

Decolonizing Transgender Mental Health In India: A Historical And Epistemological Review

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Abstract:

Background: The transgender community in India holds a long, complicated history, one that is influenced by colonialism, legal v/s social fights for dignity, and cultural significance. This community that was once accepted and revered in the traditional Indian systems, were criminalised after colonization – the impacts of which are experienced till date by this community.

Materials and Methods: This article aims to review the gap between the pre-colonial acceptance of transgender identities and the present-day challenges that impact every sphere of their lives through a narrative review of existing literature. A narrative review was conducted using databases including Google Scholar, PubMed, and JSTOR. Literature published between 2000 and 2026 was included, alongside foundational historical texts.

Results: Results indicate a paramount shift from pre-colonial acceptance of gender diversity to postcolonial systemic marginalization. Mental health conditions are linked to systemic discrimination, lack of medical care and legal inequalities.

Conclusion: The article encourages inclusion training and amendments in the Indian laws that target the welfare of these communities. By emphasising on gender affirming care, inclusion training and healthcare and legal reforms, this paper suggests that lives of transgender individuals in India can be improved.

Key Word: Transgender, LGBTQIA+, Indian Subcontinent, Colonialism, Marginalization

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I. Introduction

LGBTQIA+ is an acronym that has been recently popularized through media however it has existed since many years, representing a myriad of gender identities and sexual orientations. L (lesbian), G (gay), B (bisexual), T (transgender), Q (queer or questioning), I (intersex), A (asexual) and '+' stands for all those gender identities and sexual orientations that letters and words are not yet able to fully capture or describe in the acronym 'LGBTQIA+' (Soled et al., 2022). These acronyms are not merely descriptive; they also help people going through issues on the same spectrum to connect emotionally and experientially. As the world's understanding on these topics continue to expand, these acronyms will keep refining to become more inclusive. Through this article, we highlight the experiences of the transgender community in India by traversing their past to present journey. For this purpose, throwing light on the larger LGBTQIA+ community and how the world's perception of homosexuality has evolved becomes imperative.

Popularization of LGBT Community Globally

During the 1960s, the American Psychiatric Association (APA) classified homosexuality as a mental disorder (Nelson, 2015). Historically, the LGBT community has been discriminated against based on socio-cultural influences (Hillstrom, 2016). Private anti-vice societies, legal authorities, and city officials who viewed acts of homosexuality as unscrupulous, terrorised them. Their freedom and voice were compromised with the widespread ban on homosexual novels, forced closures of theatres that showed gay plays, raiding of gay bars, and legal prohibition on cross-dressing (Hillstrom, 2016). Due to relentless prohibitions, the community felt unsafe about 'coming out' - a lifelong identification and self-exploration process of gender and sexual acceptance of individuals within the community. Due to atrocities such as the Lavender Scare; a systemic discharge of homosexuals from the US army in the 1930s, and the Blue Discharge; a denial of benefits to LGBT veterans, individuals had to conceal their identities to continue living in civilized societies (Rosenbaum, 2018).

According to Hillstrom (2016), the Lower Manhattan neighbourhood of Greenwich village located in New York City was infamously known as the haven for the LGBT community. It became home to professionals such as actors, artists, poets, musicians, radicals amongst other open-minded individuals who were able to both, celebrate their orientation as well as live anonymously in the large city (Hillstrom, 2016). Rosenbaum (2018) in her article mentioned, the restrictions imposed on the gay community influenced criminals to open gay bars,

charge exorbitant rates to their customers, and use the income to bribe the police. Continued othering and existence of orthodox prevalent views finally triggered protests demanding social change.

These protests finally culminated into a pivotal moment in history- The Stonewall Riots. The Stonewall Riots of 1969 are seen as a seminal event in the fight for civil rights and social justice for sexual and gender minorities (Carter, 2004; Duberman, 1993; Faderman, 2015). These events precipitated a more structured and prominent campaign for LGBTQ+ emancipation, facilitating the establishment of activist organizations and the inaugural Pride marches in 1970, a tradition we continue to practice in June (Pride Month) to honour LGBTQ+ identities and advocate for ongoing equality.

The Transgender Community: An Identity within the LGBTQIA+

According to the American Psychological Association (APA), transgenders or colloquially called 'trans', is an all-encompassing term for individuals who have a gender identity, gender expression, and ways of behaving that deviate from the sex attributed to them at birth. Transgenders or third gender comprise a category of individuals who deviate from the sex assigned to them at birth. This term includes both trans-men and trans women (Sawant, 2024). However, not every behaviour that goes beyond the constraints of a particular gender, is indicative of a person being a transgender. Based on increased education, awareness and ever-changing societal culture, treatment of trans people will continually evolve (The American Psychological Association, 2014).

While transgenderism is a part of the LGBTQ community, transgenders can be classified into various categories. Transsexuals go through gender affirmation surgeries and hormone therapy to make their bodies as compatible with their identified gender. Cross-dressing involves donning oneself with an attire culturally worn by another gender, without implications to sexual orientation. These individuals might just be expressing themselves by dressing differently, and not wish to change their assigned sex, or express sexuality. Those who express their identity as lying outside the gender binary identify as Genderqueer. For them, gender is a spectrum and they may lie in between these binary constructs or may mean something entirely different. Genderqueer individuals may not necessarily identify as transgenders (APA, 2014). They use pronouns like zie/hir, they/them etc. Androgynous, multi-gendered, two-spirit, third gender are more categories which encompass this group.

No matter the stage at which an individual identifies their transformation, the process can feel isolating and tedious. Adding to this, in countries like India where medical and mental health are not optimally designed to address these complicated issues of gender dysphoria, individuals fight systemic barriers, including a dearth of gender-affirming practices, insufficient professional training, and disjointed policies. Interestingly, these are more modern issues that the Indian subcontinent has been facing post colonialism. Long before contemporary mental and medical frameworks emerged, Indian cultural texts demonstrated a knowledge of identities that transcended binary classifications as we know it now. A historical socio-cultural lens is essential for understanding the perceptions and issues related to gender diversity, particularly as we move our focus to addressing the journey of the transgender community in India.

Pre-Colonial View of Transgenders in India

India is home to a flourishing history of literature and epics. The ancient scriptures such as the Vedas, Upanishads and Puranas brims with mentions of identities that extend beyond a modern-day binary understanding of gender, often referred to as *hijras* (leaving one's tribe) or *kinnars* in the traditional dialect. According to the Vedic culture (1500 BC - 500 BC), one's gender is influenced by their *prakriti* (nature). Some scriptures have acknowledged the existence of certain gender identities that do not fall in the classification of male and female, namely third gender or *Tritiya prakriti* (Sawant, 2024). In the ancient Hindu Sanskrit book on eroticism and sexuality, *Kamasutra* (4th century AD) categorizes gender into three parts. The author mentions a different classification of individuals known as *Tritiya* or third gender (Habin, 2021). *Manusmriti* (200 BC - 200AD), a legal text on many sections of Hinduism, explains plausible biological reasons behind the existence of the third gender. In the Vedas, each of the nine planets were attributed to different genders: particularly Mercury and Saturn being linked to the *tritiya-prakriti* (Habin, 2021).

Mythological stories that have been passed through several generations have tales revolving around transgenders thus highlighting their significant influence in Indian culture and history. The *Ramayana* emphasizes the significance of transgender people in Indian society. According to the text, the *hijras* remained transfixed in devotion for the entire 14 years due to which. *Rama* bestowed upon them the ability to bless significant ceremonies such as births and marriages (Tiwari & Pal, 2020) that is a relevant practice even today. When creating humanity, *Lord Brahma* tried to balance masculine and female energies. To demonstrate harmony, *Lord Shiva* came as *Ardhanarishvara*, half man and half woman. This form integrated masculine and feminine elements of gender, thus giving rise to the transgenders. *Ardhanarishvara* is mentioned in the *Mahabharata* and *Shiva Purana*, and numerous Indian temples worship its idols as a symbol of peace. Androgyny, which is exhibited as a gender identity consisting of both male and female behavioural characteristics and traits, is therefore, not a novel Western concept. The transgender community observes a *guru-chela tradition*. A newcomer is referred to as a *chela*

(follower) and is mentored by a *guru* (leader). If the *guru* consents, the *chela* may undergo *Nirvan*, a ceremony involving castration (Lalini, 2020).

It is evident through many of these texts, that the transgender community was distinguished and renowned in India far before modernisation and colonial teachings. We cannot overlook that as many as 1800 years ago, Indian texts acknowledged and mentioned the existence of the transgender community. Not only are the mythological roots of this community very significant, but so are their rituals and practices that keep their cultures alive.

Turning Point in the History of the Transgender Life: The Colonial Effect

As evident from the subcontinent's historical literature, the Indian transgender community was respected and influential. Mughal and Ottoman hijras were political counsellors, generals, administrators, and protectors of sacred Islamic sites in Mecca and Medina. Their loyalty and intellect earned them credibility in royal courts; they participated in state decisions and received societal repute. They were crucial to political, cultural, and religious life in pre-colonial India (Michelraj, 2015).

These norms were substantially altered during British colonialism (Michelraj, 2015). The British, which believed in gender binary, rejected India's gender diversity. The 1871 Criminal Tribes Act criminalized *hijras* as criminal tribes. This Act curtailed civil rights, allowed police surveillance, and punished the transgender community with jail time and penalties. Police officers bribed, battered, and sexually molested them. The law threw them into the arms of poverty and marginalisation thus illustrating how colonial culture pathologized and dehumanized the transgender people (Jayant, 2018). Although repealed in 1952, the Criminal Tribes Act had lasting effects. Two centuries of colonial distortion overshadow thousands of years of recognition and inclusivity (Michelraj, 2015). Epistemological oppression arises when dominant knowledge systems erase or substitute histories. Indian gender notions were supplanted by Western stigma and restrictions during colonization. Even after almost eighty years of independence, trans children often grow up in families and communities who misunderstand, reject, or mock their identity, mirroring colonial transgression. Frequent invalidation causes depression, anxiety, stress, and suicidality in trans Indians. Colonial epistemologies impact societal perceptions notwithstanding progressive laws and welfare initiatives. Transgenders suffer chronic stress and mental illness from housing, education, healthcare, and safe work denial. Police harassment and social seclusion reflect colonial control. These external issues affect self-worth, making trans persons feel invisible and isolated. In restoring India's pre-colonial heritage, healing is the goal, not correction. Epistemological erasure stigmatizes hijras, but remembering their dignity and trust helps. True change requires legislation, social acceptance of gender diversity, colonial removal, and mental health care for communities. Reconnecting with India's inclusive traditions may restore dignity, improve mental health, and encourage transgender individuals to live openly.

This article has established that Transgenders played a pivotal role in making the social fabric of the Indian Subcontinent. We have a rich history of inclusivity spanning over about 2000 years; however, 200 years of history still dominates our social and civil climate even today. It is important to not only protect but also to uplift the standards of living, quality of care, and social readiness towards this community, and truly highlight the social fabric of civil India and its inclusive history.

Issues Impacting the Lives of the Transgenders

The 2011 population census in India estimated close to five lakh individuals who identify as third gender (Rao & Nikhita, 2023). Despite having such a rich cultural, societal and mythological history of transgenderism in the Subcontinent, this community grapples with a myriad of issues that delegitimize their position in the current times. They lack family support and are unable to get a supportive, holistic environment to live with dignity and freedom, leading to being disowned by their families. Transgender women may also struggle with inheriting property as compared to their cis-gendered counterparts (Rao & Nikhita, 2023). They are thought of as being mentally ill and catastrophically deviating from the gender norms prevalent in the society. Oftentimes, political parties may just use them as bargaining chips for their own vote banks, without plans for actual empowerment (Rao & Nikhita, 2023). Denial of equal opportunities makes sustaining a livelihood challenging, forcing them to resort to begging and prostitution, which in turn reinforces the stigma against them (Rao and Nikhita, 2023).

The COVID-19 pandemic era marginalized these groups even further. This community suffered from the dual impact of the virus and social distancing. A Karnataka-based civil society organisation survey supported this claim, revealing that 82% of 1387 workers from various marginalised communities involving sex workers, transgenders, and nomads lacked access to buying essentials (Rao and Nikhita, 2023). They didn't receive any aid from the government, and just a small fraction of them were able to receive medical attention for COVID-19 treatment. The issues faced by this community and the continuing existence of such discrimination can be attributed to transphobia. Mahajan (2022) in his article mentioned that transphobia or transprejudice is defined as "the negative valuing, stereotyping, and discriminatory treatment of individuals whose appearance and/or identity does not conform to the current social expectations or conventional conceptions of gender".

Transgenders have also been pathologized worldwide when the idea of identifying with a gender different from the one assigned at birth was resisted. Krafft Ebing in ‘Psychopathia Sexualis’ (1886) suggested that those individuals feeling that their assigned sex was incorrect, were mentally disturbed and showed symptoms of psychosis. According to The Transsexual Phenomenon (1966), even medical viewpoints were against gender reassignment surgeries and hinted towards a disorder that needed treatment. Sadly, these notions exist in today’s world as well.

Even though the Diagnostic and Statistical Manual of Mental Disorders (DSM) changed the diagnosis of transgenderism from gender identity disorder to gender dysphoria, even this change holds its shortcomings. To undergo gender affirmation surgeries, these individuals are required to show a diagnosis. This label itself deems that their mental functioning is not at par- still making them recipients of racism and sexism (Ranade et al., 2022). And the story is no different in India, where this community still finds itself in the shackles of backward thinking.

Eurocentric Influences of Homosexuality and its Impact on India

While transgenders are a unique community, the issues impacting this group cannot be observed in isolation, instead we must look at the development of policies and attitudes towards the larger LGBTQIA+ community. Until 1973, the LGBTQIA+ identities were pathologized leading to current marginalisation and discrimination. This has amplified the magnitude of the mental health hardships faced by the individuals from this community (Dua & Bakhru, 2025). Considering how India's advancements in the field of research and practice has been shaped by Euro-American ways of thinking, a thorough understanding of pathologization of homosexuality in the western context becomes imperative. In 1973, eventually, the APA eliminated homosexuality from its list of psychiatric conditions. Despite having Western advancement in psychology, including DSM and ICD (International Classification of Diseases) there was little change observed in the way the Indian Society viewed transgenderism (Ranade et al., 2022).

Table No. 1: Shows the sequential perspectives of how homosexuality developed historically along with mentioning its real-world impacts behind it.

Time Period	Theoretical Orientation	Key Beliefs	Impact
1800-1890 (Ranade et al., 2022)	Religious	Emerging secular standpoints resulted in “sins” like same sex orientation and religious categories like demonic possession, drunkenness, and sodomy to be labelled as pathological abnormalities (Ranade et al., 2022).	These were then placed under the scientific categories of insanity and homosexuality, among others. (Ranade et al., 2022)
1900-1940 (Ranade et al., 2022)	Biological	Homosexuality was viewed as a biological tissue disorder that could be cured by medical interventions or believed to originate from hormonal imbalance (Ranade et al., 2022).	These beliefs gave rise to heinous and unethical medical procedures performed on these individuals viz., castration and organ transplant using ‘heterosexual’ parts to ‘correct the disorder’ (first performed in 1917), hypothalamotomy, and treatments aimed at combating the hormonal imbalances presumed to be a leading cause behind homosexuality (Ranade et al., 2022).
1935 (Ranade et al., 2022)	Psychoanalytic	In Freud’s letter to the mother of a homosexual man, he labelled homosexuality as a form of variation in the sexual function. He also defined it as an individual having not achieved a healthy sexual development, claiming them to be trapped in one stage (Ranade et al., 2022).	Though Freud was strongly suggesting an option of conversion treatment in his letter, he contributed to bringing a shift in the idea of “pathology” located in the body/brain to the psyche (Ranade et al., 2022).
1940-1970 (Ranade et al., 2022)	Learning Theories	Homosexuality was viewed as a “learnt” behaviour- picked on by observing wrong behaviours, indulging in sexual experimentation, or the influence of external circumstances and lack of role models. It was also believed that faulty behaviour patterns can be eliminated, and the appropriate ways of behaving can be learnt through various techniques (Ranade et al., 2022).	This idea gave birth to electric shock treatments, or convulsion therapy, as well as conversion and reparative therapies, curative violence etc. These led to feelings of being dehumanised, suicidal ideations and committing suicide, self-hate, low self-esteem etc., eventually attracting criticism (Ranade et al., 2022).

LGBTQ+ activists in India have put years of effort into giving queer mental health a forum to be discussed. This also involved lodging complaints about conversion treatments to the National Human Rights Commission (NHRC) who refused to acknowledge the acts as a criminal offense (Ranade et al., 2022). Almost

twenty years later, some changes can be seen with the decriminalisation of homosexuality in 2018 by repealing Section 377 of the Indian Penal Code (IPC). In 2020 many psychology associations released statements against conversion treatments, suggesting change for this community (Ranade et al., 2022). The Indian law legally recognises a marriage between a Hindu male and a Hindu transwoman under the Hindu Marriage Act (Arumugam, 2024). The Transgender Persons (Protection of Rights) Act, 2019 protects the rights of the transgenders and safeguard their interests (Bhat, 2020). Transgender identities have, for a very long time, been burdened by society's ignorance and deep-rooted bigotry. Laws like the 2019 Act were formulated to provide legal recognition and work towards the welfare of this community. Despite its weak implementation, it provided the hope of a promising future.

However, this hope was crushed, in as recently as 2026, when India passed the Transgender Persons (Protection of Rights) Amendment Bill. This bill erased the clause in the 2019 Act that gave recognition to a self-perceived gender identity. The Bill has narrowed its definition of individuals classified under the transgender category, to only include gender identities of *Hijras*, *Kinners*, *Aravanis*, *Jogtas*, intersex individuals, those with congenital variations, and victims who were forced to identify as a transgender- while alienating all other identities. The bill has introduced medical boards to screen these individuals along with the District Magistrate before legally recognising and validating their identities (Kumar, 2026).

Although stringent laws have been enforced to punish the perpetrators who coerce individuals into a transgender identity, the limitations posed by this Bill are many. The need to verify their identities by authorities denies them autonomy over their own individuality. Official verification takes precedence, thereby depriving these individuals their fundamental rights under Articles 14, 19, and 21 of the Indian Constitution, while medicalisation and bureaucratic control chips away at their privacy. With already inaccessible and poor conditions of gender-affirming treatments, this can also lead to more harassment thus exacerbating the distress faced by this community. Due to this Bill, the acceptance of narrower definitions of transgender identities have invalidated identities of trans men, trans women, and non-binary individuals. The most significant drawback of this Bill was its failure to consult the transgender community- the very group for whom life-altering decisions were formulated. Today, many individuals are questioning the legal legitimacy of their identities, leaving them facing uncertainty and great psychological distress.

Mental Health Conditions in the LGBTQIA+ Community in the Past 2 Decades

A study reviewing the mental health conditions of this community, and the mental healthcare systems in place from 2009-2019, led to some interesting findings. A qualitative study conducted among sexual minority women revealed that isolation, anxiety, engaging in substance abuse, and suicidal ideations were some of the shared issues among these women (Wandrekar & Nigudkar, 2020). Based on the findings of the National Alliance on Mental Illness (NAMI, 2021), it was inferred that LGBTQIA+ youngsters ran twice the risk of developing anxiety, depression as well as suicidal ideations as compared to their cis-gendered counterparts. These mental health hardships were triggered by a plethora of reasons- marginalisation, discrimination, and inadequate mental health services etc. Individuals belonging to the LGBTQIA+ community who were ridiculed by their family members and lacked their support ran a stronger risk of committing suicide as compared to those who came from accepting and supportive households (Dua & Bakhru, 2025). Other studies suggest that individuals whose coming out was met with negative reactions and experiences, and those who engaged in substance abuse also demonstrated higher rates of depression (Wandrekar & Nigudkar, 2020). Many transgender persons were found to engage in self-medication or facilities of private care instead of employing free government services (Wandrekar & Nigudkar, 2020).

Men Who Have Sex with Men (MSM) is used to describe a population of men (could be gay, bisexual, or straight) indulging in sexual practices with other men (Shinde et al., 2008). It was estimated that 52.9% of MSMs were grappling with some form of mental health disorder. Despite the hardships being battled by the MSM individuals, very few have been found to access medical interventions. A study conducted in Southern India (Patel et al., 2015) determined factors that showed the correlation between financial struggles and debt as a precursor for depression among the MSM population. It was gathered that MSMs struggling in debt and engaging in sex work are more susceptible to suffering from depression than others. Their sexual orientation does not cause financial struggles- instead homophobia, injustice, taboos, and lack of safe spaces and support in society create financial instability leading to depression. Furthermore, the violence inflicted on them leads to further worsened mental health.

Ganju and Saggurti (2017) interviewed 68 transgender sex persons who highlighted the struggles they faced due to their intersecting marginalised identities that created a canvas for greater healthcare inequalities. Their intersectionalities of transgenderism, non-conforming gender, sex work, low-income background and mental health conditions, all contributed to creating unsafe working conditions, ultimately increasing their susceptibility to contracting HIV. The stigma and violence they experienced, combined with social inequalities like poverty, poor housing facilities, unemployment, lack of sound healthcare etc, were also contributing factors.

The interview also highlighted that internalised stigma, low self-esteem, and psychological distress made raising their voices against abuse or insisting on use of condoms a formidable task (Ganju & Saggurti, 2017). In a way, we can say that financial struggles precede depression, but both reinforce each other cyclically- financial struggles lead to distress causing depression, and depression inhibits the ability to achieve economic stability. Thus, a vicious cycle is established making their lives difficult.

Undoubtedly, this community faces severe mental health challenges, and the implications of it are not unknown. But we also need to draw our attention towards the resilience and strength that develops in the face of tough living conditions. Despite the poor conditions of life in the LGBTQIA+ population, a good network of social support have been linked with lower levels of susceptibility to anxiety, depression, and suicidal thoughts (Wandrekar & Nigudkar, 2020). Many of these individuals have found to combat these issues with strong coping methods, and by fostering strong ties with their community (Dua & Bakhru, 2025). There is a need for affirmative therapies, where mental health practitioners (MHP) are sensitive to the unique challenges of this community, along with programs to educate how family and friends can act as support systems instead of furthering the despair. MHPs who are not sensitive towards these individuals, do more harm than good. They may trivialise their sufferings, pushing them further into a state of turmoil. Many stories have been recorded in our country, where the MHPs stressed on the transwomen to wear a sari or salwar-kameez- clothes that were more feminine. If they wear trousers or jeans and fail to instantly confirm their identity as a female, they might be asked by these cis-heterosexual practitioners to visit repeatedly, for more inquiry (Ranade et al., 2022). The question thus remains, whether the practitioners of our country are prepared to provide services that help in the betterment of physical and mental health of the LGBTQIA+ community.

Mental Health Interventions for LGBTQIA+

Studies that talk about mental health interventions for LGBTQIA+ individuals are very few when it comes to describing the Indian context. In a 2013 study, Ranade and Chakravarty studied LGBTQIA+ affirming therapeutic methods that were being used by Indian MHPs and developed a module for gay affirmative counselling practice. One study shed light on *SAAHAS* (sexuality, acceptance, awareness, health, and support) a queer affirmative cognitive behaviour therapy-based group therapy intervention that was only led by queer mental healthcare practitioners (Wandrekar & Nigudkar, 2019). The CBT approach used was revised to accommodate affirmative practices that help recognise stress indicators within this community that stem from the internal psyche and or due to environmental factors. These helped individuals from the community develop healthier coping strategies and provide better mental health outcomes.

Queer affirmative practice involves an approach that includes understanding and combating heterosexism, recognizing heterosexual privilege, where it exists, and combating homophobia in clients as well as in self (Wandrekar & Nigudkar, 2019). Originally, this model was made for cisgendered homosexual individuals but now has been extended to encompass all non-normative sexual and gender identities (Wandrekar & Nigudkar, 2019). This approach understands and affirms the experiences of this community instead of considering them as mentally ill. It also highlights the prevalent societal constructs and their implications on this community. By using this approach in a structured group setting, the outcome was pointed towards correcting patterns of distorted thinking, cognitive reframing and implantation of adaptive coping skills. Many participants observed improved mental health conditions post partaking in this study, thus highlighting the importance of re-education and relearning the ways of therapeutic treatment for this community, including representation of queer facilitators in group leading roles.

LGBTQ Safe Zone Training

Safe Zone Training is a crucial step that can make a positive difference in uplifting the lives of the people belonging to the spectrum. This training increases awareness about the community and helps cis individuals recognise their own biases. Safe Zone training is a “predominantly university-based diversity training program designed to increase awareness and knowledge of, and sensitivity to, important issues affecting LGBT students, faculty, and staff” (Finkel et al., 2003, p. 555). Many universities, community mental health centres, and businesses provide the training to become an ally (an individual who despite not falling on the spectrum, inherently works towards realising the requirements and problems of the LGBTQ community, and materials for the same are available on many websites (Myers & McMiller, 2021). Symbols such as stickers, buttons, etc. are given to the individuals after completing their Safe Zone training. This helps in substantiating their support towards the members of this community and shows an openness to provide others with a safe space to voice their concerns, experiences and doubts (Myers & McMiller, 2021).

There is a dire need for such a cost-effective therapeutic framework to be reenacted in various parts of the country. We have clearly understood that the mental health care systems, although getting better, still have a long way to go. People of the LGBTQIA+ community face discrimination and harsh realities at every front. The systems that are supposed to alleviate their discomfort and provide treatment and support are also backward in

their approach. While some parts of the country have shown remarkable progress, the efforts made within the mental healthcare systems in different parts are still isolated at best. As mentioned earlier, financial conditions and literacy rates being low among certain sexual and gender minorities, makes it difficult to gain the awareness for these healthcare services or access them. Upon choosing them, many return even more dejected because queer affirmative approaches are still rudimentary. Therefore, it has become imperative and the need of the hour to self-educate and empower these individuals.

Are We Well Equipped to Deal with the Needs of this Community?

Over the years, imparting of moral and ethically correct standards of living life has taken a backseat, and inculcating competition through exams and grades has taken precedence. This affects the way students perceive the world from an early stage, often distorting their perceptions that surface problematically in adulthood. A student's lack of exposure through education, about the LGBTQIA+ community, is a leading factor in forming internal biases and misunderstood judgements. Despite having formally laid laws to protect this community, people still tend to avoid conversations about gender identities and sexual orientations. This highlights a deeper issue- lack of an existing formal curriculum to raise well-educated children on topics surrounding the LGBTQIA+ community. Not having honest discussions about sexuality and gender identities in a bid to not corrupt children's innocent thinking, has often seen to result in prejudices, biases and hostility towards these people who embrace a different way of living. This can be seen evidently in instances where words like "gay" and lesbian" are used by children as slurs and a means to bully and marginalise other children (Shree AC & Chithra, 2023). These can be viewed as a failure on part of the teachers and the Indian education system collectively. Teachers who should be proactive in changing these prejudicial mindsets of children are themselves seen to be turning a blind eye to such unacceptable behaviours or by propagating such orthodox forms of thinking (Shree AC & Chithra, 2023). According to Shree AC & Chithra (2023), Madras HC made strides in this regard by issuing the inclusion of LGBTQ+ curriculum into the existing curriculum, yet the absorption of awareness remains low.

Based on a cross-sectional study in 2019, teachers from the medical and allied groups showed more acceptance, tolerance, support and appreciation towards the LGBT community, in comparison to those from the surgical and allied groups. Although both these groups reported a readiness to be an ally to this community, they lacked the commitment to show this support with active measures (Guruji et al., 2022). A study conducted by Sharma and Sharma (2022) highlighted a lack of participation in research, misinformation, biases and discomfort about the community. It also noted how teachers don't understand their responsibility in possibly being the torchbearers of awareness and change for the children in their attitude towards the LGBTQIA+ community (Sharma & Sharma, 2022). It is imperative for the teachers to stay abreast with these terms, their meanings, give up negative attitudes towards them, and aim for an inclusive society as means to ensure furthering formal education at the grassroot level.

Within the transgender community specifically, the 2011 Census highlights a baffling literacy rate of 56% as opposed to the national rate of 74%. Hostile and non-inclusive surroundings of educational institutes are contributing factors for low enrolment. Socio-environmental factors on campuses of central universities prohibit trans individuals from accessing education. High prevalence of bullying, stigmatisation, discrimination contribute towards low enrolment rates of the transgender community, as compared to the online module of Indira Gandhi National Open University (IGNOU). Despite an inclusion of the TG category in the application forms of various institutions, enrolment rates still don't see a significant rise that shows the need for a better understanding of what's holding them back. This should be followed by necessary, stringent measures and actions to help the community access education better (Barman, 2024).

In the healthcare system, literature provides evidence that about half of the curriculum that educates medical students, doesn't include information regarding gay and lesbian individuals (Waghmare et al., 2024). There lacks a strong syllabus on gender-affirming surgeries or gender dysphoria. Lack of information and training in being equipped to deal with these individuals, supplemented by prejudices, have made many doctors hesitant to provide treatments (Waghmare et al., 2024). A 2022 study in Rajasthan shed light on the desires for accessible and economical gender-affirming surgeries by members of this community. Both the qualified professionals and the transgenders displayed a lack of awareness regarding the government insurance schemes that were formulated for the benefit of these people. Long counseling processes, and the access gap for hormone therapy necessitates healthcare facilities to provide prompt treatment and care for this community (Ahuja et al., 2024).

It cannot be ignored that there have been strides made by the government, towards the inclusion for the transgender community. Financial assistance towards medical procedures, scholarships, correct identification documents for healthcare benefits, and exclusive clinics for transgenders have been made available by the Indian authorities. Many NGOs also relentlessly work for the empowerment and advocacy of this community (Rupesh et al., 2023). Despite existing attempts, implementation remains inadequate. Lack of awareness about schemes and benefits, highlights that the efforts are not reaching the recipients uniformly. We are making progress, but it lacks visibility on a larger scale because of the flawed execution. Measures to improve their lives can be correlated

to how polio eradication campaigned India-first on a small-scale like in the case of the Oral Polio Vaccine strategy, which was administered in Delhi reaching over a million children and then upscaled on national level. Similarly, grassroot-level efforts and awareness for this community are necessary before targeting the entire country.

II. Recommendations And The Future For The LGBTQIA+ Community

Any change in this regard needs to start with education and spreading awareness. According to Shree AC & Chithra (2023), subjects like civics and history should incorporate the struggles of this community as well. Gender-neutral restrooms in educational institutions should be made imperative for affirming this community's identity and sensitising the population towards their way of living. Teachers belonging to this spectrum should be hired to ensure more inclusivity and respect to this community. Textbooks should also incorporate other forms of pronouns apart from he/him, she/her, like they/them. This should start from the elementary level, so that over time, children get comfortable with the idea of gender identities existing apart from the gender binary. Peer groups and queer-affirmative counseling should be an indispensable part of the educational institutions. Teachers should be trained to be allies and respect all gender identities and sexual orientations. Looking up to them as role models, the children shall start imbibing values that are inclusive and sensitive towards this community. Overall, the education system should cultivate acceptance, not tolerance. The idea that individuals of this community deserve the same respect and space to grow like a cisgendered or straight person, should be normalised.

Influential elites and nation-wide NGOs can be messiahs in this journey, if they use their power to educate, and not attack. Awareness programmes, community mobilisation, adequate representation of this community in all essential systems- political, healthcare, education, economic etc.- can transform the world's outlook towards them. The Indian society must rise above entrenched rigid binaries that the Western societies and colonisation left on us and return to India's age-old traditions of recognising and respecting gender diversity.

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