



BEING TRANS IN INDIA

VHS-MSA DIVA Project
The Voluntary Health Services

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FOREWORD



There is a dearth of TG specific reference materials benefiting TG communities in Indian context. A literature review on this aspect had revealed that the APTN factsheets: Being Trans in Asia and the Pacific developed by Asia Pacific Transgender Network (APTN) address the most common questions the Trans people seek in an International perspective in terms of legal, medical, self and societal aspects. While reviewing the same, it has been found necessary that similar such questions also arises in the minds of TG people in Indian context and it is the responsibility of the project to feed this information.

Hence it has been decided to develop a reference material benefiting TG communities and in terms of Indian context. Such an initiative from VHS-MSA DIVA project is the first of its kind in India.

This reference manual on “Being Trans” by VHS-MSA DIVA Project has been prepared with the objective to benefit TG communities in India. The manual is intended to serve answers to many questions that arise in the minds of TG people in terms of legal, medical, social and self-perspectives.

I hope the manual will serve its intended purpose and will be a gateway in helping the Transgender communities.

With best wishes,

A handwritten signature in black ink, appearing to read 'Joseph D Williams'.

Dr. Joseph D Williams
Director – Projects,
Voluntary Health Services

PREFACE



“Being Trans”, a manual for Trans people is the first of its kind initiative from VHS-MSA DIVA Project under the GFATM Round 9 Programme with the support of Save the Children International, Nepal.

The manual has been prepared considering the fact that there are huge gaps in terms of information that is pertinent and necessary for TG people in India. Hence while taking efforts to gather this vital information we found that globally, the Asia Pacific Transgender Network (APTN) has developed resources but in an International context. Hence with the consent of APTN, we visualized the manual in Indian context.

I acknowledge the significant contributions of Ms.Zainab J. Patel (alias Ernest Noronha) in developing this manual. We also recognise with thanks, the support from Dr.Chandrasekhar, Advocate Anil Kumar Pillai in providing their technical inputs for refining the manual and the Illustrator Priya Dali and the Art Director Sumit Pawar. In addition, technical input was received from Jack Byrne and Joe from APTN and we thank them for their interest and inputs in the manual.

I thank the entire VHS-MSA DIVA Project team for their valuable inputs and Ms.K.Priya, Senior Manager – Knowledge Management for her facilitation, coordination and support towards the manual.

I owe my sincere thanks to the Director – Projects, VHS Management and the PR agency – Save the Children International, Nepal for encouraging us to have this initiative and for their continuous motivation and support.

I hope the manual will be of use to TG people, their families, friends and colleagues in addressing the various questions that they seek with regard to the Trans people.

A handwritten signature in black ink, appearing to be 'R. K. S.', written in a cursive style.

Deputy Director, VHS-MSA DIVA Project, Voluntary Health Services

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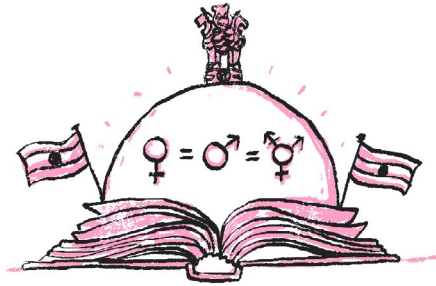
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ACRONYMS AND ABBREVIATIONS

CBO	...	Community Based Organization
DSM	...	Diagnostic and Statistical Manual of Mental Disorders
FTM	...	Female to Male (Transman)
GID	...	Genetic Identity Disorders
HIV	...	Human Immuno Deficiency Virus
ICD	...	International Classification of Diseases
ICMR	...	Indian Council of Medical Research
LGBT	...	Lesbian, Gay, Bi-sexual and Transgender community
MSA	...	Multi-Country South Asia
MTF	...	Male to Female (Transwoman)
NALSA	..	National Legal Service Authority
PEP	...	Pre-Exposure Prophylaxis
SOC	...	Standards of Care
SRS	...	Sex Re-assignment Surgery
STI	...	Sexually Transmitted Infections
VHS	...	Voluntary Health Services
WHO	...	World Health Organization

Module 1 :

LEGAL TRANSITION STEPS



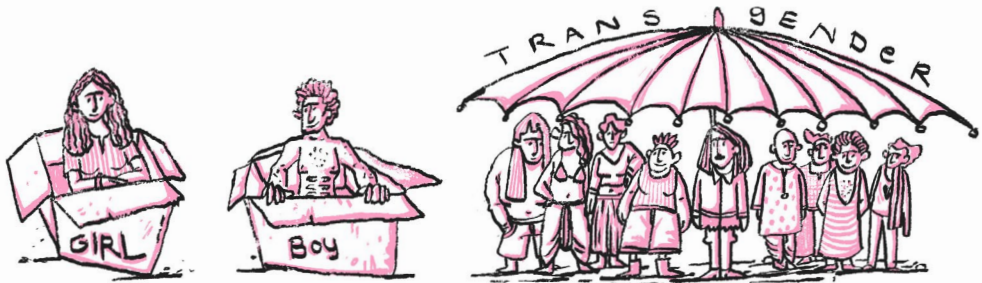
“Preamble to the Constitution mandates Justice - social, economic, and political equality of status, this is for all. In recognizing the third gender category, the Supreme Court of India has ruled that fundamental rights are available to the third gender in the same manner as they are to males and females.- Zainab J. Patel, Transgender activist and petitioner in NALSA vs Govt of India case”

Introduction:

Transgender people have existed in every culture, race, and class since the story of human life has been recorded. The contemporary term 'transgender' arose in the mid-1990s from the grassroots community of gender-different people.

In contemporary usage, transgender has become an 'umbrella' term that is used to describe a wide range of identities and experiences, including but not limited to transsexual people; male and female cross-dressers (sometimes referred to as 'transvestites,' 'drag queens' or 'drag kings'); inter-sexed individuals; and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical.

In its broadest sense, transgender encompasses anyone whose identity or behavior falls outside of stereotypical gender norms. Other current synonyms for transgender include 'gender variant,' 'gender different,' and 'gender non-conforming.'



In India, there are a host of socio – cultural groups of transgender people like hijras/ kinnars, and other transgender identities like – Arawanis, Mangla Mukhi, Shivashaktis, Jogtas, Jogappas, Aradhis, Sakhi, etc. However, these socio-cultural groups are not the only transgender people, but there may be those who do not belong to any of the groups but are transgender persons individually.

Constitutional rights of transgender people

Preamble to the Constitution mandates Justice - social, economic, and political equality of status. Thus, the first and foremost right that they are deserving of is the right to equality under Article 14.

- * Article 15 speaks about the prohibition of discrimination on the ground of religion, race, caste, sex or place of birth.
- * Article 21 ensures right to privacy and personal dignity to all the citizens.

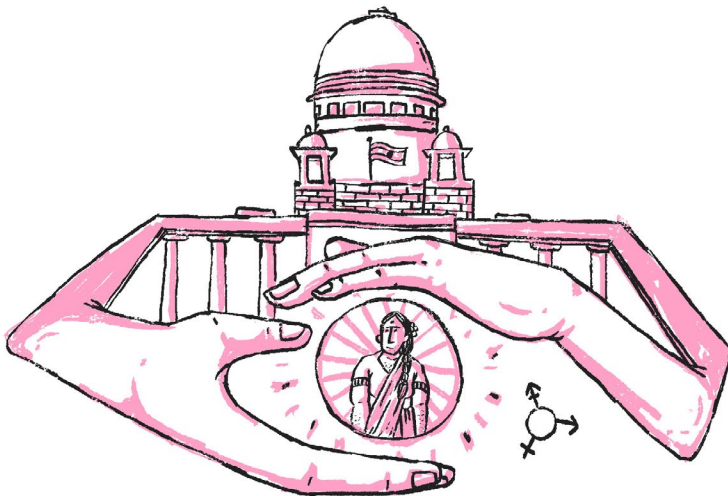
The Constitution provides for the fundamental right to equality, and tolerates no discrimination on the grounds of sex, caste, creed or religion. The Constitution also guarantees political rights and other benefits to every citizen. But the transgender community continues to be ostracized. The Constitution affirms equality in all spheres but the moot question is whether it is being applied.

As per the Constitution most of the protections under the Fundamental Rights Chapter are available to all persons with some rights being restricted to only citizens. Beyond this categorization the Constitution makes no further distinction among rights holders. But official identity papers provide civil personhood. Among the instruments by which the Indian state defines civil personhood, gender identity is a crucial and unavoidable category. Identification on the basis of sex within male and female is a crucial component of civil identity as required by the Indian state. The Indian state's policy of recognizing only two sexes and refusing to recognize hijras as women, or as a third sex (if a hijra wants it), has deprived them at a stroke of several rights that Indian citizens take for granted. These rights include the right to vote, the right to own property, the right to marry, the right to claim a formal identity through a passport and a ration card, a driver's license, the right to education, employment, health so on. Such deprivation secludes transgender's and hijras from the very fabric of Indian civil society.

The Supreme Court judgement on Transgender Rights

This judgement covers persons who want to identify with the third gender as well as persons who want to transition from one identity to another, i.e. to male to female or vice versa. The Court has directed Centre and State Governments to grant legal recognition of gender identity whether it be male, female or third gender.

- **Legal Recognition for Third Gender:** In recognizing the third gender category, the Court ruled that fundamental rights are available to the third gender in the same manner as they are to males and females. Further, non-recognition of third gender in both criminal and civil statutes such as those relating to marriage, adoption, divorce, etc is discriminatory to the third gender.
- **Legal Recognition for people transitioning within male/female binary:** As for how the actual procedure of recognition will happen, the Court merely states that they prefer to follow the psyche of the person and use the 'Psychological Test' as opposed to the 'Biological Test'. They also declare that insisting on Sex Reassignment Surgery (SRS) as a condition for changing one's gender is illegal.



On legally transitioning in India

Many transgender persons who transition want to be able to change their name, title, sex and/or gender on official documents to match their gender identity. Having a form of photo identification with these details affirms who you are and may help to avoid stigma and discrimination. It can also ensure you have access to the same rights as other people of that sex or gender identity.



If you take hormones or other medical steps that change your visible appearance it can become very hard to use an identification document if the name, sex or photo no longer match how you look.

If you want to change your name, title, sex or gender on official documents, the first step is to find out if it is possible to do this in your country. You can contact a local transgender – hijra community based organisations or Voluntary Health Services MSA project, to find out whether they know of any law, policy or court decision at Supreme Court or the state level courts that enables these details to be changed. Even if it is possible, the process is often time consuming and costly. It often involves separate applications to change details on each document or official record. The rules and process may differ depending on the document and the agency responsible for issuing it.

In view of this situation, transgender person who are intending to legally transition into their preferred gender identity legally may use the steps outlined. The following is based on experiences shared by trans community members on forums and web portals like TransgenderIndia¹ and Orinam².

¹ <https://transgenderindia.com/>

² <http://orinam.net/resources-for/lgbt/legal-resources/tg-documentation/>

Points to remember

Affidavits are needed for a change in name and gender by paying the appropriate court or notary fee and getting these signed by a magistrate.

A person can, at any point during the course of Sex re-assignment surgery or gender reassignment surgery (and even without it as well), go to a lawyer in case they want to change their name and gender in their official documents. The process involves the following steps. However, there is no clarity about the process and requirements differ from place to place, case to case, and is often dictated by individual bureaucratic specificities.

(i) **Getting an affidavit notarised at the court:** Such affidavit should mention the change in gender identity (male to female, female to male, or male/female to transgender).

(ii) **An official gazette notification must be done to notify the change.**

(iii) **Two newspaper advertisements** need to be published that include age, date of birth, place of residence, previous official name, and current gender and name.

1) Place a newspaper advertisement to that effect. (Samples below)

Transman (FTM): "I, aged....., having my date of birth as, resident ofand so far known as Ms....., have changed my gender and name and will henceforth be known as Mr.....".

2) Transwoman (MTF): "I, aged....., having my date of birth as, resident ofand so far known as Mr....., have changed my gender and name and will henceforth be known as Ms.....".

(iv) **Filing an application before employer:** This application must request for relevant changes in the employee identity card and attach copies of the gender-change affidavit, newspaper advertisements and/or gazette notification.

(v) Pursuant to this, applications can be filed before relevant authorities for changes to Voter's ID Card, PAN Card, Bank documents including Debit/Credit Card, Driving License, Passport, Ration Card, etc. These applications must include copies of the affidavit, advertisements and the fresh employee identity card.

(vi) Renewal of passport is not yet possible without SRS certificate, contrary to provisions given in the NALSA judgement.

Other legal rights of transgender persons in India : THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) BILL, 2016⁴ :

The revised transgender protection of rights bill will soon be placed in the Lok Sabha. It includes 9 Chapters⁵. Important provisions of the bill are as follows:

The bill prohibits following discriminations against transgender:-

- o Denial of right to education. Force to quit the education midway. Misbehaviour or unfair treatment.
- o Discrimination in the place of employment.
- o Denial of health services or treatment at any health care centre.
- o Denial of entry to any public place or residential house or place
- o Right to movement
- o The denial or discontinuation of, or unfair treatment in, the opportunity to stand for or hold public or private office
- o The denial of access to, removal from, or unfair treatment in, Government or private establishment in whose care or custody a transgender person may be.

This bill ensures the transgender that they have a right to reside in their parent's home and ensures the right to education, social security and healthcare.

⁴ <http://www.prsindia.org/billtrack/the-transgender-persons-protection-of-rights-bill-2016-4360/>

⁵ <http://www.prsindia.org/uploads/media/Transgender/Transgender%20Persons%20Bill,%202016.pdf>

Frequently asked questions

1. The right of equality before law and equal protection of law is guaranteed under Article 14 and 21 of the Constitution.

What does this mean: The right to chose one's gender identity is an essential part to lead a life with dignity which again falls under the ambit of Article 21. Determining the right to personal freedom and self determination, the Court observed that "the gender to which a person belongs is to be determined by the person concerned."

The Court has given the people of India the right to gender identity.

Further, they cannot be discriminated against on the ground of gender as it is violative of Articles 14, 15, 16 and 21.

2. What about gender expression, is it crminalized?

What it means : The Court also protects one's gender expression invoked by Article 19 (1) (a) and held that "no restriction can be placed on one's personal appearance or choice of dressing subject to the restrictions contained in article 19(2) of the Constitution".

The Court recognized the right to as to how a person choose to behave in private, personhood and the free thought process of the human being, which are necessary for the fullest development of the personality of the individual. The Court further noted that a person will not realize his dignity if he is forced to mature in a gender to which he does not belong to or he cannot relate to which will again hinder in his development.



The Supreme Court has given certain directions for the protection of the rights of the transgender persons by including of a third category in documents like the election card, passport, driving license and ration card, and for admission in educational institutions, hospitals, amongst others.

Human rights are basic rights and freedoms which are guaranteed to a human by virtue of him being a human which can neither be created nor can be abrogated by any government. It includes the right to life, liberty, equality, dignity and freedom of thought and expression

3. What about social entitlements for transgenders ?



What does it mean: Various state governments viz. Kerala, Tamil Nadu, Orissa, Rajasthan, Karnataka, Chhattisgarh, West Bengal etc have approved a policy for the social upliftment of transgenders in the state by offering them pensions, ration cards, housing sites and other financial assistance for business activities. This is different from state to state, you may wish to connect with transgender CBOs and the board officials in your respective states.

4. How can you change your name on pan card, Aadhar card and passport?

What it means:



Pan card: Yes, it can be done. Correction form available online on the Income Tax PAN Services Unit website <https://tin.tin.nsdl.com/pan/>

Any correction must be accompanied by personal identification proof, age proof and address proof. It is unclear whether a change in gender from 'male' to 'female' or vice versa is possible when such supporting documents do not reflect the same gender.



Aadhar Card: Yes, it can be done. Instruction contained on the website: Application by Post for Resident Data Update/ Correction, (https://uidai.gov.in/images/instruction_for_request_by__post_05112014.pdf)



Passport: Yes, it can be done. Schedule III, Passport Rules, 1980. Also specified in the Instruction booklet.

5. Who can I go to if I need legal help?



There are many CBOs and legal service providers who can help you with your legal transition. Each state may have its own District Legal Service Authorities (DLSA), State Legal Service Authorities (SLSA) who offer free legal aid services for the communities.

Lawyers Collective - Address: 4th floor 61, Janabhoomi Marg, Kala Ghoda, Fort, Mumbai, Maharashtra 400001. Phone: 022 2287 5483

HRLN: Address: First Floor, Jalaram Krupa, Janabhoomi Marg, Kala Ghoda, Fort, Mumbai, Maharashtra 400001. Phone: 022 2282 0109



Module 2 :

MEDICAL TRANSITION STEPS

“Transgender people are individuals of any age whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. It is important to note that not all transgender people want to undergo sex re-assignment surgery and not all require or want to initiate hormone therapy”

Introduction

Health is dependent upon not only good clinical care but also social and political climates that provide and ensure social tolerance, equality, and the full rights of citizenship. Health is promoted through public policies and legal reforms that promote tolerance and equity for gender and sexual diversity and that eliminate prejudice, discrimination, and stigma. The National Planning Commission, India in its Twelfth Five Year Plan has accepted the need to meet the health and social protection needs of lesbian, gay, bisexual and transgender (LGBT) community who has been neglected for a long time⁶.

On 15th April 2014, the Honorable Supreme Court of India passed a historic verdict, which recognizes the rights of transgender persons in our country. According to this verdict transgender persons have the right to identify as woman, man or transgender with or without going through Sex Re-assignment Surgery (SRS).

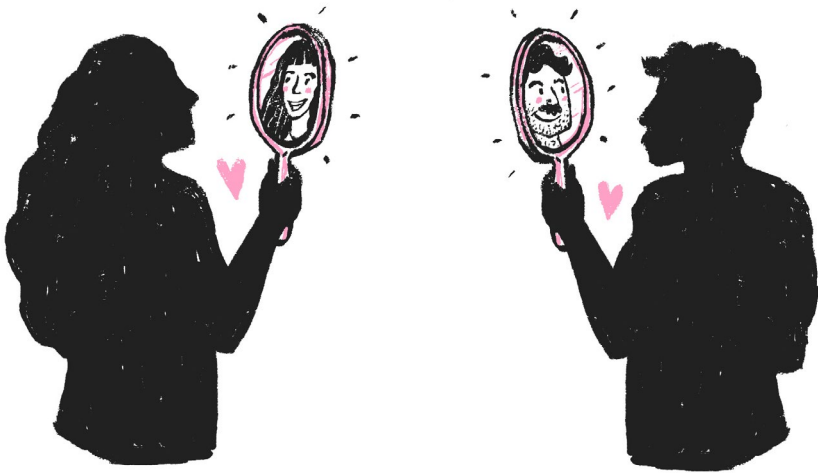
Gender transition in India

Gender transition care for transgender people are quite diverse in their need for gender transition related services. Not all transgender people want to physically modify their body through hormone therapy or surgery. Some may be satisfied with occasional 'cross dressing' or living part time in the role of their desired gender. Others may seek a combination of medical and surgical services, which may include hormone therapy; sex reassignment surgery; non genital surgical procedures of the face, breast or body; speech and voice therapy; and removal of facial hair.

⁶ http://www.in.undp.org/content/dam/india/docs/HIV_and_development/the-case-of-tamil-nadu-transgender-welfare-board--insights-for-d.pdf

Hormone therapy

"The goal of hormone therapy, in general, is to align the external appearance of the body in line with the experienced gender. Hormone therapy therefore needs to produce masculinizing effects in a female-to-male trans person, and feminizing effects in a male-to-female trans person."



To be transgender or transsexual means that one identifies with a gender other than one's biological or assigned gender. Transitioning refers to any physical, mental, or emotional change that a person makes in order to better reflect their gender identity.

As transgender people, we make many choices about transitioning, and continue making choices over our lifetimes. Some of us choose: voice therapy, top surgery, gaffing, make-up, vaginoplasty, tattoos, hair replacement, binding, name change, phalloplasty, hormones, breast implants, piercing, metoidioplasty, prosthetic breasts, pronoun change, artificial facial hair, psychotherapy, change of sex designation, hair removal, gendered dress, sideburns, or hairspray...Of course, this is a partial list!

Our choices are often difficult to make, and once we decide, we still have to come up with the money, or the psychiatric evaluation, or the courage, or the legal precedent, or the family and community support.

No two transgender people are alike. We make different changes in different orders and in different ways.



Transgender people who seek a change of name or change of designation of sex may find that it's a complicated, frustrating and drawn-out process.

If you need to strategize, vent, or share ideas as you work your way through the system, consider calling a transgender support organization.

Masculine Transitioning Hormone Therapy

How do hormones work?

Hormones are chemical messengers produced by the glands. They are released into the bloodstream, where they direct the activities and development of other cells. Hormones affect the appearance and growth of body fat, breasts, hair, reproductive organs and skin.

Which hormones?

Hormone therapy for masculine transitioning individuals increases testosterone levels while lowering estrogen levels into a typical “male” range.

How is testosterone administered?

The three main ways of administering testosterone are by injection, by skin patch or gel, and by pill.



Injections: Testosterone is injected into the buttocks or thigh, one to four times per month, depending on dosage. Of all the methods, this one is the least expensive, and in many cases offers the quickest results. Some people who use this method experience fatigue or irritability towards the end of the injection cycle, when testosterone levels are at their lowest.

Skin patch or gel: Both gel and patch, applied daily, are efficient ways to keep testosterone levels stable. When using this method, instructions must be followed carefully to avoid transferring testosterone through physical contact with children or with intimate partners. This method is among the most expensive options.

Pill: Rarely prescribed because it is the least effective in stopping menstrual periods.

Where can I get hormones?

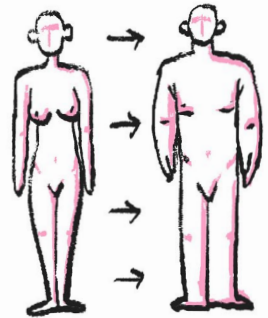
Hormones are medications that can be prescribed by general practitioners, endocrinologists and gynecologists. Like all drugs, they should be taken with care, as they can cause temporary and/or permanent side effects.

What effects will hormones have on my body?

The effects of testosterone are completed over several years, and many factors can influence the degree of change you experience, including the number of hormone receptors in your body, your age, and your dose. Testosterone affects the entire body; it is not possible to pick some changes and not others.

Voice: Your voice may deepen. In most people, some change is noticeable after 3 months, and there is no further change after 1 year. This change is permanent. Another way to change your voice is through voice therapy.

Body fat / muscles: Body fat will be redistributed from the more typically "female" pattern (under the skin, including on arms, legs, and hips) to a more typically "male" pattern (surrounding internal organs, and in the abdomen). Your muscular mass may increase. Changes will be gradual, possibly beginning around 3 months. If you stop taking testosterone, fat may redistribute towards its original pattern, and muscle mass may gradually decrease.



Body hair / facial hair: A beard may grow, and you may develop more body hair. This could include hair on your eyebrows, chest, stomach, back, neck, pubic area, arms, and/or legs, as well as in your ears and nose. Existing hair may become more coarse. Changes may be noticeable between one month and one year, and will not be completed for many years. This change is permanent; if you stop taking hormones the hair won't disappear, although it may become less coarse.



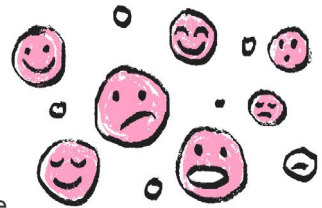
Hair: Testosterone can lead to hair loss and perhaps baldness. For some, this is a desired effect. If this is not your case, you may consider a range of options such as medication to prevent hair loss such as Finasteride, implants or wigs.



Skin: Testosterone changes the skin, making it thicker, and sometimes a little oilier. This may result in acne. For persistent acne, consider talking to your doctor. Together, you may consider lowering your dosage of testosterone, prescribing medication, or experimenting with different washing regimes.



Feelings / mood: Changes in hormonal levels can affect your moods and feelings both positively and negatively. However, during hormonal therapy, it is difficult to tell which mood variations are due to chemical change, and which are due to other factors. For example happiness could result from bringing the body more in line with the mind.



Bone size: After puberty, the skeleton is fixed in shape and size. Although bone density may increase, hormones will not enlarge your bones, and the size of the bones in your feet and hands will remain the same.

Menstruation, libido and fertility: Menstruation should cease after 1 to 6 months on testosterone. If it does not, consult with your doctor. You may experience an increase in libido and sexual appetite. It is still possible to get pregnant while taking testosterone, however testosterone is toxic for a fetus and you can't take testosterone while pregnant. Depending on how you have sex, you may need to use birth control. There is a possibility that you will become permanently sterile as the long term effects of hormone therapy on fertility are not fully understood.



Genitals: Testosterone affects the clitoris, which may become more sensitive and somewhat larger (average size between 1 and 3 cm). The vagina may become dryer and more fragile, so if you have vaginal sex, consider adding extra lubricant.

Testosterone does not protect you from sexually transmitted infections, Hep C, or HIV. As always, consider using a latex barrier such as a glove, a dental dam, or a condom.

Breasts: Hormones will not make your breasts disappear, although they may become less firm as body fat shifts to a more typically “male” pattern.

Will hormones make me a man?

Although hormones are a part of a transition process for some, they are not miracle drugs that will turn you into a man or woman.

What risks are involved with hormone therapy?

Many of the risks associated with taking hormones can be reduced by having periodic blood tests to monitor liver health. Medications taken in hormone therapy are processed by the liver, and there is a possibility that long term hormone therapy can put strain on your liver, or cause liver disease.

Buying hormones from unreliable sources or on the “underground market” should be avoided, because you can’t always be certain of what you’re buying.

You may expose yourself to unnecessary health risks, thereby slowing down your hormone therapy. Long term medication can have serious side effects and risks. Visiting your doctor regularly in order to monitor your overall health and well-being is an important and necessary part of any medical treatment. While it is inconvenient and difficult at times, it is important to be proactive with your health during hormone therapy.

Will I have to continue with hormone therapy all my life?

If you decide to stop taking hormones, you may require medical monitoring to ensure that your hormonal levels do not put you at increased risk for osteoporosis, or other health concerns. This is particularly true for masculine transitioning who have undergone an oophorectomy (removal of the ovaries).

Feminine Transitioning Hormone Therapy

How do hormones work?

Hormones are chemical messengers produced by the glands. They are released into the bloodstream, where they direct the activities and development of other cells. Hormones affect the appearance and growth of body fat, breasts, hair, reproductive organs and skin, and help regulate blood sugar, cholesterol levels, and metabolism.

Which hormones feminize the body?

Hormone therapy for feminine transitioning individuals increases estrogen levels while lowering testosterone levels into a typical “female” range, resulting in internal as well as visible changes to the body. A third hormone, progesterone, is linked directly to the reproductive cycle in a “female” and is not produced in a “male”. It is not necessarily prescribed as part of a hormone therapy for MTFs.

Estrogen: Estrogen is the main feminizing hormone. It is the principle hormone responsible for the development of secondary sex characteristics in the body (breast development, change in the distribution of body fat to hips, arms, abdomen etc.)

Anti-Androgen: This hormone is used to lower the level of testosterone produced by the body. With time, anti-androgens can decrease the level of testosterone to levels that correspond to those found in most women. This allows MTFs to take a lower dose of hormones, helping to lower the risks associated with hormone therapy such as blood clots and liver damage.

Progesterone: A lack of studies in the area leave room for discussion, however progesterone is not often prescribed to feminine transitioning people.

Where can I get hormones?

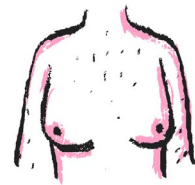
Hormones are medications that can be prescribed by general practitioners, endocrinologists and gynecologists. Like all drugs, hormones should be taken with care as they can sometimes cause temporary and/or permanent side effects.

What effects will hormones have on my body?

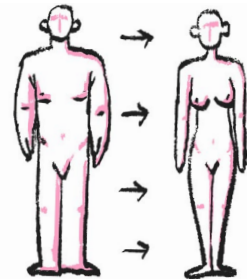
Hormones will have a different effect on different people, depending on dosage, body type and age and will take a couple of years to fully take effect. Hormones affect the entire body. It is not possible to choose some changes and not others.

Voice: Hormones won't have an effect on your voice. If you're looking for a change, keep in mind that through practice, you can train your vocal cords to produce a sound more to your liking.

Breasts: Hormones encourage breast development in feminine transitioning people. As is the case with all women, if you are dissatisfied with your breast size after they cease to grow, you can use both non-surgical and surgical methods to obtain a desired breast size. These effects are gradual and might lessen if you stop taking hormones.



Body fat: Taking estrogen will cause a redistribution of body fat in a pattern generally found in cisgender women (around the abdomen, buttocks, hips, thighs upper arms etc.). These effects are gradual and might lessen if you stop taking hormones.



Body hair: Anti-androgens sometimes cause body hair to become more fine. Beards are minimally affected by hormone therapy. To completely eliminate facial hair, there are two proven methods: electrolysis or laser hair removal.

Hair: Hormone therapy can reinvigorate your hair, but won't stimulate new hair growth.

Skin: Facial skin pores will reduce in size, and the skin becomes more sensitive and soft. You will begin to see changes between 1 and 3 months.

Muscles: A loss of muscle mass is to be expected in the long term. These effects are gradual.

Feelings / mood: Changes in hormonal levels can affect your moods and feelings both positively and negatively. However, during hormonal therapy, it is difficult to tell which mood variations are due to chemical changes and which are due to other factors. For example, happiness could result from bringing the body more in line with the mind.



Erections, ejaculations, libido and fertility: There is often a noticeable change in the frequency of erections and a reduction in their duration and firmness. Since the quantity of semen decreases, there is a possibility of short or long term infertility. You will begin to see changes between 1 and 3 months.

Will I have to continue taking hormones all my life?

If you decide to stop taking hormones, you may require medical monitoring to ensure that your hormonal levels do not put you at increased risk for osteoporosis, or other health concerns. This is particularly true for feminine transitioning individuals who have undergone a vaginoplasty.

Will hormones make me a woman?

Although hormones are a part of a transition process for some, they are not miracle drugs that will turn you into a man or woman.

What kinds of risks are involved in hormone therapy?

Many of the risks associated with taking hormones can be reduced by having periodic blood tests to monitor liver health. Medications taken in hormone therapy are processed by the liver, and there is a possibility that long term hormone therapy can put strain on your liver, or cause liver disease.

Buying hormones from unreliable sources or on the "underground market" should be avoided, because you can't always be certain of what you're buying.

You may expose yourself to unnecessary health risks, thereby slowing down your hormone therapy. Long term medication can have serious side effects and risks.

Visiting your doctor regularly in order to monitor your overall health and well-being is an important and necessary part of any medical treatment. While it is inconvenient and difficult at times, it is important to be proactive with your health during hormone therapy.

TABLE 2: RISKS ASSOCIATED WITH HORMONE THERAPY^a

Risk level	Feminizing hormones	Masculinizing hormones
Likely increased risk	<ul style="list-style-type: none"> • Venous thromboembolic disease^a • Gallstones • Elevated liver enzymes • Weight gain • Hypertriglyceridaemia 	<ul style="list-style-type: none"> • Polycythaemia • Weight gain • Acne • Androgenic alopecia (balding) • Sleep apnoea
Likely increased risk with presence of additional risk factors ^b	<ul style="list-style-type: none"> • Cardiovascular disease 	
Possible increased risk	<ul style="list-style-type: none"> • Hypertension • Hyperprolactinaemia or prolactinoma 	<ul style="list-style-type: none"> • Elevated liver enzymes • Hyperlipidaemia
Possible increased risk with presence of additional risk factors ^b	<ul style="list-style-type: none"> • Type 2 diabetes^a 	<ul style="list-style-type: none"> • Destabilization of certain psychiatric disorders^c • Cardiovascular disease • Hypertension • Type 2 diabetes
No increased risk or inconclusive	<ul style="list-style-type: none"> • Breast cancer 	<ul style="list-style-type: none"> • Loss of bone density • Cancer of breast, cervix, ovary and uterus

Note: Bolded conditions are clinically significant.

a Risk is greater with oral estrogen than with transdermal estrogen administration.

b Additional risk factors include age.

c Includes bipolar, schizoaffective and other disorders that may include manic or psychotic symptoms. This adverse event appears to be associated with higher doses or supraphysiologic blood levels of testosterone.

Gender Dysphoria

According to the DSM 5, transgender identity is termed as Gender Dysphoria and not a disorder. There are two major universally standardized classificatory systems of mental disorders, Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD). Definitions of the ICD-10 (World Health Organization, 1993) are under review.

Diagnosis of gender dysphoria or gender identity disorder is a prerequisite for undergoing surgery in these hospitals. This diagnosis is usually made by a psychiatrist who provides a letter to the surgeon or just provides a case summary and diagnosis, which can be used by the person with any authority that offers identity card⁷.

Overview of Surgical Procedures for the Treatment of Gender Dysphoria :

This guideline is neither intended to cover nor is there scope to describe in details, each operative technique, their consequences, risks or complications that might arise. Following is the overview of various gender affirmative surgical interventions –

Surgeries for Male to Female (MtoF) Transgender Persons -

A. MtoF Chest Surgery : Augmentation Mammoplasty (implants/lipofilling)

B. MtoF Genital Surgeries :

- Penectomy: Removal/amputation of Penis
- Orchiectomy: Removal of testes
- Vaginoplasty: Reconstructive surgery to create a vagina

C. MtoF Non-Genital, Non-Breast Surgeries: Facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, hair reconstruction, and various aesthetic procedures.

⁷ Legal recognition of gender identity of TG people. http://www.undp.org/content/dam/india/docs/HIV_and_development/le_gal-recognition-of-gender-identity-of-transgender-people-in-in.pdf

Surgeries for Female to Male (FtoM) Transgender Persons -

A. FtoM Breast/Chest Surgery : Subcutaneous Mastectomy (removal of breast), creation of a male chest

B. FtoM Genital Surgeries : Hysterectomy: Removal of uterus/ Fallopian tubes and ovaries

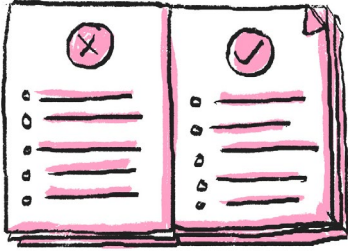
C. FtoM genital reconstruction : Reconstruction of the fixed part of the urethra, which can be combined with a metoidioplasty (creation of a micro-penis) or with a phalloplasty (creation of a penis employing a pedicled or free vascularized flap), vaginectomy (removal of vagina), scrotoplasty (reconstruction of scrotum), and implantation of erection and/or testicular prostheses

D. FtoM Non-Genital, Non-Breast Surgeries : Voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures.

General Criteria for Genital Surgery

1. *Persistent, well documented Gender Dysphoria*
2. *Capacity to make a fully informed decision and to give consent for treatment*
3. *Age of majority(18 years) is reached*
4. *If significant medical or mental health concerns are present, they must be well controlled*
5. *12 continuous months of hormone therapy as appropriate to the persons gender goals(unless hormones are not clinically indicated for the individual).*

National Gender Transition Guidelines



There are international guidelines on all gender-affirming medical procedures (including assessment, hormone therapy, chest reconstruction and breast augmentation surgeries and genital reconstruction surgeries) developed by the World Professional Association for Transgender Health (WPATH) and UN agencies including World Health Organisation have endorsed a comprehensive Trans Health Blueprint for this region⁸. However, lack of access to this information and lack of national guidelines apparently prevent health care providers in India from providing hormonal therapy⁹. In 2015, a task force was established by Indian Council of Medical Research (ICMR) to prepare guidelines on providing health services for trans people and intersex people. Those guidelines are yet to be released.

⁸ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project.

⁹ Chakrapani, V., Velayudham, J. (2008, January). Whether ICD-10/DSM-IV diagnostic guidelines and WPATH treatment guidelines on 'Gender Identity Disorders' (GID) are relevant to India?: Discussion on the need for 'India-specific' guidelines for GID. 8th Annual National Conference of Indian Psychiatrists Society, Kolkata, India.

Myths & Facts



When people don't know much about a subject or group of people, they tend to make assumptions and jump to all sorts of conclusions without finding out the truth.

This leads to a lot of common myths forming. Trans people are still hugely under-represented in the media and information about being trans can still be hard to find. Below is a list of some of the myths surrounding trans people.

1. **Myth:** All people who are transgender need to undergo surgery.

Fact: Being transgender means different things to different people—everyone's journey is different.

2. **Myth:** Surgery/hormones will mean your body will change overnight.

Fact: Everybody's body changes differently and at different paces. There's no set timeline.

3. **Myth:** All trans people are confused.

Fact: Trans people are no more confused or no less confused than anyone else.

4. **Myth:** Being transgender is a choice.

Fact: Being trans is no more a choice than being tall, straight or black. Trans people however have to choose how honest they are with themselves and others.

5. **Myth:** All trans people are depressed and unhappy.

Fact: Many trans people live happy, successful and fulfilled lives.

6. **Myth:** If you are transsexual and haven't had surgery you shouldn't want to have sex.

Fact: Some transsexual people will still have sexual feelings and still want to have sex — it's whatever feels right for you.

Some other questions that you may have with regards to your medical transition -

What are the steps before I can be prescribed hormones to transition to my affirmed gender?

- It usually takes two separate visits to the Clinic/ endocrinologist before you will be prescribed hormones.
- During the first appointment, you will meet with one of the doctors and she will review your personal and family health history and perform an exam. You will also meet with the pharmacist who will review the medications commonly used. She will review the risks of the medications and common side effects as well as a timeline of expected changes. You will have baseline blood work done during this visit. If you recently had blood work done, please bring these results with you for the doctor to review.
- It is also generally required for people to have at least two evaluation from a mental health professional such as a therapist, counselor, or psychiatrist. The evaluation should focus on your gender history and ability to understand the risks and benefits of treatment used to transition to another gender. After the evaluation, the mental health professional will provide you with the necessary letter that you will share with the doctor.
- The second appointment will be scheduled at least 1- 2 weeks after the initial visit. You will again meet with the doctor to review the lab results and the letter from the mental health professional. A treatment plan will be agreed upon during this visit and the medication will be prescribed to your pharmacy.

What if I have already been prescribed hormones by a different provider?

- The doctor will review your personal and family health history and perform an exam. She will discuss your gender history and how long and at what dose you have been on hormones. Please bring with you any recent lab work and/or records from your previous provider for the doctor to review.

What if I have been taking hormones that I have received from the internet or from a friend without a doctor's prescription?

- Generally, if you have already been on hormones, you do not need a letter from a mental health professional. However, the doctor may recommend that you have an evaluation or consider on-going therapy with a mental health professional.

How often will I have to have follow-up appointments with the doctor while on hormones?

- After you have been started on hormone therapy, you will be seen in approximately 3 months to review the effects of the medication and have lab work completed. The doses of your medicine(s) may be adjusted at this visit. You will be seen every 3 months until you are on a stable dose of the medication, at which time you will be seen every 6 months for two visits and then every year. If you have other medical conditions, you may need to be seen more often.

What procedures for transgender and gender non-conforming people are available at select public hospitals and private clinics in India?

The following procedures are offered (generally)

- Orchiectomy (removal of the testicles)
- Breast Augmentation
- Laser Hair Removal

The following procedures are offered at Clinics for transmen (female to male persons):

- Hysterectomy and oophorectomy (removal of the uterus and ovaries) through the Department of Gynecology

Transgender-specific health services

- Chest/breast exams
- Pelvic exams and pap tests
- Prostate exams
- Sexually transmitted infection (STI) testing, treatment and prevention
- Hormone therapy and monitoring
- Referrals to specialty providers and community resources
- Post-surgical care for those who have undergone gender affirming surgery
- services
- Pre Exposure Prophylaxis (PrEP) for HIV

Ten Things Transgender Persons Should discuss with Their Healthcare Care Provider

Following are the health issues that most healthcare providers have identified as most commonly of concern for transgender persons. While not all of these items apply to everyone, it's wise to be aware of these issues.

1. Access to Healthcare

It is not easy to find a healthcare provider who knows how to treat transgender people. Sometimes it is difficult to find someone who will agree to treat you. Some providers may feel that there is something wrong with you because you are a transgender person. They are not correct, of course.

They may not understand that you have always been this way. Even if you do find someone who will treat you, your insurance may not pay for the treatment. Ask your provider if your costs will be covered by your insurance. If they will not, ask if they will reduce your bill so you can pay.



2. Health History

Its important for you to be able to trust your healthcare provider. Tell them about the medicines you have taken and the surgeries you may have had. If your provider knows what has happened with you in the past, he or she will be better able to give you the best treatment today.



3. Hormones

Talk with your provider about hormone treatment. If you are starting hormones for the first time, ask about the things you need to watch out for while taking these medicines. If you are a transgender woman, ask about estrogen and blood clots, swelling, high or low blood pressure and high blood sugar. If you are a transgender man, ask about the blood tests you will need to be sure your testosterone dose is safe. Be sure and take only the hormones prescribed by your provider.

4. Cardiovascular Health

Transgender persons may be at increased risk for heart attack or stroke, not only from hormone use but from cigarette smoking, overweight, high blood pressure and diabetes.

Transgender women may fear that their provider may make them stop estrogen if they develop heart trouble, and so they may not report feelings such as chest pain or trouble breathing. Be sure to tell your provider if you do have these feelings.

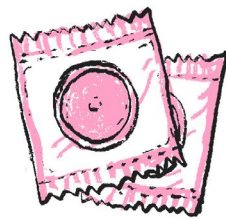


5. Cancer

It is very rare to develop cancer due to hormone treatment, but your provider will evaluate you for this possibility when he or she sees you for check-ups. Your provider will also check for possible cancer of your sex organs, if they have not been removed. Again this is very rare but it should be checked along with the rest of your physical examination.

6. Sexually Transmitted Diseases and Safer Sex

Transgender people, particularly young transgender people, may be engaging in sexual activity. Just like anyone else, transgender people may get a sexually transmitted disease. It is very important to practice safe sex, so you will not become infected with HIV or other sexually transmitted diseases. Ask your provider about safer sex practices.



7. Alcohol and Tobacco

Transgender persons who drink alcohol may drink too much and risk damage to the liver or other organs. Too much alcohol may also cause a person to treat themselves or other people badly, or to drive unsafely. Alcohol and hormones may be more dangerous when taken together. Many transgender people smoke cigarettes. This increases their risk of heart and lung disease, especially in persons taking hormones. Transgender persons who care about their health should not smoke, and they should drink only small amounts, if at all.



8. Depression

It is very easy for transgender persons to become sad and depressed. If our families or friends don't want to see us anymore, it is a very depressing time. Even after transition, depression can still be a problem. When someone is depressed, they cannot be happy no matter what they are doing. Depressed persons may make bad choices and may harm themselves. Please talk with your provider or your therapist about your feelings and tell him or her if you feel sad or depressed. Many good treatments are available for depression.



9. Breast augmentation

Some transgender women want to look feminine and beautiful without having to wait for the effects of estrogen. Some transgenders use different traditional methods to augment their breast by non-medical persons, may move around in the tissues and cause ugly scars years later.

10. Fitness (Diet & Exercise)

Many transgender people are overweight and do not exercise. It is hard to make time for exercise if you have to work long hours. A healthy diet and a frequent exercise routine are just as important for transgender persons as for anyone else. If you are planning to have surgery, your surgeon will want to be sure you are in good physical condition to do well during and after surgery. Try to eat a healthy diet and try to exercise for at least 20 minutes three times a week.



Module 3 :

CHANGING YOUR APPEARANCE OR GENDER EXPRESSION

Introduction:

Transitioning is the process by which some trans people change their gender expression to match their gender identity, or begin to change from living as one gender to another.

This process can vary hugely and can range from minor changes to permanent changes. Everyone is different, and the level of transition will depend on personal feelings.

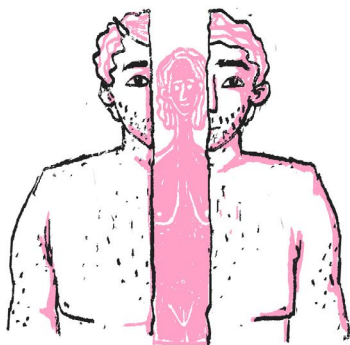
Some stages in transitioning can include:

- Dressing in different clothes
- Changing the way you talk
- Adjusting mannerisms
- Changing your body through exercise
- Changing your hair or wearing a wig
- Using make up
- Hair removal
- Changing your name
- Taking hormones
- Surgery

Transitioning can take time and it is a good idea to start with some of the minor changes to see how you feel. If you decide that you want to take hormones or get surgery, you will need to be referred to a Gender Specialist through your doctor.

What does “gender transition” mean?

Gender identity is how you feel internally, what you know about your gender, for example, if you feel you are a man or a woman or another gender. Gender expression is how you present this gender on the outside, through mannerism, behavior, clothing, style, voice and other presentation characteristics.



GENDER IDENTITY



GENDER EXPRESSION

When a person begins to live according to their gender identity, rather than the gender they were given by the doctors when they were born, this time period is called gender transition.

This decision is not easy on our culture and takes a lot of reflection. Because our society is sex segregated and there is a structural gender violent norms (bathrooms for men and women are severely policed), people that decided to transition are at constant risk and many lose their family and support when they decide to transition.

Despite those risks, living according to one's gender identity is life-affirming and even life-saving.

Which steps follow gender transitioning?

There are a variety of paths that people follow in a gender transition, and these may or may not include changing your name, clothing, appearance and preferred pronouns (like "she," "he," or "they"). If they can, some people change their identification documents, like their driver's license or passport, to better reflect their gender. Some transgender people undergo hormone therapy or other medical procedures to change their physical characteristics and make their body match the gender they know they are.



The World Professional Association for Transgender Health has these guidelines, called the Standards of Care (SOC) and they outline a series of steps that people may take to explore and complete gender transition. These may include:

- *Counseling with a mental health professional*
- *A "real life" experience where an individual lives as the preferred gender for a trial period*
- *Learning about the available options and the effects of various medical treatments*
- *Undergoing hormone therapy (Some of the effects of hormone treatment are reversible when a person stops receiving hormone therapy; other effects are not. (See Medical Transition factsheet on FTM AND MTF hormone therapy and trans health))*
- *Having various surgeries to alter the face, chest and genitals to be more congruent with the individual's sense of self.*

We believe that people should make their own decisions about their health care, based on their own individual needs, preferably in consultation with trans positive medical and mental health professionals. Different transgender people may need different types of transition-related care. While not everyone needs transition-related medical treatments, there is an overwhelming consensus in the medical community that they are medically necessary for many transgender people and should be covered by private and public insurance. Every major medical organization in the United States has affirmed that transition-related medical care is safe and effective, and that everyone who needs it should be able to access it. Unfortunately, this critical care is often denied by insurance companies, often in spite of state and federal laws.

What is the difference between being transgender and being gender non-conforming?

Being gender non-conforming means not conforming to gender stereotypes.

For example, someone's clothes, hairstyle, speech patterns, or hobbies might be considered more "feminine" or "masculine" than what's stereotypically associated with their gender.

Gender non-conforming people may or may not be transgender.

For example, some women who were raised and identify as women present themselves in ways that might be considered masculine, like by having short hair or wearing stereotypically masculine clothes. The term "tomboy" refers to girls who are gender non-conforming, which often means they play rough sports, hang out with boys, and dress in more masculine clothing.

Similarly, transgender people may be gender non-conforming, or they might conform to gender stereotypes for the gender they live and identify as.

What does it mean to have a gender that's not male or female?

Most transgender people are men or women. But some people don't neatly fit into the categories of "man" or "woman" or "male" or "female." For example, some people have a gender that blends elements of being a man or a woman, or a gender that is different than either male or female. Some people don't identify with any gender. Some people's gender fluctuates over time.

Some transgender people do not identify as man nor a woman, and may use terms like non-binary or genderqueer to describe their gender identity. Those who are non-binary often prefer to be referred to as "they" and "them."

What does it mean to crossdress?

Crossdressers wear the clothing generally associated with the opposite gender because it gives them a sense of happiness and fulfillment.

They may also wish to express more than one aspect of their personalities—both a sense of masculinity and a sense of femininity—that are part of them. Crossdressers, drag queens and drag kings like to change their appearance at times while generally identifying with the gender they were assigned at birth. People used to believe that crossdressing was a purely sexual fetish. Now, however, we know that for most people it is much more complex than that. While crossdressers may find it sexually appealing and gratifying, they may also experience emotional and psychological fulfillment from it. It is one way that people may express who they are.



Do transgender people face discrimination?

Transgender, transsexual, intersex and other gender non-conforming people are subjected to persistent and severe discrimination in many realms, from employment, to education, health care, and social and legal services. When in conjunction with low-income, trans people suffer even more severe discrimination and rising rates of incarceration. Because incarceration systems are sex-segregated, trans people suffer serious problems of inaccessibility, harassment and violence if their gender identity or expression is different than their birth sex.

Transgender, hijras/kinnars/arawanis and other social cultural identities, transsexual, intersex and gender non-conforming people are disproportionately poor, homeless, and incarcerated, and are 7-10 times more likely to be a victim of murder.

In India laws, policies and attitudes are trying to change. More and more employers, for example, now have policies which ban discrimination based on gender identity; they recognize that intolerance is bad for business.

Discriminations in the 2016 transgender protection bill is defined as -

- (a) the denial, or discontinuation of, or unfair treatment in educational establishments and services thereof;
- (b) the unfair treatment in, or in relation to , employment or occupation;
- (c) the denial of, or termination from, employment or occupation;
- (d) the denial of or discontinuation of, or unfair treatment in, healthcare services;
- (e) the denial or discontinuation of, or unfair treatment with regard to, access to, or provision or employment or use of any goods, accommodation, services, facility, benefit, privilege or opportunity dedicated to the use of the general public of customarily available to the public;
- (f) the denial, or, discontinuation of, unfair treatment with regard to the right of movement;

However, this has not translated in actual changes for those transgender people.

Module 4 :

TELLING OTHERS "YOU ARE TRANS"

Introduction:

Some transgender people who wish to disclose this truth about themselves to others have reached a breaking point in their lives where it's too difficult to hide who they are any longer. Transgender people often feel compelled to share who they are in order to build stronger and more authentic relationships with those closest to them. This is particularly true at school and at work, where we consistently spend a majority of our waking lives with certain other people. While there are benefits, there can also be serious risks and consequences involved. The decision is yours and yours alone.

It's important to weigh both risks and rewards before making a choice to tell others.



Some benefits of disclosure :

- Living an authentic and whole life
- Reducing the stress of hiding our identity
- Being more productive at work
- Developing closer, more genuine relationships with colleagues, customers and clients
- Building self-esteem from being known for who we really are
- Having authentic and open friendships with other transgender people
- Becoming a role model for others



Some risks/consequences of coming out :

- Not everyone will be understanding or accepting
- Family, friends and co-workers may be shocked, confused or even hostile
- Some relationships may permanently change
- You may experience harassment, discrimination or violence
- You may lose your job



Remember, there's no right or wrong way to disclose being transgender or to live openly. It may not mean you have to be out at all times or in all places. You have the right and the responsibility to decide how, where, when and even whether to share your identity with others, based on what's right for you.

Coming Out Step by Step

Telling someone that you are close to can be the hardest part of coming out, so it's important to be prepared. This step by step guide will help you to have all bases covered.



Be sure you are ready to tell:

- Be confident in yourself.
- Be sure that you want to come out rather than feeling you have to.

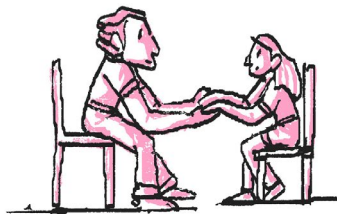
Be informed yourself – be prepared to answer questions:

- Educate yourself on the topic so you can educate others.
- If you are well informed you're more likely to be taken seriously.



Think about who, where, when:

- Be sure about who you want to tell and that they are someone you trust.
- Do it somewhere neutral and safe, somewhere neither of you know others.
- Make sure there is plenty of time to talk.



Decide how you are going to word it:

- Don't be too scripted or formal.
- Don't provide too much information at once.
- Try and be calm.
- Be non-confrontational.



Be ready for reactions:

- Be prepared for any reaction, see Questions & Responses.
- Remember that this might be the first time they have thought of you this way/met any trans person.



Their first reaction might not be how they actually feel:

- Give people a chance to think and time to get used to it.
- Remember that it probably took time for you to come to terms with it.

Coming Out to Family

Telling family members can feel especially daunting because they have known you as the gender you were assigned at birth for longer than most- maybe your whole life. The news may come as a complete shock and they may think that they are somehow to blame. It's important to help them understand that this is a part of you that no-one can change, and that by transitioning (in whatever form), you will become the person you really want to be.



- Remember that this might be the first time they have thought of you this way.
- A lot of parents may think that they have done something wrong and blame themselves.
- Some parents may feel like they have 'lost' a son or daughter and will need time to accept your new gender.
- Remember that the first reactions you get from family members may not be a true representation of how they'll feel in the long term.
- Many parents, with time, can become your biggest advocate, actively supporting you through your transition.

Coming Out to Friends

Many trans people come out because they reach a point where they don't want to hide who they are anymore. Telling friends can provide extra support and can make relationships feel more honest and real. Some friends may not accept it, but real friends will accept you for who you are. Before coming out to a friend, have a think about the following :

- Decide who you want to tell.
- Decide who you can trust not to tell others, unless you want them to.
- It is important when telling a friend to explain that it is your choice to tell others in your own time.
- Be prepared for questions and to explain your decision.
- Make sure you are in a safe, neutral space.
- Be confident about your decision and don't let others try and talk you out of it.
- Remind them that your gender is only one part of you and that you are still the same person.
- Explain that your friendship doesn't necessarily have to change.

Questions & Responses

Depending on who's being asked and who's asking, answers will vary, but the questions and guide answers below will hopefully help you to prepare for some of the common questions and reactions when someone comes out as transgender.

Q: What does "Being trans" mean?

A: Your own definition of how you identify.

Q: What if you meet a nice boy/girl?

A: If they are that nice they will accept me for who I am. Who I fancy is not determined by my gender.

R: You'll never be able to have kids.

A: There are lots of options for trans people to have kids.

R: You'll never be a real man/woman.

A: What's the definition of a real man/woman, who's to say what a man/woman is?

R: I'll always see you as a son/daughter/brother/sister.

A: Hopefully over time it will change and it would mean a lot to me if you tried.

R: But I love having a son/daughter/brother/sister.

A: I'm still the same person inside, I've just changed on the outside.

Q: Personal questions about body/surgery/sex life.

A: It's your choice what you feel comfortable answering. Would you ask someone who wasn't trans that sort of question?

Q: You don't have a penis/breasts & a vagina how can you be a man/woman?

A: It's how you feel inside that counts, not what's on the outside.

R: But I would never have guessed.

A: Why would you have expected to be able to tell? I wouldn't have expected you to. I'm like that because that's who I am not because of my gender. That's just my personality.

If anyone you come out to reacts negatively try and find a safe way to remove yourself from the situation. If their response involved verbal or physical abuse, you may want to report this to the police.

Module 5 :

KEEPING SAFE AND STRONG

Introduction:

In our societies a person is perceived as either “male” or “female” – two mutually exclusive categories. As a result, trans people and all those who transgress gender norms are likely to experience stigmatisation and discrimination. Violence, being declared mentally ill, and social exclusion fuel one another. Public measures that explicitly include trans people, however, can have a positive impact.

Transgender individuals had experienced a serious act of discrimination — events that would have a major impact on a person’s quality of life and ability to sustain themselves financially or emotionally.

These events included the following:

- Lost job due to bias/discrimination
- Eviction due to bias/discrimination
- School bullying/harassment so severe the individual dropped out of school
- Teacher bullying
- Physical assault due to bias/discrimination
- Sexual assault due to bias/discrimination
- Homelessness because of discrimination towards their gender identity/ expression
- Lost relationship with partner or children due to gender identity/expression
- Denial of medical service due to bias/discrimination
- Incarceration due to discrimination and misunderstandings of gender identity/expression

These compounding acts of discrimination — due to the prejudice of others or lack of protective laws — exponentially increase the difficulty of bouncing back and establishing a stable economic and home life.

Reforms needed to improve situation

• Legal Measures

- Every person must have the right to decide their gender expression and identity, including transsexuals, transgenders, transvestites, and hijras. They should also have the right to freely express their gender identity. This includes the demand for hijras to be considered female as well as a third sex.



- There should be a special legal protection against this form of discrimination inflicted by both state and civil society which is very akin to the offence of practicing untouchability.

- The Immoral Trafficking Prevention Act, 1956, is used less for preventing trafficking than for intimidating those who are the most vulnerable i.e., the individual sex worker as opposed to brothel keepers or pimps. This law needs to be reformed with a clear understanding of how the state is to deal with those engaged in sex work.

- Civil rights under law such as the right to get a passport, ration card, make a will, inherit property and adopt children must be available to all regardless of change in gender / sex identities.

• Accessing care as a transgender in the health care system

As a seeker of health services, sometimes it becomes unavoidable to educate/ sensitize your preferred provider on trans specific issues, if they aren't already sensitized on the issue. Here are top 10 tips that you can share with them on becoming a transgender-friendly and competent provider -



1. If you have a question about your patient's gender nonconformity, do not be afraid to ask.
2. Ask patients their preferred names and pronouns and use them during the encounter. If you make a mistake, apologize and continue.
3. The preferred name and pronoun will often differ from what is in the medical record as many transgender people have not changed their names and genders legally. Ask the patient if you can use this preferred name and pronoun in the medical record. Remember that many patients may have access to their medical records, and therefore your sensitivity should be reflected in the notes.

4. If possible, intake forms should include an option to disclose transgender status.



5. Sensitivity training should be required for all staff members who interact with the patient. The Center of Excellence for Transgender Health at the University of California, San Francisco, has published a helpful online course called Acknowledging Gender and Sex. The course is available at <http://transhealth.ucsf.edu/video/story.html>.

6. Public restrooms should include a unisex option.



7. Have local transgender resources, such as local transgender support groups, available to help guide the patient if needed.



8. Include transgender health topics as part of your medical school and training programs to increase the competence of future leaders in transgender health care.

9. Provide faculty development in transgender health. Many national and international meetings now include transgender health topics, and more online resources are becoming more available.

10. Phone a friend: Be aware of qualified providers in your area that you can contact about transgender-related questions.



Transphobia & Bullying

Sadly, many transgender people still experience transphobia and/or bullying at some stage in their life, whether it is at school, college, university, work or in the street. Transphobia is physical or verbal abuse to someone because they are or are assumed to be transgender.

Transphobia or bullying can include name calling, being threatened, being hit or kicked, being made fun of, being ignored, or having rumours spread about you. No person deserves to be bullied or to be the victim of transphobia – it is never acceptable.



If you are being bullied or discriminated against because you are transgender, you might want to:

- Talk to someone you trust about it.
- Report it to your school/college/university/employer.
- Report it to the police.
- Get support from a trans or LGBT community based organisation or legal support provider like Lawyers Collective , HRLN , Alternate Law Forum and other such organisations.

Challenging the bullying behaviour on your own is never a good idea, as you might be putting yourself in danger.

There is a lot more information available at the
Transgender community resource directory

www.vhsdiva.org

Take your time to find the support you need and
to explore what is the right path for you at this
time in your life.

