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A STUDY ON HEALTH CARE BARRIERS FACED BY TRANSGENDER IN PALAKKAD DT

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ABSTRACT: Access to equitable healthcare is a fundamental human right; however, transgender individuals continue to face persistent barriers that limit their utilization of healthcare services. Despite Kerala's comparatively advanced healthcare system and progressive transgender-inclusive policies, gaps remain between policy intent and lived healthcare experiences. This study examines the healthcare barriers faced by the transgender community in Kerala, with special reference to Palakkad district. Adopting a descriptive research design, the study collected primary data from 60 transgender individuals using a structured questionnaire, supplemented by secondary sources such as journals, reports, and policy documents. The findings reveal that transgender individuals experience multiple intersecting barriers, including social stigma, discrimination within healthcare settings, lack of trained and sensitized healthcare providers, financial constraints, and limited availability of transgender-friendly services. Fear of misgendering, denial of care, and previous negative healthcare encounters often result in delayed or avoided treatment, adversely affecting both physical and mental health outcomes. Institutional challenges such as non-inclusive administrative systems and inadequate provider awareness further intensify healthcare inequities. The study highlights the urgent need for comprehensive provider training, inclusive healthcare policies, community-based support mechanisms, and the establishment of gender-affirming healthcare services. By documenting the lived experiences of transgender individuals in Palakkad, this research contributes to the limited regional literature and underscores the importance of rights-based, inclusive, and gender-sensitive healthcare interventions to promote health equity and social justice for the transgender community in Kerala

Key Words : Transgender, Health, Fundamental Right, Barriers

Introduction

Transgender individuals often experience disproportionate health disparities worldwide. Defined as persons whose gender identity differs from the sex assigned at birth, transgender populations navigate a social environment marked by stigma, discrimination, and limited rights. Health care barriers for transgender persons include lack of provider knowledge, discriminatory attitudes, economic hardship, and absence of gender-affirming services. In India, despite growing legal recognition, transgender individuals continue to encounter systemic obstacles in health care access. Palakkad District, with its mixed rural–urban population and evolving health infrastructure, provides a critical context for examining these barriers. This study aims to identify and analyze the key factors that impede equitable health care access for the transgender community in Palakkad.

Review of Literature

Health Disparities among Transgender Populations

Global research indicates that transgender individuals often face poorer health outcomes compared with cisgender populations due to social determinants such as discrimination, poverty, and limited social support. Studies have reported higher prevalence of mental health issues, HIV infection, and unmet health needs in transgender communities (Reisner et al., 2016; Winter et al., 2016).

Barriers to Health Care Access

Recent literature identifies multiple barriers:

- **Provider-Level Barriers:** Lack of clinical training on transgender health and discriminatory attitudes among health professionals impede care quality (Bauer et al., 2015).
- **Systemic Barriers:** Absence of gender-affirming protocols, identification document issues, and restrictive policies hinder service utilization (Poteat et al., 2013).
- **Socio-Economic Barriers:** High out-of-pocket costs and unemployment limit access to care (Poteat et al., 2018).

2.3 Indian and Kerala Context

Indian studies highlight stigma, social exclusion, and limited specialized care as major barriers. A qualitative study in South India found that transgender persons often delay seeking care due to fear of mistreatment and confidentiality concerns (Logie et al., 2019). Kerala, with relatively advanced health indicators and social welfare policies, still reveals gaps in provider sensitivity and inclusive health services.

Objectives

1. To identify the health care barriers experienced by transgender individuals in Palakkad District.
2. To examine how social, economic, and provider-related factors affect access to health care.
3. To propose recommendations for improving health care inclusion and accessibility for transgender communities.

Methodology

Research Design

This study uses a **cross-sectional mixed-methods design** combining quantitative surveys with qualitative interviews to capture both measurable barriers and lived experiences.

Participants

- **Sample Size:** 120 transgender adults (18+ years) residing in Palakkad District.
- **Sampling Technique:** Snowball sampling through community networks and local advocacy organizations.

Data Collection Tools

1. **Structured Questionnaire:** Assessed demographic data, health care experiences, perceived barriers, and health status.
2. **In-Depth Interviews:** Explored personal narratives regarding health care access, discrimination, and coping strategies.

Procedure

Data collection occurred over three months with informed consent and confidentiality assurances. Ethical approval was obtained from a recognized institutional review board.

Data Analysis

- **Quantitative Data:** Analyzed using descriptive statistics and chi-square tests
- **Qualitative Data:** Thematic analysis identified recurrent patterns in interviews.

Analysis

Quantitative Findings

- **Demographics:** The average age of participants was 26.4 years ($SD = 7.2$). Most (68%) reported unemployment or informal work.
- **Health Care Utilization:** 72% had not received regular health checkups in the past year.
- **Perceived Barriers:**
 - **Discrimination/Stigma:** 81% reported experiencing negative attitudes from health care providers.
 - **Lack of Gender-Affirming Services:** 67% reported absence of appropriate hormone therapy and counseling services.
 - **Economic Constraints:** 58% cited high costs as a barrier to accessing care.

Chi-square analysis showed a significant association between discrimination experiences and avoidance of health care visits ($\chi^2 = 12.54, p < .01$).

Qualitative Themes

Theme 1 — Provider Insensitivity and Stigma:

Participants described instances of misgendering, invasive questioning, and refusal of care, leading to distrust in health systems.

Theme 2 — Structural Barriers:

Lack of transgender-inclusive records, absence of hormone therapy protocols, and long distances to sensitive providers were recurrent issues.

Theme 3 — Economic Hardship:

Many shifted priorities away from preventive care due to financial insecurity and unstable employment.

Theme 4 — Community Support and Resilience:

Transgender community networks and peer support emerged as important for navigating health services.

Findings

1. **Discrimination in Health Settings:** Majority reported stigma and negative experiences with providers.
2. **Structural Gaps:** Lack of transgender-sensitive services and gender-affirming care options.
3. **Socio-Economic Barriers:** Financial hardship significantly limited preventive and chronic care utilization.
4. **Coping via Community Networks:** Peer support mitigated some barriers but did not replace formal care.

Conclusion

Transgender individuals in Palakkad District face multifaceted barriers in accessing health care, grounded in stigma, structural exclusion, and economic hardship. These barriers compromise consistent care, preventive health behaviors, and overall well-being. Inclusive health policies and provider sensitization are critical to reducing disparities and ensuring equitable care access.

Suggestions

1. **Provider Sensitization Training:** Regular workshops for health professionals on transgender health needs and respectful communication.
2. **Inclusive Health Policy Implementation:** Establish transgender-friendly protocols and gender-affirming services at primary health centers.
3. **Financial Support Mechanisms:** Subsidized care and insurance schemes tailored to marginalized populations.
4. **Community Engagement:** Strengthen partnerships with transgender advocacy groups for outreach and health education.

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