



Preparedness of Health Facilities to Provide Healthcare Services to Transgender Community in Jaipur, Rajasthan

Abstract: This study assessed the preparedness of medical facilities in Jaipur, Rajasthan, to provide healthcare services to the transgender community. A mixed-method approach was employed to evaluate the preparedness of healthcare facilities and the attitudes of the transgender population as well as healthcare providers for transgender patient healthcare services. The insights from the study revealed substantial gaps in transgender healthcare service provision like lack of gender-neutral restrooms, inadequacy of trained healthcare professionals in providing transgender specific healthcare, insufficient policies, and healthcare norms to address transgender population. Several persistent barriers like unsupportive providers, confidentiality concerns and limited mental health services were also outlined from the study. Recommendations based on study outcomes include policy advocacy for modification of HMIS and modernization of healthcare infrastructure to accommodate non-binary identities as well as development of training programs and curriculum for capacity building of healthcare professionals. Highlighting the importance of involving transgender individuals in healthcare planning, establishment of transgender dedicated helplines, the study demonstrates the need of mainstreaming transgender population. Addressing these challenges will assist in creating a healthcare system which will be more welcoming, inclusive, and equitable for transgender individuals thus assisting them to ensure health and upheld their dignity

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Introduction

The 2030 Agenda for Sustainable Development aspires to create a global environment where every individual is respected, included, and their dignity is upheld without discrimination. Despite these noble goals, transgender, and gender-diverse individuals often encounter substantial health disparities. These disparities not only result in adverse health outcomes but also present formidable barriers to accessing healthcare services (Hana, 2021). The term 'transgender people' is commonly used to describe those challenging established social gender norms. It serves as an umbrella term encompassing individuals who reject rigid, binary gender constructs, exhibiting a breaking or blending of culturally defined stereotypical

gender roles. Transgender individuals may adopt full-or part-time gender roles opposite to their biological sex. Consequently, concerns related to gender rights, their health issues, and social inclusion are often Junginalized in governmental and human rights agendas. Transgender people encounter obstacles in accessing healthcare, participating in society, and receiving emotional support. Additionally, the reluctance of numerous national health systems and insurance programs to cover services for transgender individuals compounds the challenges they face (Pinki, 2020).

The Population Census data priJunily used to club transgender within the "Males" category only, Census Survey 2011 was the first to designate a separate section as "Others" for transgender category in the Census report. According to Population Census 2011 report, India had around 4.88 lakhs transgender, out of which Rajasthan had 16,517 transgender people, with a 10th rank in Indian states for the number of transgenders in the state (Population Census Survey, 2011). Despite more than 48,000 transgender individuals registering in Election Commission by Junch 2024 – up from 39,683 in 2019 – it is a small fraction of India's actual transgender population, estimated to be around 4,88,000, according to the now outdated 2011 Census (Neelima Paswan, 2024). Despite the landJunk Supreme Court ruling in 2014 (Nalsa v. Union of India), which recognized transgender



individuals as a third gender, access to quality healthcare services still remains limited.

Government has taken several measures to ensure that the whole transgender community can be inclusive as well as respected in the nation. Although the Transgender Persons (Protection of Rights) Act 2019 seeks to protect the rights of transgender people, including in healthcare, the actual implementation of policies supporting transgender-inclusive care in many healthcare settings remains insufficient (Ministry of Social Justice & Empowerment, 2019). To provide transgenders with the equal rights like those of binary genders in the country, a policy titled **“Equal Opportunity Policy for Transgender, 2024”** was launched in the nation with an objective ‘to create an atmosphere that ensures the fair treatment of transgender individuals, free from discrimination, harassment and bias, while establishing a robust grievance redressal mechanism,’ (GoI, Ministry of Social Justice and Empowerment, Department of Social Justice, 2nd February 2024). A study by the Indian National Human Rights Commission (2018) also highlighted the absence of formal training for healthcare workers on transgender-specific health issues and the need for better infrastructural support to cater to the transgender community’s needs.

Healthcare system can play a critical role in addressing and improving healthcare challenges faced by transgender community through destigmatization and sensitization of healthcare providers to provide non-judgemental care, not just for physical ailments but mental and emotional well-being and their gender-affirming requirements too. The transgender population in Rajasthan, a state characterized by both urban and rural healthcare disparities, encounters barriers to healthcare, including discrimination, lack of awareness among healthcare providers, and insufficient healthcare infrastructure that caters to their specific needs (Poteat, German, & Kerrigan, 2013). These challenges are exacerbated by regional differences in healthcare access and cultural attitudes toward gender non-conformity, particularly in rural areas.

Rationale

Transgender people in Rajasthan, a state with healthcare inequalities in both urban and rural areas, face obstacles to receiving care,

such as prejudice, provider ignorance, and a lack of infrastructure that meets their particular requirements (Poteat, German, & Kerrigan, 2013). Cultural views toward gender nonconformity and regional variations in healthcare access, especially in rural areas, make these difficulties worse. Several researchers have emphasized the association of socio-economic, societal, and healthcare factors with transgender healthcare access (Bradford et al., 2013; Kcomt et al., 2020; Safer et al., 2016; Shires & Jaffee, 2015; Tanner et al., 2014). The diverse socio-economic landscape and societal variations in Rajasthan affects transgender person’s healthcare seeking behavior, as illustrated in Figure 1.

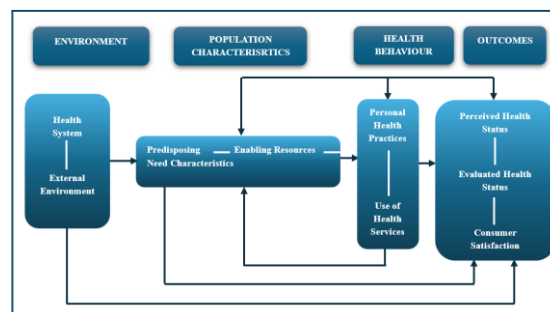


Figure 1 Association of Environmental, Societal, Healthcare Factors in accessing healthcare facilities by Transgender Community

In addition to the general lack of training and policies required to address the healthcare needs of the transgender community (Stroumsa D. 2014), Rajasthan faces the dual challenge of urban and rural healthcare disparities, with rural areas experiencing inadequate healthcare services and urban centres possibly lacking the capacity to provide specialized care for Junginalized groups like transgender individuals. Thus, the state's transgender community faces even more difficulties (Mishra, KuJun, & Saini, 2021).

Region-specific variations in access to healthcare services further exacerbate Rajasthan's healthcare infrastructure issues and diverse population. Since a thorough evaluation of Rajasthan's healthcare facilities' readiness to address the medical requirements of the transgender community has not yet been completed, this study is particularly important.

With an emphasis on institutional readiness, healthcare provider training, and the

provision of gender-affirming care, this study attempts to evaluate how equipped Rajasthani healthcare facilities are to provide healthcare services to transgender people. Andersen and Newman Framework of Health Services Utilization has been used in framing the conceptual framework for this study. The framework depicts the division of factors based on individual, organisational, provider and policy level. The outcome of interest is based on the model modified on the criteria of Andersen and Newman Framework of Health Services Utilization (Chen et al, 2021; Gale et al, 2013).

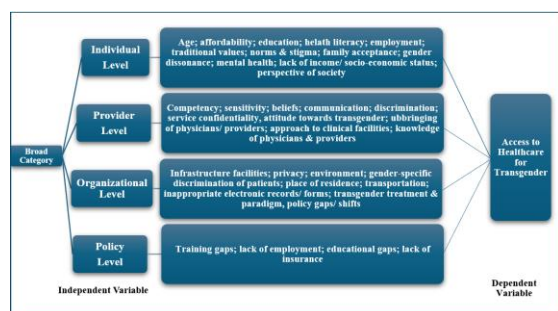


Figure 2 Andersen and Newman Framework of Health Services Utilization

Literature Review

India has made significant strides in improving healthcare access for Junginalized communities, including women, children, and other underprivileged populations. However, historically, the transgender community has faced discrimination and a lack of basic rights, resulting in limited access to healthcare services across all levels of the system (MoHFW & NACO, 2023). Legal recognition is crucial for transgender people to achieve several of the Sustainable Development Goals, such as healthy lives and gender equality. There are also barriers that make it difficult for transgender people to access health care, including lack of access to caring and competent professionals, difficulty in identifying sources of information about gender dysphoria and hormone therapies, and inadequate access to safe prescribing and monitoring of hormone therapy (Lo, 2016).

The transgender community in India continues to face significant challenges in accessing healthcare that is inclusive, culturally competent, and affirming of their gender identity. Although there is growing awareness of transgender rights and identities, still the healthcare systems globally have been slow to

address the specific medical, psychological, and social needs of transgender individuals. Transgender people frequently encounter discrimination in healthcare, employment, and public spaces, exacerbating issues like depression, anxiety, violence, and HIV infection. These barriers include discrimination by healthcare providers, lack of gender-affirming care, and limited knowledge or training among healthcare professionals regarding transgender health.

Transgender stigma restricts access to vital resources and opportunities in key areas such as employment and healthcare, consistently impacting the physical and mental well-being of transgender individuals. Programs and interventions aimed at reducing stigma and promoting coping mechanisms offer promise in alleviating and mitigating its negative impact on the well-being of transgender communities (Poteat et al., 2013; White Hughto et al., 2015).

Real or perceived stigma and discrimination within biomedicine and the health care provision, may impact transgender people's desire and ability to access appropriate care. Transgender health care includes the prevention, diagnosis, and treatment of physical and mental health conditions, as well as sex reassignment therapies, for transgender individuals. But transgender people may be at greater risk for health problems because they do not always see a healthcare provider when they need to (RAJPUROHIT, 2021). As a small, poorly understood population, transgender people frequently encounter discrimination that includes mistreatment by health care providers, rejection by employers, and harassment in restrooms and other places of public accommodation (Baker, 2017) (James SE, 2018). Discrimination and disparities are particularly acute for low-income transgender people, transgender people of colour, and others at the intersections of multiple Junginalized communities (Baker, 2017).

Transgender individuals often experience high rates of mental health issues, substance use disorders, and suicidality (Budge, Adelson, & Howard, 2013). Moreover, transgender individuals are at an increased risk for physical health issues that require specialized healthcare services pertaining to gender dysphoria, gender affirmation surgeries, hormone therapy, and other surgical



interventions, etc. that are not widely available or accessible (Vance, Szalacha, & Austin, 2014). In response to these disparities, there is growing recognition of the need for healthcare systems to become more inclusive and responsive to the needs of transgender individuals. However, despite the progress made in some regions, healthcare facilities often lack the necessary policies, resources, and training to adequately meet the needs of transgender patients (Safer et al., 2016). For instance, healthcare professionals may lack awareness of best practices for gender-affirming care, while institutional barriers such as non-inclusive forms, lack of privacy, and discriminatory practices continue to discourage transgender individuals from seeking care (Grant et al., 2011).

In transgender individuals with low incomes, these disparities worsen their situation. Professional training of healthcare professionals about transgender health, unfriendly health infrastructure and unavailability of standardized laboratory reference values remains key challenges. It is imminent to address these crucial issues, to improve healthcare delivery to transgender population.

Aim and Objectives

Aim

Preparedness of Health Facilities to Provide Healthcare Services to Transgender Community in Jaipur, Rajasthan: A Mixed-method Study.

Objectives

1. To assess the preparedness of government and private health facilities to provide healthcare services to Transgender Community.
2. To understand providers' perspectives on the preparedness of health facilities to provide healthcare services to Transgender Community.
3. To understand transgenders' perspectives on the preparedness of health facilities to provide healthcare services to Transgender Community.
4. To provide recommendations to integrate Transgender Health into mainstream Health System.

Methodology

A mixed-method study approach was employed to assess the preparedness of health facilities to provide healthcare services to Transgender Community in Jaipur, Rajasthan, at both government and private healthcare facilities. Study included healthcare facilities, healthcare providers and transgender individuals as study population. Purposive sampling was used to select thirty government, and thirty private healthcare facilities and study participants i.e., healthcare providers and transgender individuals were selected.

Inclusion/ Eligibility Criteria:

- A. Health facilities currently providing healthcare services in Jaipur, Rajasthan.
- B. Healthcare providers currently providing healthcare services in Jaipur, Rajasthan with a minimum of 5 years of experience.
- C. Transgender individual: Defined as individuals who live or aspire to live full-time as a gender different from their assigned birth sex, those who have undergone or seek to undergo physical modifications to align their bodies with their gender identity, or those who wear or wish to wear clothing traditionally associated with the opposite sex to express their cross-gender identity.

Transgender individuals fulfilling the below mentioned criteria were eligible to take part in the study:

- a. Identified as transgender according to the above definition.
- b. Were 16 years of age or older and
- c. Were residents of Jaipur, Rajasthan.

Exclusion criteria was applied to cis-gender individuals, whose gender identity aligns with their sex assigned at birth.

Data Collection: The study adopted a mixed methods approach to comprehensively assess the preparedness of healthcare facilities in Rajasthan.

- A. The quantitative aspect of the study examined the presence of transgender-inclusive healthcare policies, the availability of trained staff, and healthcare infrastructure capable of addressing the needs of transgender individuals in thirty government and thirty private healthcare facilities via a semi-structured questionnaires through Google Forms.



B. The qualitative aspect of study further explored the perspectives of healthcare providers and transgender individuals to understand the practical challenges and gaps in service provision.

- i. To assess the providers' perspective, a qualitative approach was utilized, conducting in-depth interviews from government healthcare professionals and private healthcare professionals using semi-structured questionnaires.
- ii. To capture the transgenders' perspective, an in-depth interview was commenced with thirty-four transgender participants selected through snowball sampling.

This research aimed to contribute to the ongoing efforts to reduce health disparities and promote health equity for transgender individuals in Rajasthan. The findings from this study helped inform policy recommendations, healthcare provider training, and infrastructure improvements by supporting the development of an inclusive healthcare system for transgender people in Rajasthan and similar contexts in India.

Ethical Consideration

The study was submitted to an officially accredited Institutional Review Board of IIHMR University, Jaipur ([IIHMR-U/IRB/2023-24/004](#)) for review. The committee approved the study with some suggestions. Participants were informed that their participation was voluntary and that they could withdraw at any time without needing to provide a reason. The anonymity of participants has been maintained in this report. Additionally, to protect the sensitivities and vulnerabilities of the multidisciplinary team, some priJuny expressions and responses from caretakers have been edited or omitted, without altering the core moral themes or content.

Results

Assessment of preparedness of government and private health facilities to provide healthcare services to Transgender Community.

Assessment of public and private health care systems provide important information about their readiness to care for transgender people. Unfortunately, there were no designated private or public bathrooms specifically for transgender people. But inclusive signs and materials were present in 60% of private and 73% of government agencies, indicating support and receptivity to transgender Information, education, and communication (IEC) materials to raise awareness of trans health issues that lie predominated in 87% of private healthcare organizations and provided both government facilities and transgender-specific counselling. Additionally, 67% of staff at the private sites received training in transgender inclusion and cultural awareness, compared to 80% of government staff.

Transgender people face challenges with privacy and confidentiality, accounting for 33% in government and 27% in private settings. In discussing transgender inclusion, 93% of government agencies and 80% of private agencies have documentation and medical records designed to respect and confirm that individuals identify as gender identity (M/F/TG). Fifty-three percent of government agencies are known to have a designated point of contact or point of contact for transgender health concerns, with private agencies ahead of government agencies (73%) and government and private sector 60% have written policies to deal with transgender- related complaints. (Table 13.1)



Table 1 Preparedness Of Government And Private Health Facilities To Provide Healthcare Services To Transgender Community

#	Parameters/ Variables	Availability of necessary parameters in the Health Facilities Number and Percentage							
		Private Facilities				Government Facilities			
		Prese nt	Not Prese nt	Prese nt (%)	Not Prese nt (%)	Prese nt	Not Prese nt	Pres ent (%)	Not Prese nt (%)
1	Is there a separate toilet for transgenders in this facility?	0	30	0	100	0	30	0	100
2	Display an inclusive signage and materials that affirm the acceptance of all gender identities	12	18	40	60	8	22	27	73
3	IEC material on the awareness of transgender health needs	4	26	13	87	0	30	0	100
4	Mental health support and counselling to transgender community	10	20	33	67	8	22	27	73
5	Staff members training on transgender inclusivity and cultural competence	10	20	33	67	6	24	20	80
6	Privacy and confidentiality of transgender patients' information	22	8	73	27	20	10	67	33
7	Forms and medical records designed to respect and affirm individuals' self-identified gender (M/F/TG)	6	24	20	80	2	28	7	93
8	Collaborate with NGOs working for transgenders to enhance community engagement and awareness	10	20	33	67	6	24	20	80
9	Is there a designed point of contact or liaison for transgenders' health concerns	8	22	27	73	14	16	47	53
10	Are there protocols for addressing and resolving transgender-related complaints	12	18	40	60	12	18	40	60



Understanding providers' perspectives on the preparedness of health facilities to provide healthcare services to Transgender Community.

The healthcare needs of transgender people often go unmet, this study therefore helps highlight key findings based on providers' perspectives on the current state of healthcare delivery and steps needed to improve it. Key areas identified include the following:

A. In-service training for health care professionals:

A key theme in the findings is the urgent need for in-service training to make health professionals culturally sensitive. Many providers stated that health care workers often lack necessary knowledge and awareness about the specific health care needs and challenges faced by transgender people. Without adequate training there is also an increased risk of discrimination and stigmatization in healthcare settings. Most of the mental health specialists had specialized training from a range of sources in order to work with TGD clients. Numerous hours of TGD-specific training were statistically substantially linked to these mental health professionals' self-reported high levels of comfort, competence, and ability to provide TGD-sensitive care (Obasi et al 2023). Providing ongoing training to health professionals Health care facilities can reduce the incidence of discrimination and stigma. This creates a more welcoming and supportive environment for transgender people.

B. Health Management Information Systems (HMIS) Modifications:

Integration with the existing Health Management Information System (HMIS) is an issue which concerns most transgender/gender-diverse patients. Most of the existing systems are intended to be structured around binary gender categories leaving out the spectrum of gender identities and thereby also excluding transgender people (TCHC, Upcoming HMIS changes, 2024), resulting in mismatches within patient medical information, illegal identification, and breach of patient confidentiality. The following recommendations can make the HMIS more inclusive: a) Inserting gender identity fields to allow for self-identification, such as transgender or non-binary options; b) In presently available medical records, the name of the client could be

amended as well as their preferred pronoun stated ensuring that the individual is referred to according to his/her gender identity; C) Keeping separate health statistics for transgenders.

The HMIS should be updated, not just for accuracy and respect within reception of the patient but also helps improve the care delivered by healthcare professionals into something more personal.

C. Integration of Transgender Health Education in Medical and Nursing Curricula:

Many health care providers expressed concern about the lack of health education for transgender people in formal medical and nursing training programs. Many reported that their education does not meet the medical, psychological, and social aspects of providing adequate health care for transgender people. As a result, they are insufficiently prepared to meet the needs of transgender patients. To resolve this gap, It is imperative to a) Develop a specialized curriculum on transgender health that is included in the core curriculum of the Faculty of Medicine and Nursing; b) Ensure that modules cover a range of topics, including gender-affirming treatments, mental health support for sexual dysfunction and specific preventative care for transgender people, such as screening for hormone-related cancers or sexually transmitted diseases (STI). According to a study by Hana, incorporating holistic approaches to their care into medical school curricula aids in the creation of health systems capable of meeting these people's requirements (Hana et al, 2021).

D. Improvement and Modification of Healthcare Infrastructure

The current healthcare system is not welcoming to transgender people because of problems like a lack of private and accessible rooms, unclear signs, poorly designed waiting areas, and other issues. To fix these problems, there is a need to build gender-neutral restrooms and private, safe spaces that are easy to access. Clear and inclusive signs should be placed throughout healthcare facilities. Making waiting areas more inclusive and freer from discrimination will improve the healthcare experience for the transgender community. According to a study by Torres, clinicians can assist the transgender community thrive by providing the resources they need by



establishing secure and accepting healthcare environments (Torres et al., 2015).

E. Development of Protocols for Transgender Healthcare

A problem which is particularly challenging is the lack of proper rules in health care for transgender people. Healthcare providers endorse that having standard guidelines on transgender will help in identifying the specific needs of these patients. Most importantly, of course, hormone replacement therapy needs guidelines. Similarly, gender-affirming surgeries and mental health interventions for gender dysphoria cannot be ignored. It would certainly include regular checks for cancers, sexually transmitted infections (STIs), etc. These protocols will guarantee that every transgender patient presented to care will have the same high level of care, regardless of where they get their treatment.

Understanding transgenders' perspectives on the preparedness of health facilities to provide healthcare services to Transgender Community.

This study explored transgender persons' ongoing obstacles when it comes to securing health services. Even when considering new laws as well as considerable development in the area of human rights, there are severe barriers to healthcare available to them. It also found out that there were obstacles that go against proper treatment, mental health problems and disdainful recognition, a lack of appropriate healthcare infrastructures and committed support service, through community apathy, up to issues that should be addressed by specialized outreach programs out in the community (Ontario HIV Treatment Network, 2017).

A. Unsupportive Attitudes of Healthcare Providers

Transgender people still struggle with unsupportive attitudes from doctors and nurses. Many trans patients say they face bias, criticism, or coldness from medical staff. This makes them hesitant to get treatment and leaves them feeling isolated and pushed aside. These attitudes show up as: A) Using the wrong names or pronouns; B) Not understanding trans-specific health needs;

C) Unfair treatment or refusing care because of gender identity. Medical professionals' intentions to discriminate against transgender patients are significantly influenced by constructs related to transgender stigma (Vijay et al., 2018), this prevents transgender people from getting the respectful treatment they deserve.

B. Mental Health Challenges

Social stigma, discrimination, and a healthcare system that frequently fails to provide adequate support can exacerbate mental health issues that transgender people are more likely to face. The common mental health conditions that are more prevalent among transgender individuals include: A) Depression and anxiety; B) Gender dysphoria; C) A higher risk of suicidal thoughts or attempts, especially among young transgender individuals. A study conducted in Brazil and India also discovered that the mental health of transgender women is negatively impacted by suicidality and violence, lack of education and employment opportunities, and stigma and prejudice (Gomes et al., 2020).

Many transgender persons find it difficult to get care that genuinely understands their unique circumstances, despite the availability of mental health help. Many healthcare professionals are not enough trained or knowledgeable to meet these unique needs. It is critical that we develop culturally sensitive mental health services that are specifically designed to assist transgender people.

C. Lack of Respect and Recognition:

The fact that their gender identification is frequently not accepted or acknowledged is a major issue for transgender individuals. This occurs in numerous healthcare settings, including A) Adopting their legal name rather than their preferred one; B) Having gendered spaces (like restrooms or changing rooms) that do not include or respect transgender people; C) Not respecting their right to make decisions about their gender identity and medical care. According to research by Judith Bradford, the transgender community experiences discrimination because of their socioeconomic position, ethnicity, and geographic location, among other factors (J. Bradford, 2013).

In the healthcare industry, transgender people frequently feel excluded due to this disrespect. They believe that despite the



system's support, it does not recognize or value their identity.

D. Healthcare Facilities Not Prepared to Serve Transgender Individuals

Transgender patients are still not properly served by healthcare providers, despite the fact that governments have implemented various measures to ensure everyone is included. Some of the issues discovered include A) Healthcare places don't have clear policies for transgender people, which makes patients unsure about their rights and the help they can get; B) Staff aren't trained enough to give proper care that respects transgender patients' needs; C) Healthcare buildings aren't designed well for transgender people. Healthcare system is not prepared to manage the complex medical needs of transgender individuals (Do, T. T., & Nguyen, A. T. V. 2020).

Because of this lack of preparedness, transgender persons not only feel uneasy in medical settings but also find it more difficult to receive the care they require, such as routine examinations or specialized therapies.

E. Unavailability of Dedicated Support

The absence of specialized assistance for transgender individuals is a significant issue in the healthcare system. Transgender patients frequently face an unorganized healthcare system with a shortage of personnel qualified to address their particular requirements, whereas other groups have dedicated healthcare teams. The following are some significant places where this assistance is lacking: A) Healthcare related to gender transition, like hormone therapy (HRT) and surgeries; B) Mental health services that focus on issues like gender dysphoria and the emotional challenges of living in a society that often discriminates against them; C) Peer support and advocacy, which many transgender people depend on to help them understand the healthcare system and get advice and emotional help.

Without this kind of support, transgender individuals must manage their complex healthcare needs alone, often dealing with long waiting times and few options for specialized care.

F. Poor Community Engagement and Representation

Transgender people's lack of inclusion and representation in the healthcare system is a major problem. Many often, hospitals and doctors do not listen to transgender patients' needs or communicate with them effectively. As a result, transgender people's needs while seeking treatment are not always met by health care regulations and services. Research has the potential to spark unlikely conversations, generate creative insights from underrepresented groups, and foster connections with community members for potential future works and solutions. Healthcare practitioners should encourage societal acceptance of transgender identities, which could lead to major advancements in transgender healthcare (Noonan et al, 2017).

For health care to better serve transgender people, they need to be included in making decisions and policies that directly impact them.

G. Need for Community Outreach Programs:

Finally, it is critical to develop activities that engage the community's transgender population. These initiatives would link healthcare facilities with transgender populations and provide three primary forms of assistance: A) Inform transgender people about their rights, protections, and available healthcare services; B) Inform medical professionals about transgender people's health requirements; C) Foster open communication and continual engagement to increase trust between transgender people and healthcare professionals.

To ensure that transgender individuals are aware of their healthcare options, feel comfortable asking for assistance, and receive the appropriate support for their needs, these outreach initiatives are essential.

Recommendations to integrate Transgender Health into mainstream Health System

Based on the results of the study following recommendations have emerged which might assist in improvising the health facilities preparedness to provide healthcare services to transgender individuals, and to promote the third gender inclusivity in the society:

A. Policy Advocacy: Urgently advocate for policies that mandate the provision of



separate washrooms, designated waiting areas, and specific care days tailored for transgender individuals in healthcare facilities.

- B. Training Implementation:** Develop and implement comprehensive training programs focused on transgender health issues and cultural competence for all healthcare providers.
- C. Facility Modifications:** Allocate resources to modify existing healthcare facilities to include gender-neutral washrooms and private waiting areas, ensuring that the diverse needs of transgender individuals are met.
- D. Inclusion in Decision-Making:** actively involve transgender individuals in the planning and decision-making processes of healthcare services to ensure that their unique needs are accurately represented and addressed.
- E. Dedicated Helpline:** Establish a 24/7 helpline to offer immediate support, information, and counselling for transgender individuals, particularly in crisis situations such as mental health emergencies, violence, or discriminations.

Integrated Identification System: Integrate the Unique Trans ID with existing identification systems, such as Aadhar, to streamline and enhance access to government services and benefits for transgender individuals.

Discussion

An appraisal of the healthcare services designed to offer inclusiveness to transgender people gives a mixed picture of both success and continuing challenges. Nevertheless, important issues remain that public and private medical facilities show no signs of abiding by assuring that separate restrooms for transgender patients are provided, while the concerns of confidentiality and privacy continue to waterproof the delivery of quality care. There is still some haziness regarding healthcare workers, independent of the involved inclusiveness training for transgender persons; thus, a call for occasional learning opportunities is obvious. Finally, the recommendation is to modernize and harmonize the database in the Health Management Information Systems (HMIS) to enable accurate patient information for

proper inclusion of non-binary identities (Deutsch, 2015).

Often, medical professionals are not adequately trained in transgender health and thus may not give optimal care to transgender patients (Obasi et al, 2023). Changes such as the provision of gender-neutral restrooms and inclusive waiting areas need to be made so as to create a more welcoming healthcare environment. Perpetuation of inconsistent care results from failure to pass particular treatment policies or guidelines applicable to transgender individuals. Specifically, guidelines should be established for hormone therapy, procedures based on gender-neutrality, and mental health services (Baker, 2017).

In addition, barriers such as unsupportive healthcare providers, mental health issues, and a lack of specialized support services continue to thwart significant progress (Gomes et al, 2020). The results also stress the importance of enhanced engagement with the communities, particularly with transgender people in the design and decision-making processes surrounding healthcare services combined with the establishment of targeted outreach initiatives (Mail P. D. 2022). These concerns, when accurately addressed through policy, professional training, facility improvements, and specialized care networks, might benefit transgender individuals in their access to care and the associated care they receive.

Conclusion

Both public and private healthcare institutions regarding their support to the transgender community show quite a wide gulf and, at the same time, some gain. While some institutions may offer mental health support and have signs and literature reflective of their transgender inclusiveness, major obstacles remain. For example, transgender individuals may not have access to comprehensive care; for instance, lack of features such as specialized programs, unhelpful medical staff, and a lack of gender-neutral restrooms. Health professionals require training on the specific health needs of transgender individuals to eliminate discrimination and overcome bias.

Inclusion requires updating HMIS to allow self-identified names and genders. Medical training should promote understanding



of transgender health issues. Such change will improve the safety and comfort of the environment in which health care is given and address all areas of care. Clear transgender healthcare policies need to be established in all medical facilities.

The engagement of transgender organizations and community-based initiatives in decision-making could maximize better healthcare access and assure that transgender persons receive caring and sensitive care. These recommendations highlight the need for supportive workplace policies, additional training, facility modifications, and integrating transgender health topics into medical education.

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