57%) considering themselves straight or heterosexual.
- came from many religious backgrounds, including Hindu (78%), Muslim (7%), Christian (5%), Sikh (3%), Buddhist (3%), and Jain (1%).
- often struggled with financial insecurity, including 25% who lacked sufficient food in the previous year.
- had difficulty finding safe and private bathrooms to use (87%).

* Note on terminology:

Trans men refers to people who identify as men and were assigned a female gender at birth. Transmasculine is a broader term that refers to people who were assigned female at birth who may identify as men, trans, non-binary, or another term. Our Health Matters included trans men and all transmasculine people. To be brief and inclusive, we use "transmasculine" throughout this report to refer to the entire community.

Gender recognition

- About half of participants (54%) wanted to change the gender on their identity documents but had not been able to, while only 14% had updated their gender on all documents.
- Negative experiences while updating documents were extremely common (91%), particularly having to educate officials about transgender issues (65%).
- Few participants had applied for a transgender identity card through the National Portal for Transgender Persons, and half of those who applied encountered delays.

Discrimination and violence

- About half of participants reported that they experienced discrimination in health care, housing, employment, or education related to their gender identity (42-52%).
- 70% said they had ever experienced violence, including verbal harassment (42%), sexual harassment (18%), physical violence (12%), and sexual assault (10%).
- Despite these challenges, most participants were proud to be trans (79%) and were comfortable disclosing their identity to others (67%).

Family and community support

- 75% of participants who had partners said they were very supportive of their gender identity or expression.
- Only 30% of mothers, 29% of siblings, and 25% of fathers were described as very supportive.
- Most participants received support from the transmasculine community: 78% belonged to online groups and 31% to in-person groups for transmasculine people.

Mental health

- Many participants faced mental health challenges:
 - ◇ 34% had moderate or severe depression symptoms
 - ◇ 45% had moderate or severe anxiety symptoms
 - ◇ 44% had ever seriously considered suicide
 - ◇ 36% had ever attempted suicide
- Recent mental health challenges were less common among participants who were employed, who had supportive parents, and who had completed the gender-affirming (transition-related) healthcare they needed.
- 46% reported unmet need for mental health care in the past year.

- 24% had experienced conversion “therapy”, an unscientific and unethical practice that attempts to change a person’s gender identity or sexual orientation.

Access to health care

- Comprehensive health care for transmasculine people includes both general preventive care and transition-related or gender-affirming care. Only about half (46%) of participants had a regular doctor they could see for general health concerns and one-third had avoided health care in the past year because they feared being mistreated.
- Many participants were awaiting gender-affirming healthcare or faced obstacles to receiving it:
 - ◇ About one-third (36%) were planning to receive gender-affirming healthcare (e.g., hormones and surgery) but had not begun.
 - ◇ One in five participants on hormones had ever been denied a prescription.
 - ◇ 69% wanted chest surgery and 80% wanted genital surgery in the future.
 - ◇ 80% of those who had surgery paid for it themselves or with the help of friends and family; only one participant had free surgery in a government hospital.

Conclusion and Recommendations

Our Health Matters represents the largest-ever study of trans men and transmasculine people in India.

Our success in engaging 377 survey participants across 22 states in under three months is a strong signal of the power of transmasculine community networks and advocacy. The preliminary study results described in this report highlight considerable health and social challenges that require urgent action by central and state governments, international organizations, medical associations, and community-based organizations.

Government Schemes and Welfare Benefits

The 2014 NALSA vs. India Supreme Court judgment declared that trans people have a right to be recognized in their self-affirmed gender, and that they should have access to employment and educational benefits. The 2019 Transgender Persons (Protection of Rights) Act and 2020 Rules set out a process by which trans people can apply for a transgender identity card (based on self-identification) to access welfare benefits, whereas a change of gender marker from female to male requires documentation of any form of medical intervention.

Over half of our participants wanted to change their gender marker but had not yet been able to do so; only 14% had been able to change their gender on all identity documents. Further, the

majority of those who had changed their gender legally had negative experiences with the process.

To address these barriers, we recommend:

- Develop a clear, inclusive, and timely process for changing gender from female to male (or vice-versa) based on self-identification (without the need for medical interventions), in accordance with the principle of self-determination outlined in the NALSA judgement.
- Offer training and guidelines for government ministries and institutions such as the passport and road transport departments, the Central Board for Secondary Education, and the University Grants Commission, to ensure that they are prepared to respond to gender marker change applications in a timely and respectful manner.

Removing barriers to gender marker changes is important for multiple reasons. First, research has shown that legal gender recognition benefits mental health among trans people.¹ Second, a lack of appropriate identification can prevent trans people from accessing educational and employment opportunities.

¹ Scheim AI, Perez-Brumer AG, Bauer GR. Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*. 2020;5(4):e196-203.

Indeed, economic insecurity was common among our participants; for example, almost one-third were unemployed and one in four lacked sufficient food. Although welfare benefits for trans people exist, most participants were unaware of them, and few had applied for a transgender ID card that would be necessary to avail themselves of the benefits. Delays and a lack of understanding of the process were common barriers to obtaining an identity card.

It is important to note that the application for an identity card is online and only available in a few languages, which may limit accessibility. Therefore, we also recommend:

- Fully implementation of economic empowerment initiatives called for in the 2020 Rules for the Transgender Persons Act, such as scholarships, skills development, placement support, and access to loans.
- Remove barriers to accessing welfare schemes, including reducing wait times for identity cards and making the application available in additional languages. Considering current barriers to obtaining identity cards, we recommend that this requirement be suspended and that access be based on self-affirmed gender.
- Provide support at the state and district levels for obtaining identity cards and accessing entitlements.

Mental Health Supports

Our *Health Matters* participants reported high levels of suicidal thoughts and attempts, depression symptoms, and anxiety symptoms. The frequency of these mental health challenges is high when compared both to the Indian general population and to the global trans population. For example, an average of 11% of trans people internationally report past-year suicide attempts,² versus 16% in our study. In a nationally representative survey in India, 0.3% of adults had attempted suicide in the previous month.³ However, transmasculine persons appeared less likely to consider suicide or to have other mental health challenges if they were employed, had support from family or in-person support groups, or had completed the gender-affirmative medical care they needed. These results emphasize the importance of the abovementioned economic empowerment efforts, as well as access to health care. In addition, the importance of family acceptance cannot be overstated, particularly as 42% of participants were living with their birth families.

² Adams N, Hitomi M, Moody C. Varied reports of adult transgender suicidality: synthesizing and describing the peer-reviewed and gray literature. *Transgender Health*. 2017;2(1):60-75.

³ Amudhan S, Gururaj G, Varghese M, et al. A population-based analysis of suicidality and its correlates: findings from the National Mental Health Survey of India, 2015–16. *The Lancet Psychiatry*. 2020;7(1):41-51.

These mental health challenges may be worsened by limited access to trans-affirming mental health services: 46% of participants said they had an unmet need for mental health care in the previous year. At the same time, 24% had experienced potentially harmful conversion “therapy”, underscoring the importance of services that are ethical and trans-affirmative. Indeed, many participants were interested in access to trans-affirmative counselling in a range of settings.

To better address the mental health needs of the transmasculine community, we recommend:

- Develop free or low-cost counseling services tailored to the trans community, delivered both in-person and virtually (online).
- Fund peer support services with adequate training and mental health support for peer workers to avoid secondary trauma.
- Support existing trans organizations to provide professional mental health supports.
- Provide professional development support for counsellors who wish to be trans-affirming, e.g., using the [*Queer-Affirmative Counseling Practice resource book and training*](#).
- Strongly enforce the National Medical Commission directive declaring conversion “therapy” to be professional misconduct.

- Create multilingual awareness materials, campaigns, and additional support groups for parents and other family members.

Gender-affirmative Health Care

The vast majority of Our Health Matters participants needed some type of gender-affirmative (transition-related) medical care, however, most had not been able to complete the care they needed. Over one-third of participants were planning to medically transition but had not begun the process.

Unmet need for gender-affirmative surgery was particularly high: 69% of participants wanted to have chest surgery and 80% wanted a hysterectomy or genital surgery. Participants who had surgery most often paid for it on their own or with the help of family, meaning that access to surgery is very limited for transmasculine people with low incomes and without family support. Further, dissatisfaction with surgical results was common, which may indicate inadequate expertise for transmasculine gender-affirmative surgeries in India.

Beyond transition-related healthcare, transmasculine people require access to trans-friendly doctors for general and preventive care. Less than half of Our Health Matters survey participants had a regular doctor who they could consult for general health issues and one-third had avoided health care because they worried that they would be treated

poorly by a doctor. Further, about one-third of those who had a regular doctor did not feel comfortable discussing trans health issues with the doctor or felt that the doctor wasn’t knowledgeable about trans health.

To address barriers to gender-affirmative and general health care for transmasculine people, we recommend:

- Fully implement the Ayushman Bharat initiative to provide insurance coverage for gender-affirming procedures (e.g., hormone therapy, gender-affirmative surgeries) through government hospitals as well as comprehensive training for doctors and staff.
- Cover gender-affirmative surgeries and hormone therapy under all state and private insurance plans.
- Create trans-affirmative clinics in community organizations and hospitals where trans people can receive hormone prescriptions and injections.
- Address transmasculine health issues in medical, nursing, and paramedical curricula and professional development, including but not limited to transition-related procedures.
- Increase skills-building training opportunities for doctors who may prescribe hormones for transmasculine patients, as well as surgeons who may perform gender-

affirmative surgeries.

- Publish multilingual information about trans-affirming and transition health care, including a database of trans-friendly providers.

Future Research

Our Health Matters will continue to share study findings, including advanced statistical analyses, in a range of formats. Please visit www.OurHealthMatters.in for updates.

Key topics for future research may include:

- Qualitative research on suicide, to develop prevention strategies.
- Studies of parents and other family members to understand pathways to acceptance of their transmasculine children.
- Experiences of gender-based violence and access to support for survivors.
- Sexual and reproductive health issues and access to care, including prevention of sexually transmitted infections, sexual wellbeing, pregnancy and parenting.

- Health impacts of hormone therapies, alternative formulations, and delivery strategies (e.g., self-injection).
- State-level studies to map transmasculine communities and understand local policy issues.

Drawing on the example of *Our Health Matters*, we strongly encourage all researchers to engage transmasculine community members in designing, leading, and carrying out the research so that it is relevant, responsive, and inclusive.

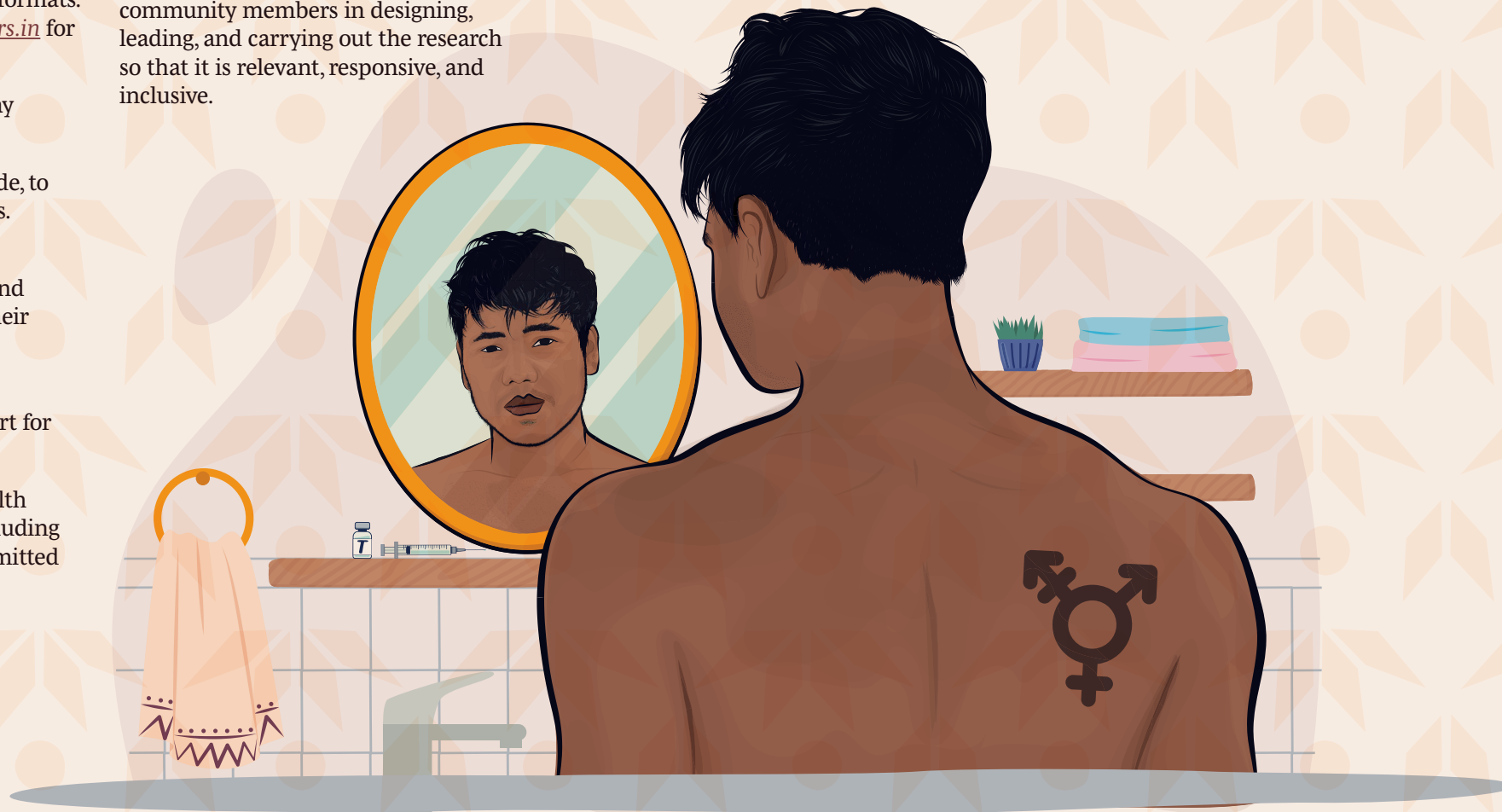


Illustration by [Rommy Torrico](#)