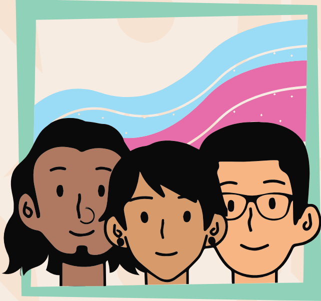
Our Health Matters

ऑवर हेल्थ मैटर्स

Indian Trans Men and Transmasculine Health Study

October 2023



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.

Contact: tmhealthmatters@gmail.com

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Acknowledgements & Credits

Hester Tittmann, Rabbit Rabbit Studio, *Lead Designer*

Julian Parikh , *Designer*

Avishi Rajgarhia, *Designer (Hindi Document)*

Ruhaan Aatish, *Hindi Translator*

Partners:

With support from:

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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.

The report concludes with recommended actions to improve transmasculine people’s health, including improving access to government schemes and welfare benefits, mental health supports, and health care.

Introduction

The transgender (trans) community in India has achieved major milestones in recent years, including the 2014 Supreme Court judgment (NALSA v. India) that established rights to gender self-identification, the 2018 decriminalization of adult consensual same-sex sexual relationships, and the Transgender Persons (Protection of Rights) Act, 2019. In this context, trans men and transmasculine communities have become increasingly visible and organized. However, they remain relatively invisible in health and social research. A scoping review on lesbian, gay, bisexual, and transgender (LGBT) health in India from 2010 to 2021 found that out of 177 articles, only 1% included transmasculine people.[1] More broadly, transmasculine people's social realities and health remain largely unresearched across the Global South. A review of research from all low-income and middle-income countries identified only 39 peer-reviewed articles published from 1999 to 2019 that included transmasculine participants.[2]

1 *Chakrapani V, Newman PA, Shunmugam M, et al. A scoping review of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people's health in India. PLOS Global Public Health. 2023;3(4):e0001362.*

2 *Scheim A, Kacholia V, Logie C, Chakrapani V, Ranade K, Gupta S. Health of transgender men in*

Illustration by Rommy Torrico

Despite these gaps, global research demonstrates that trans populations face severe stigma and discrimination, resulting in health inequities. Where quantitative (numeric) data about transmasculine people are available, they reveal high levels of stigma, discrimination, and violence, and limited access to health care.[3,4,5] These experiences are linked to mental health challenges. Conversely, legal recognition, gender-affirmative health care, and family acceptance are associated with improved mental health among trans people.[3,4,5,6,7] These themes were also reflected in the one published study focusing on transmasculine people in India, which used qualitative methods to explore experiences negotiating gender in public and private settings and impacts on mental health.[8]

Most previous research on trans health in India has focused on HIV among transfeminine people (e.g., trans women, hijra, kinnar). These studies have identified important barriers likely shared by all trans people, including stigma and discrimination, high costs of care, and a lack of standard treatment protocols.[1,9] To address these issues, a number of rights for trans people were enshrined in the Transgender Persons (Protection of Rights) Act, 2019 and its associated rules. These include protections against discrimination, including in healthcare; access to gender-affirmative hormone therapy and surgery in public healthcare facilities and insurance coverage for the same; and sensitisation of healthcare providers. In response to this legislation, several government initiatives have been recently launched to promote the health and welfare of trans people. These include the National Portal for Transgender Persons, which facilitates registration for an ID card (as a transgender person or as a man or woman), and for health insurance benefits under the Ayushman Bharat scheme. It remains unclear whether transmasculine people are aware of and benefiting from these government schemes.

The Our Health Matters study was initiated to start filling the evidence gap around transmasculine health in India and to assess whether transmasculine community members can realize the rights guaranteed to them.

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low-income and middle-income countries: a scoping review. BMJ Global Health. 2020;5(11):e003471.

3 *Reisner SL, Poteat T, Keatley JA, et al. Global health burden and needs of transgender populations: a review. The Lancet. 2016;388(10042):412 - 436.*

4 *James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality. 2016.*

5 *Scheim AI, Baker KE, Restar AJ, Sell RL. Health and health care among transgender adults in the United States. Annual Review of Public Health. 2021;43(1):1-21.*

6 *Baker KE, Wilson LM, Sharma R, Dukhanin V, McArthur K, Robinson KA. Hormone therapy, mental health, and quality of life among transgender people: a systematic review. Journal of the Endocrine Society. 2021;5(4):bvab011*

7 *Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health. 2015;15(1):525.*

8 *Chakrapani V, Scheim AI, Newman PA, et al. Affirming and negotiating gender in family and social spaces: stigma, mental health and resilience among transmasculine people in India. Culture, Health, and Sexuality. 2022; 24(7):951-967.*

9 *Pandya AK, Redcay A. Access to health services: barriers faced by the transgender population in India. Journal of Gay & Lesbian Mental Heal. 2020;25(2):1-26.*

Our Health Matters Study

Study overview

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.

The study was funded by the U.S. National Institutes of Health/National Institute on Mental Health and 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). Our Health Matters was conducted in partnership with two grassroots transmasculine-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).

Project history and community-based participatory research approach

The study partnership began in 2017, when Indian trans community members approached the principal investigator to discuss strategies for generating data on transmasculine health in India. To explore the potential for a community-based research project, we applied for a small research planning grant from the Canadian Institutes of Health Research, which we used to hold consultations with 31 trans men and transmasculine people in Bengaluru, New Delhi, and Mumbai in 2019. The consultations were organized and co-facilitated by community leaders from TWEET Foundation, Sampoorna Working Group, and Aneka Trust. Consultation participants were asked for their perspectives on the most pressing health and human rights issues facing trans men and transmasculine people, and to identify their priorities for future research. The information gathered through these consultations is available on our *website* and was used to develop the Our Health Matters study, which launched in 2021.

Our Health Matters was governed by a Steering Committee of transmasculine community leaders and activists, including representatives of partner organizations and independent members. With the goal of ensuring community control over the research, the Steering Committee had explicit decision-making authority at all stages of the research, which was outlined in a Memorandum of Understanding that was drafted collaboratively and revised as needed. The Steering Committee had a decision-making role on project directions and goals, engaging new team members and staff, and financial decisions. Working with the broader research team, the Committee helped to develop and approve all study documents, including grant applications, data collection tools, promotional materials, and reports.

Timeline

2017–2019
Initial Discussions

2019
Community consultations and planning meetings

2020
National Institutes of Health Grant application

July 2021 to September 2021
Qualitative interviews conducted

November 2022 to January 2023
Our Health Matters quantitative survey was open

Capacity-building is an essential aspect of community-based participatory research. We sought to increase research and advocacy capacity within the transmasculine community by hiring community members for all paid roles, including research investigators for data collection, graphic designers, and advocacy consultants. Research staff were not required to have typical credentials for academic research but rather were hired based on their community knowledge and provided with in-depth training.

Study team

Steering Committee

Aditya Batavia, TWEET Foundation, Bengaluru

Ritwik Sailya Dutta, Assam

Shaman Gupta, TWEET Foundation, Dehradun

Raj Kanaujiya, Mumbai

Vihaan Peethambar, Bengaluru

Sahil Jamal Siddiqui, Transmen Collective, Delhi

Vihaan Vee, Bengaluru

Investigators

Ayden Scheim, PhD (Principal Investigator)
Epidemiology and Biostatistics, Dornsife School of Public Health, Drexel University, Philadelphia, USA

Madhusudana Battala, PhD
Population Council, New Delhi

Venkatesan Chakrapani, MD, PhD
Centre for Sexuality and Health Research and Policy (C-SHaRP), Chennai

Carmen Logie, PhD
Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada

Sari Reisner, ScD
Brigham and Women's Hospital, Harvard University, Boston, USA

Research Staff

Population Council: Atharva, Jagrit, Pratham, Aarav, Deep, Kiran

Drexel University: Aakanshya Aryal, Kelly Courts, Heather Santos

Advocacy Fellow and Apprentice

Satvik Sharma and Meghna Dhar

Qualitative interviews

- Participants were recruited via community mobilization, including fliers circulated within transmasculine community networks, regional and national social networking groups, and social media. Recruitment and data collection took place online or by telephone due to COVID-19 pandemic restrictions. The team was sensitive to the barriers that online studies can create for marginalized community members and used purposive sampling to ensure diversity in geographic location and socioeconomic status.
- Interviews were conducted by three investigators hired and trained from within the transmasculine community. Participants provided informed consent and received an honorarium of INR 500. The interviews were audio-recorded, transcribed, and then translated into English.
- Interviewers followed a semi-structured interview guide, with questions about family experiences, social and community support, experiences of discrimination and safety, and access to health care.
- We used findings from the qualitative in-depth interviews to develop the questions used in the survey phase of Our Health Matters. For example, we developed survey items about family acceptance and rejection, and access to gender-affirmative health care, based on participants' narratives. These findings are also available as community reports in English, Hindi, and Marathi on our *website*.
- This report focuses on quantitative data from the survey phase of Our Health Matters but includes quotes from interviews and from open-ended survey responses to give voice to the lived experiences of transmasculine people.

We conducted in-depth interviews with 40 transmasculine people who ranged in age from 20 to 50 (average = 28)

Eligible participants were 18+; identified as trans men, transmasculine, non-binary, or a similar identity; and were assigned female at birth.

Participants lived in 10 states or union territories: Assam, Delhi, Karnataka, Haryana, Jharkhand, Maharashtra, Rajasthan, Tamil Nadu, Telangana, and Uttar Pradesh.

The language used in the survey and in this report reflect that some participants identified as non-binary (and not as men).

Quantitative survey

- Eligible participants were 18+; identified as trans men, transmasculine, non-binary, or a similar identity; and were assigned female at birth.
    - ◇ The language used in the survey and in this report reflect that some participants identified as non-binary (and not as men).
- Participants could complete the survey online on their own or with the assistance of a peer researcher. The peer researchers were four trans men hired from diverse geographic areas (Delhi, Mumbai, Bengaluru, West Bengal). They were provided a 3-day training and ongoing mentoring from the study team.
- Peer researchers promoted the study and helped participants complete the survey virtually or in person, using an electronic tablet or mobile device.
- The survey was available in English, Hindi, Marathi, Bengali, and Telugu.
    - ◇ The survey questionnaire was developed in English, translated to Hindi and Marathi, and then back-translated to ensure conceptual equivalence. The questionnaire was pilot-tested by the Steering Committee and research investigators. Based on community requests, we also translated the survey to Bengali and Telegu after launching.
- Participants were recruited using a combination of online outreach (e.g., social media, WhatsApp) and in-person promotion at community events (e.g., meetings, soccer games, Pride events). The team also organized events to promote the survey in Assam (Dibrugarh and Guwahati), Bengaluru, and Hyderabad.
- Participants provided informed consent and received an honorarium of INR 500 via UPI.
- Following best practices for online surveys, we used multiple strategies to verify responses and prevent fraud, including CAPTCHA, geolocation, questions to check attention and ensure consistent responses, review of write-in responses, and automated tools to detect duplicate or "bot" responses. When necessary, we contacted participants for verification.
- The survey was divided into 5 sections covering the following topics: demographics, access to legal gender recognition and government welfare schemes, experiences of discrimination and acceptance, social supports, mental health status, and access to health care.
    - ◇ We used previously validated measures where possible to ensure rigorous, comparable results (e.g., to measure depression and anxiety) but new measures specific to Indian transmasculine people (e.g., regarding family experiences) were also developed.
- We excluded data from any participants who could not be verified, as well as those who completed less than two of the five survey sections. This resulted in a final sample of 377 participants.

About the Participants

Our Health Matters survey participants lived in 22 states or union territories. The most-represented states were Haryana (n=51), Delhi (n=50), Uttar Pradesh (n=44), West Bengal (n=39), Maharashtra (n=34), and Karnataka (n=23), which reflects the locations of our peer researchers. Although participants could switch languages while filling out the survey, 70% submitted it in English, 23% in Hindi, 3% in Marathi, 2% in Bengali, and 2% in Telugu.

The sample was young overall, with half (50%) between 18 and 24 years old and just 9% aged 35 or older. Most participants (89%) had at least higher secondary school education and almost one-third (29%) were students. Of those not in school, however, many were unemployed (29% of all participants). Relatedly, incomes were low overall: 32% reported no income at all and just 11% made over Rs 20,000 per month. One in four participants said that they sometimes or often did not have enough to eat in the previous year.

Our Health Matters participants came from diverse caste and religious backgrounds, however, relative to the the overall population of India, General Category backgrounds were overrepresented, while Muslim people were somewhat under-represented.[1] General Category backgrounds were overrepresented, while Muslim people were somewhat under-represented.

We gave participants the opportunity to describe their gender identities in their own words. Common answers included "transman", "male", or "man". Some participants identified as "non-binary", "transmasculine", or "gender fluid". Although all participants were trans men or transmasculine, we know that not all trans people are able to express their true gender in public for safety reasons. Therefore, we asked participants what gender(s) they presented as in daily life. Just over half (58%) presented as a man all of the time, and 37% presented as a woman at least some of the time. This highlights the importance of avoiding assumptions about gender identity based on how people present themselves. Participants identified with a range of sexual orientation identities, challenging the common belief that all transmasculine people are heterosexual or attracted to women. As reflected in the data, some non-binary people also identify as lesbians.

Participants also reported diverse living situations. Almost half (47%) lived in a rural area and migration was common, with 45% ever having moved within their state or to a different state specifically due to being trans. Most lived either with their birth families (42%) or alone (26%). Difficulty finding a safe and private bathroom to use was very common (87%).

Note on representation:

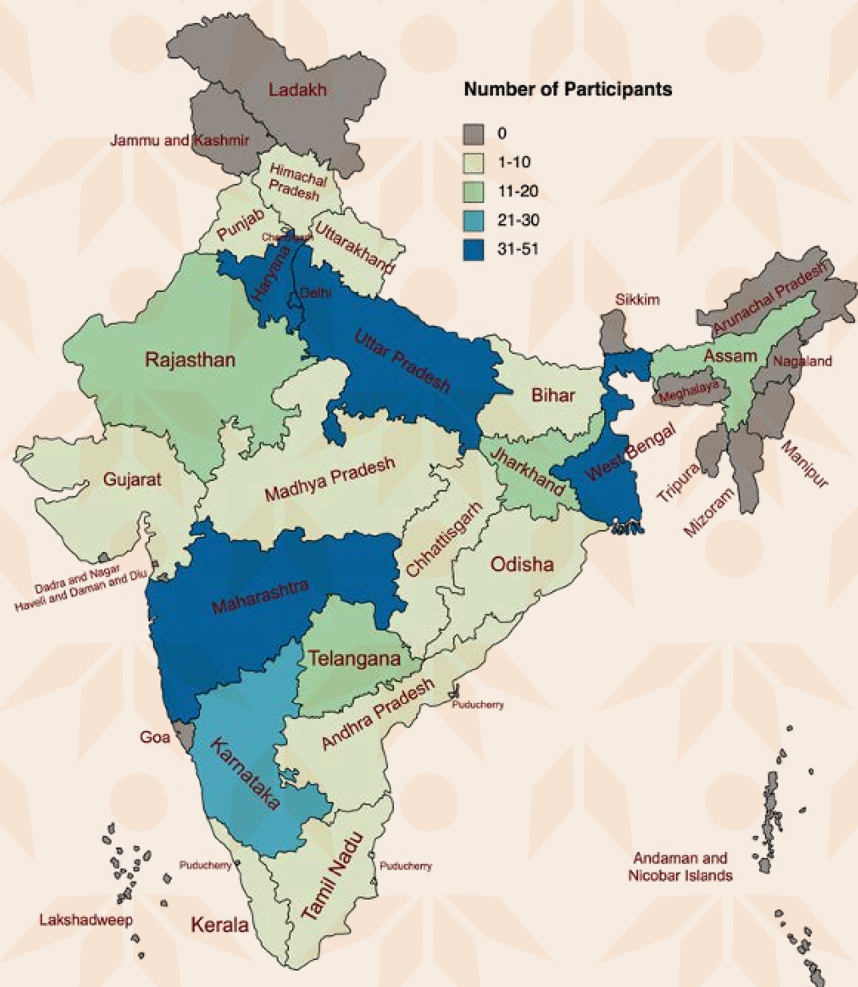
Extensive efforts were made to ensure accessibility of the survey to diverse community members, including offering the survey in five languages, providing an option to participate in-person on an electronic tablet, and giving participants an honorarium. Due to resource limitations, we could not make the survey available in-person across the country nor in additional languages. Most participants completed the survey online and we did not use random sampling.

Therefore, these results should not be assumed to represent all transmasculine people in India. For example, that participants had an average age of 26 does not mean that all transmasculine people in India have an average age of 26. Rather, our sample was likely younger due to the use of online recruitment. On the other hand, the transmasculine population is probably younger than the rest of the Indian population (this is seen in many countries due to increasing social acceptance). In general, we do not know the "truth" about the characteristics of the entire transmasculine population because the census and other representative surveys do not capture data on transmasculine identities.

1 *Pew Research Center. Religion in India: Tolerance and segregation. June 29, 2021. Available from https://www.pewresearch.org/religion/2021/06/29/religion-in-india-tolerance-and-segregation/*

Geographic distribution of Our Health Matter survey participants

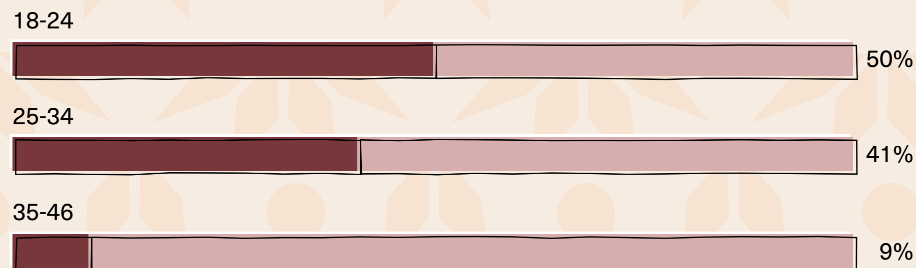
N=377



Demographic characteristics of Our Health Matters participants

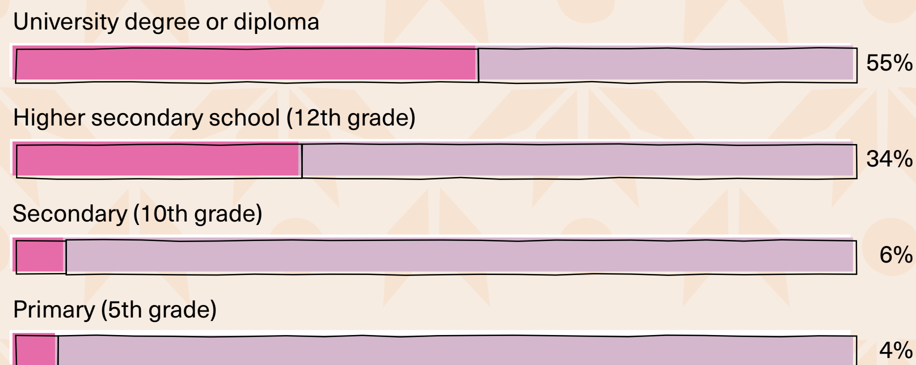
Age

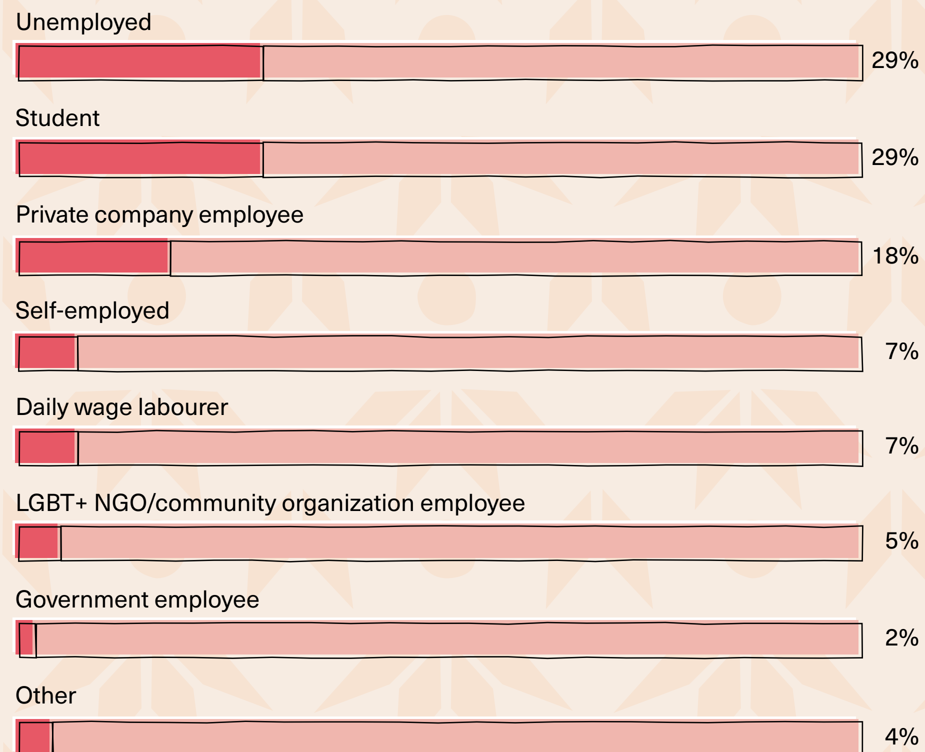
N=377

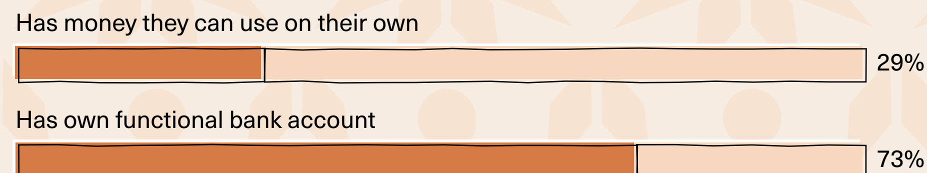


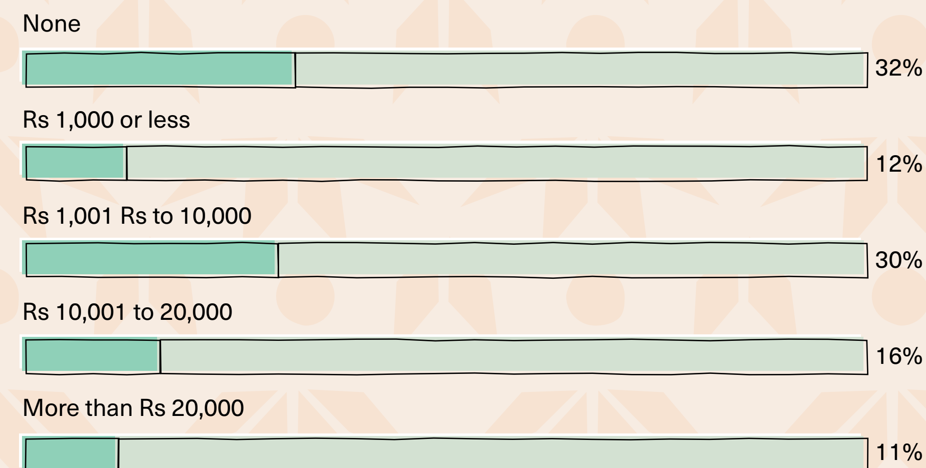
Highest level of education

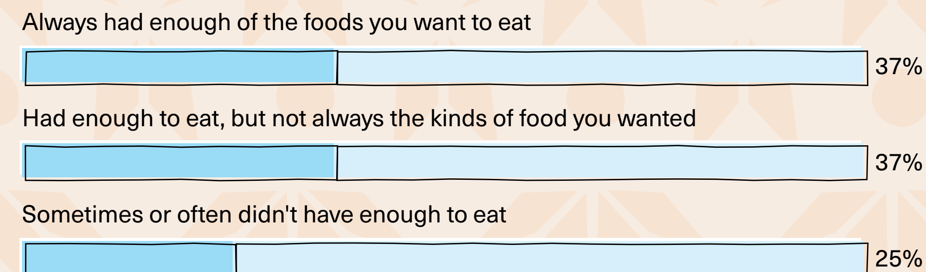
N=377

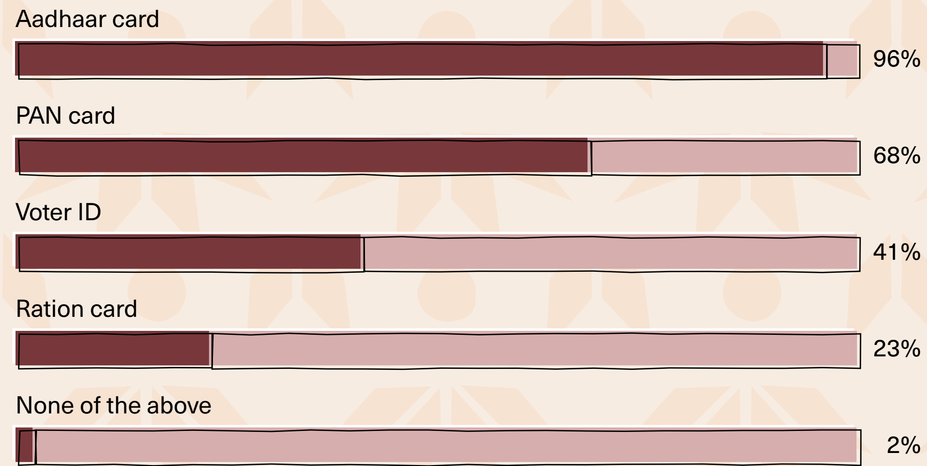


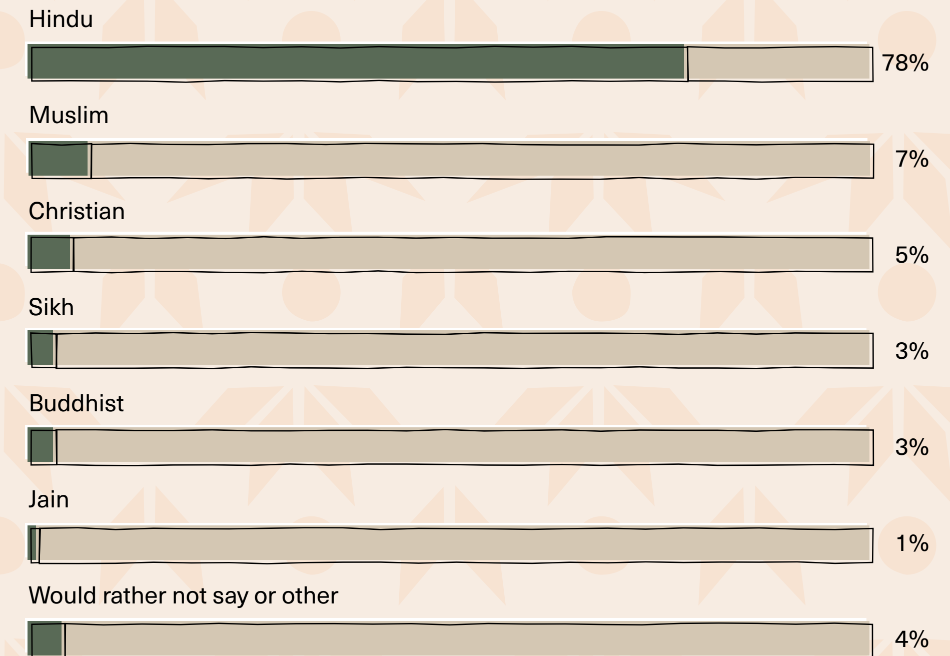

Occupation
N=377
Unemployed
29%
Student
29%
Private company employee
18%
Self-employed
7%
Daily wage labourer
7%
LGBT+ NGO/community organization employee
5%
Government employee
2%
Other
4%


Access to money
N=377
Has money they can use on their own
29%
Has own functional bank account
73%

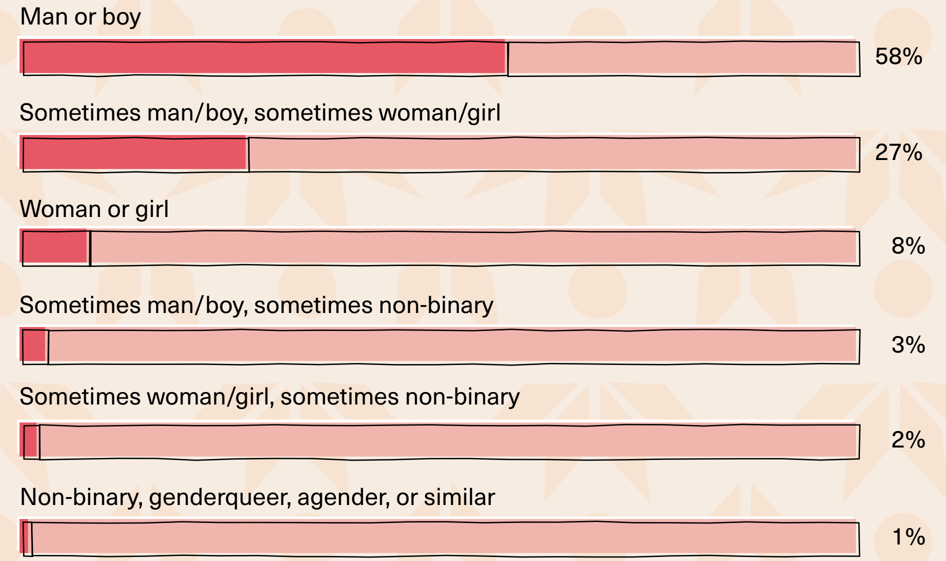

Monthly Income
N=285
None
32%
Rs 1,000 or less
12%
Rs 1,001 Rs to 10,000
30%
Rs 10,001 to 20,000
16%
More than Rs 20,000
11%

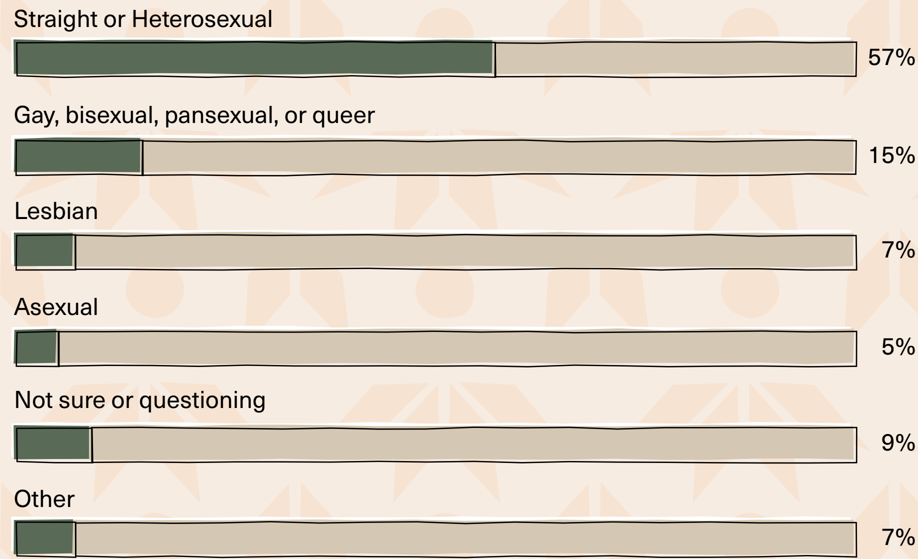

Food security in the past year
N=369
Always had enough of the foods you want to eat
37%
Had enough to eat, but not always the kinds of food you wanted
37%
Sometimes or often didn't have enough to eat
25%

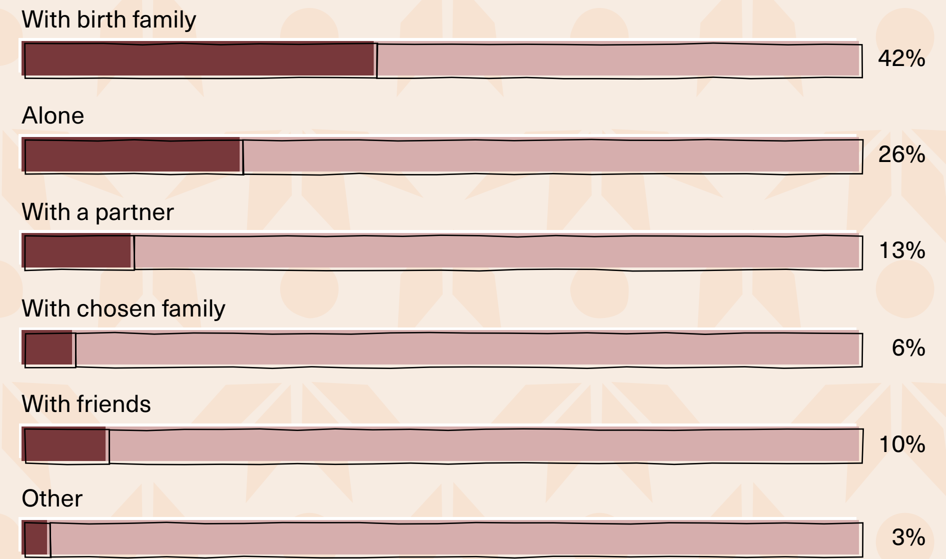

Identity cards held
N=377
Aadhaar card
96%
PAN card
68%
Voter ID
41%
Ration card
23%
None of the above
2%

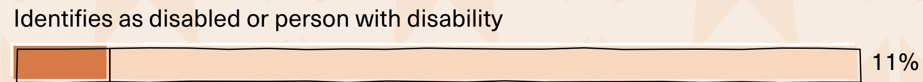

Religion
N=376
Hindu
78%
Muslim
7%
Christian
5%
Sikh
3%
Buddhist
3%
Jain
1%
Would rather not say or other
4%

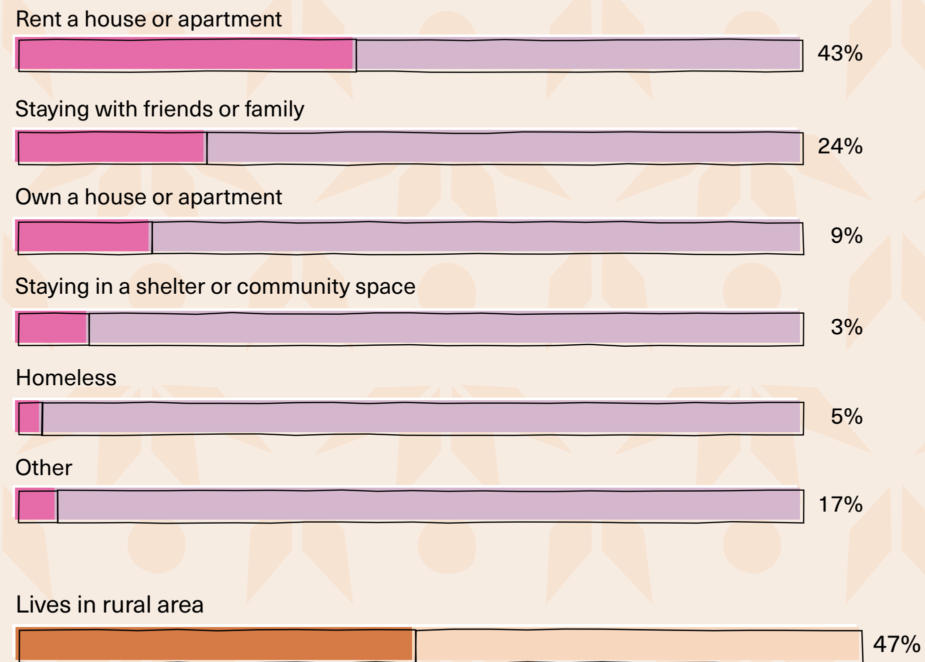
Caste
N=377
General Category
48%
Scheduled Caste
16%
Other Backward Class
14%
Scheduled Tribe
10%
Not a member of any caste
2%
Do not want to answer
10%

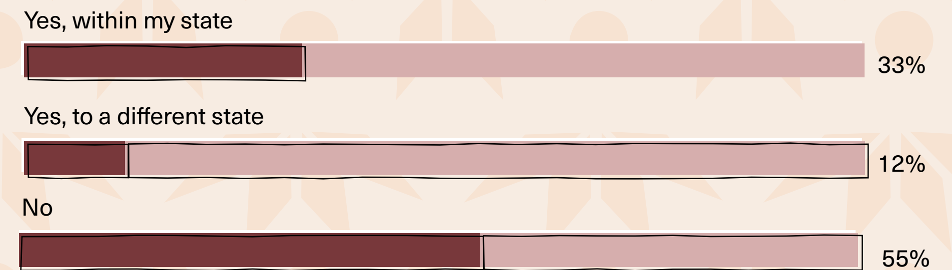

Gender publicly identified as, in day-to-day life
N=377
Man or boy
58%
Sometimes man/boy, sometimes woman/girl
27%
Woman or girl
8%
Sometimes man/boy, sometimes non-binary
3%
Sometimes woman/girl, sometimes non-binary
2%
Non-binary, genderqueer, agender, or similar
1%

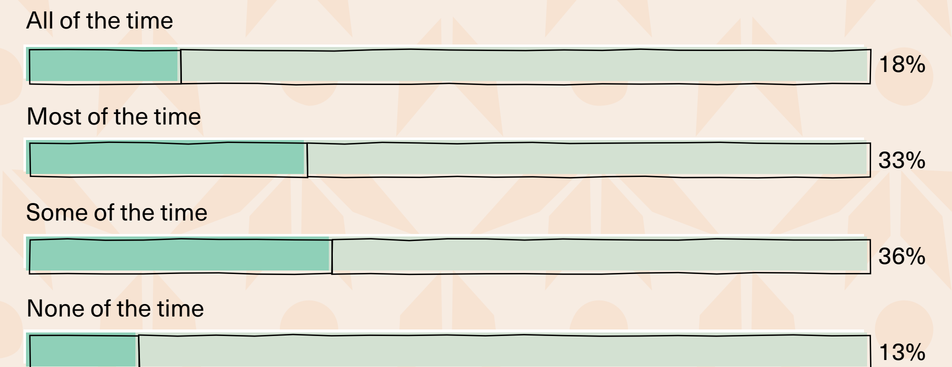

Sexual orientation identity
N=331
Straight or Heterosexual
57%
Gay, bisexual, pansexual, or queer
15%
Lesbian
7%
Asexual
5%
Not sure or questioning
9%
Other
7%


Current living situation
N=377
With birth family
42%
Alone
26%
With a partner
13%
With chosen family
6%
With friends
10%
Other
3%


Disability status
N=377
Identifies as disabled or person with disability
11%


Housing Situation
N=377
Rent a house or apartment
43%
Staying with friends or family
24%
Own a house or apartment
9%
Staying in a shelter or community space
3%
Homeless
5%
Other
17%
Lives in rural area
47%


Every moved due to gender identity
N=377
Yes, within my state
33%
Yes, to a different state
12%
No
55%


Difficulty finding a safe and private bathroom
N=375
All of the time
18%
Most of the time
33%
Some of the time
36%
None of the time
13%

Human Rights

This section of the report focuses on the human rights situation of transmasculine participants, including legal gender recognition, access to welfare schemes, and experiences of gender-related discrimination.

Only 14% of participants had changed the gender listed on all of their identity documents (ID) while 28% had changed it on some documents. Over half (54%) wanted to change the gender on their ID but had not been able to do so. Of those who had tried to change the gender on their ID, 91% had at least one negative experience. Specific experiences are shown in the figures below.

In 2020, the Ministry of Social Justice and Empowerment launched the National Portal for Transgender Persons, a website where trans people can apply for a transgender certificate and identity card (the card can list them as transgender, male, or female but medical intervention is required to be listed as a self-identified man or woman). We asked participants if the Portal was available at the time that they changed their name or gender, and 23% said yes. Of those individuals, 51% had applied for a transgender ID card, of whom half encountered delays in the process. Other issues with the Portal, and reasons for not applying, are described in the figures.

A major reason to apply for a transgender identity card is to access welfare benefits reserved for trans people. In 2022, MoSJE launched SMILE - Support for Marginalized Individuals for Livelihood and Enterprise, a welfare scheme designed to provide skill development, educational opportunities, shelter housing, and health services for trans people. Our survey was conducted less than one year after the program's launch. At that time, 30% of transmasculine participants had ever heard of the scheme, of whom only 8% had applied and actually received the help they requested. This suggests that more needs to be done to inform community members about the availability of welfare schemes, and to ensure that they are able to apply and receive benefits.

We asked participants about discrimination and rejection they may have experienced in a range of settings. They often faced difficulty accessing toilets, identity documents, employment, housing, health care, and schools due to being trans or non-binary. About half of participants said that they had ever been rejected by friends, family members, or partners. Thankfully, many participants came to find pride in their trans identities despite these challenges: nearly 80% said they were proud to be a trans person at least some of the time.

Over their lifetimes, transmasculine people may experience violence due to social stigma towards trans people ("transphobia") as well as due to violence towards people perceived as women. Therefore, we asked participants about violence they had experienced for any reason. 70% of participants reported at least one form of violence, with verbal harassment (42%) being most common. Of those who faced physical or sexual violence (or threats of the same), 61% said it happened because they are trans or non-binary, and 58% had disclosed that violence to anyone else.

Whether due to their own negative experiences or awareness of the experiences of their peers, transmasculine persons may limit their activities to avoid mistreatment. We found that in the past year alone, over 1 in 3 participants had avoided family events and public washrooms while about 1 in 5 had avoided public transportation, public spaces in general, or school/work.

"After seeing my chosen name and gender, I felt very happy. It was my first document where everything was mentioned clearly about me. The transition has helped a lot to keep my mental health good."

23, Uttar Pradesh

"After one month, they returned the application and said that now the new portal is online. And said that now the new portal has started online, apply to the portal. We did that too. I have not yet received any reply. Something has to happen. It might come through NGO, or we have to try through our group."

24, Maharashtra

"Being trans is beautiful we can explore ourselves we can get to know that who we actually are and on the other hand it's difficult as well because of those compressed binders where we can barely breathe those public transport and washrooms ahhh... Still being trans is lucky and beautiful as well."

21, West Bengal

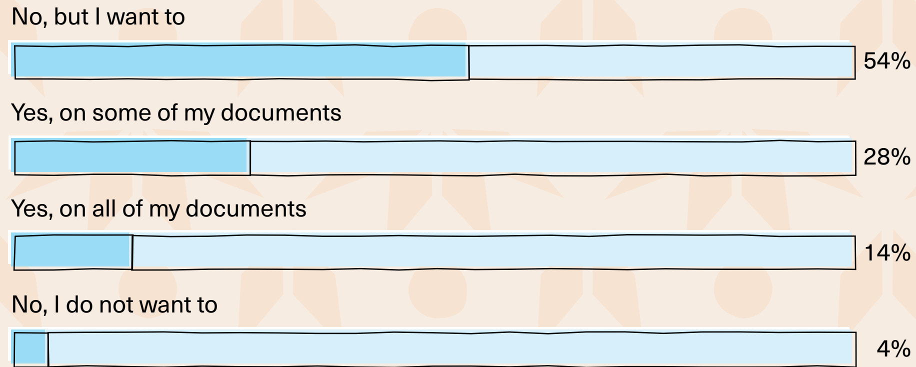
"There have been many problems with me, people used to call me tomboy or lesbian. In the office they asked me why I am wearing men's clothes. I asked why they were judging me by looking at my clothes, they should look at my hard workability and that I have been working for so many years."

40, Maharashtra

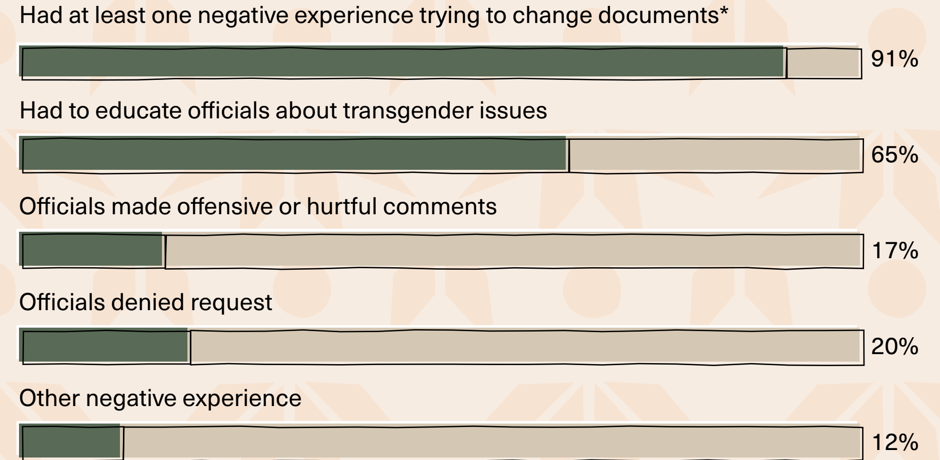
"I avoid going in public. Avoid means not going to the mall. Where people have to enter with checking by security, like to stand in the female queue. I feel uncomfortable with that."

26, Maharashtra

Changed gender on identity documents



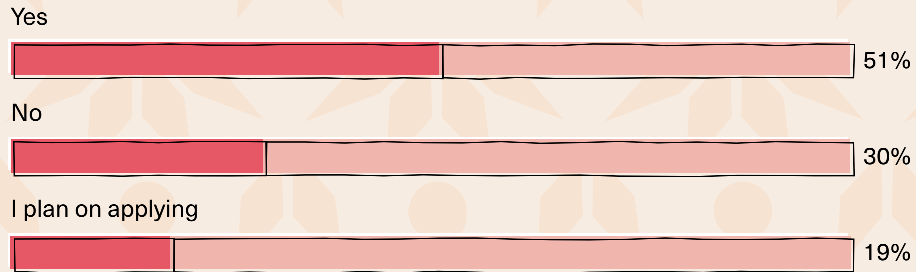
Negative experiences while trying to change gender on ID



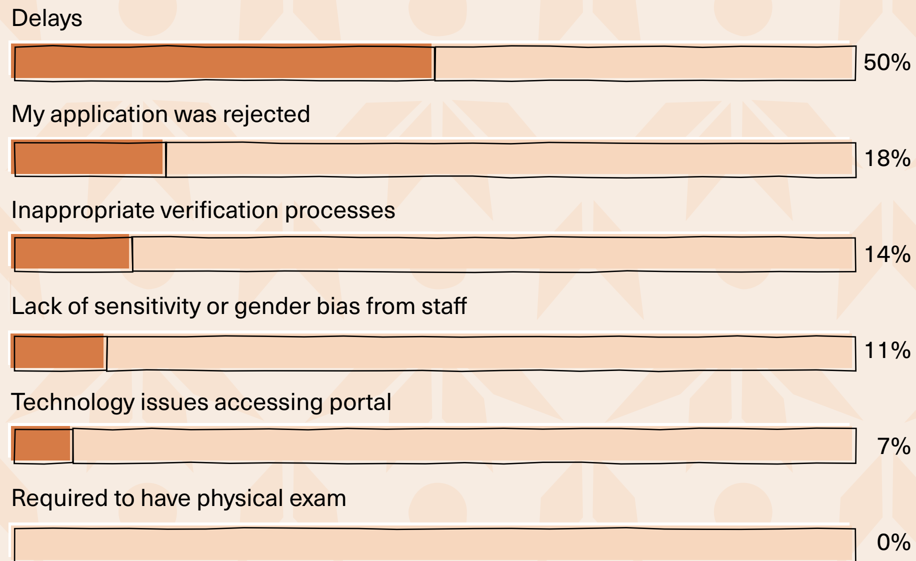
*of those who requested to have gender changed on any documents

Experiences with the National Portal for Transgender Persons

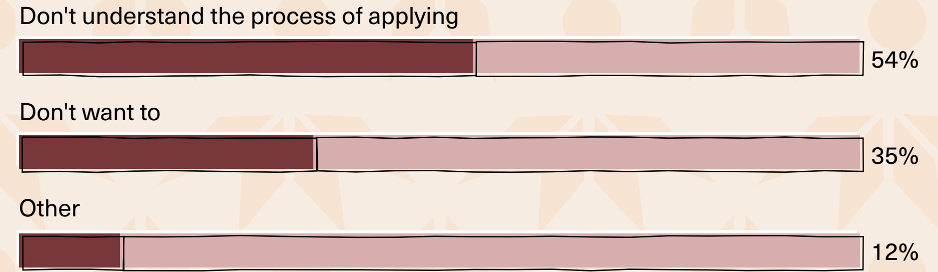
Applied for a transgender ID card through the portal* N=86



Issues encountered applying for ID through the portal ** N=44



Reasons for not applying for ID through the portal N=26



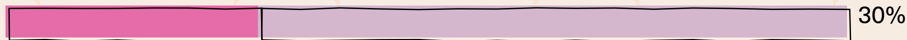
*Asked of participants who said the Portal was available at the time they changed their name/gender.

** Participants could select all that apply, responses may not total 100%

Awareness and use of the SMILE Scheme

N=338

Aware of the Ministry of Social Justice and Empowerment's SMILE scheme (Support for Marginalized Individuals for Livelihood and Enterprise)

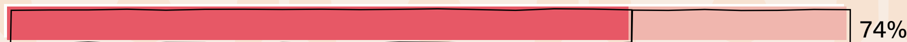


30%

Applied for welfare benefits from SMILE?

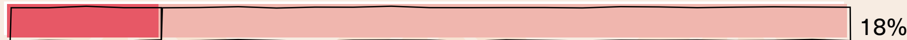
N=100

No



74%

Yes, but I have not received assistance



18%

Yes, and I have received assistance

8%

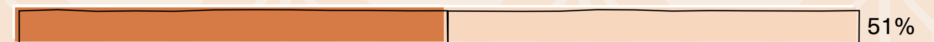
Help participants would want to receive from SMILE*

N=92

Access to gender affirming surgery

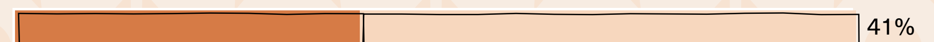
60%

Access to health care other than surgery



51%

Skills development training



41%

Educational scholarship

40%

Shelter home

26%

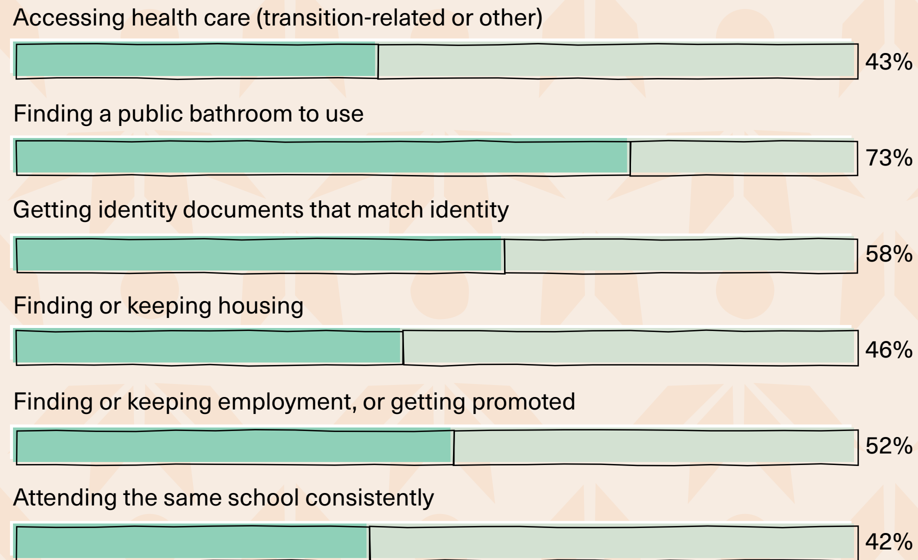
Transgender persons protection cell

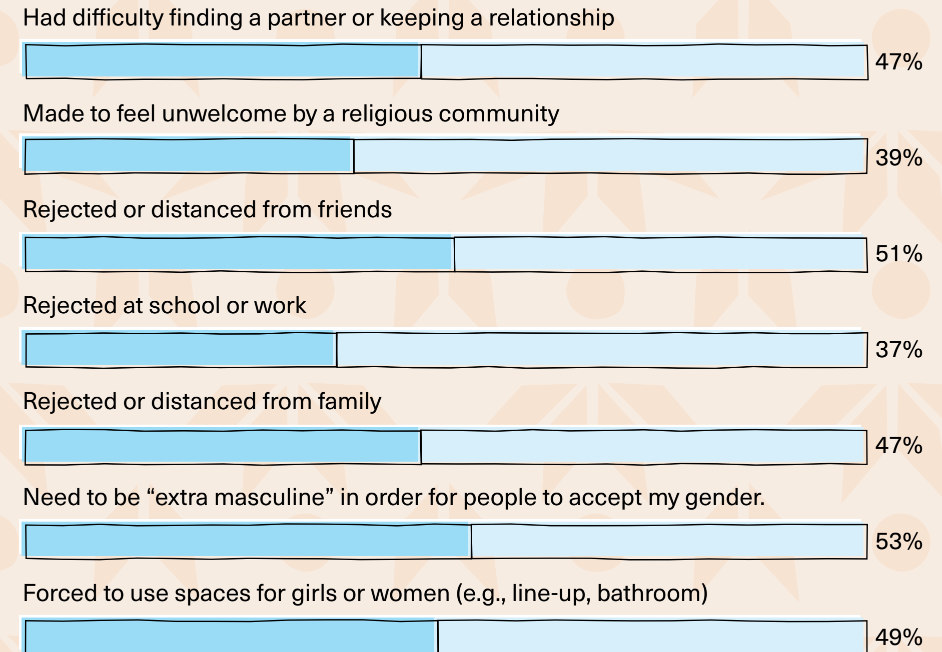
24%

Other

9%

* Asked of participants who were aware of SMILE but had not received help. Participants could select all that apply, responses may not total 100%


Because of gender identity, ever had difficulty...
N=336
Accessing health care (transition-related or other)
43%
Finding a public bathroom to use
73%
Getting identity documents that match identity
58%
Finding or keeping housing
46%
Finding or keeping employment, or getting promoted
52%
Attending the same school consistently
42%


Because of gender identity, ever...
N=336
Had difficulty finding a partner or keeping a relationship
47%
Made to feel unwelcome by a religious community
39%
Rejected or distanced from friends
51%
Rejected at school or work
37%
Rejected or distanced from family
47%
Need to be "extra masculine" in order for people to accept my gender.
53%
Forced to use spaces for girls or women (e.g., line-up, bathroom)
49%

Experiences of gender-related pride

N=319

I am proud to be a trans person

I am comfortable revealing to others that I am trans

I have proudly shared my gender identity on social media.

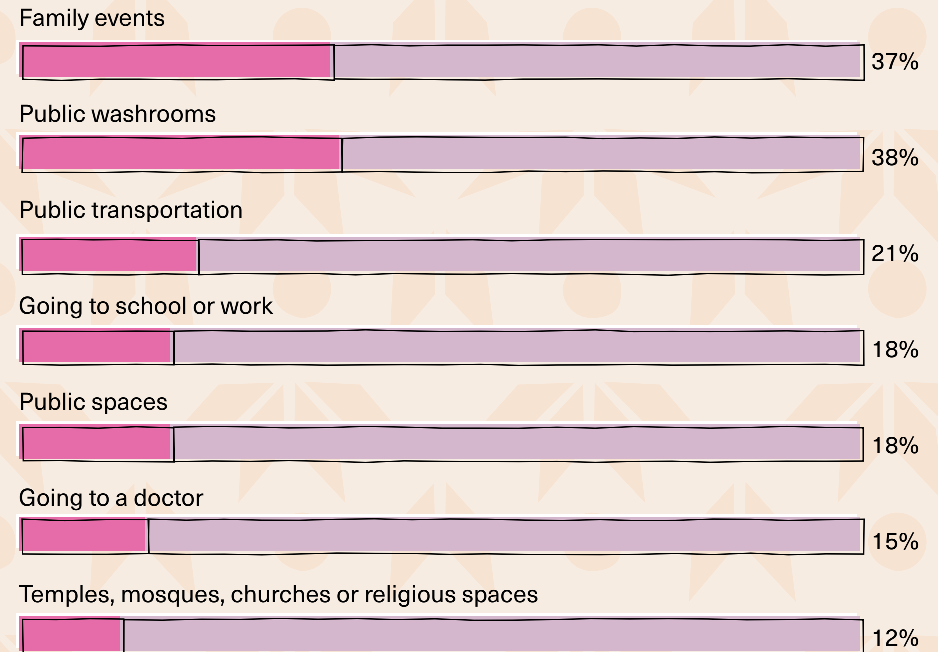
I feel part of a trans community.

I feel connected to other trans people.

Violence and avoidance of public spaces

Experiences of violence*

Avoided spaces or events due to fear of being harassed, mistreated, or "outed" as trans in the past year*



* Participants could select all that apply, responses may not total 100%

Family and Community Support

Participants in *Our Health Matters* qualitative interviews emphasized the importance of family acceptance - and particularly parental acceptance - for their well-being, as summarized in a previously published report available on our website. Fewer than one-third of survey participants said that their parents were very supportive of their gender identity or expression. Specific examples of accepting and rejecting parental behaviors are shown in the figures.

Support from within the transmasculine community can be vitally important, particularly for those who may not have strong support from their families. Most participants belonged to online trans groups while less than one-third belonged to in-person groups. There was high interest in either online (53%) or in-person (59%) support programs for transmasculine people.

"The world can say, 'if you don't get support from your family, then why should we support you?'. The world can start from family. If your parents are with you, then it isn't an issue whether friends, girlfriends, or boyfriends are with you or not."

26, Maharashtra

"In my opinion, there should be educational programs, some mental and physical health-related programs. There should be gender-related education, diploma, and graduation programs. And for this enrollment awareness should be given so that we can enroll ourselves easily. "

30, Delhi

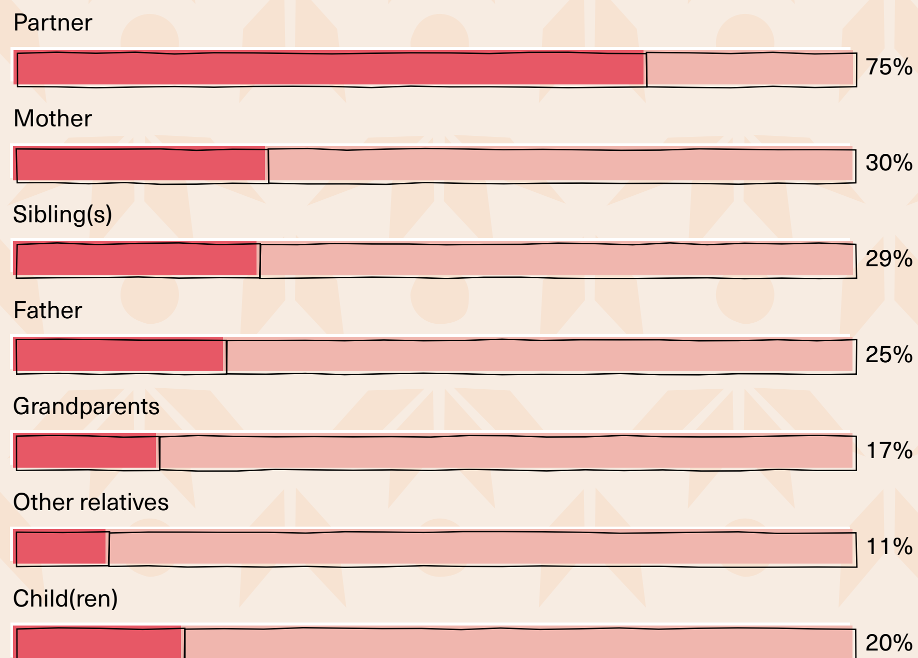
"Yes, we get full support from the trans community. When there is no one for us they stand for us. They are like our family, and we get full support from them. Mental support is important, and they take care of us."

26, Tamil Nadu

"My family didn't like it....It took me two years to make them understand. Two years later they said yes to me. Now I have the full support of my father, mother, and my married sister."

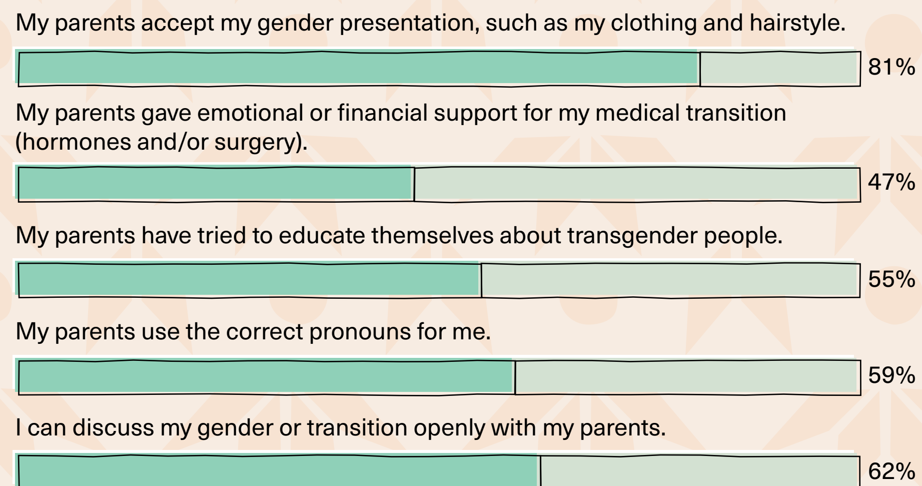
25, Maharashtra

Strong support for gender identity or expression ("very supportive")*



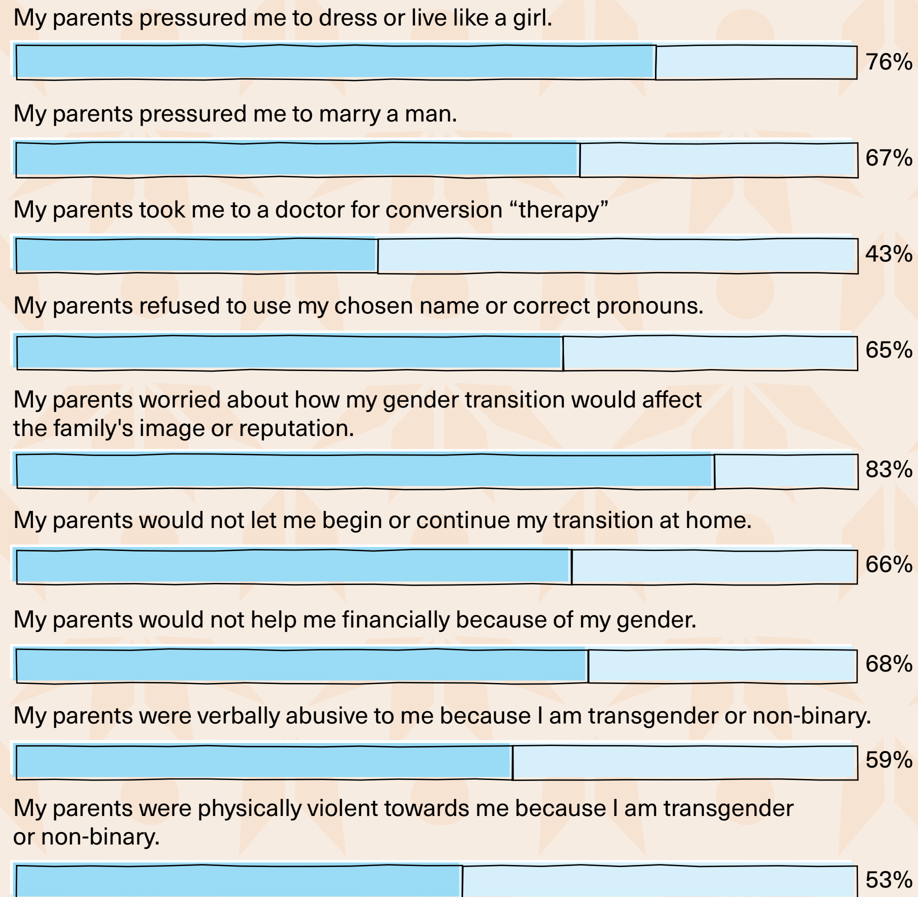
*Among those who had each type of family member.

Examples of parental support



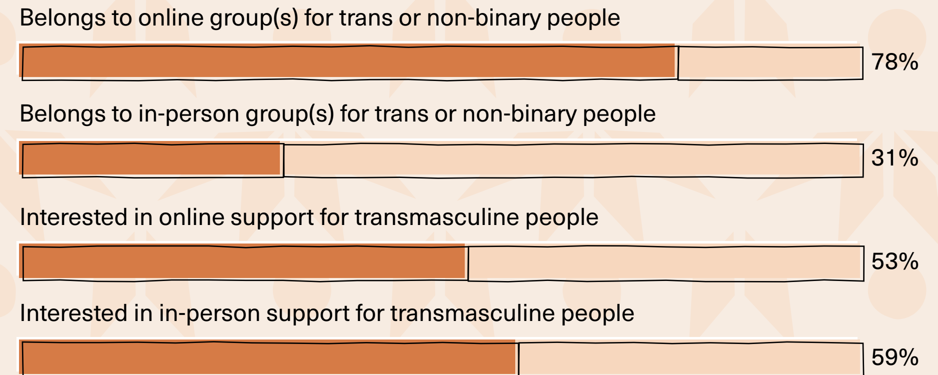
Examples of parental rejection

N=343



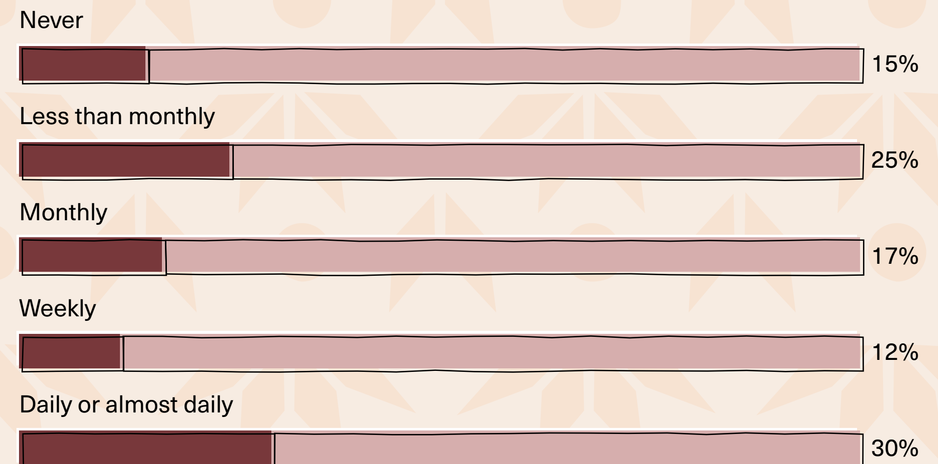
Community support

N=377



Sees other transmasculine people in person

N=377



Mental Health

Mental health was a primary focus of Our Health Matters. The results in this section indicate an urgent need for trans-friendly and affordable mental health services for transmasculine people. We found very high levels of depression, anxiety, and suicide risk. About one-third of participants had moderate or severe depression symptoms, while 45% had moderate or severe anxiety symptoms. Almost half (44%) had ever seriously considered suicide, and one-quarter had done so in the last year. Over a third of participants (36%) had ever attempted suicide and 16% had done so in the past year.

However, risk was not uniform. As shown in the figures, suicidal thoughts, depression, and anxiety were less common among transmasculine people if they were employed, had supportive parents, belonged to in-person trans groups, or if they had accessed transition-related healthcare. These results suggest opportunities to intervene to prevent suicide and improve mental health among transmasculine people. In interpreting these results, note that apparent differences may not be statistically significant. Future analyses from Our Health Matters will use advanced statistical methods to explore these findings in greater detail.

Transmasculine people may use substances to cope with stressful life circumstances. One in five participants regularly engaged in binge drinking and almost half smoked cigarettes.

Over the previous year, one-third of participants had spoken to a mental health care provider while almost half were unable to obtain mental health care that they felt they needed. It is important to note that participants who spoke to mental health providers may have been seeking diagnosis letters for gender dysphoria (which are generally required to access hormones and surgery) rather than receiving support with their mental health concerns. Two-thirds of participants had ever seen a psychiatrist for a diagnosis letter.

Mental health support may be provided in a range of settings. When asked about their future interest in counseling, participants were most interested in online counseling (41%) while about one-third were interested in counseling at health facilities or community-based organizations.

Although mental health services can be beneficial, trans people have also been harmed by unethical practices carried out in the name of psychiatry or psychology. Conversion "therapy" – an unscientific practice that attempts to change a person's gender identity or sexual orientation – has been denounced as harmful by psychiatric associations and The United Nations High Commission on Human Rights.[1]

Nevertheless, about one-quarter of transmasculine participants had ever experienced conversion "therapy"; mostly at the hands of health care providers (doctor, nurse, psychiatrist, or psychologist, 88%).

1 *United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity - Report on conversion therapy. May 1, 2020. Available from https://www.ohchr.org/en/calls-for-input/report-conversion-therapy*

"The most important thing for me is that my parents have accepted me, it does not matter to me what society says. My depression has reduced a lot due to my parents' acceptance. I am still taking medicine, but I no longer have severe depression."

23, Delhi

"There's also a problem if I consult a psychiatrist or psychologist. Because sometimes, I am unable to afford a psychiatrist, and sometimes I don't get a psychologist who can understand me."

23, Uttar Pradesh

"People complain that they don't have jobs, no girlfriend, don't get love, and have no money. But for me, I am the person whose body and voice are not right. So, I am a highly depressed person."

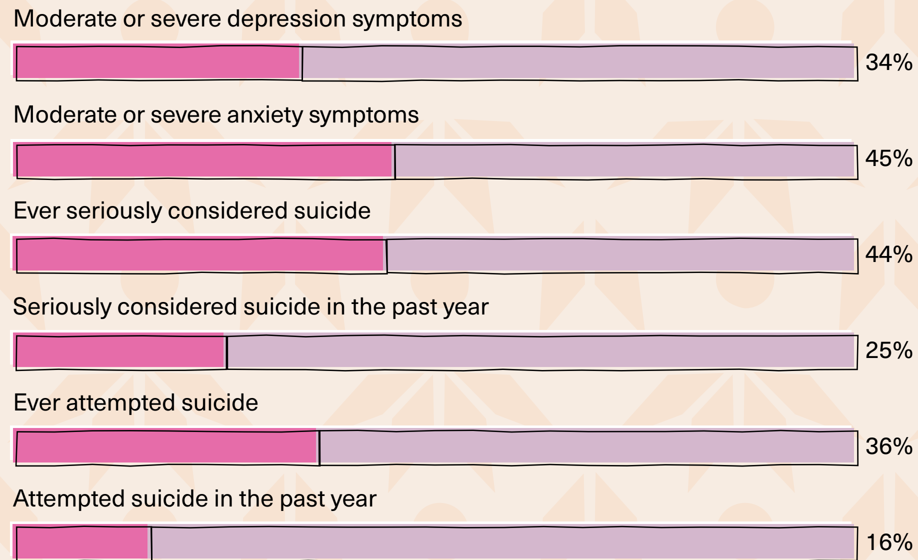
30, Delhi

"I went to a psychiatrist after two or three years. I was scared, but now I guess mental health is also important. I felt embarrassed to go to a psychiatrist...Now there is an awareness about it, and it seems that mental health is just as important as physical health."

45, Maharashtra

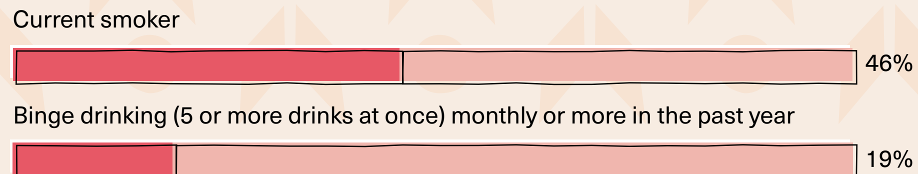
Mental health status

N=339



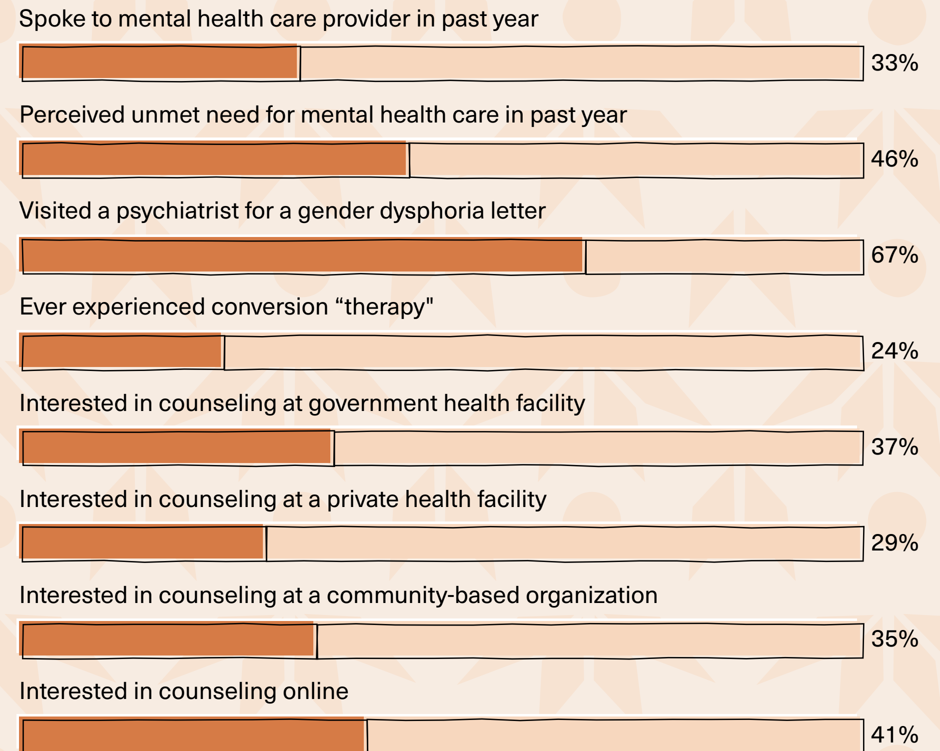
Substance Use

N=335



Interaction with mental health services

N=336



Differences in consideration of suicide in the past year

N=339

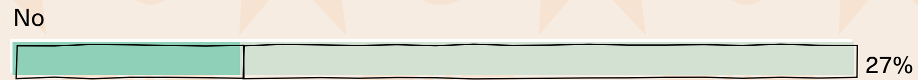
Mother is very supportive of gender

No

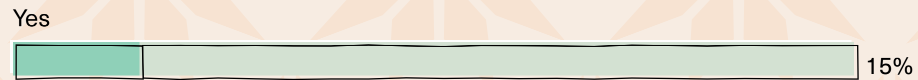
Yes

Father is very supportive of gender

No



Yes



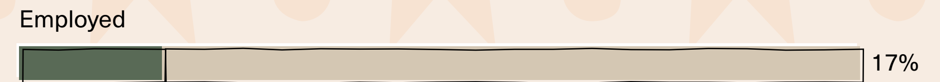
Belongs to in-person groups for trans or non-binary people

No

Yes

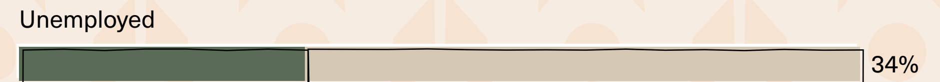
Employment status

Employed



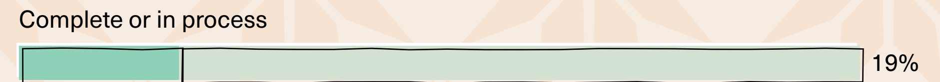
Student

Unemployed



Transition healthcare status

Complete or in process



Planning but not begun

Not sure or not planning

Note: Percentages represent the proportion of each group that seriously considered suicide

Differences in moderate or severe depression symptoms

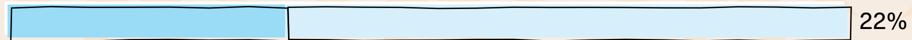
N=338

Mother is very supportive of gender

No

39%

Yes



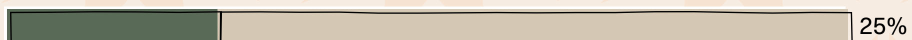
22%

Father is very supportive of gender

No

37%

Yes



25%

Belongs to in-person groups for trans or non-binary people

No

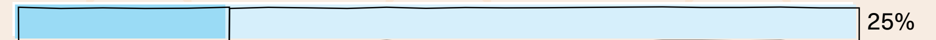
37%

Yes

30%

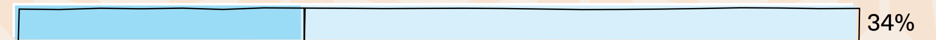
Employment status

Employed



25%

Student



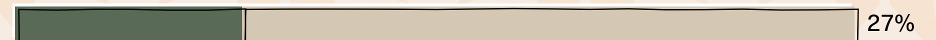
34%

Unemployed

48%

Transition healthcare status

Complete or in process



27%

Planning but not begun

45%

Not sure or not planning

34%

Note: Percentages represent the proportion of each group that had moderate or severe depression symptoms

Differences in moderate or severe anxiety symptoms

N=338

Mother is very supportive of gender

No

49%

Yes

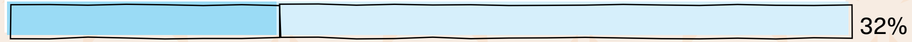
33%

Father is very supportive of gender

No

48%

Yes



32%

Belongs to in-person groups for trans or non-binary people

No

46%

Yes

42%

Employment status

Employed

37%

Student

55%

Unemployed

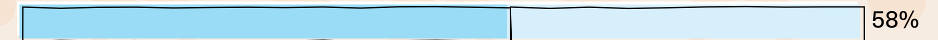
49%

Transition healthcare status

Complete or in process

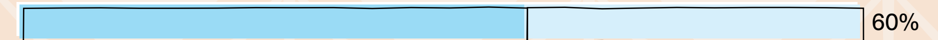
33%

Planning but not begun



58%

Not sure or not planning



60%

Note: Percentages represent the proportion of each group that had moderate or severe anxiety symptoms

Access to Health Care

Comprehensive health care for transmasculine people includes both general preventive care and transition-related or gender-affirmative care (i.e., hormones and surgery). Some - but not all - trans people require transition-related medical care to reduce gender dysphoria (distress related to the difference between one's gender identity and physical characteristics). For those who need it, transition-related care is essential for mental well-being and is recommended by the World Professional Association for Transgender Health and other professional bodies. [1]

Focusing on general health care, we found that only 46% of participants had a regular doctor. Promisingly, of participants who did have a regular doctor, 64% said that doctor was mostly or very knowledgeable about trans issues. On the other hand, many participants lacked access to comfortable and knowledgeable doctors: one-third of participants had avoided health care in the past year because they feared being mistreated.

Regarding transition-related health care, about 1 in 4 participants had completed all the transition-related care they needed while the majority were either in process of completing this care (28%) or waiting to begin (36%) (Figure 17). Only 11% were not planning to seek care or were unsure whether they would. Just over half (56%) had ever taken hormones as part of their transition, of whom the vast majority (93%) were still taking hormones at the time of the survey. Of those who had ever taken hormones, 19% had been denied a prescription for hormones and 18% first took hormones without a prescription.

Over 80% of participants were interested in surgery as part of their transition, however, few had been able to have surgery. At the time of the survey, 23% had completed chest surgery (i.e., mastectomy) while few had hysterectomies (10%) or genital surgeries (3%). Among those who had surgery, almost all surgeries were performed in India (91%) and just over half (55%) said they were satisfied or very satisfied with the results. Participants largely covered the costs of surgery with their own money (47%) or with the help of family (30%) and friends (15%). Only one person said they had accessed free surgery through a government hospital. The low level of access to surgery and moderate level of satisfaction with surgical procedures reflect themes from our qualitative research, where we heard that costs and quality of surgery were major barriers to access (a report on health care is available on our website).

1 *Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health. 2022; 23(sup1): S1-S259.*

General health care

N=347

Has a regular doctor

46%

Avoided health care due to fear of mistreatment in the past year

32%

Comfort discussing trans issues with regular doctor

N=161

Mostly or very comfortable

54%

Somewhat or not at all comfortable

46%

Regular doctor's level of knowledge about trans or non-binary health needs

N=161

Mostly or very knowledgeable

64%

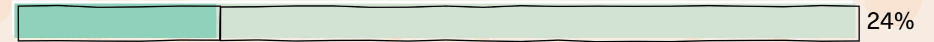
Somewhat or not at all knowledgeable

36%

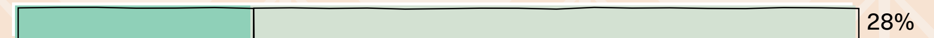
Transition healthcare status

N=341

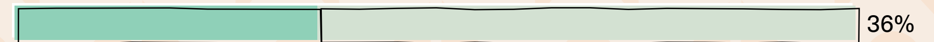
Had all needed transition-related care


24%

In the process of completing transition-related care


28%

Planning but not begun to receive transition-related care


36%

Not planning to receive transition-related care

6%

Not sure whether to seek transition-related care

5%

Hormones

N=377

Ever taken hormones

56%

Still taking hormones*

93%

Ever denied a request for hormones*

19%

First took hormones without a prescription*

18%

*Among those who had ever taken hormones.

"I want to do it as quickly as possible, but I don't have any money for it. Right now, I don't have a job. So, when I get a proper job, I will save money for it and do my top surgery."

22, Jharkhand

"I have done top surgery here in a private hospital, but the surgery was a bit expensive for me. The surgery is done, I am 70% happy with that surgery, but I got at least a flat chest, I was very happy about that. And later it increased my confidence very much."

43, Maharashtra

"The doctor said 'We've done a lot of this kind of treatment; you are not a new patient for us. It is not a disease. You just have taken birth in another body and you want to reverse it and this is not a disease.'"

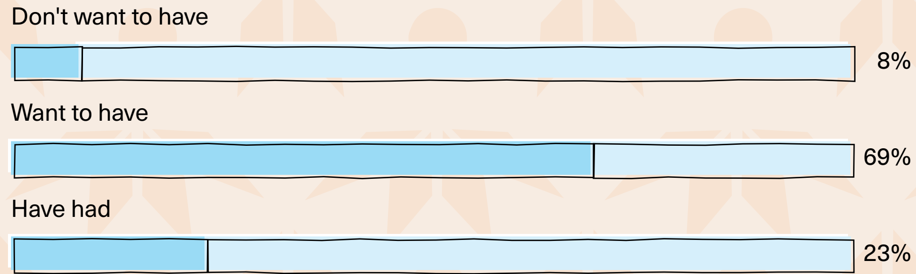
25, Maharashtra

"I once had dengue. Then I went to the hospital.. I went as a trans man. Gone as a boy. When it came time to go for sonography, I told them I was trans man, but their reaction was different. They didn't even know about it. They were hospital people, but they were asking me if there were any [trans men]. I mean, people still don't know."

20, Maharashtra

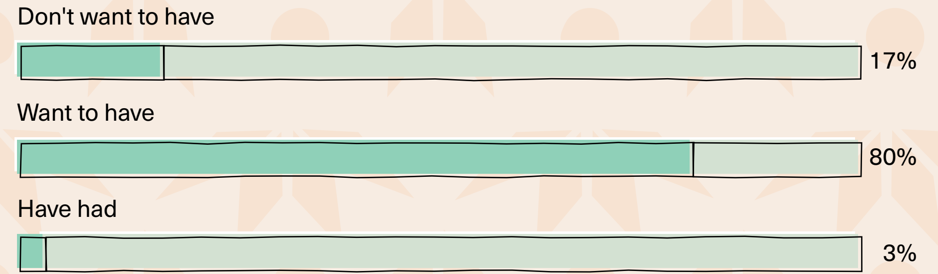
Mastectomy or chest reconstruction ('top surgery')

N=341



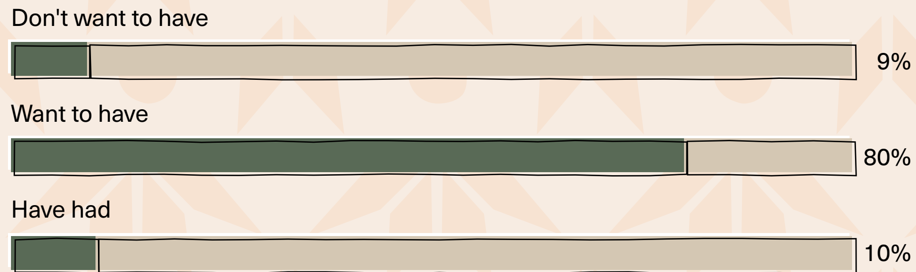
Metaidioplasty or phalloplasty ('bottom surgery')

N=341



Hysterectomy (removal of uterus) or oophorectomy (removal of ovaries)

N=341

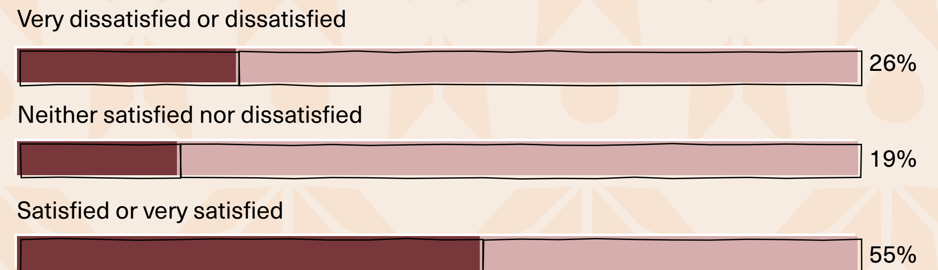


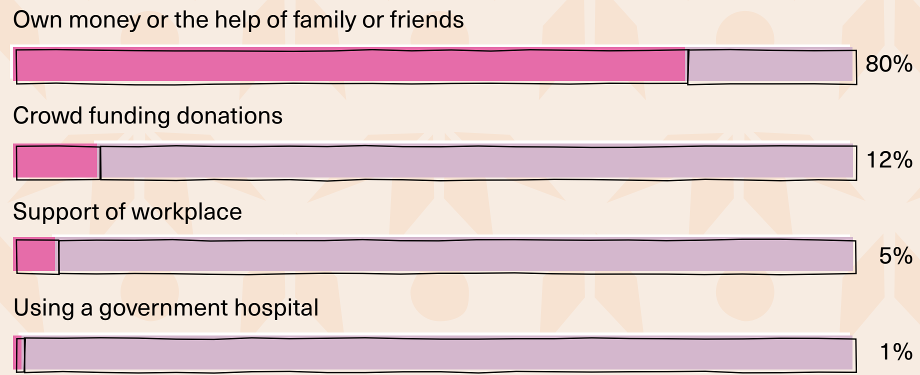
Surgery location

N=87

Overall satisfaction with surgery/surgeries

N=87




Method of payment for surgery
N=87
Own money or the help of family or friends
80%
Crowd funding donations
12%
Support of workplace
5%
Using a government hospital
1%

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.

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.

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.

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.

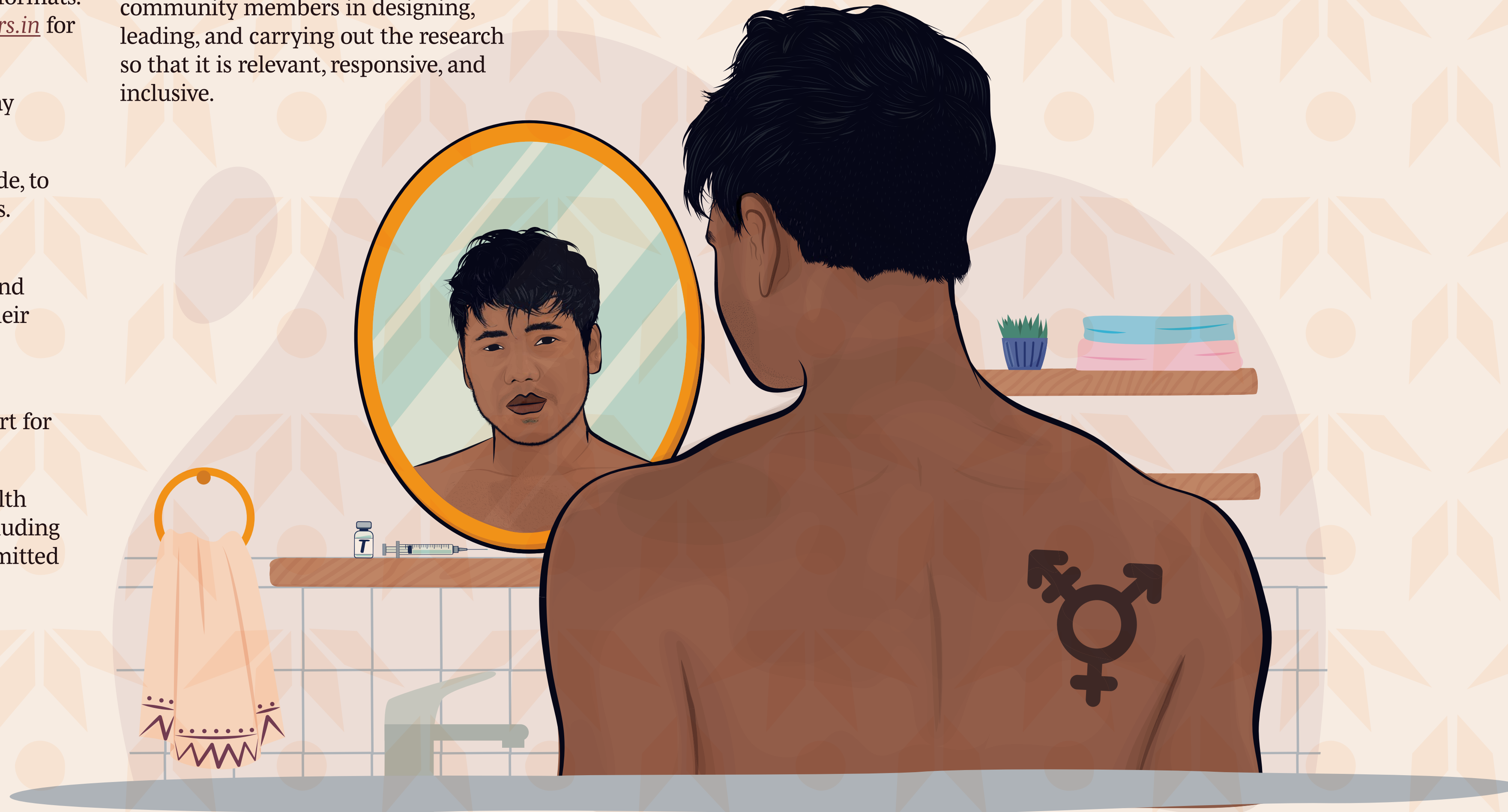


Illustration by Rommy Torrico