



# നിങ്ങളുടെ പരിചരണത്തിലെ നിറഭേദങ്ങൾ

A Guide for Medical Educators in Kerala  
on LGBTQIA+ Affirmative Care



iHEAR

Initiative For Health Equity, Advocacy  
and Research





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# Foreword

## Dr B Ekbal

Former Professor of Neurosurgery  
and Former Vice Chancellor, University of Kerala  
Thiruvananthapuram, June 10, 2025



This ***Guide for Medical Educators in Kerala on LGBTQIA+ Affirmative Care*** represents a crucial step forward in addressing long-standing disparities and omissions within healthcare education looking specifically at the Kerala situation. It serves as an indispensable resource for medical students, educators, and practitioners, aiming to bridge the knowledge gap concerning the specific health needs and experiences of lesbian, gay, bisexual, transgender, queer, and other diverse sexual and gender minority individuals.

By integrating comprehensive and culturally sensitive information specific to Kerala, this guide empowers future healthcare providers in Kerala to deliver affirming, competent, and equitable care, ultimately fostering a more inclusive and effective healthcare system for all.

The development of this guide is a testament to the growing recognition that healthcare must be tailored to the unique identities and challenges faced by the LGBTQ community. It highlights the importance of understanding not just clinical conditions, but also the social determinants of health, historical marginalization, and the nuances of identity that impact well-being.

By embedding these critical perspectives into medical curricula, this guide will not only enhance clinical proficiency but also cultivate empathy, respect, and a commitment to advocacy among healthcare professionals, ensuring that every patient receives the dignified and personalized care they deserve.

# Foreword

## Dr Jayasree AK

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Since the past decade, the visibility of LGBTQIA+ people has increased in our society. Conventional gender and sexuality norms are being revised in academia globally. In India, there have been legal reforms with more inclusivity, which is reflected in various sectors. In the medical curriculum, Competency-Based Medical Education was established recently. It is the right time to Include Gender and LGBTQI affirmative health into it. This also necessitates training of the faculty so that the subject is incorporated appropriately.

“Colours in Your Care”, a guide for Medical Educators to be LGBTQIA + affirmative, is a module developed by iHEAR Sangath. Content covers the major and most relevant facets of sex, gender, and LGBTQIA+ affirmative care. This follows participatory teaching- learning methods, which have transformative potential. Case scenarios and situations are effectively deployed to make the trainer easily grasp the concepts. A few competencies developed illustrate how to develop further competencies. It covers mental health, reproductive health, and geriatric health. Outline and illustrations make the module attractive for the learners.

This Kerala-specific teaching guide adds much contextual knowledge to it. There has been an enabling environment in Kerala towards the LGBTQIA+ community since the formation of Transgender policy in 2015. Following that, there were new structures like Transgender Cell, Boards, related policies, schemes, Government orders, court orders, etc. Preceding and following the policy, there has been a consistent mobilisation process from the community, which helps in revising the policies and programs. This process is well captured in the guide. A special mention of the contribution of Dr. Anuradha Krishnan, who represents both medical professionals and queer community in the development of the guide, is worth noting.



# Foreword

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Inclusion of lived experiences and literary expressions of LGBTQIA + people and experiences of queer friendly practitioners are valuable in the attitude building of the participants. A gist of available resources, including those of health systems in Kerala, is also given in the guide. Still, there is a dire need for the training of health care providers. A vision for involving various institutions and professional organisations is put forth. Feedback from teacher and student participants was taken during the development of the guide. This is an excellent guide for training medical educators, health care providers, and medical students.



# Acknowledgement

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The development of '**Ningalude Paricharanathile Nirabhedangal: A Guide for Medical Educators in Kerala on LGBTQIA+ Affirmative Care**' draws from multiple sources of knowledge and care. First and foremost, it builds on the narratives and reflections of those who have lived, observed, and resisted the gaps and harms in our healthcare system. We are deeply grateful to the individuals who shared their personal and professional experiences with us through written testimonies, interviews, or conversations during workshops and consultations. We thank: Dr. Vibha Usha Radhakrishnan, Dr. Shreya Salim, Vijayarajamallika, Aanandh C. Rajappan, X, members of the LGBTQIA+ and medical community who shared personal informal accounts during consultations and workshops, and whose perspectives have been woven into this guide with care and confidentiality.

We are thankful to the Australian Consulate-General in Chennai for supporting 'iHEAR Affirmcare: Building LGBTQIA+ affirmative medical educators in Kerala' project. This guide would not have taken shape without the leadership and commitment of Dr. Anuradha Krishnan, who led its development from start to finish, reaching out to contributors, gathering experiences, writing the text, and ensuring that the resource remained grounded in community voices and context. We would like to thank Aiswarya S, who coordinated the project and the development of this booklet, and Muskan Pradhan for the thoughtful graphic design and editorial support that helped bring this guide to life.

This resource is also shaped by earlier and ongoing research, advocacy, and capacity-building efforts of the iHEAR team, particularly in the domain of trans-affirmative and LGBTQIA+-affirmative healthcare competencies. The insights from medical educators, healthcare professionals, and students who participated in our workshops and consultations have been invaluable in contextualising this guide for Kerala. We are deeply grateful to our reviewers for their generous feedback and guidance: Dr. Harikeerthan Raghuram, Dr. Aqsa Shaikh, Dr. Khan Amir Maroof, Dr. Ragesh, Dr. Anant Bhan, Dr. Jayasree AK, Arjun Geetha, Dr. Jithesh V, and Dr. Bhavya Fernandez. We also gratefully acknowledge Akash Mohan, Dr. Satendra Singh, and Joshua Mark George, whose expertise and commitment enriched the project.



# Acknowledgement

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We would also like to acknowledge the contributions of all the participants, facilitators, and institutional collaborators who joined us in the workshops and consultation meetings across Kerala.

We welcome feedback on this guide and hope it continues to evolve in response to community and educator needs.

**Please write to us at [ihear@sangath.in](mailto:ihear@sangath.in).**







# A Note to Educators

01

## The "Why?"

The existence of LGBTQIA+ individuals has been acknowledged globally throughout history. Yet, socio-cultural narratives rooted in patriarchal and gender-binary norms have led to these identities being deeply misunderstood. Centuries of discrimination and oppression against the LGBTQIA+ community have denied them visibility in mainstream society.

While this remains true across many spheres, the healthcare sector deserves particular attention. The history of medicine includes systemic injustices against the LGBTQIA+ community, which translates into harmful care practices. Healthcare systems played a significant role in portraying LGBTQIA+ people as ill, perverse, or sinful- simply for asserting their identities. This resulted in their subjection to unscientific and inhumane "treatments." These harmful practices have been propagated widely through medical textbooks.

Although modern medicine has evolved to reject the classification of LGBTQIA+ identities as disorders requiring correction, this progress seems to have bypassed a good number of medical professionals. Unfortunately, our medical education system still fails to provide even a basic, accurate understanding of LGBTQIA+ lives. It is observed that unscientific and outdated treatments are still being imposed, whether covertly or overtly, on LGBTQIA+ individuals. Kerala, despite its reputation for progressiveness on various indicators of health and education, is sadly not exempt from this trend. While transgender policies and welfare initiatives exist, reports of assault and exploitation of LGBTQIA+ individuals within the healthcare sector continue to surface from time to time, in Kerala.

## The "What?"

The students and health education professionals who form the pillar of our current and future medical systems must be made aware of these realities and adopt LGBTQIA+-affirming approaches in healthcare. This booklet is an attempt to achieve this goal. The primary objective of this resource is to



support medical educators in teaching how to provide evidence based, informed, and sensitive care to a community historically excluded from mainstream medical education in India.

## For "Whom?"

This is a comprehensive LGBTQIA+-affirming healthcare guide designed to help medical educators in India, particularly in Kerala, to teach their students about appropriate, respectful, and timely healthcare support to LGBTQIA+ individuals. We hope this will empower them to effectively channel more empathy and inclusive practices among future doctors and healthcare workers. Any professionals currently active in health-related fields are also encouraged to use this resource.

## The "How?"

The current Indian medical education curriculum lacks recent and relevant updates regarding the healthcare needs of LGBTQIA+ individuals. While several court verdicts and judicial interventions in recent years have improved the visibility and rights of this marginalized community, the absence of corresponding updates in medical curricula leaves healthcare professionals ill-equipped to consider LGBTQIA+ persons inclusively. This guide aims to address that gap by equipping medical educators:

1. With accurate information about the LGBTQIA+ community in Kerala
2. To empathize with LGBTQIA+ individuals and understand their specific medical needs.
3. To promote the creation of safe, inclusive spaces for their LGBTQIA+ service users.
4. With progressive medical ethics and practices, thereby enhancing their competence in modern medicine.

## Further Reading

We recommend [Colours in Your Care](#) booklet as foundational reading to complement this guide and broaden understanding of LGBTQIA+ health and rights in India.



# Lived Realities:

## Why LGBTQIA+ Affirmative Medical Education Can't Wait

**Dr. Vibha Usha Radhakrishnan**  
MBBS

*(Directly shared with the author)*

I came to terms with my gender identity towards the end of my final year in medical college. By then, the student body had grown more aware of LGBTQIA+ issues, thanks to various programs and awareness sessions organized by the students' union.



Dr. Vibha Usha Radhakrishnan

**But the medical textbooks I studied then (which were not updated) pathologised LGBTQIA+ identity. If I had to get marks in my exam, I would need to write that my own identity was a disorder.**

Among my peers, I found a surprising degree of quiet acceptance, even from those who didn't necessarily agree with LGBTQIA+ ideologies. No one bullied me. No one stared. We were allowed to sit together in classrooms, irrespective of gender.

**But the resistance came from where I least expected it: the faculty. Professors were the ones who made me feel most alien.** Some called me aside to "advise" me, saying things like, "Adukkala kaaryam angaadi paatt akkunnath enthina?" ("Why bring kitchen matters to the marketplace?"). Others simply told me to keep it to myself. Once, while I was on duty in the ward, I felt a group of faculty members collectively staring at me. Nurses questioned my makeup: "Oru doctor alle? Enthina ingane okke cheyyane?" ("Aren't you a doctor? Why behave like this?").





Although I had the privacy of a single room in the men's hostel, the greatest challenge was in the OT changing rooms. When I raised my discomfort about using the male facilities, a professor bluntly responded: "You enrolled as a male. Why don't you change in the male changing rooms?" **Because of this lack of understanding, I missed several crucial OT postings- crucial opportunities for my training. These weren't missed due to my lack of ability, but were denied to me because of lack of understanding.**



Dr.Sreya Mariyam Salim

**Dr. Sreya Mariyam Salim**  
Specialty Doctor in Adult Psychiatry,  
Powys Teaching Health Board, UK

*(Directly shared with the author)*

About ten years ago, as an MBBS student in a government medical college in Kerala, we initiated a program in support of the LGBTQIA+ community—likely the first of its kind in any medical college in Kerala. I vividly remember the vehement opposition we faced— not only from authorities but also from some of our peers.

A decade later, the world has become more open and conversations surrounding gender and sexual minorities are more visible. Yet, unfortunately, medical education in Kerala and across much of India remains largely cis-normative and heteronormative. Numerous studies have highlighted the significant knowledge gaps and stigmatising attitudes among medical students and healthcare professionals toward the LGBTQIA+ community. These barriers discourage individuals from seeking medical help and contribute to the high treatment gap experienced by LGBTQIA+ persons. Moreover, they leave healthcare providers ill-equipped to understand and respond to the unique challenges faced by individuals from gender and sexual minority groups.



**In 2024, I conducted a study along with four colleagues to assess the LGBTQIA+ cultural competency of psychiatrists in Kerala. Cultural competency refers to being respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse population groups. Our study found that psychiatrists in Kerala demonstrated moderate overall competency—characterized by moderate knowledge, high attitudinal awareness, but low clinical preparedness.**

Another study that I co-authored the same year further underscored the lack of LGBTQIA+ informed medical education in India. We analysed ten years of postgraduate psychiatry examination question papers from three different universities. Of the 2,373 questions reviewed, only 11 addressed LGBTQIA+ topics. The majority of these questions focused narrowly on gender incongruence and often used outdated and pathologizing language. There was a striking absence of questions on affirmative care, and the overall framing continued to reflect a clinical and stigmatizing perspective.

In another study I conducted as part of my thesis in 2023, we found that conversion therapy—a practice aimed at changing an individual's sexual orientation, which is globally recognised as unscientific, unethical, and harmful—was most commonly carried out by doctors themselves. This underscores the urgent need for sensitisation and accountability within the healthcare system. Numerous studies in India have echoed these findings, highlighting the barriers faced by LGBTQIA+ individuals in accessing healthcare and calling for the urgent need for LGBTQIA+ affirmative training for medical professionals.

I recall a transgender teenager once telling me how uncomfortable and invalidated they felt in a prominent doctor's clinic after being addressed by their deadname and then asked to undress for an examination. Unfortunately, such incidents are not isolated. LGBTQIA+ individuals often face subtle and overt forms of discrimination in healthcare settings, leading many to avoid seeking care or to conceal their identities from their healthcare providers.

Caring for individuals from gender and sexual minority communities requires a unique set of skills: an understanding of the specific health risks and disparities they face, the impact of intersectional factors such as caste, religion, and class, and the ability to communicate in an inclusive and affirming manner. Even simple actions—such as using a person's correct name and pronouns or ensuring that intake forms are inclusive of different gender identities—can go a long way in building trust and making the person feel safe and respected.

Across the world, inclusion of gender and sexual minorities in public, professional, and policy spaces is being actively discussed. This is especially relevant in India, where social stigma, cultural diversity, and increasing public discourse on these issues intersect. It is imperative that our medical education system evolves accordingly. There is a pressing need for research-driven, standardized, and culturally contextualized LGBTQIA+-affirmative training programs for healthcare workers. Only through such systemic change can we hope to ensure that our healthcare systems become truly inclusive, respectful, and competent in serving the needs of all individuals.





# PART A : SEX (ലിംഗം)

07

Imagine this: You're a pediatrician in a government hospital in Kerala. A couple brings in their newborn, distressed and confused. The baby has genital characteristics that don't clearly align with either male or female categories. The couple pleads for clarity. "Doctor, is it a boy or a girl?"

You're trained to assign sex based on external genitalia. But now, you pause. Do you know what to tell the anxious parents? Should you recommend surgery? Should you reassure them and ask for further tests? What's the ethical path? Do you know what your hospital policy says—or if there is one?

Reflect:

- How were you taught to understand **biological sex** in medical school?
- Were **intersex variations** included in your curriculum?
- Have you encountered patients with intersex traits in your practice? How did you respond?
- How can you offer ethical, affirming care when the clinical situation challenges binary assumptions?

## 1. WHAT IS SEX?

**Sex** is traditionally assigned at birth based on the visible appearance of external genitalia, but this method oversimplifies the complexity of biological sex. Modern medical and scientific understanding recognizes that sex is determined by a range of chromosomal, gonadal, hormonal, and anatomical traits, collectively known as **sex characteristics, which exist along a spectrum and do not always fit into binary male or female categories.**

- Intersex Variations: Beyond the Binary : **Intersex** is an umbrella term for natural variations in sex characteristics, such as genitals, gonads, or chromosomes, that do not fit typical definitions of male or female bodies. These variations may be visible at birth, emerge during puberty, or remain unnoticed without medical testing. According to experts, between 0.05% and 1.7% of the population is born with intersex traits, making it more common than often recognized. But such variations have historically been pathologized for not aligning with societal norms.



- Medical Interventions and Ethical Implications : **Normalization surgeries** are violative and unethical surgeries performed to align the genitalia of an intersex infant with societal norms of male or female, without the informed consent of the individuals involved. It is crucial to recognize that intersex variations are natural and not abnormalities.

However, it's essential to acknowledge that **gender-affirming surgeries** (see Part D), when pursued with the explicit consent of the individual, can play a significant role in helping them navigate the complexities of their gender and sexual identities.

Respecting the autonomy of individuals and challenging harmful norms is essential to fostering a more inclusive and ethical approach to affirming intersex healthcare.



## Normalization vs. Gender-Affirming Surgeries

| Aspect                         | Aspect                                                       | Gender-Affirming Surgeries                                           |
|--------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Target Group</b>            | Primarily intersex infants and children                      | Primarily transgender, intersex, or gender-diverse individuals       |
| <b>Consent</b>                 | No informed consent (performed on minors who cannot consent) | Informed consent is central; initiated by the individual             |
| <b>Purpose</b>                 | To “normalize” bodies to fit binary male/female sex norms    | To affirm a person’s gender identity as they define it               |
| <b>Timing</b>                  | Often done in infancy or early childhood                     | Usually done in adolescence or adulthood when the individual chooses |
| <b>Ethical Concerns</b>        | Deeply unethical and violative of bodily autonomy            | Ethically acceptable when chosen and consented to by the individual  |
| <b>Medical Necessity</b>       | Typically not medically necessary                            | May be medically and/or psychologically beneficial                   |
| <b>Psychosocial Impact</b>     | Often leads to trauma, distress, identity conflicts          | Often enhances well-being and sense of self                          |
| <b>Framing of Intervention</b> | Rooted in pathologizing and binary enforcement               | Rooted in self-determination and dignity                             |



## 2. LEGAL MILESTONES: ADVANCING INTERSEX RIGHTS IN POLICY AND PRACTICE

**Global and National Context** : In recent years, intersex human rights have gained increasing visibility, with growing global recognition of the harms caused by non-consensual, medically unnecessary surgeries on intersex infants and children. International legal and policy frameworks have started to uphold bodily autonomy and the right to health of intersex persons.

**In India**: In a landmark 2019 ruling, the Madras High Court prohibited unnecessary genital surgeries on intersex infants and children, citing their right to bodily autonomy and human dignity. Following this, the Tamil Nadu Government implemented an executive policy banning such surgeries, and in 2021, the Delhi Commission for Protection of Child Rights also issued an advisory against medical normalization procedures on intersex children.

**Kerala Context** : Kerala was a pioneer in legally recognizing intersex identities in civil documentation. As early as 2012, the state introduced an “intersex” option in birth and death registration systems. That year, 34 births and 14 deaths were officially recorded as “intersex” — a landmark move predating the Supreme Court’s 2014 NALSA judgment, which recognized the transgender community as a third gender.

- The Kerala State Transgender and Intersex Policy (2015) was among the first in India to explicitly include intersex persons, but under the broader gender diversity framework. This policy aimed to protect intersex individuals from discrimination and ensure access to inclusive healthcare and legal recognition.
- In a significant 2023 judgment, the **Kerala High Court declined a parental request** to permit sex-selective surgery on an intersex minor. The Court emphasized the **principle of bodily autonomy** and directed that **no surgery should be allowed unless it is essential to save the child’s life**.

- The Court also ordered the **formation of a State-Level Multidisciplinary Committee** to assess such cases. The committee was directed to include:
  - a. A Pediatrician/Pediatric Endocrinologist
  - b. A Pediatric Surgeon
  - c. A Child Psychiatrist/Child Psychologist

This committee must independently evaluate the medical necessity of any surgical intervention. This judgment not only reaffirmed the state's commitment to intersex rights but also set a template for ethical and evidence-based medical decision-making.

### 3. INSPIRING MALAYALI INTERSEX PERSONALITIES



#### Aanandh C Rajappan (He/They)

Aanandh is an intersex trans man, human rights advocate, and theatre practitioner whose work spans the domains of grassroots activism, academic research, artistic expression, and social policy.

With over a decade of engagement in LGBTQIA+ rights, particularly intersex visibility and gender justice, Aanandh is recognized nationally for his advocacy, community organizing, and public scholarship. Aanandh made history as India's first openly intersex person to contest the Lok Sabha elections (2019) and has received accolades, including the Kerala Government's Transgender Award for Educational Excellence (2022) and the Intersex Asia Fellowship (2021). He has spoken at key forums such as the Mathrubhumi International Festival of Letters, the Trans Power Conference, and the Kerala Sahithya Academy's Queer Literature Festival.

As a scholar-activist, Aanandh continues to push boundaries in the intersections of performance, pedagogy, and social justice. His work bridges lived experience and academic inquiry, making significant contributions to the evolving discourse on LGBTQIA+ and intersex rights in South Asia.



Aanandh C Rajappan





## Vijayarajamallika (Poet)

Vijayarajamallika is an intersex transgender poet who is committed to exploring and representing the experiences of marginalized LGBTQIA+ communities through her work. Her poetry is heavily influenced by her identity and the heteronormative social system that shapes her experiences navigating the world. She often uses her work to question oppressive binary norms.

Vijayarajamallika's poetry has been recognized with several awards and published in various literary journals and anthologies. Her poems are included

in the undergraduate and postgraduate syllabi of many universities in India and state school syllabus of Kerala.



Vijayarajamallika

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Neither a boy  
Nor a girl  
You are my precious honey-drop  
Seeing my dashed hope  
Time gifted you my treasure

Separate good from evil,  
Grow beyond the checkered boxes  
Fill yourself as much with yourself  
And be the reflection of truth

Not a son  
Not a daughter  
You are my dear rainbow  
Holding you close to my bosom  
Let me kiss your forehead  
Hundred kisses of gratification

Not to fail  
But to nourish all your dreams  
Let others find solace in you  
With the strengths you symbolize.

Not a curse  
Not a sin  
You are my lucky star  
My first star  
My first lucky star

\*First reported lullaby for intersex born babies by Vijayarajamallika from  
*Pennaayavalude Kavithakal*



## 4. TESTIMONIAL

### A Life Shaped by Uninformed Decisions: The Struggle of an Intersex Man *(Directly shared with the author)*

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X (pseudonym), an intersex man from Kerala, has endured a lifetime of physical and emotional pain due to uninformed medical decisions made about his body in early childhood.

Born with congenital differences in sex characteristics, X's parents sought medical intervention when he was just two years old. Doctors diagnosed X with ambiguous genitalia and recommended surgical "correction". After consultations at hospitals in Mangalore and Kochi, the doctors advised his parents to assign a sex through surgery. Despite their hesitation, the family proceeded with male assignment. X underwent multiple surgeries before the age of five.

These early interventions had long-lasting consequences. As he grew older, X's secondary sexual characteristics did not develop as expected. He had little to no facial hair or typically masculine features, which led to relentless bullying, harassment, and social isolation.

Puberty brought further medical complications. The skin grafts used during his childhood surgeries began to grow hair, obstructing his urethra and causing severe pain, infections, and recurring urinary stones. He underwent several more surgeries, each with complications. Spinal anesthesia caused additional health issues, and even later corrective procedures in Coimbatore offered only limited relief. He now struggles with urine leakage and has difficulty controlling urination, which further impacts his ability to work or engage in everyday life.

X regrets the surgical interventions that were imposed upon him without his consent. He longs for the chance to decide his own body and live a life free from the trauma of medical mismanagement. With another surgery on the horizon, X's journey towards healing and self-acceptance continues. This story highlights the need for **informed decision-making, bodily autonomy, and respectful, patient-centered care** for intersex individuals. Sharing his experiences is a call to action for healthcare providers, policymakers, and families to protect the rights and dignity of all intersex people.



TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. [REDACTED] was initially brought up as a female with name of [REDACTED]. At 2 years of age [REDACTED] was found to have ambiguous genitalia. On further evaluation was found to have mixed internal genital organ. Uterus and ovarian mass were excised. Both testes were brought down to scrotum. Urethroplasty done twice. His name was changed to [REDACTED] and is brought up as a male. He has male sexual organ at present with penis and testis and masculine secondary sexual character.

Source : Photo sourced from X



**Provisional Diagnosis :** Urethrocutaneous Fistula

**Final Diagnosis with ICD Code :** Urethrocutaneous Fistula (N 36.0)

**Treatment :** Stage I Urethroplasty on [REDACTED]

**History :** Patient 10 years old male, had history of ambiguous genitalia, Status post hysterectomy + bilateral Salpingectomy + Urethroplasty + Bilateral Orchidopexy at age of 2 years [REDACTED] Status Post Urethrotomy + urethral calculus removal + Fistula closure in [REDACTED] Status post urethrotomy + stone removal in [REDACTED] He was asymptomatic for 6-7 years. Now he presented with complaints of decreased flow, urgency, straining and urine leak from scrotal region since 2-3 years. Now patient admitted for further management.

**Past History :** H/o Ambiguous genitalia operated urethral reconstruction done at the age of 2 years - Kerala

H/o ? Urinary surgery done at the age of 11 yrs - Kerala

H/o Cystoscopy + urethral calculus removal + fistula closure - [REDACTED]

H/o Urethrotomy + stone removal done under SA [REDACTED]

Source : Photo collected from X

### Suggested Classroom Activity:

- Was the surgery that X underwent at infancy medically life-saving or necessary?
- How would X's life have been different if doctors had waited?
- How can we prevent such outcomes in the future?
- As an affirming medical professional, how would you navigate this?

## 5. LANGUAGE AND TERMINOLOGY IN MEDICAL PRACTICE

Medical professionals must employ respectful and scientifically accurate language when referring to intersex individuals.

**The following guidelines are recommended:**

| Avoid Using                                      | Use Instead                              | Reason                                                    |
|--------------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| <b><i>Disorders of Sex Development (DSD)</i></b> | Differences in Sex Development (DSD)*    | Use only with consent; avoid pathologizing language       |
| <b><i>Hermaphrodite</i></b>                      | Persons with Intersex Variations         | "Hermaphrodite" is outdated, inaccurate, and stigmatizing |
| <b><i>Ambiguous Genitalia</i></b>                | Diverse Sex Characteristics or Genitalia | "Ambiguous" is subjective; affirm diversity instead       |
| <b>ഉഭയലിംഗി/<br/>മിശ്രലിംഗം</b>                  | ഇന്റർസെക്സ്<br>വ്യക്തി                   | Modern, respectful, and identity-affirming                |

\*Note: Even the term "Differences in Sex Development (DSD)" should only be used if the individual or community is comfortable with it.





# PART B: Gender

## ജൻഡർ/ലിംഗബോധം

Imagine this: A medical student in Kerala asks their professor, “Is being transgender a choice?” The professor hesitates and is unsure how to respond, not because they lack empathy, but because the medical education did not equip them with the language or understanding to answer. This is a missed opportunity to affirm dignity, save lives, and practice ethical, inclusive care. In this section, we examine gender beyond binaries and explore what Kerala’s medical educators and students can do to bridge these gaps.

### 1. WHAT IS GENDER?

- **Gender** is a deeply personal sense of identity of how one experiences themselves in terms of being male, female, both, neither, or something else entirely.
- It is not the same as biological sex (assigned at birth based on anatomy).
- It is not fixed, not binary, and not a choice.

**Transgender** is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. There exist a diversity of ethno-cultural trans communities. In the Indian context, some of these are Hijra, Kinnar, Kothi, Jogappa, Thirunangai.

**Gender non-binary:** For some people, their identity belongs outside of the conventional gender binary of male and female and they may identify as both male and female, or neither, or their gender identity may change over time. Some use the terms genderqueer or gender fluid or agender or some other term to identify themselves.



## 2. KERALA TRANSGENDER SURVEY 2014-15

Kerala was the first state in India to conduct a survey of its transgender population, aimed at:

- Mapping the transgender population
- Understanding the challenges they face
- Informing a state-level transgender policy

The nine sections of the survey were as follows: basic details, awareness of one's body, civil rights, self-esteem, right to health, suicidal tendency, right to live with dignity and without violence, equality of opportunity and employment, general section to understand expectations, needs, and priorities. Though 3,619 filled forms were analyzed, the survey fell short of being a full census. It nonetheless provided crucial insights into the challenges faced by the community.

### Important Healthcare findings from the Kerala Transgender Survey (2014–15)

| Issue                            | Finding                                                    |
|----------------------------------|------------------------------------------------------------|
| <b>Healthcare discrimination</b> | 51% faced mistreatment in hospitals                        |
| <b>Gender dysphoria</b>          | 44% experienced it, but lacked access to support           |
| <b>Gender-affirming care</b>     | 91% had not accessed procedures despite 81% wanting to     |
| <b>Mental health distress</b>    | 41% felt “dead” inside; 32% attempted suicide              |
| <b>Identity documentation</b>    | 76% couldn't update ID cards to reflect their gender       |
| <b>Social isolation</b>          | 41% lived alone, often without family or community support |

The survey also exposed widespread marginalization across other sectors. Trans men were barely represented, reflecting deep patriarchal invisibility. There was no mention of non-binary identities. Nearly 100% of respondents faced job discrimination, with only 11.6% in regular employment. School dropout rates were high: 58% left before Class 10 due to bullying. Many respondents reported low self-worth, housing insecurity, and an inability to access legal protections or public services. Workplace harassment (89%) and fear of the police (70%) were common, leaving most unable to seek legal recourse.

### 3. KERALA TRANSGENDER AND INTERSEX POLICY

| <b>STATE POLICY FOR TRANSGENDERS<br/>IN KERALA, 2015</b>                 |          |
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Source : Document Portal, Government of Kerala

Kerala became the first Indian state to implement a policy specifically for the welfare of transgender and intersex persons, in line with the Supreme Court's NALSA judgment (2014) and the Kerala State Transgender Survey.



## Healthcare Objectives of the Policy

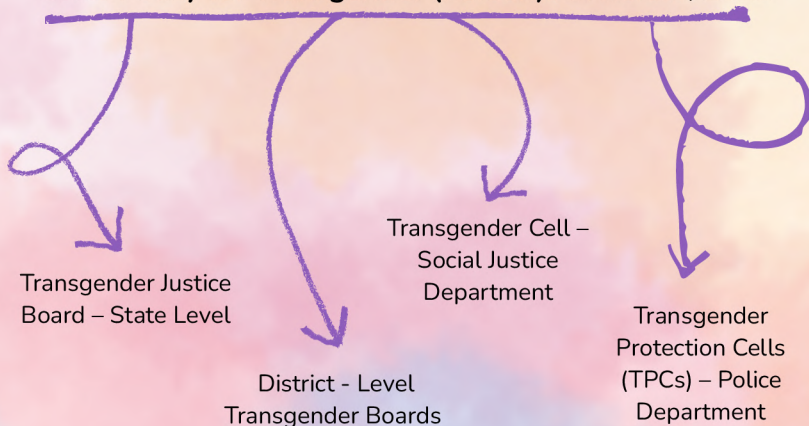
1. Transgender persons should be covered under the Comprehensive Health Insurance Scheme (CHIS).
2. Ensure issuance of health insurance cards.
3. Create a dedicated state fund for Sex Reassignment Surgery (SRS) in government hospitals.
4. Ensure proper counseling to transgender persons on various options of gender transition and proper post operative follow-up counseling and support.
5. All public hospitals must:
  - Formulate policies on **registration, admission, and care** of transgender patients.
  - Conduct **sensitization training** for all healthcare providers.
  - Deliver **equitable and stigma-free services**.
6. Establish separate HIV zero-surveillance centers to address the community's specific sexual health needs.

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Notably, the Kerala government introduced reservations for transgender students in the field of nursing education, in 2023. As part of this progressive initiative, one seat each has been reserved for transgender candidates in the BSc Nursing and General Nursing courses.

In alignment with the Kerala Transgender Policy (2015), the state has established a series of institutional bodies and support systems to uphold the rights, welfare, and dignity of transgender individuals.

### State Policy for Transgender (Person)s in Kerala, 2015



## Transgender Justice Board – State Level

The **Transgender Justice Board** is a high-level advisory and coordinating body established by the Government of Kerala to ensure the protection and promotion of transgender rights across sectors.

### Key Features:

- **Chairperson:** Minister of Social Justice
- **Members:** Senior officials from departments such as Social Justice, Finance, Home Affairs, Health, and Law
- **Representation:** Includes nominated transgender persons as members, ensuring participatory governance

### Core Functions:

- Ensuring **equality and non-discrimination**
- Guiding the **implementation of welfare schemes**
- Coordinating inter-departmental efforts
- Addressing systemic and social **barriers faced by transgender persons**
- Raising **awareness** about transgender rights

## District-Level Transgender Boards

To decentralise support and ensure responsiveness at the grassroots level, each district in Kerala has a **District Transgender Justice Board**, chaired by the **District Collector**. These boards identify and respond to local issues faced by the transgender community in each district.

## Transgender Cell – Social Justice Department

The **Transgender Cell**, under the Department of Social Justice, functions as the nodal unit responsible for:

- **Coordinating and implementing** state-wide transgender welfare schemes
- Providing administrative support to the State and District Transgender Justice Boards

## Transgender Protection Cells (TPCs) – Police Department

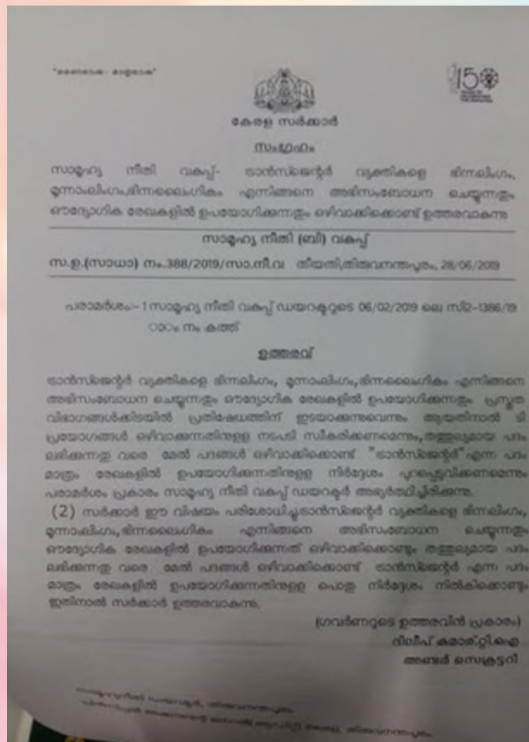
- **Transgender Protection Cells** are being set up in **every police district**
- These cells are responsible for:
  - Addressing **complaints of violence, exploitation, or harassment**
  - Providing **emergency support and counseling services**
  - Ensuring a **trans-affirmative policing approach** in local law enforcement

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## 4. GOVERNMENT ORDER: AFFIRMING LANGUAGE USE

The Government of Kerala has officially mandated that:

- Terms like “*Third Gender*,” “*Other Gender*,” “*Bhinna Lingam*,” “*Moonnam Lingam*” or “*Bhinna Laingikar*” should not be used in any government communication.
- **The correct and inclusive term to be used is: Transgender.**



Source : Photo from Queerythm Facebook page





## 5. COURT ORDERS

### a. Informed Consent & Mental Health Autonomy- Kerala High Court Upholds Trans Woman's Right to Autonomy and Safety (2024)

#### Case Summary:

A 19-year-old trans woman from Kochi approached the Kerala High Court after being subjected to forced conversion therapy and denied the right to choose her own psychiatrist. The court ruled in her favor, affirming the **right to bodily autonomy and access to consent-based, affirming mental healthcare** and that **any form of coercion therapy or forced medical intervention is unacceptable**. This case sets a precedent against conversion therapy in Kerala.

#### Key Takeaway for Medical Educators:

Train students to respect patient autonomy, ensure all mental health interventions are consent-based, and recognize that conversion therapy is unethical and harmful.



### b. Reproductive Rights & Gender-Affirming Care- Transgender Man Seeks Cryopreservation Rights – 'Denial of Cryopreservation Violates Right to Reproduction Under Article 21'

**Case Summary:** A 28-year-old transgender man approached the Kerala High Court after being denied cryopreservation of his eggs by a private hospital before beginning hormone therapy. He challenged this denial as a violation of his reproductive autonomy under Article 21. The Kerala High Court took up the matter, issuing notices to various authorities (Pending Case).

**Key Takeaway for Medical Educators:** Incorporate the understanding that gender-affirming care includes reproductive planning. Ensure that transmasculine individuals are offered non-discriminatory access to fertility preservation and assisted reproductive technologies, just like any other patient.

## 6. IN THE NEWS

### a. Trans Parenthood and Gender Recognition: Navigating Legal and Medical Systems

**Zahhad**, a trans man, became the first known transgender person in India to give birth to a child. Along with his partner **Ziya**, a trans woman, the couple had explored various paths to parenthood, including adoption, but faced numerous barriers. Ultimately, Zahhad paused his gender reaffirmation procedures to conceive the child.



Source : Photo from Ziya Pavel's instagram profile

Their decision was both personal and political: it challenged rigid societal norms and offered visibility to transgender people's right to family and reproductive autonomy. However, even after their child was born, they faced **institutional resistance**, most notably, the rigid gendered norms embedded in state documentation, such as the child's birth certificate, which required traditional labels like "mother" or "father" (Zahhad & Ors. v State of Kerala). This reflects a broader issue faced by LGBTQIA+ parents across India: while medical science and community practices are evolving, legal and bureaucratic systems remain deeply **cisnormative and heteronormative**.



## A Landmark Legal Recognition (2025)

On **2nd June 2025**, in a significant step towards recognition of gender diversity in parenthood, the Kerala High Court ruled in favour of their plea to use the **gender-neutral term “parent”** on their child’s birth certificate. Justice Ziyad Rahman A.A. directed authorities to issue a revised certificate without any gendered designation for either parent.

This ruling sets a precedent for **trans, non-binary, and gender-diverse people** across India seeking dignified recognition in family and legal systems. It affirms that legal frameworks can and must evolve to reflect the lived realities of LGBTQIA+ individuals and families.

### Key Takeaways for Medical Educators

This case underscores the urgent need for health systems, legal frameworks, and educational curricula to catch up with the realities of gender-diverse lives. Trans people can and do become parents, and they deserve to do so without erasure, stigma, or bureaucratic violence.

As medical educators in Kerala, acknowledging such milestones and building them into your curriculum and clinical practice can empower future healthcare providers to offer non-discriminatory, affirming care for all families, regardless of gender identity.

### b. A pioneering Act of Organ and Body Donation

Thiripthi Shetty, a trans woman, and her husband Hrithik M, a trans man, made history by becoming the first transgender couple in Kerala to pledge their bodies for medical research.

Since their marriage in 2019, they had been seeking ways to contribute to science and education through organ and body donation.

Despite early hurdles due to the absence of a transgender category in donation registries, their persistence paid off.

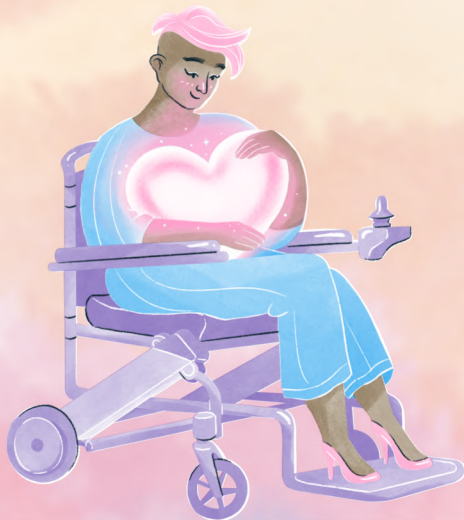




After meeting former Health Minister K. K. Shailaja and submitting a formal request, the couple received a response in April 2021 from the Kerala Network of Organ Sharing (KNOS–Mrithasanjeevani) stating that the system had been updated to include transgender identities. On August 5 2021, they submitted their consent at Government Medical College, Ernakulam, expressing their willingness to donate organs in emergencies or their entire bodies for research. Their act is a landmark gesture, especially in a context where trans bodies are often pathologized but rarely included in ethical and scientific discourse on donation.

## 7. REFLECTIONS FOR EDUCATORS

- What gender-related assumptions are built into your medical lectures?
- As an educator, do you end up assuming all students are either male or female?
- How often do you use binary language in anatomy, pathology, psychiatry, or gynecology?
- Do you know your students' pronouns? Have you created a safe space to ask?



## 9. LANGUAGE AND TERMINOLOGY

| Avoid Using                                          | Use Instead                           | Reason                                                                                                                     |
|------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Biological female/male</b>                        | Assigned female/male at birth         | “Biological” can be reductive and overlooks gender diversity. “Assigned” acknowledges the role of societal categorisation. |
| <b>Female-to-male (FTM) and Male-to-female (MTF)</b> | Transgender man and transgender woman | “Trans man” and “trans woman” center identity and dignity.                                                                 |
| <b>Preferred name</b>                                | Chosen name or Name used              | “Preferred” implies it's optional to respect it. Everyone deserves to be called by the name they use.                      |
| <b>Preferred pronouns</b>                            | Pronouns                              | As above, “preferred” makes it seem optional. These are simply a person's pronouns.                                        |
| <b>Transgendered</b>                                 | Transgender Person                    | “Transgendered” is grammatically incorrect and pathologising. “Transgender” is an adjective, not a verb.                   |



# PART C : Sexual Orientation

## ലൈംഗികസ്വത്വം

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Imagine you're doing your clinical rounds. A 19-year-old patient recovering from a suicide attempt confides to you that their family found out about their same-gender partner and brought them to a therapist who tried to "fix" them. The attending doctor laughs it off, calling it "a phase." You pause, unsure whether to speak up. Later, you look up national and international guidelines and realize what happened was not just unethical but also unconstitutional.

### 1. WHAT IS SEXUAL ORIENTATION?

**Sexual orientation** is a natural and self-determined part of who a person is and who they feel drawn towards - romantically, emotionally, and sexually. Some common orientations include:

- **Lesbian:** A woman who is romantically or sexually attracted to other women.
- **Gay:** A person (often a man) who is attracted to others of the same gender.
- **Bisexual:** A person attracted to both people of their own gender and those of other genders.
- **Pansexual:** Someone whose attraction is not limited by gender or sex characteristics.
- **Asexual:** An umbrella term for people who experience little or no sexual attraction to others.
- **Queer:** A reclaimed umbrella term that includes people whose sexual orientation or gender identity is not strictly heterosexual or cisgender. It can be affirming, but not everyone uses or identifies with it.



These identities are not phases, disorders, or choices. They are natural variations of human experience. In medical settings, understanding and affirming these identities is essential to respectful and ethical care.



Across healthcare spaces, LGBTQIA+ individuals especially lesbian, bisexual, and queer women continue to face practices like conversion therapy, non-consensual medical interventions, and dismissal of chosen families. This bias is often supported by outdated medical curricula, limited awareness among health professionals, and harmful social beliefs. Kerala's recent court orders offer critical guidance affirming autonomy, outlawing coercive treatments, and calling out medical misinformation. As future doctors and educators, how do we move from legal acknowledgment to affirmative, rights-based care in practice?

## 2. ALARMING REALITIES FROM KERALA

The experiences below are not isolated incidents, but represent a systemic failure to protect, affirm, and support queer lives:

- Anjana Harish (2020), a 21-year-old bisexual woman from Kannur, died by suicide after being forced into multiple de-addiction centres and administered heavy medication in an attempt to "cure" her sexual orientation. Her video testimony before her death exposed the widespread use of non-consensual conversion therapy.
- A study by Dr. Sreya Mariyam Salim (2022) revealed that over 45% of LGBTQIA+ individuals in Kerala had been subjected to conversion therapy—a practice that is not only unscientific and unethical but also linked to long-term psychological harm.

## 3. COURT ORDERS

### a. Conversion Therapy is Unethical And Illegal



Kerala HC (Queerala & Anr. v. State of Kerala, 2020) and Supreme Court (Devu G. Nair v. State of Kerala, 2024) ruled that conversion therapy violates constitutional rights and cannot be prescribed under any guise of mental health care. Petitioners shared testimonies of being coerced, drugged, institutionalized, and subjected to treatments aimed at forcibly "changing" their gender identity or sexual orientation.

The **Kerala State Mental Health Authority (KSMHA)** admitted it had received **no formal complaints** but agreed such therapies are: unscientific, unethical and harmful to the subjects.

The **Indian Psychiatric Society (Kerala Chapter)**

supported the claim that conversion therapies lack scientific validity and pose serious psychological risks, and advocated for **governmental policy and written treatment protocols**.

#### **Key Takeaways for Medical Educators:**

- Explicitly teach that **conversion therapy is a human rights violation**.
- Ensure psychiatry, psychology, and counseling modules reflect **affirmative, rights-based mental health practices**.
- Frame such practices as forms of medical violence with serious health consequences.
- Build student capacity to recognize coercive counselling disguised as "family therapy" or "religious guidance".
- Train students to **identify and report unethical psychiatric practices** to relevant bodies such as the Kerala State Mental Health Authority (KSMHA).

#### **b. LGBTQIA+ Identities Are Not Illnesses**

In *Parents of Ms. X v. State of Kerala (2023)*, the HC rejected a psychologist's report labeling a queer relationship "toxic" and reaffirmed that sexual orientation is innate and not pathological.

#### **Key Takeaways for Medical Educators:**

- Remove outdated, queerphobic classifications from syllabi and assessments.
- Integrate constitutional values and global guidelines (e.g., Yogyakarta Principles) into medical ethics teaching.



### c. Respect Chosen Family And Patient Autonomy

Both Kerala HC and SC have recognized that LGBTQIA+ individuals have the right to form chosen families and live with partners of their choice (Devu G. Nair v. State of Kerala, 2024; Parents of Ms. X, 2023).

#### Key Takeaways for Medical Educators:

- Use case discussions to teach students about legal guardianship, consent, and family violence.
- Prepare future doctors to offer non-judgmental care and safety planning, especially when patients are estranged from their natal families.
- Recognize chosen families\* as equally valid as natal families. Chosen families are valid and often more supportive for LGBTQIA+ individuals than their natal families, particularly when familial rejection and violence are present.



\*For many LGBTQIA+ individuals, especially those who have experienced rejection, misunderstanding, or violence from their families of origin, **chosen families** are self-formed kinship made up of close friends, partners, mentors, and community members. These relationships are built on mutual care, affirmation, and belonging, offering emotional, social, and financial support in ways traditional family structures may not.

### d. Medical Curricula Must Be Updated to Remove Bias

In *Queerhythm & Dhisha v. NMC* (2021), a writ petition was filed before the Kerala High Court highlighting queerphobic and unscientific content in several medical textbooks prescribed for MBBS students. The textbooks in question described LGBTQIA+ identities using outdated, derogatory, and medically inaccurate language that contradicted constitutional values and Supreme Court judgments (NALSA, Navtej Singh Johar). The Kerala HC ordered review of MBBS textbooks containing **derogatory and inaccurate content** about LGBTQIA+ persons.



#### 4. POSITION STATEMENT ON CONVERSION THERAPY BY VARIOUS ORGANISATIONS

Conversion therapy is the unethical attempt to change or suppress an individual's sexual orientation or gender identity. It is now widely recognized as a harmful, unethical, and scientifically discredited practice. Leading health and human rights organizations globally have condemned it for causing psychological trauma, increasing risks of depression, anxiety, and suicidality, and violating fundamental human rights. As discussed in the earlier sections, Indian courts, including the Kerala High Court and the Supreme Court, have explicitly ruled against conversion therapy, affirming the constitutional rights to bodily autonomy, dignity, and affirmative mental healthcare for LGBTQIA+ persons. Despite these clear condemnations, conversion therapy persists covertly even in hospitals in Kerala, making education and advocacy critical to eliminating it from medical practice.

##### APA Official Actions

#### Position Statement on Conversion Therapy and LGBTQ+ Patients

Approved by the Board of Trustees, July 2024  
Approved by the Assembly, May 2024

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"Policy documents are approved by the APA Assembly and Board of Trustees. . . . These are . . . position statements that define APA official policy on specific subjects. . . ." – APA Operations Manual

##### Issue:

Practices to change sexual orientation or gender identity/gender expression are commonly referred to as conversion therapies. Despite a lack of empirical supporting evidence, conversion therapies were mostly unquestioned within mainstream medicine prior to the removal of homosexuality per se from the Diagnostic and Statistical Manual in 1973. Following widespread societal acceptance of LGBTQ+ individuals and a growing body of evidence of the potential harms and lack of efficacy of conversion therapies, leading professional health care bodies have concluded that conversion therapies lack efficacy and may carry significant risks of harm.

##### APA Position:

**APA opposes the practice of "reparative" or conversion therapies that are based on the a priori assumption that diverse sexual orientations and gender identities are mental illnesses. APA encourages psychotherapies which affirm individuals' sexual orientation and gender identities.**

**Author:** Council on Minority Mental Health and Health Disparities

Source : From the website of American Psychiatric Society



[Estd: 1948]

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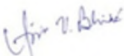
Date: June 11<sup>th</sup>, 2020

## Position statement of Indian Psychiatric Society regarding LGBTQ

The Indian Psychiatric Society has in 2018 categorically stated that homosexuality is not a disease and must not be regarded as such. All forms of 'treatment/therapy' (including individual psychotherapies, behaviour therapies like aversive conditioning etc., hypnotherapy, group therapies, pharmacotherapy, physical treatment methods like ECT etc. or milieu treatments) to reverse sexual orientation are based on a premise that is erroneous : that such orientations are diseases. Moreover there is no scientific evidence at all that attempts to convert a person's orientation succeed in any manner.

The Indian Psychiatric Society totally disapproves of any such treatments and urges that such therapies must cease forthwith.

  
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**Position statement regarding 'conversion therapy' and approach towards Lesbian, Gay, Bisexual, Transgender, Queer persons (LGBTQAI+)**

The attitude of our society to people having different **sexual orientation and gender identity** has not changed over the years, in part due to the lack of inclusive sex education. Such deviations are not a diagnosable mental disorder according to ICD- 10, ICD -11 and DSM 5. The Mental Health Care Act 2017 (MHCA), states that mental illness shall not be determined on the basis of non-conformity to moral, social, cultural, work or political values or religious beliefs prevailing in the person's community. The Hon. Supreme Court of India has struck down Section 377 of the IPC, and thereby decriminalizing homosexuality. The India Psychiatric Society has also issued a position statement in line with this judgement.

In spite of all these changes, majority of the society still views such deviations as criminal or abnormal, needing treatment. Demand for treatment, even against the person's will is increasing, putting pressure on mental health professional including psychiatrists.

The Branch of Indian Psychiatric Society, Kerala, issues this public statement to clarify that any attempt to treat a person to change **sexual orientation / gender identity** is unjustifiable and illegal. Offering conversion therapy, admissions against the person's will, illegal detention etc. amount to human rights violation and may result in legal action. In rare situations where a primary mental disorder needing treatment is detected in such persons, it is advisable to strictly adhere to relevant sections of the MHCA

**Dr Harish MT.**  
PresidentThiruv  
28.5.2020**Dr Sebind Kumar**  
SecretaryKERALA STATE BRANCH  
Reg. Number TVM/TC/934/2014**Honorary General Secretary**  
Branch of Indian Psychiatric Society (Kerala)  
Reg. Number TVM/TC/934/2014





## ASSOCIATION OF PSYCHIATRIC SOCIAL WORK PROFESSIONALS

(Reg No.: DRB-3/SOR/396/2019-20 Dt: 18.11.2019-20)

Ref No: 008/2020

Date: 18.05.2020

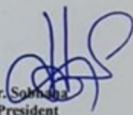
### POSITION STATEMENT OF APSWP CONDEMNING CONVERSION TREATMENTS

Homosexuality has been declassified as a mental illness since 1973 by the American Psychiatric Association (in DSM II) and by the World Health Organisation since 1992 (in ICD-10). Gender incongruence too is no more classified as mental illness in the ICD-11. Despite of the fact that neither homosexuality nor 'transgenderism' are mental illnesses, these have been sought to be treated as such and cure/ conversion treatments continue in some parts of the world including India. The Yogyakarta Principles on application of Human Rights Law in relation to Sexual Orientation and Gender Identity consider conversion treatments to be a form of medical abuse.

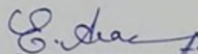
Research globally and in India has repeatedly pointed towards serious negative consequences of conversion treatments that include lowered self-esteem, increased self-hate, guilt, shame, feelings of being dehumanized, internalised homo negativity and trans negativity, suicidal ideations, self-harm and death by suicide of young LGBTQ persons subjected to these forms of harmful and unethical treatments.

In this context, the APSWP condemns in the strongest terms any form of conversion treatments aimed at 'curing' sexual orientation and gender identities of LGBTQ persons. The APSWP reiterates the position that is widely accepted among mental health professionals globally that Psychiatric Social Work Professionals must strive to,

- Educate themselves on affirmative mental health care approaches to work with and support their LGBTQ clients
- Include LGBTQ affirmative mental health approaches in Psychiatric Social Work training and curriculum
- Engage in participatory research with involvement of the LGBTQ community members and develop robust, competent and evidence-based affirmative practice models for LGBTQ communities in India
- Advocate for rights of LGBTQ clients within the mental health systems in the country

  
Dr. S. S. Srinivas  
President

  
Dr. Ketki Ranade  
Vice President

  
Dr. E. Aravind Raj  
General Secretary

#### Registered Office:

Association of Psychiatric Social Work Professionals (APSWP)  
#5, 9<sup>th</sup> Main, Nataraja Layout, JP Nagar 7<sup>th</sup> Phase, Bangalore, Karnataka - 560078  
email: apswp.india@gmail.com

20 May 2020

### POSITION STATEMENT ON CONVERSION THERAPY

Psychology circle as an organization acknowledges the diversity of human beings and understand scientifically that all human behaviors are valued and understand it non-judgmentally.

Psychology circle, uphold the principle of universality of human rights and consider that all human beings are worthy of dignity and respect. This includes understanding and serving human beings irrespective of their diversity on the basis of sexual orientation, gender identity and gender expression, or differences in sex development.

Psychology circle being an organization of psychology professionals and student always try to uphold the scientific understanding regarding Lesbian Gay Bisexual Transgender Queer Intersex Asexual and others community (LGBTQIA+). As per the current scientific knowledge regarding LGBTQIA+ community, it is understood that there is no impairment per se in judgment, stability, reliability, or general social or vocational capabilities of being LGBTQIA+.

Psychology Circle affirms that as per the existing scientific literature, there is no credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.

Psychology Circle urges all mental health professionals to understand this diversity and take responsibility to help society in large by challenge negative stereotypes, develop affirming social supports, promote self-acceptance; and increase mental health literacy when dealing with people of all gender and sexual diversity.

Psychology Circle also takes action to impart this knowledge to society and uphold the rights of LGBTQIA+ community, and urges all members of refrain from such activities; if any, that violate the rights of LGBTQIA+ community.

Source: From Psychology Circle Calicut Instagram profile



# PART D : Gender Affirming Services

## 1. WHAT ARE GENDER AFFIRMING SERVICES?

Gender affirmation/ Transitioning is a deeply personal process through which transgender and gender-diverse individuals align their gender identity with their outward expression and well-being. This may involve social, legal, and/or medical steps.

### Social Transition

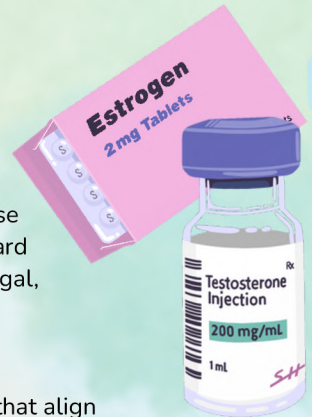
- Name and Pronouns: Using names and pronouns that align with one's gender identity.
- Gender Expression: Adopting clothing, hairstyle, and other aspects of appearance that reflect one's affirmed gender.

### Legal Transition

- ID and Documents: Updating official records like ID cards, passports, and academic certificates.
- Name Change: Legally changing one's name to match their gender identity.

### Medical Transition (Gender-Affirming Care)

- Hormone Therapy: Taking hormones like testosterone or estrogen to bring about physical changes (e.g., voice deepening, breast development).
- **Surgeries:** Some people may choose surgeries to align their body with their gender identity. These may include:
  - Chest Surgeries (Top Surgery):
    - Masculinizing: Removing breast tissue and reshaping the chest.
    - Feminizing: Breast augmentation or construction.
  - Genital Surgeries:
    - Feminizing: Vaginoplasty, vulvoplasty, labiaplasty, etc.
    - Masculinizing: Phalloplasty, metoidioplasty, scrotoplasty, etc.





- **Other Procedures:** Voice therapy, laser hair removal, and other forms of care that support gender affirmation.

**Not all individuals choose or require the same path.** While some may pursue medical interventions like hormone therapy or gender-affirming surgeries (such as chest or genital procedures), others may focus on social or legal affirmation alone.

Healthcare providers play a key role in enabling access without gatekeeping. Respectful, open conversations and shared decision-making should guide care, recognizing that gender identity is valid with or without medical transition. Providers must support, not pressure, individuals in exploring their goals and options for care.

The following section outlines financial schemes and models of institutional support available for gender-affirming care in Kerala.

## 2. TRANSGENDER SPECIFIC HEALTH CARE SCHEMES IN KERALA THROUGH THE DEPARTMENT OF SOCIAL JUSTICE

### a. Financial Assistance for Gender Affirmation Surgeries

- ₹2.5 lakh for Trans Women
- ₹5 lakh for Trans Men

Disbursed on a reimbursement basis for surgeries undertaken in approved institutions.





കേരള സർക്കാർ

സംഗ്രഹം

സാമൂഹ്യനീതി വകുപ്പ് - 'ട്രാൻസ്ജെന്റർ ക്ഷേമം - ലിംഗമാറ്റ ശസ്ത്രക്രിയയ്ക്ക് വിധേയരായവർക്ക് ധനസഹായം അനുവദിക്കുന്നതിന് ഭരണാനുമതി നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

സാമൂഹ്യനീതി (ബി) വകുപ്പ്

സ.ഉ.(സാധാ)നം.657/2018/സാനിവ തീയതി, തിരുവനന്തപുരം 15.11.2018

- പരാമർശം: (1) സാമൂഹ്യനീതി ഡയറക്ടറുടെ 06.09.2018 ലെ സി2-11787/2018 നമ്പർ കത്ത്.  
(2) 25.09.2018 ൽ ചേർന്ന വർക്കിംഗ് ഗ്രൂപ്പ് യോഗത്തിന്റെ നടപടിക്രമിപ്പ്

ഉത്തരവ്

സമൂഹത്തിൽ ഏറ്റവുമധികം അവഗണന അനുഭവിക്കുന്ന വിഭാഗമാണ് ട്രാൻസ്ജെന്റർ. ഈ വിഭാഗത്തിന് അർഹിക്കുന്ന പ്രാധാന്യം നൽകി അവരെ സമൂഹത്തിന്റെ ഭാഗ്യധാരയിലേയ്ക്ക് കൊണ്ടു വരുന്നതിനായി ഇന്ത്യയിൽ ആദ്യമായി ഭിന്നലിംഗക്കാർക്കായിട്ടുള്ള പോളിസി നടപ്പിലാക്കിയ സംസ്ഥാനം കേരളമാണ്. സാമൂഹ്യനീതി വകുപ്പ് ട്രാൻസ്ജെന്റർ ക്ഷേമ പ്രവർത്തനങ്ങൾ ഏകോപിപ്പിക്കുന്നതിന് വിപുലമായ ആക്ഷൻ പ്ലാൻ തയ്യാറാക്കുകയും വ്യക്തിഗത ക്ഷേമപദ്ധതികൾ ആവിഷ്കരിക്കുകയും ചെയ്തിട്ടുണ്ട്. ലിംഗഭേദവുമായി ബന്ധപ്പെട്ട് ട്രാൻസ്ജെന്റർ സമൂഹം നേരിടേണ്ടി വരുന്ന വൈകാരിക പ്രതിസന്ധികൾക്ക് ഒരളവ് വരെ പരിഹാരമാണ് ലിംഗമാറ്റ ശസ്ത്രക്രിയകൾ. സംസ്ഥാനത്ത് നടപ്പിലാക്കുന്ന നൂതന പദ്ധതിയുടെ പ്രാരംഭഘട്ടമെന്ന നിലയിൽ ലിംഗമാറ്റ ശസ്ത്രക്രിയയ്ക്ക് 10 വ്യക്തികൾക്ക് 2,00,000/- രൂപ ക്രമത്തിൽ നടപ്പു സാമ്പത്തിക വർഷം ആകെ 20 ലക്ഷം രൂപ (ഇരുപത് ലക്ഷം രൂപ മാത്രം) ചെലവ് വരും. ഇതിലേയ്ക്കുവശ്യമായ തുക നടപ്പു സാമ്പത്തിക വർഷം 2235-60-200-64 (പി) ശീർഷകത്തിൽ വകയിരുത്തിയിട്ടുള്ള തുകയിൽ നിന്നും വഹിച്ചുവരുത്തിത്തള്ള അനുമതി നൽകണമെന്ന് പരാമർശത്തിലെ കുറിപ്പ് പ്രകാരം സാമൂഹ്യനീതി ഡയറക്ടർ അഭ്യർത്ഥിച്ചിരിക്കുന്നു.

2) 25.09.2018 ൽ ചേർന്ന സംസ്ഥാനതല വർക്കിംഗ് ഗ്രൂപ്പ് യോഗം പദ്ധതിക്കായി പരസ്യപ്രചരണം നടത്തി അർഹരായവരിൽ നിന്ന് അപേക്ഷ ക്ഷണിക്കേണ്ടതാണെന്നും

### b. Financial Aid for Aftercare (Post-Surgery)

- ₹3,000 per month
- Duration: 6 months post-surgery

Covers follow-up treatments, medication, and recovery-related expenses.

### c. Karuthal Scheme – Emergency Healthcare Support

- Up to ₹25,000 for urgent health needs
- Crisis (e.g., natural disasters, acid attacks, post surgery complications)
- Covers:
  - Emergency first aid services
  - Emergency surgeries
  - Ambulance and hospital access
  - Legal aid
  - Basic needs (food, clothes)
- District-level advisory committees, chaired by the District Collector, oversee implementation. Each district gets upto 1 lakh.







File No.SJD-A3/9/2022-SJD

I/5146225/2022

ഭരണകാര്യ മന്ത്രാലയം



കേരള സർക്കാർ

സംഗ്രഹം



സാമൂഹ്യനീതി വകുപ്പ് - ട്രാൻസ്ജെൻഡർ വ്യക്തികൾക്ക് അടിയന്തര ഘട്ടങ്ങളിൽ സഹായം ലഭ്യമാക്കുന്നതിന് "കരുതൽ" എന്ന പേരിൽ പദ്ധതി നടപ്പിലാക്കുന്നതിന് ഭരണാനുമതി നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു

സാമൂഹ്യനീതി (എ) വകുപ്പ്

G.O.(Rt) No.11/2022/SJD തീയതി, തിരുവനന്തപുരം, 18/01/2022

- പരാമർശം: 1. സാമൂഹ്യനീതി വകുപ്പ് ഡയറക്ടറുടെ 14/10/2021 തീയതിയിലെ SJD/3814/2021-PO(C) നം കത്ത്
2. 9.12.2021 - ൽ ചേർന്ന വകുപ്പുതല വർക്കിംഗ് ഗ്രൂപ്പ് യോഗ തീരുമാനം.

ഉത്തരവ്

അടിയന്തര സാഹചര്യങ്ങൾ അഭിമുഖീകരിക്കേണ്ടിവരുന്ന നിരോധനരായ ട്രാൻസ്ജെൻഡർ വ്യക്തികൾക്ക് അടിയന്തര സഹായം ലഭ്യമാക്കുക ലംഗമാറ്റ ശസ്ത്രക്രിയക്ക് ശേഷം സംഭവിക്കുന്ന ഗുരുതരമായ ആരോഗ്യ പ്രശ്നങ്ങൾ ശ്രദ്ധയിൽ പെട്ടാൽ ടി വ്യക്തികൾക്ക് സഹായം ലഭ്യമാക്കുക അന്യൂതിയത്തിന്റെ പേരിൽ വിട്ടുകളിൽ നിന്നും പുറത്താക്കപ്പെടുന്ന ട്രാൻസ്ജെൻഡർ വ്യക്തികളെ സുരക്ഷിത സ്ഥാനങ്ങളിലേക്ക് എത്തിക്കുന്നതിനും വൈദ്യ സഹായം, നിയമസഹായം, കൗൺസിലിംഗ് എന്നിവ ആവശ്യമാകുന്ന പക്ഷം ആയത് അനുവദിക്കുക, പെട്ടെന്നുണ്ടാകുന്ന അപകടങ്ങൾ, ഗുരുതര രോഗങ്ങൾ, പ്രകൃതി ദുരന്തങ്ങൾ തുടങ്ങിയ പ്രതിസന്ധികൾ നേരിടേണ്ടി വരുമ്പോൾ ആയവയ്ക്ക് പരിഹാരം കണ്ടെത്തുക തുടങ്ങിയവയ്ക്കായി "കരുതൽ" എന്ന പേരിൽ ഒരു പദ്ധതി നടപ്പിലാക്കാവുന്നതാണെന്നും ടി പദ്ധതി എല്ലാ ജില്ലകളിലും ജില്ലാ കളക്ടർ ചെയർമാൻ ആയുള്ള ഒരു ഉപബന്ധക സമിതിയുടെ നേതൃത്വത്തിൽ നടപ്പിലാക്കാവുന്നതാണെന്നും ആയതിലേക്ക് ഒരു ജില്ലക്ക് 1 ലക്ഷം രൂപ വീതം 14 ജില്ലകൾക്ക് 14,00,000 രൂപ ( പതിനാല് ലക്ഷം രൂപ ) ആവശ്യമായി വരുമെന്നും ആയതിനാൽ ടി പദ്ധതിയുടെ നടത്തിപ്പിനായി ഭരണാനുമതിയും ആയതിലേക്കാവശ്യമായ 14 ലക്ഷം രൂപ നടപ്പ് വർഷത്തെ 2235-60-200-64 (P) ശീർഷകത്തിൽ നിന്നും അനുവദിക്കണമെന്നും ഡയറക്ടർ പരാമർശം (1) പ്രകാരം അഭ്യർത്ഥിച്ചിരുന്നു.

2) സാമൂഹ്യനീതി ഡയറക്ടറുടെ പ്രൊപ്പോസൽ 09/12/2021 ന് ചേർന്ന വർക്കിംഗ് ഗ്രൂപ്പ് യോഗം ഇനം 8 ആയി പരിഗണിച്ച് അംഗീകരിയ്ക്കുകയും ചെയ്തിട്ടുണ്ട്.

3) മേൽ സാഹചര്യത്തിൽ "കരുതൽ" എന്ന പേരിൽ പദ്ധതി നടപ്പിലാക്കുന്നതിന് ഭരണാനുമതിയും പദ്ധതിയുടെ നടത്തിപ്പിലേക്ക് ആവശ്യമായ 14 ലക്ഷം രൂപ ( പതിനാല് ലക്ഷം രൂപ ) നടപ്പ് സാമ്പത്തിക വർഷത്തെ 2235-60-200-64 (P) ശീർഷകത്തിൽ നിന്നും വിനിയോഗിക്കുന്നതിനുള്ള അനുമതിയും നൽകി ഉത്തരവാകുന്നു. "കരുതൽ" പദ്ധതിയുടെ

## 2. INSTITUTIONAL MODELS OF CARE

### a. Centre of excellence in transgender health care - Kottayam Medical College

- Kottayam Medical College runs a special clinic for transgender persons and is equipped to perform gender affirmative care, including high-quality surgeries at an affordable expense.
- It is a good model for an affordable, public-sector-based option for high-quality gender affirmation services.

### b. Marivillu Clinic – Ernakulam

- A special clinic for transgender persons in Ernakulam is funded by the district panchayat.
- Services offered:
  - Free medical consultation
  - Hormone therapy access
  - Mental health support
- Nursing care

### c. Nisarga

- A project aimed at giving comprehensive homeopathic health care to the Transgender community.
- Currently operational at District Homoeo Hospital, East Fort, Thiruvananthapuram.

Aimed at addressing the social needs of transgender people by providing comprehensive healthcare involving physical, mental, emotional, and social considerations.



Source : From the community link worker Faisal Faisu, Ernakulam General Hospital OP

**എല്ലാ ചൊവ്വാഴ്ചയും 2 pm - 4 pm വരെ**

**തമ്മനം അർബൻ പ്രൈമറി ഹെൽത്ത് സെന്ററിൽ**

**ട്രാൻസ്ജെൻഡർ വ്യക്തികൾക്കായി OP**

**പ്രവർത്തിക്കുന്നതാണ്. ഇ അവസരം എല്ലാവരും പരമാവധി പ്രയോജനപ്പെടുത്തണമെന്നു അഭ്യർത്ഥിക്കുന്നു.**



**EQUAL HEALTHCARE FOR ALL GENDERS**





Source: Photo Collected From Community WhatsApp group via Dr. Jayasree AK

25/9/23

## ട്രാൻസ്ജെൻഡേഴ്സിനു സർക്കാർ ആശുപത്രികളിൽ സൗജന്യ ചികിത്സ

കോഴിക്കോട് • ജില്ലയിൽ സർക്കാർ ആശുപത്രികളിൽ ട്രാൻസ്ജെൻഡേഴ്സിനു സൗജന്യ ചികിത്സ ഉറപ്പാക്കി ജില്ലാ നിയമ സേവന അതോറിറ്റി.

ആരോഗ്യ കേന്ദ്രങ്ങൾ മുതൽ താലൂക്ക്, ജില്ലാ, ജനറൽ ആശുപത്രികൾ, മെഡിക്കൽ കോളജ് എന്നിവിടങ്ങളിലെല്ലാം ഈ സൗകര്യം ലഭിക്കും. ഹി ടി ക്ലറ്റ് ഫീസ്, ചികിത്സ, ലാബ് പരിശോധന തുടങ്ങിയവയും സൗജന്യമായി നൽകും.

ജില്ലാ നിയമ സേവന അതോറിറ്റിയുടെ നേതൃത്വത്തിൽ നടത്തിയ അദ്ധ്യക്ഷതയിലാണ് സെക്രട്ടറി സബ് ജെഡ് എം.പി.ശൈലജ് വീഡിയോ കോൺഫറൻസ് സംസ്ഥാനത്തു ആദ്യമായാണ് ജില്ലാ നിയമ സേവന അതോറിറ്റി ജില്ലാ മെഡിക്കൽ ഓഫീസർ ഡോ. കെ.കെ.രാജാറാം, ഗവ. ജനറൽ ആശുപത്രി സൂപ്പണ്ട് ഡോ. ആശാദേവി, മെഡിക്കൽ കോളജ് ആശുപത്രി സൂപ്പണ്ട് ഡോ. എം.പി.ശ്രീജയൻ തുടങ്ങിയവർ ഹാജരായി. മെഡിക്കൽ കോളജ് ആശുപ

ത്രിയിൽ അടിയന്തിര ഘട്ടത്തിൽ കൂട്ടിച്ചേർക്കുകയുടെ സേവനവും ലഭ്യമാക്കും. ഗവ. ജനറൽ ആശുപത്രിയിൽ എല്ലാ ബുധനാഴ്ചകളിലും ട്രാൻസ്ജെൻഡേഴ്സിനു പ്രത്യേക ഓപ്പിയൺ. ഇതു സജീവമാക്കും ആവശ്യമെങ്കിൽ പ്രത്യേക വാർഡും തുറക്കും.

സംസ്ഥാനത്ത് മെഡിക്കൽ കോളജ് ഉൾപ്പെടെയുള്ള ആശുപത്രികളിൽ യഥാസമയം തനിയായ ചികിത്സ ലഭിക്കാതെ 2 ട്രാൻസ്ജെൻഡേഴ്സ് മരിച്ചു സ.ഭവം ഉണ്ടായിരുന്നു.

ഇതിന്റെ പശ്ചാത്തലത്തിലാണ് ഡിഹെൽപ്പ്എസ്എ പാരാലീഗൽ വൊളന്റിയർ കൂടിയായ സിസിലി ജോർജ്ജ് ഹർജി നൽകിയത്.

Source: Photo Collected From Community WhatsApp group via Dr. Jayasree AK





#### d. Short Stay Home

The Social Justice Department, Kerala has established short-stay homes for transgender individuals through community-based organizations (Neyyatinkara, Trivandrum for transmen and Thrikkakkara, Ernakulam for transwomen). These shelters provide a safe and supportive environment, offering essential services such as free medical care, legal aid, and counseling. Recognizing the diverse needs within the transgender community, separate facilities have been set up for trans men and trans women. These homes serve as crucial sanctuaries for individuals seeking refuge from social stigma, family rejection, or during periods of transition, reflecting the state's commitment to inclusivity and the well-being of the transgender population.



Source: From the instagram page of Queerythm LGBTQIA+ CBO

#### e. Crisis Intervention Centre

Kerala has established its first Transgender Crisis Intervention Centre in Kakkanad, Ernakulam district, representing a landmark initiative to support transgender individuals during emergencies. Operated by the Social Justice Department, the centre offers 24/7 services including safe shelter, medical aid, and professional counselling.







# PART E:

## Queer Health Struggles



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### 1. ALARMING REALITIES FROM KERALA

The experiences below are not isolated incidents, but represent a systemic failure to protect, affirm, and support queer lives:

- At least five transgender persons in Kochi alone died by suicide in 2022, a pattern attributed to persistent mental stress, and social rejection.
- Ananya Kumari Alex (2021), a trans woman and political candidate, died by suicide after experiencing excruciating complications post-gender-affirmation surgery. In her final interview, she spoke about neglect, misgendering, and lack of post-operative care in healthcare systems.
- Kerala's first known transmasculine bodybuilder also died by suicide in 2023, adding to the growing list of lives lost to discrimination and stigma against the queer community.

These cases expose the urgent need for gender-affirming and trauma-informed mental health services, and the critical role healthcare providers play in prevention and healing.

Healthcare providers—especially **primary care doctors, nurses, and mental health professionals**—are often the **first point of contact** for queer and trans individuals seeking help. Sometimes, they are also the only person a queer youth might turn to when in distress.

**As educators, you are in a powerful position to:**

- **Dispel pathologisation** of LGBTQIA+ identities in your teaching and actively challenge discriminatory content in textbooks and pedagogy.
- **Foster empathy and curiosity** in students, and not just clinical detachment. Encourage inquiry into queer-affirmative practice, trauma-informed care, and holistic health approaches.
- **Identify signs of distress** specific to queer individuals, which may be missed or misunderstood in a heteronormative framework. These include isolation due to family rejection, coercive psychiatric interventions, or gender dysphoria without support.



- **Connect individuals to support** by maintaining an updated referral list of queer-affirmative mental health professionals, peer supporters, and crisis response services.

**You may be the first responder and your response can shape whether the person seeks further help or withdraws in fear.**

## 2. MENTAL HEALTH

For LGBTQIA+ individuals in Kerala, mental health is deeply intertwined with experiences of exclusion, stigma, and structural violence. A study conducted in Kerala during COVID-19 with 106 LGBTQIA+ individuals found that **44.3% of LGBTQIA+ respondents in Kerala experienced severe or extremely severe levels of depression, while 41.5% reported high levels of anxiety disorders.** This is much higher than general population averages. The study also found that lower perceived social support was significantly correlated with higher levels of depression, anxiety, and stress.

A 2023 peer-reviewed study of 130 LGBTQIA+ individuals in Kerala found that 45.4% had undergone Sexual Orientation Change Efforts (SOCE), often involving psychotherapy (28.8%) or even medical professionals (28.8%). Nearly 40% of those exposed to SOCE experienced very severe emotional distress. Those with a history of SOCE had significantly higher depressive and anxiety symptoms.



## 3. REPRODUCTIVE HEALTH

In Kerala, where progressive legal interventions and judicial recognition of LGBTQIA+ rights have increasingly taken root, the question of reproductive autonomy for transgender persons, particularly abortion rights, remains largely unaddressed in policy and practice. While national rulings such as *NALSA v. Union of India* (2014) and *X v. Health & Family Welfare Department* (2022) have laid the constitutional groundwork for broadening abortion rights for unmarried and single transgender individuals, there is still a need for legal and institutional mechanisms in Kerala that explicitly affirm the abortion rights of trans persons, including trans men and non-binary individuals with the capacity for pregnancy.

At present, both the Medical Termination of Pregnancy (MTP) Act, 1971 and the MTP Rules, 2003 operate without a clearly defined understanding of gender beyond cisnormative assumptions. This creates a situation where access to safe abortion care for trans persons depends heavily on individual healthcare providers' discretion, and where transgender-inclusive services are not systematically available. Explicit recognition of abortion as a right for all individuals with the capacity for pregnancy, regardless of gender identity, would mark a vital step toward reproductive justice and healthcare equity in Kerala.

### 3. NON-COMMUNICABLE DISEASES AND ITS RISK FACTORS AMONG THE TRANSGENDER POPULATION IN KERALA: A CROSS-SECTIONAL STUDY\*

BY BHAVYA FERNANDEZ & RAKHAL GAITONDE

This study explored the prevalence of NCD risk factors and the barriers and facilitators to NCD prevention and management among the TGD community in Kerala using a mixed-methods approach, including a cross-sectional survey of 120 self-identifying TGD individuals and in-depth interviews with thirteen participants across three districts. Findings revealed that systemic discrimination results in poor educational attainment and limited job opportunities for TGD individuals, forcing many (69%) to live apart from their families and take up precarious employment, including sex work—with only 33% holding stable jobs. This marginalized social status increases exposure to modifiable risk factors such as **alcohol (40%) and tobacco use (40.8%), and contributes to metabolic conditions like hypertension (30%) and diabetes (18%).**

**Discrimination in healthcare settings—reported by 41.7% in the past year—further hinders access to services and limits the ability to adopt healthier behaviors.** These findings highlight how social disadvantage and structural barriers elevate biological risks for NCDs in the TGD population and underscore the need for health programmes to explicitly address these social determinants in order to achieve equitable and effective outcomes.



\*[Fernandez, B., Gaitonde, R. Non-communicable diseases and its risk factors among the transgender population in Kerala: a cross-sectional study. *Int J Equity Health* 23, 107 (2024). <https://doi.org/10.1186/s12939-024-02167-7>.]



#### 4. QUEER AGEING IN KERALA

Kerala has the highest proportion of older adults in India. Despite this significant ageing demographic, there is a notable lack of public discourse and data concerning the experiences and needs of elderly queer individuals in Kerala. Older LGBTQIA+ individuals often face compounded isolation, stigma, and a lack of familial or institutional support, particularly if they have been estranged from natal families or live outside heteronormative structures.

While Kerala has social welfare schemes for the elderly, including pensions, many queer seniors remain excluded due to bureaucratic and systemic hurdles. Access to identity documents such as Gender Identity cards is critical for obtaining these benefits, yet many elderly transgender individuals have difficulty acquiring them. Furthermore, the application processes for welfare schemes can be complex and inaccessible.

The state currently lacks any dedicated programs tailored to the needs of elderly transgender and queer populations. A past government order denying financial support for gender affirmation surgeries to transgender persons above the age of 40 was met with strong community opposition and eventually withdrawn, underscoring the ongoing struggle for recognition and rights among elderly queer individuals.

Healthcare providers must be trained to recognize and respond to the needs of older queer adults, including mental health, housing, chronic illness care, and chosen-family dynamics.





## 5. EMERGING MODELS – BUILDING A QUEER-AFFIRMATIVE HEALTH SYSTEM

Kerala's public health system has begun taking steps toward more inclusive, dignified healthcare. These initiatives, though still evolving, represent important shifts in policy, practice, and pedagogy.



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### a. Kerala Niyamasabha Report

In 2021, the Kerala Legislative Assembly's Committee on the Welfare of Women, Transgenders, Children and Persons with Disabilities submitted a landmark report detailing persistent gaps in the public healthcare system for trans individuals. Its findings and recommendations remain crucial for informing health system reforms and medical education policy in the state.

#### Key Observations:

- Government doctors often lack awareness of trans-specific health needs. Some doctors reportedly refuse treatment to trans patients, violating medical ethics.
- Trans identities are still misrepresented in the medical curriculum as 'paraphilia' or mental illness.
- Trans individuals often depend on private hospitals or go out-of-state or abroad, facing high costs and risk of exploitation.
- While the Social Justice Department offers up to ₹5 lakh reimbursement for SRS, upfront payments remain a barrier.

#### Recommendations by the Committee:

- Make gender affirming treatments freely available in government medical colleges.
- Set up transgender clinics and separate OP facilities in all districts and medical college hospitals.
- Ensure gender-neutral hospital services, including inclusive toilets and sensitised staff.
- Prepare a manual on providing gender-inclusive care across hospital departments.
- Oppose non-consensual surgeries on intersex infants; delay procedures until the individual can decide.
- Allow intersex status to be recorded in birth certificates.

**b. Report of the Committee on Treatment Modalities for LGBTQIA+ Persons (2023)**

In 2023, the Government of Kerala constituted an expert committee to develop guidelines for treatment modalities for LGBTQIA+ persons. This committee, formed under the Directorate of Medical Education (DME), included mental health professionals, endocrinologists, public health experts, and LGBTQIA+ community representatives.

The committee’s report emphasized the importance of affirming care, explicitly rejected the unethical conversion therapies, and recommended multi-disciplinary, rights-based approaches across both public and private healthcare settings. It also called for institutional mechanisms such as nodal officers, referral systems, and capacity building for providers. This initiative reflects Kerala’s broader commitment to building an inclusive, evidence-informed public health system.

**Mandate:**

Recommend safe, ethical, and gender-affirming treatment protocols

**Key Focus Areas:**

- 1.Prohibition of conversion therapy
- 2.Affirming psychosocial and medical interventions
- 3.Multi-disciplinary team-based care
- 4.Protection from coercion and family pressure
- 5.Compliance with national mental health and human rights laws

**c. Government of Kerala’s Initiatives for queer affirmative health care practices**

| Year | Milestone                                                          |
|------|--------------------------------------------------------------------|
| 2015 | Kerala Transgender Intersex Policy launched                        |
| 2021 | Kerala Niyamasabha Legislative Committee report on health & rights |

|             |                                                                                                                                                                                                                                                                  |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2022</b> | Community Link Worker (CLW) programme started in 4 districts (later expanded to 6). CLWs trained and inducted into the field to support Queer community members in accessing health care                                                                         |
| <b>2023</b> | Counsellors at Bhoomika (Gender Based Violence Management) centres in 22 public hospitals trained in queer affirmative counselling and designated as district level support point offering psychosocial support to transgender individuals.                      |
| <b>2024</b> | Queer Inclusive Health System (QIHS) project launched by DHS, NHM and SHSRC-K with the support of Mariwala Health Initiative - aimed at sensitising 80000+ health care staff in government hospitals across the state to provide inclusive health care services. |

The Govt. of Kerala through the National Health Mission (NHM) is taking inclusive steps to transform public health into a safer, more dignified space for LGBTQIA+ individuals. Through targeted campaigns like the 'IDAM' (meaning space) campaign, community link worker programme, Queer Inclusive Health Systems project and psychosocial support through Bhoomika centres, NHM aims to transform public health institutions into safe and gender-friendly spaces for all individuals, regardless of their sexual orientation or gender identity. These interventions not only reflect policy-level shifts but also signal a deeper commitment to building trust within historically excluded communities.





- **Queer-Inclusive Health Institutions:** NHM is working towards transforming all health institutions to be inclusive, respectful, and supportive of queer individuals. This initiative seeks to create an environment where everyone feels valued and receives quality healthcare without fear of discrimination or judgment.
- **Mass Media Campaigns:** Awareness campaigns (called the IDAM campaign) are being run through mass media channels to promote inclusivity and reduce stigma against the LGBTQIA+ community. These campaigns aim to educate the public and foster a culture of acceptance and understanding.
- **Mental Health Emphasis:** A special emphasis is placed on addressing the mental health needs within the queer community. This focus recognizes the unique challenges faced by LGBTQIA+ individuals and seeks to provide them with the support and resources they need to thrive.
- **Collaborations with NGOs and LGBTQIA+ Organizations:** NHM is partnering with NGOs, LGBTQIA+ organizations, and other community-based organizations (CBOs) to broaden the campaign's reach and impact. These collaborations will help ensure that the initiatives are effective and responsive to the needs of the community.
- **Gender-Friendly Hospital IEC Materials:** All hospital Information, Education, and Communication (IEC) content has been revised to ensure it is gender-sensitive and inclusive. This change will help create a welcoming environment for all patients, regardless of their gender identity or expression.
- **Awareness and Testimonial Videos:** Short videos featuring community members and the Health Minister are being produced to raise awareness and promote inclusivity. Special video content featuring Transgender (TG) link workers has also been created under the "Ente Health Institution" campaign.

Overall, NHM's initiatives demonstrate a commitment to providing high-quality, inclusive healthcare services to all individuals, regardless of their sexual orientation or gender identity.



## d. Queer Inclusive Health System Project – Kerala (QIHSP-K)

Led by **State Health Systems Resource Center-Kerala (SHSRC-K)** and supported by **Mariwala Health Initiative (MHI)**, the **QIHS programme** integrates four components to mainstream queer-affirmative healthcare:

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1. **Sensitisation Trainings** – for all hospital staff, including administrative, security, and clinical personnel.
2. **Queer-Affirmative Counselling Practice** – for in-hospital mental health professionals via MHI's certified curriculum.
3. **Peer Support Counselling** – by CLWs for trans and gender-diverse individuals.
4. **Train-the-Trainer Modules** – to build internal state capacity to sensitise / train / re-train all existing and new entrants to the healthcare delivery system in the government sector.

This multi-level intervention reflects Kerala's long-standing leadership in public health innovation and community-centered care.

| District           | Hospitals with Community Link Workers                                                                                                                                                                                             |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ernakulam          | <ul style="list-style-type: none"><li>• Ernakulam General Hospital</li><li>• Ernakulam Medical College</li><li>• Muvattupuzha General Hospital</li><li>• Thripunithura Taluk Hospital</li><li>• Kakkanad Taluk Hospital</li></ul> |
| Thiruvananthapuram | <ul style="list-style-type: none"><li>• Thiruvananthapuram General Hospital</li></ul>                                                                                                                                             |
| Thrissur           | <ul style="list-style-type: none"><li>• Thrissur General Hospital</li></ul>                                                                                                                                                       |
| Kozhikode          | <ul style="list-style-type: none"><li>• Kozhikode General Hospital</li><li>• Kozhikode Beach Hospital</li></ul>                                                                                                                   |

District-wise List of Hospitals with Community Link Workers



## 6. A VISION FOR INCLUSIVE MEDICAL CAMPUSES

**Dr. Vibha Usha Radhakrishnan**  
Alumna: Calicut Medical College, Kerala

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**For a good college life for my fellow queer siblings, I do have some suggestions:**

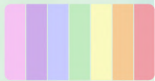
- Doctors and medical educators must be trained to understand diverse gender identities, sexual orientations, and LGBTQIA+ health needs. Medical educators play a key role in fostering inclusive values in future doctors.
- Regular sensitization programs for faculty and students are essential.
- Queer students should organize support networks and communicate their needs clearly to authorities.
- Institutions must create accessible channels for feedback and involve queer voices in policy-making. Policies should be reviewed to ensure non-discrimination, confidentiality, and equal access.
- Gender-neutral washrooms and private dressing spaces must be provided on the campus.
- Counseling services should include queer-affirmative professionals.
- Inclusive language should be used in all official communication, and queer representation in decision-making bodies must be prioritized.



Dr. Vibha Usha Radhakrishnan







# Glossary

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**Please note:** Definitions may vary across individuals and communities. Language is constantly evolving, so always prioritize the words your patients use to describe themselves. This glossary is comprehensive but not exhaustive.

**LGBTQIA+:** An umbrella acronym for: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and the plus (+) sign, which represents identities beyond these categories.

**SOGIESC:** An acronym for **S**exual **O**rientation, **G**ender **I**ntity and **E**xpression, and **S**ex **C**haracteristics. It is used in global human rights and health discourses to address the full range of diversity in human sex and gender experiences.

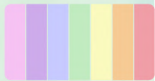
**Queer:** A reclaimed term used by some individuals whose gender and/or sexual identity falls outside societal norms. While it was once considered derogatory, many now use it with pride. However, not everyone in the community identifies with this word, so it's best used only with self-identification or permission.

**Cisgender:** A person whose gender identity aligns with the sex assigned to them at birth.

**Heterosexual:** A person who is attracted to individuals of a different gender.

**Ally:** A cisgender and/or heterosexual person who actively supports the rights and well-being of LGBTQIA+ individuals and communities.

**Gender Dysphoria:** Emotional distress some transgender people experience due to a mismatch between their gender identity and assigned sex. Not all trans people experience dysphoria. Over-reliance on this concept has led to medical gatekeeping. It is important for healthcare professionals to recognize and respect the diverse experiences within the transgender community, acknowledging that gender identity is valid irrespective of the presence or absence of dysphoria



# Glossary

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**Gender Incongruence:** A clinical term in WHO's ICD-11 (International Classification of Diseases) that describes a persistent mismatch between an individual's experienced gender and assigned sex. It is no longer categorized as a mental disorder.

**Hormone Therapy:** This involves taking hormones (testosterone for transmasculine individuals and estrogen for transfeminine individuals) to induce physical changes like voice deepening or breast development.

**Gender-affirming surgeries:** Some individuals opt for surgeries like masculinizing chest surgery or feminizing breast surgery, vaginoplasty, or phalloplasty to align their bodies with their gender identity.

**Gay:** To describe a person who is sexually attracted to people of their own gender. It is more commonly used to describe men who are attracted to men.

**Lesbian:** A woman who is attracted to other women.

**Bisexual:** A person attracted to both people of their own gender and those of other genders.

**Pansexual:** Someone whose attraction is not limited by gender or sex characteristics.

**Asexual:** An umbrella term for people who experience little or no sexual attraction to others. Asexuality is a valid orientation and may include a range of experiences, including romantic or emotional attraction.

**Coming Out:** The personal process of sharing one's sexual orientation or gender identity with others. It can be an empowering experience, but it should always happen at the individual's own pace and choice.

**Outing:** Revealing someone's LGBTQIA+ identity without their consent. This is a violation of privacy and can be harmful or dangerous.

# Resource Directory

## Community Based Organisations in Kerala

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| Name of the CBO         | District       | Contact    |
|-------------------------|----------------|------------|
| Amigos Trans Collective | Ernakulam      | 9539299250 |
| Disha                   | Ernakulam      | 9446666792 |
| Kshema                  | Kasargod       | -          |
| Punarjani               | Calicut        | 9539672278 |
| Queer Collective        | Malappuram     | 9746799822 |
| Queer Malabaris         | Malappuram     | 8891265440 |
| Sahayathrika            | Thrissur       | 9744955866 |
| Santhwanam              | Pathanamthitta | -          |
| Snehatheeram            | Kannur         | -          |
| Vanaja Collective       | Calicut        | 8089716967 |

|                           |               |
|---------------------------|---------------|
| Bhoomika helpline         | 1056          |
| Transgender cell helpline | 1800 425 2147 |

### Disclaimer

The contact details of community-based organisations (CBO) listed above are provided for informational purposes only. Their inclusion does not imply endorsement or certification by the authors or affiliated institutions. Readers are encouraged to independently verify the services and suitability of any CBO before engagement.



# Bibliography

58

- Colours in your care: A guide for medical educators to be LGBTQIA+ affirmative. iHEAR, Sangath.  
<https://drive.google.com/file/d/1Bfk61CF6X1xLtrNLhJEAxPnk009PtM83/view>
- State policy for transgenders in Kerala. <https://translaw.clpr.org.in/wp-content/uploads/2019/01/State-Policy-for-Transgenders-in-Kerala-2015.pdf>
- Transgender, nonbinary, and gender-expansive people's experiences with mental health care providers. Journal of Homosexuality, 70(11), 1814–1832. <https://doi.org/10.1080/00918369.2023.2174473>
- Kerala trans couple gives consent to donate body after death. The New Indian Express. <https://www.newindianexpress.com/good-news/2021/Aug/10/kerala-trans-couple-gives-consent-to-donate-body-after-death-2342430.html>
- Queerythm Facebook Post.  
<https://www.facebook.com/queerythm/photos/a.220559891774399/620119245151793>
- Queerala. (n.d.). Terminology and definition.  
<https://queerala.org/terminology-and-definition/>
- Lived experiences of discrimination, distress, and resilience among transgender and gay communities in Kerala. Kerala Journal of Psychiatry, 36(1), Article e1. <https://kjponline.com/index.php/kjp/linda>
- Understanding pathways to care and healthcare-seeking behaviour among gender and sexual minorities in India. International Journal of Social Psychiatry. <https://doi.org/10.1177/00207640231183913>
- Indian Psychiatric Society. (2020). Position statement regarding LGBTQIA+. <https://indianpsychiatricsociety.org/ips-position-statement-regarding-lgbtqa/>
- Indian Psychiatric Society Kerala State Branch. (2020). Position statement against conversion therapy. <https://vartagensex.org/wp-content/uploads/2020/06/115-ips-kerala-poz-statement-cnvrnsn-thrps-23may20.pdf>
- Association for Psychiatric Social Work Professionals. (2020). Position statement on queer mental health. <https://vartagensex.org/wp-content/uploads/2020/05/113-apswp-poz-statement-queer-mh-18may20.pdf>

# About the Team

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## **Dr. Anuradha Krishnan (She/They)**

Dr. Anuradha Krishnan (She/They) is a transgender non-binary dentist, human rights advocate, and writer whose work spans grassroots activism, clinical practice, and academic engagement. With over a decade of advocacy, she has been a steadfast voice for queer and transgender rights in Kerala. She made history as Kerala's first transgender dentist, breaking ground in both the healthcare and social justice sectors.



Dr. Anuradha Krishnan has collaborated extensively with governmental and non-governmental organizations to advance gender equity and queer inclusion. As a gender resource person with the Kerala Institute of Local Administration (KILA), she played a central role in developing SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristics) modules for state-level training and policy development.

In addition to her activism and professional work, Dr. Anuradha Krishnan is a co-author of #MyVoice Vol. 2: Stories of Transformation & Purpose by Women of Substance. Her contributions reflect a powerful blend of personal insight and academic depth, helping shape inclusive discourse and policy at both local and national levels.

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# About the Team

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## Muskan Pradhan (Any Pronouns)

Muskan is a queer, neurodivergent multidisciplinary artist, and therapist whose work weaves together accessibility and community care.

Their work includes zine-making, visual storytelling, accessible design, and arts-based facilitation, centering the lived experiences of queer, trans, and individuals with disabilities.



Muskan hosts art spaces, leads community based creative workshops, and has mentored emerging artists from queer and disability communities in using visual narratives as tools of resistance, reflection, and collective learning.

They were the primary designer and a contributor to the writing and editing of *Colours in Your Care*, a widely appreciated guide for medical educators on LGBTQIA+ affirmative healthcare.

Alongside their art and design work, Muskan is also a therapist working through an anti-pathologizing, justice-oriented lens. Their therapeutic and artistic practices are deeply informed by one another, grounded in the belief that healing, learning, and imagination are collective and interconnected acts.

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# About the Team

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## Aiswarya S (They/She)

Aiswarya S (they/she) is a Project Coordinator at iHEAR, Sangath Bhopal, with a Master's in Social Work and a background in Psychology. With experience in coordinating projects focused on LGBTQIA+ affirmative medical education, they have contributed to resources like 'Colours in Your Care' and 'Trans-affirmative Medical Education in India'.

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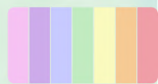


## Dr. Harikeerthan (He/Him)

Associate Director (Health Equity) at Sangath, is a health equity researcher focusing on LGBTQIA+ and disability communities. He trained in MBBS and Family Medicine from CMC Vellore, MSc Health and International Development from the London School of Economics (LSE), is a Wellcome Trust Scholar and part of the India Health Policy and Systems Research Fellowship.

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# About the Team

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## **Dr. Anant Bhan (He/Him)**

Dr. Anant Bhan, Principal Investigator, Bhopal Hub, Sangath is a researcher in bioethics, global health, health policy and mental health with over 23 years of experience. He is a medical doctor with a Masters in Bioethics from the University of Toronto (Fogarty Fellow). He works at the intersection of ethics, equity, research and health access focusing on marginalized populations and social justice



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## **Reviewed By:**

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# Notes





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