

In Safe Hands

A Resource Guide Towards Inclusive Healthcare



Acknowledgements

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About The YP Foundation

The YP Foundation (TYPF) is a youth development organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice. TYPF ensures that young people have the information, capacity, and opportunities to inform and lead the development and implementation of programmes and policies that impact their lives and are recognised as skilled and aware leaders of social change.

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Preface

This resource guide has been created to support healthcare professionals in providing rights-affirming access to health services to LGBTQIA+ young people. According to the report, *Closing the Gap: Health Equity Research Initiative in India (2019)*, the LGBTQIA+ population was recognized as one of the twelve groups that are severely underrepresented in health research in India. Overcoming public health inequities is one of the Sustainable Development Goals of the UN which are to be achieved by 2030. This publication is an effort to support work towards that goal, with a focus on ensuring health equity for young people.

The YP Foundation builds youth leadership on issues of gender justice, health equity, sexuality rights and social inclusion. A key aspect of this work entails highlighting and addressing specific issues that impact vulnerable and marginalised young people. Persons from the LGBTQIA+ community experience

higher rates of health disparities. They experience a higher burden of illness, injury, disability, or mortality than the average youth population overall. Further, their experiences of seeking services on health are tenuous and fraught with the possibilities of discrimination and violence. This is largely due to service provider bias, misinformation, and unpreparedness. This may consist of explicit discrimination – such as ridiculing or refusing service to a client based on appearance, gender or sexuality. It may also be implicit – expressed in body language, not using appropriate pronouns, and/or dismissing or stigmatising certain sexual or bodily experiences as dirty, strange, or improper. This may also be because of the lack of training and awareness on this issue among medical and healthcare service providers.

This resource guide aims to build a stronger awareness of these biases amongst providers in order to enable

them to proactively build safe, inclusive and affirming healthcare systems for LGBTQIA+ people. It lays out rights-affirming attitudes, behaviours, and principles that should be inculcated in service provision, and discriminatory practices that should be avoided. We hope that this resource guide will add value by bridging the gap between service providers and LGBTQIA+ service seekers; and that medical service providers will find it useful in their practice.



There are five sections in this resource guide, these are ideally read together and in conjunction with each other, but can also be used as standalone resources. The sections are as follows:

1. Understanding Affirming Language - A Glossary of Terms

A comprehensive guide to the language and terms relevant to the LGBTQIA+ community.

2. Risks and Vulnerabilities

Decoding specific risk factors and vulnerabilities of persons from the LGBTQIA+ community, with an emphasis on the reasons for increasing awareness.

3. Unique Concerns of Transgender and Non-Binary Persons

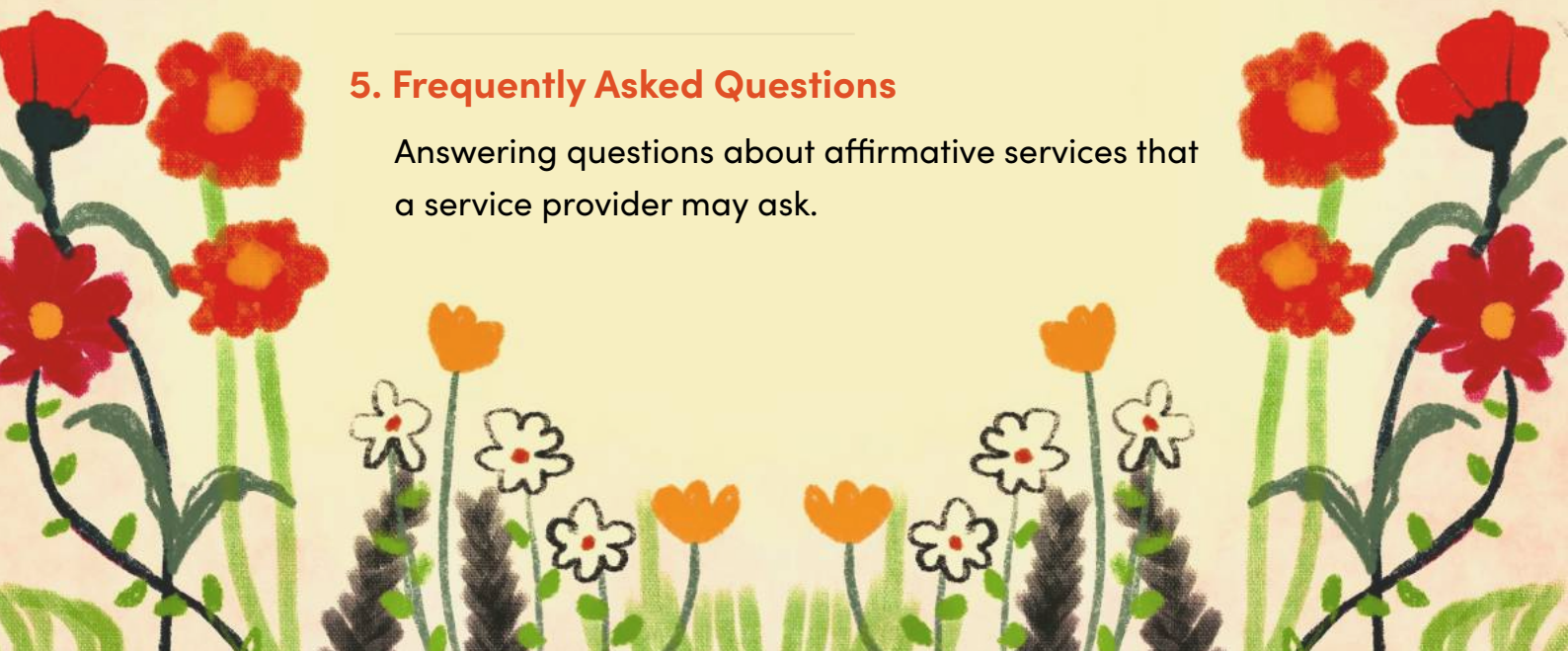
Providing a unique perspective to the concerns faced by transgender and non-binary service seekers.

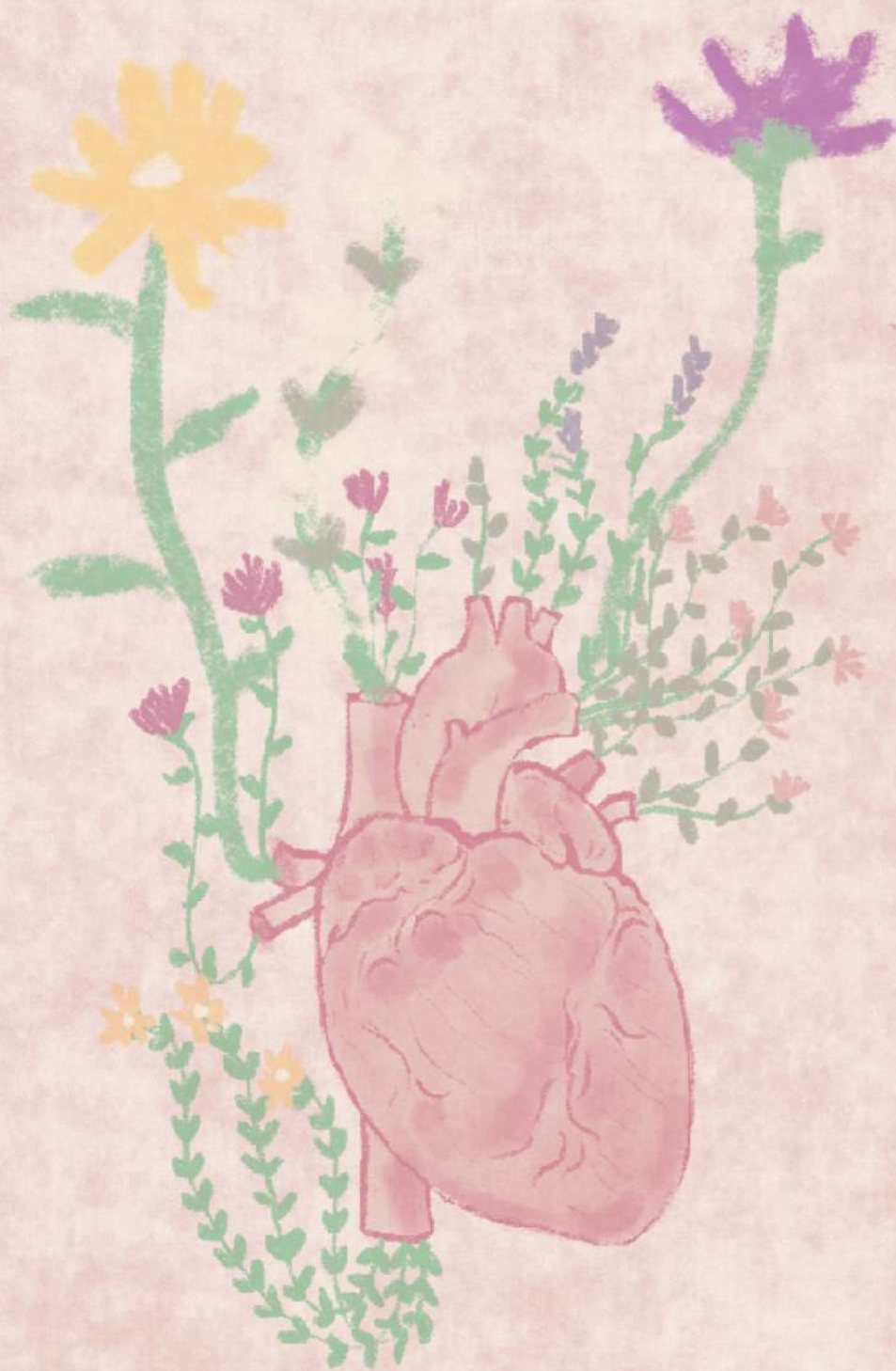
4. Towards Queer-Affirmative Healthcare Provisions

Laying down the principles that need translation into attitude, behaviour and action to ensure that the services being provided are rights-affirming for LGBTQIA+ service seekers.

5. Frequently Asked Questions

Answering questions about affirmative services that a service provider may ask.





Understanding Affirming Language: A Glossary of Terms



Understanding Affirming Language

A Glossary of Terms

Medical service provision is a taxing profession that not only requires long hours while staying alert, energetic, and professional but also doing so with a smile. In addition, those seeking care are often under stress, confused, and dealing with misinformation or lack of information, fear, and anxiety about their health. This is even more intense while seeking support for sexual or reproductive health issues which are further stigmatized by a culture of shame and taboo.



This often leads to a provider-patient communication gap that can be resolved with experience and expertise as a key skill by medical service providers. Effective communication with a patient can aid in the diagnosis, long-term effectiveness, and an overall happier and more efficient service experience for the patient. Using specifically affirming language can be a simple first step to ensure that LGBTQIA+ young people feel comfortable and heard by service providers. A simple thing like using the correct pronoun, knowing the difference between sexual orientation and gender identity, and not using gender binary language tells a client that you are informed, sensitive, and respectful as a service provider. This can go a long way in

building trust and ease in communication about otherwise awkward or difficult issues and experiences.

With the evolving nature of language, it can be hard to keep track of what are appropriate and inappropriate words to use in the context of LGBTQIA+ clients and their contexts. Medical, as well as language education, is binary, often ignoring the diversity of bodies, identities, and experiences that clients may have. This guide is a first step to using language that can make LGBTQIA+ persons affirmed and respected. This is not an exhaustive list, but a start that must go hand in hand with a respectful and sensitive attitude. Even if you do not know all the words and make mistakes, asking about the correct term is respectful, and can also foster healthy conversation towards improving the service provision experience.

Archaic or offensive terms to avoid:

- Instead of "transsexual," please use "transgender person" to mean a broader umbrella category, if that's what you mean.
- Instead of "sex change" or "sex reassignment," please use "gender affirmation" or "transition care" or "change of gender marker" to refer to medical transition or change of a marker

on a document or in a database, depending on the context.

- Instead of "biological man" or "biological woman," please use "cisgender man" or "cisgender woman" or perhaps "non-transgender man" or "non-transgender woman."
- Instead of "preferred gender pronouns," please use only "pronouns."
- Instead of "hermaphrodite," please use "person with intersex variations."
- Instead of "lifestyle" or "preference," please use "orientation" or "identity."



Queer

Queer is an umbrella term used to describe gay, lesbian, bisexual, transgender, non-binary, and other people and cultures which are at the margins in a heteronormative setting. Historically, queer was used as a derogatory slur to derogate sexual and gender minorities, but it has been reclaimed by people as an indicator of pride.



Trans*¹

This term refers to all persons whose sense of their gender does not match the gender assigned to them at birth. The star/asterisk in 'trans*' refers to all non-cisgender gender identities. These will include transwomen, transmen, gender

non-conforming, genderqueer, gender non-binary, etc.



LGBTQIA+

LGBTQIA+ is an inclusive term that includes people of all genders and sexualities, such as lesbian, gay, bisexual, transgender, queer, intersex, and asexual. While each letter in LGBTQIA+ stands for a specific group of people, the term encompasses the entire spectrum of gender fluidity and sexual identities.



Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identity, and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. It is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious, and spiritual factors. (WHO draft working definition, 2002)



Sex / Sex Identity

Sex refers to a variety of anatomical, physiological and genetic factors that define if a person is male, female, or intersex. These include both primary and



secondary sex characteristics, including genitalia, gonads, hormone levels, hormone receptors, chromosomes, and genes.

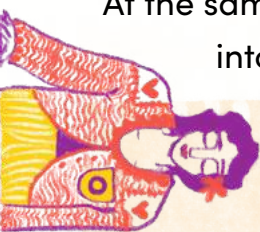


Intersex²

Intersex is an umbrella term that describes persons with bodies that fall beyond the male/female binary (What is Intersex? | Definition of Intersexual, 2021). There are numerous variations in intersex bodies.

The term is used to denote people with anatomical variations, especially in sexual organs, that fall out of the boxes of male and female organs. Often, doctors assign legal sex (male or female) to infants born with ambiguous genitalia which is a violative and unethical practice. Surgical procedures to make the existing genitalia function more like a penis or vagina are also performed in most cases. It is important to note that intersex variations occur naturally, and are not an abnormality. Hence, medical and surgical procedures are not medically necessary.

At the same time, it is important to take into account the fact that



To know more about intersex persons and the global advocacy emerging around intersex issues, you can use the following links:

- ✦ [A Manifesto for Rights of Trans, Intersex and Non-Binary Persons: Sampoorna](#)
- ✦ [InterAct: Advocated for Intersex Youth](#)
- ✦ [Understanding the Intersex Community: Human Rights Campaign](#)
- ✦ [What is Intersex: Planned Parenthood](#)
- ✦ [Intersex Support and Advocacy Groups: InterACT- Advocates for Intersex Youth](#)

gender-affirming surgeries, when undertaken with the consent of an individual, can help them in coping with the struggle that they face with their gender and sexual identities.

Sex / Intercourse

It is a sexual contact between individuals that might or might not involve penetrative sex.



Sexual and Reproductive Health and Rights

Sexual and Reproductive Health and Rights is a concept of human rights that includes access of an individual to sexual and reproductive health care services and information. It also includes the autonomy of that individual to take decisions pertaining to sexual and reproductive health matters, without facing any violence or discrimination.



Gender

Broadly, gender refers to the attitudes, feelings, and behaviors that in a given culture are associated with a person's biological sex (Terminology Related to Gender and Sexuality, 2017). This is an elaborate social construct, which encompasses a set of social rules and norms about how certain sex has to behave, think, and function.

Behaviors and actions which are seen as being in sync with the socio-cultural expectations formulate gender conformity. On the other hand, behaviors, and actions which defy these expectations are seen as transgressions.



Gender Expression

Gender Expression refers to a person's overt representation of their gender identity which is usually expressed through behaviors (like choosing the authentic pronouns for oneself), characteristics, choices, and preferences like haircuts, clothing, and other everyday choices. These behaviors and characteristics are generally divided into two broad social categories: masculine and feminine. It is important to note that the social understanding of masculine and feminine behaviors is very narrow, and a person's choices may be seen as deviant from social norms.



Gender Stereotypes

It is a generalized view or preconception about attributes or characteristics, or the roles that are or ought to be possessed by individuals based on their gender.



Gender Identity

Gender identity refers to a person's understanding of their own gender. This may or may not be the same as the gender assigned to them at birth (often based on their anatomy). A person may identify as a man, woman, transgender, or as a gender non-conforming person. Gender identities exist on a continuum and can range from binary (e.g. man, woman) transgender (transman, transwoman, trans nonbinary) nonbinary (e.g., genderqueer, genderfluid, etc), or ungendered (e.g., agender, genderless) categories. It is a very personal understanding of one's gender, and hence every person may experience, identify and express their gender identity differently.



Gender Non-Conforming

Gender non-conforming, or gender variance may refer to a range of identities and expressions that are different from the conventional understanding of masculinity and femininity. These are often ignored or marginalized in the stereotypical binary understanding of

masculine and feminine identities and behaviors. . It is also a term used to denote gender identities and expressions of persons who generally do not conform to the gender identity assigned to them or gender norms that are expected of them. Please note that not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming. Many people have gender expressions that are not entirely conventional – that fact alone does not make them transgender. Many transgender men and women have gender expressions that are conventionally masculine or feminine. Simply being transgender does not make someone gender non-conforming.



Non-Binary or Genderqueer

Non-binary, often referred to as genderqueer, is an umbrella term used to denote gender identities that do not fall under the binary understanding of men and women. The terms non-binary and genderqueer are also used by persons to describe their gender identity. It is important to note that the terms non-binary, genderqueer, agender, and bigender all mean different things to different persons, but the connecting factor in these is the fact that gender and gender identity go way beyond just men and women.



Transgender

A transgender person is a person whose authentic gender identity is different from the one assigned to them at birth. They may have a different gender expression or may not. E.g. A transman is a man who is assigned female gender at birth. A transwoman is a woman who is assigned male gender at birth.

While transgender as an identity marker is used widely, it is essential to remember that the identity label might or might not cover the identities of local Indian communities such as hijras, kinnars, and jogis. It is important to take the unique needs and identities of all these groups into account while discussing the rights of transgender persons in India.



Cisgender

A person whose gender identity corresponds with the sex/gender they are assigned at birth. For instance, a cisgender woman is a woman who was assigned female and women gender identity at birth.



Gender Affirming Language

Gender affirming language refers to using a vocabulary which is affirming to the gender identity of the individual and doesn't only focus on the binary approach of just male and female. This may range from using "friends" instead of "ladies and

gentlemen" to address an audience, to use the correct pronouns for people. The use of language and vocabulary has an immense impact on our perception of the world. Gender-affirming language helps to demystify some common notions and stereotypes about how we understand gender diversity and is more affirming for gender and sexually diverse persons.



AFAB

Assigned Female at Birth



AMAB

Assigned Male at Birth



Sexual Orientation

According to the definition provided by the World Health Organization, sexual orientation refers to a person's physical, romantic, and/or emotional attraction towards other people. Sexual orientation consists of three elements: sexual attraction, sexual behavior, and sexual identity.



Aromantic

Persons who do not experience romantic attraction towards any other person may identify as aromantic.



Asexual

Persons who do not experience sexual attraction towards any other person may identify as asexual. A person identifying as asexual is someone who does not experience sexual attraction. There is significant diversity among people who are asexual; each asexual person experiences relationships, attraction, and arousal in a manner unique to them. Asexual people have emotional needs and like anyone else, how they fulfill these needs varies. Some prefer being on their own, others are happier when with close friends. Some asexual persons desire more intimate romantic relationships and are likely to date or seek long-term partnerships.



Bisexual

Persons who get attracted to people of more than one gender, may identify themselves as Bisexual.



Gay

Men who are romantically and/or sexually attracted to other men may identify as gay or use this term to describe their sexual orientation.



Lesbian

Women who are romantically or sexually attracted only towards other women can

identify themselves as Lesbians or homosexuals.



Pansexual

Persons whose emotional, romantic, and/or physical attraction is to people of all genders and sex.



MSM

An abbreviation for “men who have sex with men”. This term emphasizes the behavior, rather than the identities of the individuals involved. For example, even men who do not identify themselves as Gay might occasionally or regularly have sex with men.



WSW

An abbreviation for women who have sex with women. This term emphasizes the behavior, rather than the identities of the individuals involved.



Closeted³

A gay, lesbian, bisexual, or transgender person who does not disclose their gender identity or sexual orientation to people around them. They often do so for fear of persecution, rejection, and/or negative reactions from others.

There are some people who may remain closeted or may not want to ‘come out’ because they do not see a point in

disclosing their gender identity or sexual orientation.



Gender Dysphoria⁴

The word dysphoria in general is used to describe discomfort, distress, or unease that transgender persons may experience because of gender incongruence (ie. the difference between their gender and the gender assigned at birth), or because of the ways in which others misperceive their gender. While transgender persons may experience dysphoria, the assumption that all transgender persons experience dysphoria is wrong. Sometimes doctors or other health professionals still believe that dysphoria is required to be trans, which is a form of gatekeeping.



Transitioning⁵

Transitioning is an umbrella term referring to the various social, legal as well as medical processes a person undergoes to affirm their gender identity (United Nations, 2012). Since transitioning is a very broad term, it can mean different things to different persons. From a medical point of view, it can include medical, surgical, and hormonal treatments. From a social point of view, it can include changing one’s name and chosen pronouns, and changing one’s gender expression. From a legal point of view, it can include changes in official documents such as driver’s

license and passports. A specific medical part of this may be a gender-affirming surgery that involves surgical procedures or hormonal treatments. It is also called gender-affirming surgery. It is important to note that not all transgender person's transition and each person's gender identity is valid irrespective of the fact whether they undergo any transitioning processes or not. To support a happy and affirming experience for the service seeker, it may be useful to understand the concept of gender-affirming care.

Gender-affirming care goes beyond the application of these treatment modalities. For transgender patients, every encounter in the health care space can be either gender-affirming or gender denying. For this reason, this broader understanding of the term "gender-affirming" care includes the attitude and behavior of the care provider towards quality and dignity in care provision.



Medical transitioning⁶

This refers to the use of a range of medical processes and procedures that may allow someone to align their body, appearance, and presentation with their authentic gender identity. The traditional understanding of gender and anatomy is that this is fixed and cannot be changed. However, medical and scientific progress has enabled people to change their physical anatomy to match their gender

identity and desired expression. While some of these procedures are common for other conditions, they are not often talked about, especially in the context of transitioning.

This section can help understand them in this context. These processes are used by many trans* and intersex persons whose gender identity does not match with the identities they had been assigned at birth or they are expected to perform due to their anatomy. Under Medical transitioning, people can opt for either hormonal therapy, surgical interventions, or a combination of both (What Do I Need to Know About the Transitioning Process? 2021).

People who choose gender affirmation surgery do so because they experience gender dysphoria. Gender dysphoria is the distress that occurs when your sex assigned at birth does not match your gender identity. All or some of the following procedures might be done by trans and nonbinary persons as a step in the process of treating discomfort when gender identity differs from sex assigned at birth (gender dysphoria). The procedure can help trans and nonbinary people transition physically to their self-affirmed gender.

For some trans masculine and non-binary persons, medical transitioning may include:

- **Hormone therapy:** In gender-affirming masculinizing hormone therapy, a person is prescribed doses of testosterone to create characteristics generally associated with the male body, such as facial hair, a deeper voice, redistribution of body fat away from hips and waist, and stopping menstruation.
- **‘Top surgery’ or masculinizing chest surgery⁷**
- **Hysterectomy**
- **Phalloplasty**
- **Metoidioplasty**

For some trans feminine people and non-binary persons, medical transitioning may include:

- **Hormone therapy:** In gender-affirming feminizing hormone therapy, a person is prescribed doses of estrogen, progesterone and some testosterone blocker hormones. These hormones facilitate lesser facial hair growth, redistribution of body fat around hips and waist, and the development of breasts.
- **Breast augmentation or feminizing breast surgery**
- **Orchiectomy**
- **Laser hair removal**
- **Tracheal shave**
- **Penile inversion vaginoplasty**



It is essential to note that not every trans or non-binary person chooses to undergo medical processes of transition. Even if a person does decide to undergo a medical transition, they can choose a combination of any of the above processes.

Gender-affirming surgeries are expensive in India, making them unaffordable and inaccessible for a large number of people in the community. The important thing is that a person's identity is not contingent upon their choice to undergo medical treatments for transition. Reproductive organs, secondary sexual characteristics, or the presence or absence of certain hormones is not always reflective of a person's gender identity.

Social transitioning

A transgender person may choose to not undergo medical transitioning. There are non-medical ways of transitioning as well. A person may decide to live like their gender identity without undergoing the medical changes mentioned above. In this case, they may change their name, speech, mannerism, clothing, and appearance to better suit their gender identity. It is important to respect a person's gender identity and remain unbiased even if it goes against your ideas of how they should express themselves.



Homophobia⁸

Fear of, hatred of, or discomfort with people who love and sexually desire members of the same sex. Homophobic reactions often lead to intolerance, bigotry, and violence against anyone not acting within socio-cultural norms of heterosexuality. Because most LGBTQ people are raised in the same society as heterosexuals, they learn the same beliefs and stereotypes prevalent in the dominant society, leading to a phenomenon known as internalized homophobia.



Transphobia

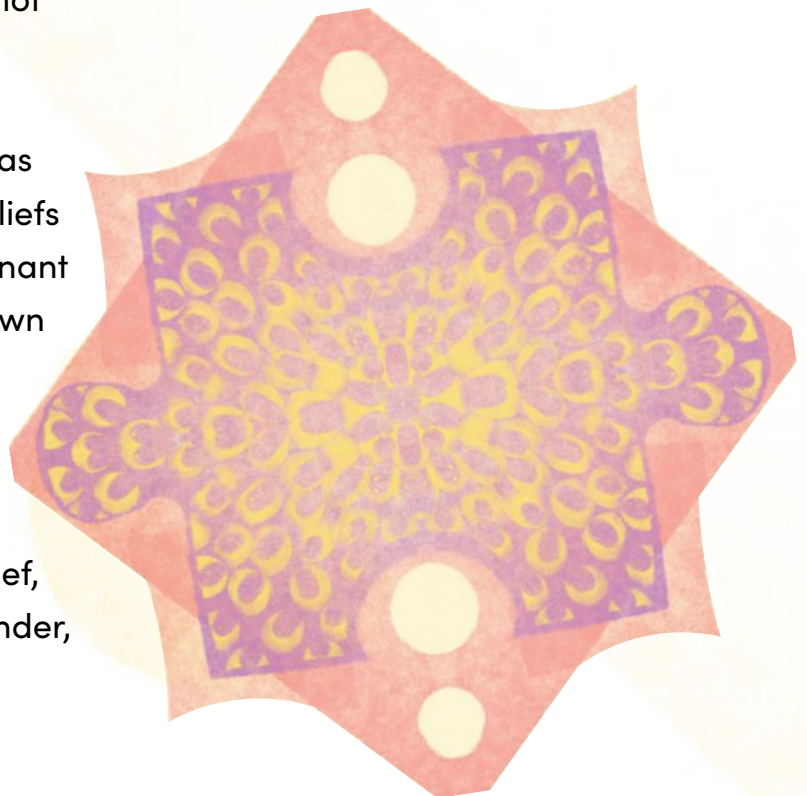
Transphobia is the fear, hatred, disbelief, or mistrust of people who are transgender, thought to be transgender, or whose gender expression doesn't conform to

traditional gender roles. Transphobia can prevent transgender and gender-nonconforming people from living full lives free from harm. Transphobia can create both subtle and overt forms of discrimination. For example, people who are transgender (or even just thought to be transgender) may be denied jobs, housing, or health care, just because they're transgender.



Ally

An ally is a person who confronts heterosexism, sexism, homophobia, biphobia, transphobia, etc., in themselves and others out of self-interest and a concern for the well-being of LGBTQIA+ people, and who is committed to social justice and equal rights.



Endnotes

¹“Trans*”, adapted from

<https://nazariyaqfrg.wordpress.com/2017/05/24/terminology-gender-sexuality/>

²“Intersex”, adapted from

<https://www.plannedparenthood.org/learn/gender-identity/sex-gender-identity/whats-intersex>

³“Closeted”, adapted from

<https://nazariyaqfrg.wordpress.com/2017/05/24/terminology-gender-sexuality/>

⁴“Gender Dysphoria”, adapted from

<https://www.transhub.org.au/dysphoria?rq=dysphoria>

⁵“Transitioning”, adapted from

https://www.ohchr.org/Documents/Publications/Born_Free_and_Equal_WEB.pdf

⁶“Medical transitioning”, adapted from

<https://www.plannedparenthood.org/learn/gender-identity/transgender/what-do-i-need-know-about-transitioning>

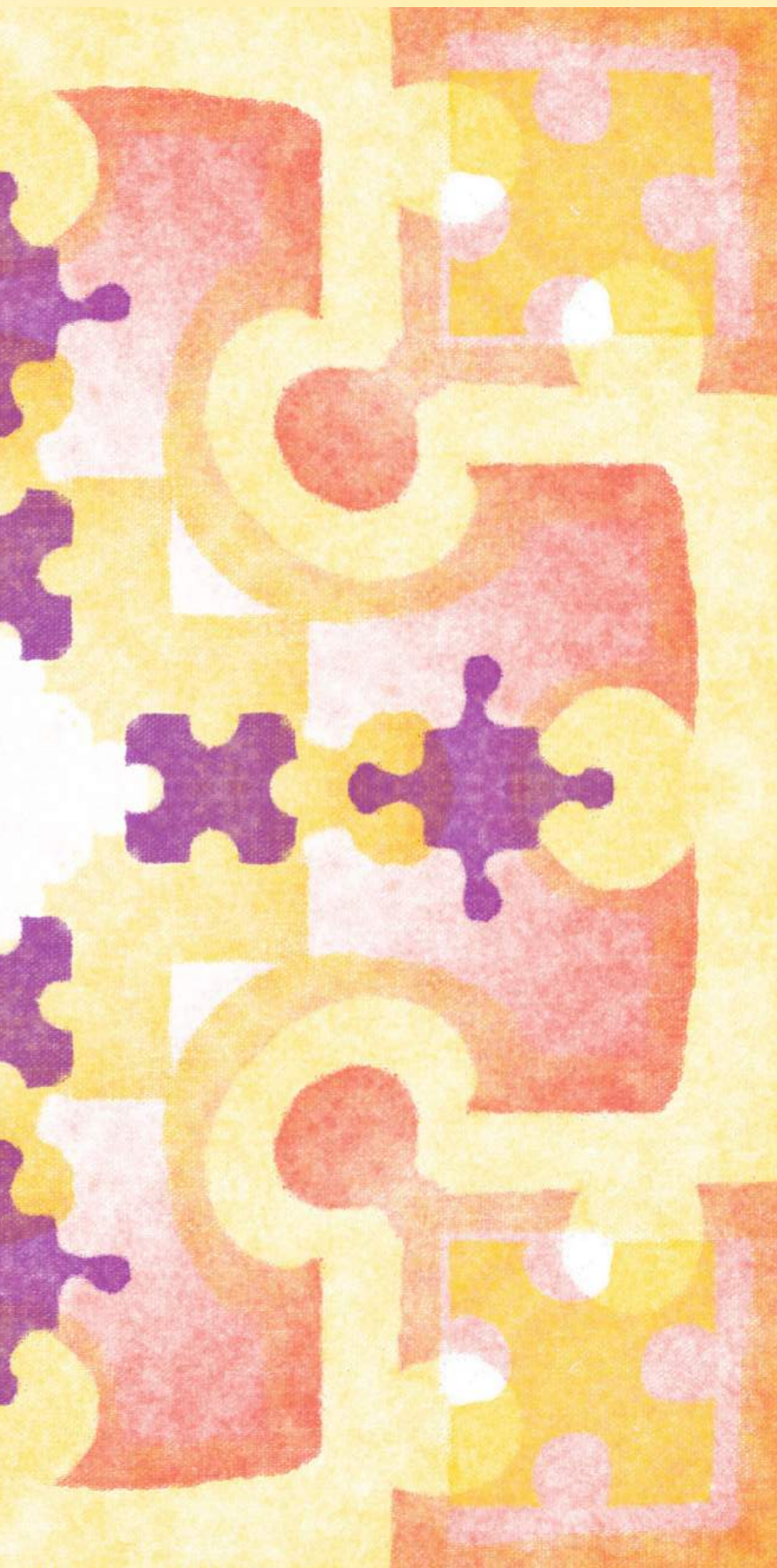
⁷“Top Surgery”, adapted from

<https://www.mayoclinic.org/tests-procedures/top-surgery-for-transgender-men/about/pac-20469462>

⁸“Homophobia”, adapted from

<https://studentaffairs.jhu.edu/lgbtq/education/glossary/>





Risks and Vulnerabilities



Risks and Vulnerabilities

Research has shown that LGBTQIA+ groups face multiple vulnerabilities, are at a greater risk for many diseases, and experience worse health conditions than their cisgender heterosexual counterparts. Understanding and awareness of these socio-medical contexts can be critical in providing accurate and holistic care to LGBTQIA+ persons. Some of the most pressing concerns, risks and vulnerabilities of young LGBTQIA+ persons associated with health and health systems are -



Inadequate health services and medical infrastructure catering to needs of LGBTQIA+ persons

1. Service providers are not trained in addressing the health concerns of LGBTQIA+ persons, specifically because there is a general lack of information and awareness on gender and sexual diversity available in existing medical curricula. Fear of discrimination due to social stigma attached to sexual and gender diversity, and previous bad

experiences of dealing with the medical health system, makes persons from the LGBTQIA+ community less likely to seek treatment or consultation, unless the situation is an emergency.

2. For persons assigned female at birth, including lesbian and bisexual persons, gender queer, non-binary and trans men, there is very limited research and information available for their contraceptive and safer sex needs. The primary reason for this information gap is the fact that for cis women having sex with other cis women, the chance of unintended pregnancy is not present. Given the prevalent heteronormativity in medical research, most of the contraceptive research stems from the need to stop conception. As a result, women who have sex with women have been regarded as a low risk group for sexually transmitted diseases.

3. Lack of inclusive infrastructure available in health centres and hospitals, and the binary gendering of hospital premises and spaces - such as separate wards, washrooms, and waiting queues based on binary gender - deter gender non-conforming and trans* persons from accessing health services.



Higher prevalence of mental health issues amongst LGBTQIA+ persons

1. **Minority Stress:** A lot of mental health distress is experienced due to social factors. Factors such as discrimination and ostracization of sexual and gender minorities becomes a prominent added risk factors for mental disorders (Bowling et al., 2016)¹. Discrimination and social shunning leads to a phenomenon called minority stress, which is a collective amplifying factor for mental disorders. Meyer in 1997 propounded the minority stress theory which states that sexual minorities experience internalized homophobia, felt stigma, and actual stigma which contribute to higher stress that increases vulnerability to mental health conditions. There is ample evidence that this minority stress is associated with

50% of transgender teens and middle aged adults had attempted suicide at least once.



psychological distress and mental disorders (Wandekar and Nigudkar Pg-26-36).

2. **Gender Dysphoria:** Some transgender and non-binary persons also experience gender dysphoria, a psychological condition that causes severe distress due to incongruence between a person's sex assigned at birth and their gender identity. Multiple prejudices and misconceptions in the medical community about transgender being indicative of having an illness, may aggravate gender dysphoria. This would discourage them from visiting a doctor. Under the 11th revision of WHO's International Statistical Classification of Diseases and Related Health Problems (ICD-11), officials have voted to move the term used for transgender people -- gender incongruence -- from its mental disorders chapter to its sexual health chapter. However, the stigma created by these preconceptions and understandings has had a long lasting impact on the collective understanding of LGBTQ individuals. (Gender Dysphoria, 2020).'

3. **Fear of persecution based on gender and/or sexual identity:** A number of persons from sexual and gender minorities are forced to hide their identity due to fear of violence and persecution. People who do manage to come out are often ostracised by

biological family members and they end up losing touch with them, leaving them with no financial, mental and emotional support (Prajapati, Parikh and Bala, 2014)². Some persons are also subjected to harmful practices such as conversion therapy, which has been seen as a compounding factor for suicidal ideation and behaviour.

4. Higher rates of suicide: The relationship between sexual and gender identity and suicide prevalence has been a thematic of research for decades. While the exact rate and prevalence of suicide based on gender and sexual identity remains elusive due to lack of proper research and data collection, there is enough data to establish the fact that persons from LGBTQ community are at a greater risk of suicide. In a study conducted in Karnataka in 2012, it was noted that the suicide rate within the transgender community was estimated around 31%,

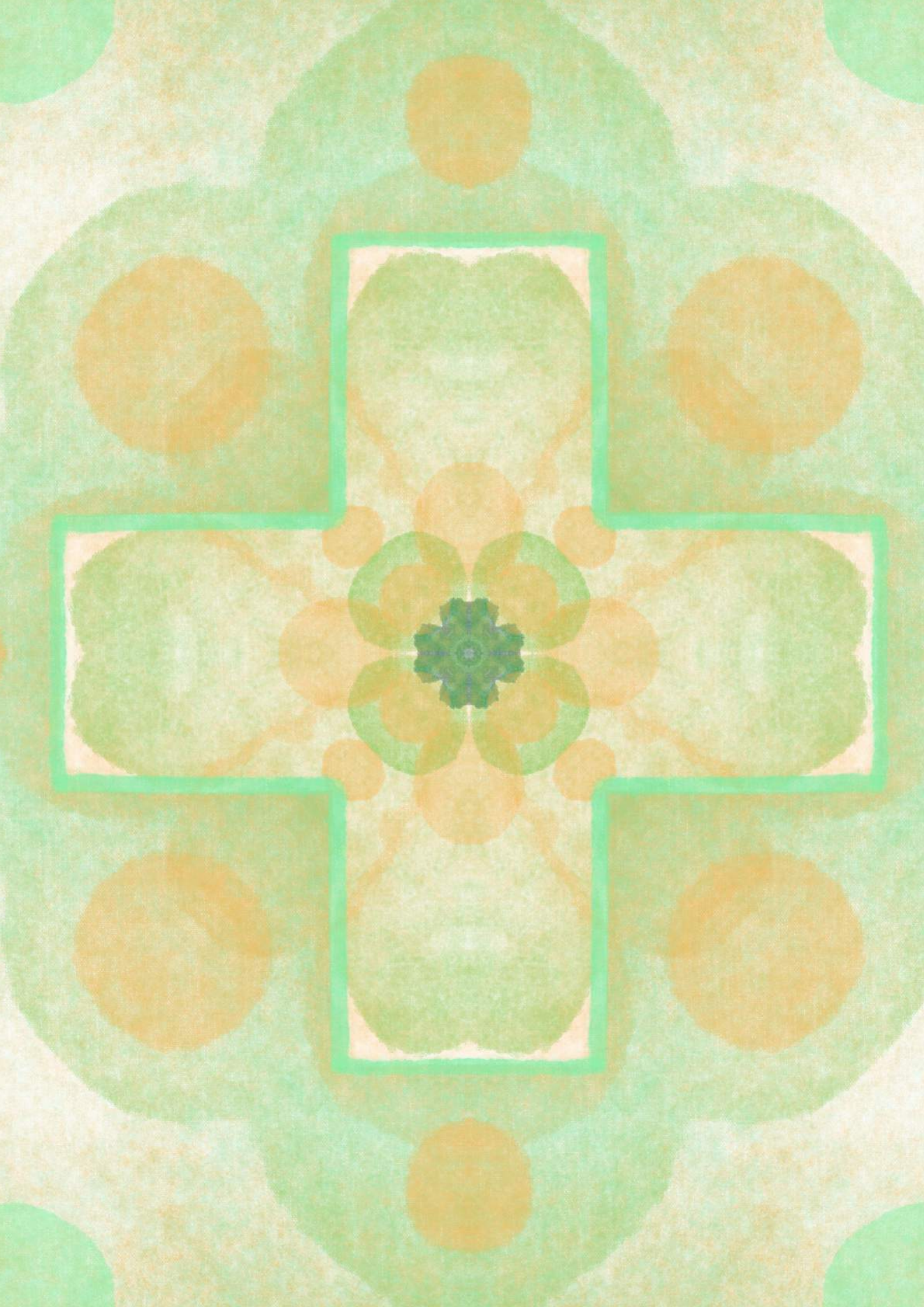
which is significantly higher than the national average. The report also suggested that 50% of transgender teens as well as middle-aged transgender adults had attempted suicide at least once. Media reporting in the last few years has highlighted that social stigma and non-acceptance from biological family is the cause of high rates of suicides amongst lesbian and bisexual women.



Endnotes

- ¹Adapted from Bowling J, Dodge B, Banik S, et al. Perceived health concerns among sexual minority women in Mumbai, India: an exploratory qualitative study. *Cult Health Sex*. 2016. doi: 10.1080/13691058.2015.1134812.
- ²Adapted from Prajapati AC, Parikh S, Bala DV. A study of mental health status of men who have sex with men in Ahmedabad city. *Indian J Psychiatry*. 2014;56:161-164.







Unique Concerns of Transgender and Non-Binary Persons



Unique Concerns of Transgender and Non-Binary Persons



Providing unbiased and identity-affirming services and facilities to LGBTQIA+ youth requires service providers to know specific and unique issues that are most relevant to young people from these contexts and identities. Unfortunately, the stigma and exclusion faced by these persons also pervade the way language, medical, legal, and scientific knowledge and systems have been developed over time. While the discriminatory law in India has been changed to be more inclusive and rights affirming to LGBTQIA+ persons, education systems and social perception are still in many ways catching up.

The binary outlook towards gender and sex within medical education is further heightened by social stigma and taboo around gender and sexual nonconformity. This makes it difficult for service providers to gain technically correct and rights-affirming perspectives and information about bodies and identities that do not conform to the binaries of heterosexual and cisgender-centric education and society. This section

outlines certain key issues that become barriers to friendly service access for LGBTQIA+ youth as well as adults. It lists some common concerns that make not only sexual health, but all healthcare service seeking fraught with trauma and shame for LGBTQIA+ persons. Many LGBTQIA+ people share that these issues become a barrier even when seeking basic care from a GP. They may delay seeking support for mild infections, fever, or other symptoms in fear of stigma and shaming by the medical system and service providers. Or at times also they may opt for self-medication that might impact their health and wellbeing.

While this is not an exhaustive list, it outlines certain common and key concerns that have come up repeatedly when discussing the experiences of LGBTQIA+ youth. We urge service providers to familiarise themselves with these concerns and deliberate on the small actions they may take to reduce the stigma, fear, and hesitation among LGBTQIA+ persons in seeking health care.



Accessing Facilities and services

Segregated Facilities

For many transgender and non-binary individuals, a hurdle while accessing healthcare is the binary gender-segregated nature of all facilities. Most facilities are segregated by male and female or men and women only. This is true of any healthcare facility, especially in the wards and emergency rooms of public hospitals and clinics. The gender-segregated spaces result in facing violence and/ or harassment by either personnel deployed or other patients. For many transgender and non-binary persons, it becomes difficult to get themselves admitted to either since their identity is beyond these binaries. This leads to denial of services in many cases.

Recommendation: Transgender people with binary gender identities would find it an immense relief in being able to access the facilities marked for the gender of their choice. Allowing transgender women to access the female ward may be critical to their care. Similarly, transmasculine persons should be given the option to choose the gender of the wards in which they want to get admission.

Segregated Washrooms

Similarly, the gender-segregated nature of washrooms in most facilities acts as

another barrier for transgender and non-binary persons. Research has shown that trans and gender non-binary persons avoid using public washrooms because of experiences of harassment. This has a severe impact on their health.

Recommendation: Providing accessible single-user gender-inclusive bathrooms can be an easy and important solution in this case. Another option would be for the facilities to allow trans persons to access bathrooms of their choice and their feeling of safety and comfort.



Lack of inclusive systems

Concerns related to Menstruation

A considerable fraction of trans and non-binary persons experience negative effects related to menstruation. The highly gendered nature of menstrual products and the messaging on them can increase experiences of gender dysphoria for non-binary and trans menstruators. This can lead to delays in seeking healthcare, especially around menstruation-related conditions such as dysmenorrhea. Recognizing that menstruators could identify with diverse genders is an important aspect of inclusive service provision.

Recommendation: Do not exclude people from seeking counselling or products based on their gender. Allow

people of diverse genders to access counselling and menstruators of all genders to access services and products.

Gender non-inclusive forms and other formalities

Most hospital formalities do not have gender-inclusive options. For instance, in the question where gender is asked, most forms just have the option of male or female. There are persons from the transgender and non-binary community who do not identify with either of these and do not find themselves welcome in such a facility.

Recommendation: The simple act of including a “trans* person” with a space to write their preferred gender/sex identification section when asking for gender or sex in forms can go a long way in establishing to a trans* or intersex person that the facility understands their identity and welcomes them to access the facilities.



Provider attitude

Most persons from the LGBTQ community face prejudices and discriminatory behaviors while accessing healthcare. Bad experiences with inadequately-trained professionals are a big reason why LGBTQ people do not seek medical care or delay seeking it unless an emergency poses itself. A number of attitudes exhibited by

service providers can act as a deterrent for trans and non-binary service seekers, like:

Deadnaming

Deadname refers to the name given to them at birth or mentioned on official ID cards. Many trans* persons change their names as part of their transition process and this is an important aspect of their identity. Service providers and staff often address service seekers by the names given on their official documentation instead of their chosen/real name and pronouns. This can cause significant distress and dysphoria to the service seeker.

Recommendation: Ask a client/patient the name they prefer to be called. Use that name despite the name or photo in their official ID being different. Recognize that the chosen/real name can be different from the official name. The official name might be required for documentation and prescriptions, but use their chosen/real name in conversation.

Misgendering and Mispronouncing

The practice of intentionally or unintentionally addressing a transgender person by the gender they were assigned at birth instead of their real gender identity is called misgendering. Referring to a trans* person with wrong pronouns

can cause a lot of distress and offence. Many people choose they/them as pronouns instead of the binary pronouns of him/her or she/her. Misgendering and mispronouncing is a big barriers that transgender, as well as nonbinary persons, face in accessing health services.

Recommendation: Ask the client/patient what pronoun they prefer politely. Make a conscious effort to use that pronoun. It is okay to get this wrong as it can take some effort. Politely apologising in case of a mistake can go a long way in fostering trust and comfort with the service provider. Do not make fun of their choices or ask invasive questions.

Invasive Questioning

At times, service providers tend to ask questions that can be extremely invasive for the service seeker. Examples of such questions can be— "why they are different from other people in the society", "what do their parents think about them", "who do they have sex with or how many partners they have"—which can lead to discomfort on the part of the person seeking treatment, as well as create a breach of privacy for them. While curiosity about identity or experience that is new for you is natural, it is important to recognize that many of these questions can be invasive, disrespectful, and inappropriate. Asking them may distress the client/patient and become a barrier to trust formation.

Recommendation: Ask only medically relevant questions and explain to the client/patient why this question is important without any judgement or stigma. This is particularly relevant when providing sexual or reproductive health services.

Violation of the Right to Self-Determination

Often, while seeking parental or guardian consent, the agency of a young transgender or non-binary individual is undermined. Since a lot of trans and non-binary people face a threat of violence if their identity is revealed to their families, they are forced to deadname themselves, which can be a very distressing process. This is a violation of their right to self-determination.

Recommendation: A high number of trans persons face family violence and are abandoned by their birth families. Recognizing a helpful elder whom they trust even if not related by blood is an important aspect of fostering a comfortable and affirming service experience.





An illustration of four diverse people of various ethnicities and genders arranged in a circle, holding hands. The background is a blue wall with a repeating pattern of red and purple diamond shapes. The text 'Towards Queer-Affirmative Healthcare' is overlaid in the center in a pink, stylized font.

**Towards Queer-
Affirmative
Healthcare**

Towards Queer-Affirmative Healthcare

This section condenses the crux of all the above information into a set of rights-affirming practices. These suggested practices are in tandem with certain guiding values and principles universally advocated and acceptable measurements of youth affirmative services and practices. They are:

› Upholding the Right to Self-Determination

The right to self-determination refers to a person's right to determine their own gender identity and sexual orientation without any interference. The right to self-determination is integral to a person's dignity, and must be upheld in all medical practices and settings.

› Practicing Non-Discrimination

The principle of non-discrimination translate into attitudes, behaviours, policies and practices upheld by service providers and healthcare practitioners that emphasise equity in care, and equality of all LGBTQIA+ service seekers. It requires active efforts towards eliminating the pathologization of sexual, gender, and sex related diversities in medical curricula and practice¹.

› Providing Quality Care

Principle of quality care refers to a

commitment towards bringing a change for better health outcomes of LGBTQIA+ persons, which includes providing effective and timely evidence-based healthcare services to those who need them; providing safety and avoiding harm to people for whom the care is intended; and providing equitable and people-centred care that responds to individual preferences, needs and values².

› Upholding the Right to Bodily Integrity and Autonomy in Decision Making

Bodily integrity is the right for a person to govern what happens to their body without external influence or coercion. All service providers, medical healthcare practitioners, and related institutions and establishments should foreground the principle of bodily autonomy, informed consent, and autonomous decision making of service seekers in administering medical care.



› Building Inclusive Systems

Principle of building inclusive systems refers to making structural changes for LGBTQIA+ individuals' access to healthcare and taking active measures towards removal of any barriers that might restrict their access.

› Adopting a Patient Centered Approach

A patient centred approach refers to focussing on queer persons specific health needs and desired health outcomes as the driving force behind all healthcare decisions, and seeing them as partners in healthcare provision.

› Seeking and Using Feedback for Improvement

Principle of seeking and using feedback for improvement means putting mechanisms in place that enable healthcare providers in seeking active feedback about medical facilities and services from LGBTQIA+ service seekers.



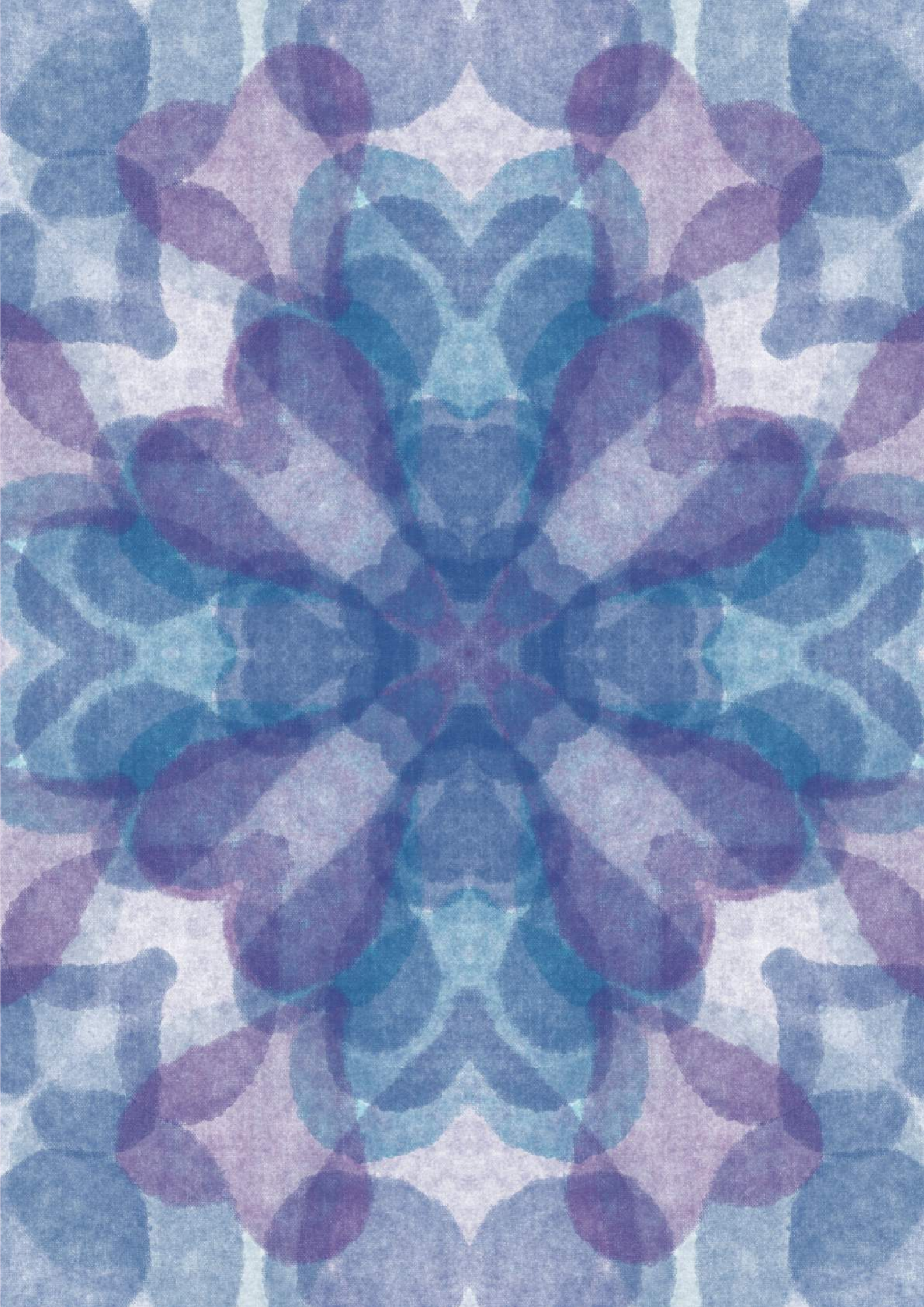
Endnotes

¹Adapted from

<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2021/05/Ten-Strategies-for-Creating-Inclusive-Health-Care-Environments-for-LGBTQIA-People-Brief.pdf>

²https://www.who.int/health-topics/quality-of-care#tab=tab_3





Frequently Asked Questions



Frequently Asked Questions

Why can't transgender persons get counseling to accept the gender they were assigned at birth?

Being transgender is not a defect or an illness. The stigma around transgender persons is created by social norms that only understand the gender binary of man and woman as acceptable and “natural”. This is incorrect. As service providers, it is important to focus on providing a service that someone is seeking and not pathologizing the person’s gender identity. You must acknowledge that being transgender is real and valid, which, just like being cis-gendered, should not be seen from a lens of pathologization. Subjecting a person to counseling to change their gender identity can be extremely detrimental for their mental health, can lead to further problems, and will be a violation of their human rights.

Is being cisgender and straight/heterosexual the same thing?

No, being cisgender and heterosexual are two different things. A cisgender person is someone whose assigned gender at birth is congruent with their authentic gender identity. On the other hand, men who are romantically and sexually attracted to women and women who are romantically

and sexually attracted to men can identify themselves as heterosexual. Cisgender is a gender identity while being heterosexual is a sexual orientation

What is queer? Can I call someone queer?

The term queer is used as an umbrella term to denote identities and cultures that are marginalized due to social understandings (refer to Section V). While historically the term has been used as a homophobic and transphobic slur, recently many activist queer groups and people have reclaimed it to connote pride and as an identity marker. However, you must use it only when someone uses it as a marker of self-identity.



Is homosexuality or being transgender a mental disorder?

No! The understanding that homosexuality is a deviance, a mental disorder, or a disease is deeply engrained within the medical community. For years, any sexual activity which is not directly related to procreation has been seen as an abnormality. This attitude clubbed with legal and religious sanctions led to the globally subservient status homosexuality has today. That being said, research post the 1970s has consistently established that there is nothing pathological about same-sex attraction or sexual activity. Under the 11th revision of WHO's International Statistical Classification of Diseases and Related Health Problems (ICD-11), which will come into effect in 2022, officials have voted to move the term used for transgender people -- gender incongruence -- from its mental disorders chapter to its sexual health chapter. There is no scientific evidence that shows that people who are attracted to the same sex have any mental disorders stemming from their attraction.



Isn't it illegal in India to be transgender or in same-sex relationships?

No, it is not illegal to be transgender or have a same-sex relationship in India. In fact, LGBTQIA+ people have equal rights

as citizens and healthcare providers must uphold their rights. Until 2018, Section 377 of the Indian Penal Code criminalized consensual sexual activity between persons of the same sex, marking it as an act going against nature. However, in 2018, the Supreme Court of India repealed Section 377, making consensual sex between adults of any sex legal.

To understand the entire trajectory of transgender rights in India, it is important to understand the NALSA judgment of 2014. The NALSA judgment is still considered the most landmark judgment because the Supreme Court of India declared that surgery, hormones, and other steps are not necessary for legal recognition of a person's authentic gender identity. Self-identification and (at most) psychological assessment will suffice.

Constitutionally, transgender persons have the right to register themselves as the 'third gender' in all public services. According to the Transgender Persons (Protection of Rights) Act, transgender persons have the right to get gender-affirming surgeries. However, the



Act has been criticized by transgender rights groups for taking away the right to self-identification from persons who do not choose to transition.



How do I know if someone is a trans person?

It is impossible and incorrect to guess someone's gender identity. While most people assume gender (and pronouns) based on external appearance, it is important to note that there is always a chance of misgendering and/or mispronouncing the person – that is often hurtful and offensive. You cannot guess if a person is transgender or cisgender based on their appearance. The only way to know a person's gender identity is to ask them! However, keep in mind that you ask these questions with sensitivity. For example, a sensitive way of asking is 'Can you please tell me your gender identity, if you are comfortable sharing it?' Parallel to this, an insensitive way of asking is 'I can see that you are a man, why are you calling yourself a woman?'

But we also need to reflect on why do we want to know about the gender or sex identity of the person, is it relevant or needed for the medical intervention or just for mere curiosity? If it is only for personal curiosity, asking such kinds of questions can be invasive and inappropriate.=

LGBTQIA+ identifying persons do not come to me/ my clinic, so what can I do to improve their access?

It is highly unlikely that no person from the community has ever approached you for services. However, numerous factors act as barriers to accessing healthcare for LGBTQIA+ persons (refer to Section II). As an inclusive service provider, you must ensure that you actively create a welcoming and affirmative atmosphere and make your facility an equal access facility. This can be done by displaying more queer-affirmative IEC posters at the entrance and in consultation rooms. Further, make sure that you and everyone working within the facility (both medical and non-medical staff) undergo training and attend relevant workshops designed to sensitize and provide correct information about concerns related to the



LGBTQIA+ community. These workshops and training should be conducted by certified trainers and social activists who are working for the rights of the community.

You should also review the registration forms of your facility. The forms should have multiple options of choosing one's gender, beyond the usual male/female binary. Give people the choice to choose from identities like transgender, non-binary, and gender non-conforming, while also giving them the option to refrain from specifying their gender. This is the most appropriate way for providers to know the gender of the service seeker before any verbal interaction starts.

I have never interacted with a trans person before. How do I ensure their comfort while accessing services?

An important thing to note is that you must always refer to someone using their authentic pronouns and name, irrespective of whether or not it is congruent with their official identity cards. In such a case, you have to keep in mind that the service seeker will also be apprehensive and concerned about your reaction towards the incongruence. Make sure you do not make them uncomfortable by stating that their legal name does not match, or by insinuating that they are doing something wrong. Changing the

legal name is not easy due to multiple reasons such as red tape barriers, opposition from biological family, etc. Therefore, you need to remember the comfort of the service seekers is more important than any red tape barriers.

How do I use gender-affirming pronouns and language?

To ensure comfort and inclusivity for all service seekers, gender-inclusive and affirming language is crucial. Some sample questions you can use are:

- › *What gender pronoun would you like me to use?*
- › *How do you define/identify your gender?*
- › *What are the words you use to describe your body parts?*

When addressing any service seeker for the first time, avoid using pronouns and other terms that indicate gender. For example, instead of asking, "How may I help you, sir?" you can simply ask: "How may I help you?" You can also avoid using "Mr./Mrs./Miss/Ms." Only use gender



pronouns if you are certain of the patient's gender identity and/or their preferred pronouns. It is recommended that healthcare organizations have a system that allows patients to enter their preferred name, gender identity, and pronouns into registration forms and other relevant documents.



Homosexuality is a western concept. If I provide them services, people will question my Indian morality and values.

While the stereotype that homosexuality is a western concept is widespread among people in India, it is important to disregard the same. Same-sex attraction is just as natural as opposite-sex attraction, and there is nothing deviant or Western about it. As service providers, the providers must provide services beyond biases and stereotypes that are prevalent in society. This includes seeing homosexuality beyond the preconceptions of deviance and immorality.



Do only heterosexual people need/use contraceptives?

It is generally assumed that MSMs and WSWs do not need to use protection while engaging in sexual activities due to no risk of pregnancy. However, the risk of contracting STIs and other infections is still there.

For Men who have Sex with Men

- › Using a condom while engaging in oral sex or anal sex is important to avoid the risk of STIs and HIV.
- › Gay and bisexual men are at greater risk for hepatitis A and B, and human papillomavirus (HPV). For this reason, it is recommended that they get vaccinated against hepatitis A and B. The HPV vaccine is also recommended for men up to a certain age.

For Women who have Sex with Women²

- › Using a dental dam while engaging in oral sex (while orally stimulating either the front hole or the anus). Dental dams are thin latex/rubber patches that can be placed over the vaginal opening or the anal opening to serve as a barrier and stop the exchange of bodily fluids.
- › Options such as finger condoms (latex/rubber coverings that can be worn on the fingers while engaging in digital penetration or while stimulating using fingers) are also contraceptives for safe sex. However, finger condoms and dental dams are nearly impossible to find in the markets, and they are not available through Government health programs.
- › Internal condoms (barrier-type covering which can be inserted inside the vagina to stop the exchange of bodily fluids) are available in Indian

markets and healthcare systems. They are also distributed and promoted under the Condom Promotion Programme under the Government's NACO team. They can also be accessed by visiting the local Adolescent Friendly Health Clinics and other dispensaries. However, misinformation about their usage and the taboo around having an open conversation around sex acts as a huge barrier and reduces the usage of these products.

Safety while using sex toys for everybody

- › Using a condom while using sex toys, and changing those condoms for each partner or between penetration of different body openings can be a great protective factor (Sexual health for lesbian and bisexual women, 2019).



How do I know if a person is gay/lesbian/bisexual?

Just like it is impossible to gauge someone's gender identity, it is the same for sexual orientation as well. It is important to not assume heterosexuality for all service seekers. The only way to know if a person is gay/lesbian/bisexual is to ask them. However, you must do this sensitively and without judgment.

For example, **a sensitive way of asking is** 'What is the gender of your partner? You can tell me freely, nobody will judge you.'

Be mindful of your body language as well. When asking the question, ensure that the service seeker feels that you are simply asking for medical and treatment reasons, and not for passing unsolicited judgments.

An insensitive way of asking is 'Why are you having relations with the same sex? It is unnatural and leads to diseases'. Your judgment, in this case, will lead to extreme discomfort to service seekers, and they are likely to leave before getting the necessary treatment or counsel. At the same time, it is important to remember that it is essential to maintain the confidentiality of the client. You should not discuss their sexual orientation or gender identity with anybody else, and ensure that you do not mention this in front of their biological family and/or peers. Doing so could 'out' them to their families, making them vulnerable to violence and discrimination.

But again, you also need to reflect on why you want to know about the sexuality of the person, is it relevant or needed for the medical intervention or just for mere curiosity? If it is only for personal curiosity, asking such kinds of questions can be invasive and inappropriate.



Are people only gay or straight? Are there identities beyond these?

Sexual orientation is fluid, and people can have identities that go beyond just straight (heterosexual) or gay (homosexual). A

person can identify as bisexual (or biromantic), pansexual (or panromantic), asexual (or aromantic), sexually or romantically fluid, queer, or any other terms (refer to the glossary for a detailed explanation of these terms). Some people may also choose to not use any labels. It is important to not assume a person's gender or sexual identity.

Are all trans persons heterosexual?

It is a general assumption that all trans persons are heterosexual. This is wrong! A person's gender identity is completely different from their sexual orientation. Some trans persons identify as gay, bisexual, lesbian, or any other identity.

Are young people really gay/lesbian or is it just an experimenting phase with same-sex partners?

Every young person explores their sexuality in unique ways. Exploration is a part of healthy development and begins during the earliest years of one's life. Studies have shown that same-gender attraction is common before and during adolescence. This attraction is not necessarily a predictor of sexual orientation. Some youth with adolescent same-gender attraction will grow up and identify as straight; others will identify as gay, lesbian, bisexual, or somewhere else on the spectrum of sexual orientation. We

cannot predict someone else's identity. It is essential to understand that every person has a right to self-identification, and their identity may shift with time. Remember, identity is not static, but it is ALWAYS valid!

Is it ok to reveal someone's gender identity or sexual orientation without their consent?

No! especially if the person is still closeted or selectively out, it might put them at a greater risk. revealing someone's identity without their consent and permission is called outing. Sometimes outing is intentional and sometimes it's accidental, but by sharing information about someone's gender identity against their wishes, you risk making them feel embarrassed, upset, and vulnerable. You may also put them at risk for discrimination and violence.

If someone shares their trans identity with you, remember that this is very personal information and it's an honor that they trusted you enough to tell you. Always ask them what you're allowed to share with others, and respect their wishes.

What can service providers do in their everyday practice to increase healthcare access for LGBTQIA+ persons?

Using preferred names and pronouns

It is impossible and incorrect to judge a person's gender and sexual identity based upon their appearance. While you may make an assumption based upon how a person dresses or presents themselves, there is always a chance that you will guess wrong. Hence, it is always a great option to ask a person what their preferred pronouns are. If you have a system of filling forms before meeting service seekers, add the option of them writing their preferred name and pronouns. Similarly, for many transgender and non-binary persons, their preferred name might not match with the name they have on their identification cards. Irrespective of this, always address a person using the name they use for themselves.

Normalize and validate

As service providers, validating the service seekers' sexual and gender identities can ease their discomfort. Examples of such behaviours can include not judging people on the basis of their appearance even if it goes beyond your experiences or does not fit in your ideas of gender expression, informing them about your training and experience of providing services to LGBTQ individuals, assuring that they are in a safe and confidential space to talk about their sexual health openly etc.

Engaging in inclusive questioning

When taking the medical history of a person, engage in open-ended questioning. Open-ended and inclusive questioning entails framing the questions in a way that they give a wider scope for the service seeker to answer. For instance, rather than assuming that an unmarried service seeker is heterosexual and sexually inactive, ask them directly, 'are you sexually active', 'what is the gender of your sexual partner'. By framing open-ended and clear questions, you will be able to establish a good rapport, make the service seeker feel at ease, and ensure that you have all the relevant information needed for treatment.

The practice of engaging in inclusive questioning would include not assuming heterosexuality. While talking to a service seeker, it is important to not assume that they are heterosexual and cisgender. It is common for people to see heterosexuality and being cisgender as the norm, which makes other sexual and gender identities deviant. While taking a history, do not use words that assume people have an opposite sex partner or spouse.

Non-invasive questioning

While framing questions, think thoroughly if the answer to that question is relevant for the treatment plan. Some people are not comfortable while sharing their sexual or gender identity with other people. In

such cases, make sure you do not pressure the service seeker. Do not ask questions that are not directly related to the problem they have come to seek your counsel for. It is essential to respect every person's privacy.

Training for all healthcare workers

For all staff members, including non-medical and paramedical staff, there should be regular training to ensure that they are trained to cater to the needs of LGBTQ service seekers. These trainings should include sensitization and building the correct vocabulary for all staff-members. All facilities should ensure the training of staff members to be courteous and diversity inclusive. In order to be updated and have all the relevant information about diverse service seekers, it is important to engage in constant conversations and discourses. Collaborating with organizations that work on queer rights and issues can be a medium to ensure continuous capacity building for all staff members.

Behaving in a sensitive manner

There are some obvious communicative behaviours which will be deemed insensitive. These include the use of any disrespectful language or slurs, staring or expressing surprise at someone's appearance, or gossiping about a patient's appearance or behaviour. Each staff member should be well-trained to

identify and avoid such behaviours.

Respecting bodily and sexual autonomy

It is important to respect the bodily autonomy of every service seeker. When a person from a gender or sexual minority comes to you for services, ensure that you do not engage in any behaviour that disregards their bodily autonomy. This includes:

- › Refraining from commenting on their appearance, identity, or choices involving their bodies.
Eg - 'Why are you wearing a saree when you are a man?'
- › Refraining from undertaking any tests or examination without their consent, and without any medical requirement.
Eg - 'Remove your pants, I want to see the infection in your genitals.'

Just as a person's bodily autonomy needs to be respected, it is crucial to be mindful of their sexual autonomy as well. This means that as service providers, you must not judge and ridicule a person's sexual choices. This involves:

- › Not commenting on who a person chooses to have sex with.
Eg- 'Oh, a woman having sex with another woman is wrong, and it does not even count as sex!'
- › How often they choose to have sex, or any other sexual choices.

Eg- 'Engaging with so many partners so often is wrong, and it leads to diseases'

- › Not assuming heterosexuality for all service seekers.

Eg- 'Are you here with your husband?'

Giving complete and unbiased information

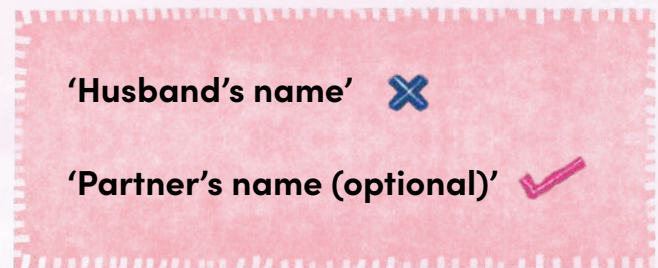
It is important to give complete and unbiased information to every service seeker. While giving out information, try to be as objective as possible and keep personal biases and doubts out of scientific information. Remember, the information you give will impact someone's mental and physical health.

For eg - if someone who is in a same-sex relationship wants to know about possible options for safe sex, do not stop at telling them that they do not need them because there is no risk of pregnancy. Give full information about available options, including available vaccinations that can prevent STIs.

Revising intake forms and other formalities

Medical forms and questionnaires should include an option to select their pronouns. Ask for legal/given names and real names, partner information, sex assigned at birth, gender identity, sexual orientation, gender as listed in health insurance claim, and say why the information is needed. At the same time, these questions should not be

mandatory as some people might face threats of violence and persecution if their identities are revealed to their parents or families. An inclusive way of seeking information can be:



Seeking Feedback from Service Seekers

Ensure that you have a mechanism of seeking feedback about your facility and services from the service seekers. The mechanism should have the option of maintaining complete anonymity, if the seeker chooses to do so. Remember to regularly check feedback and try to incorporate this as much into your practice as possible.

What can the health facility administration do to make their facility queer-affirmative?

Having gender inclusive washrooms and ward

At the facility level, it is crucial to have gender inclusive wards and washrooms, in addition to existing wards and washrooms, to ensure that service seekers whose gender identity goes beyond the binary, or whose gender expression does not fall into socially accepted boxes, can

easily seek services without discrimination.

Displaying a clear declaration bill on the non-discrimination policy

In order to ensure comfort and ease for all service seekers, it is important to have written and posted policies regarding discrimination, diversity and non-harassment, that specifically include LGBTQIA+ people. An example of a policy statement can be:

This facility is an equal access space. We don't discriminate on the basis of disability, HIV status, gender, caste, religion, or sexual orientation. All persons are equally welcome and respected.





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