(TRANS)FORMING SPACES:
Expanding Queer People's Access to Healthcare

AFFIRMATIVE MENTAL HEALTH PRACTICES

ELEVATOR

HRT

TRANSGENDER WARD

ट्रांसजेंडर वार्ड

ALL GENDER WASHROOM

SANITARY NAPKIN DISPENSER

FOR ALL

INCLUSIVE POSH POLICY

BAN SEX NORMALISING SURGERY ON → INFANTS

INTERSEX

yp the yp foundation
feminist · intersectional · rights-based

About The YP Foundation

The YP Foundation (TYPF) is a youth-led and youth-focused organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights and social justice.
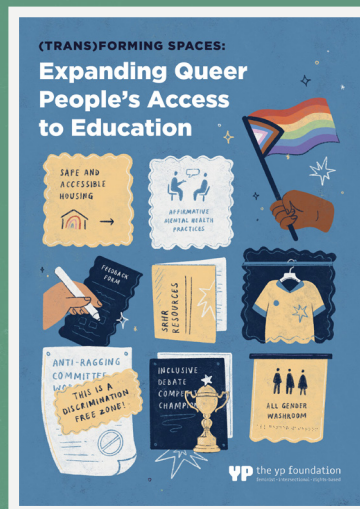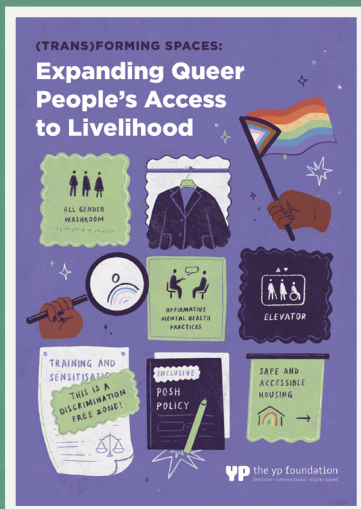
YP the yp foundation
feminist · intersectional · rights-based

🌐 theypfoundation.org

✉ info@theypfoundation.org

📷 theypfoundation

About The Loud and Queer (LAQ) Programme

Loud & Queer is TYPF's intervention on queer and transgender rights and diversity. Through this programme, we create resources, platforms and leadership abilities to address critical issues of health, sexuality, prevention of violence and discrimination, and increase awareness about the lives and issues of LGBTQIA+ persons.

Check out the other resources in this series:

(TRANS)FORMING SPACES:

Expanding Queer People's Access to Healthcare

Credits

Acknowledgement

A study conducted to understand discrimination faced by the Indian LGBTQI+ population in healthcare facilities revealed two major categories of discrimination: i) systematic level discrimination and ii) organisational level discrimination. Drawing from the findings of the research, it becomes crucial to list and elaborate measures which can be improved and implemented to make healthcare services for LGBTQIA+ community accessible and affirming.

Source: Arora L, Bhujang PM, Sivakami M. Understanding discrimination against LGBTQIA+ patients in Indian hospitals using a human rights perspective: an exploratory qualitative study. Sex Reprod Health Matters.

Section I: Inclusive Infrastructure and Facilities

ALL GENDER WASHROOM

WOMEN'S WASHROOM →

ALL INCLUSIVE WASHROOM

01. Promote inclusivity by designating a few gender-neutral washrooms that are accessible to everyone, including persons with disabilities.

Explanation: Using a public washroom can be a source of deep anxiety for many transgender, non-binary, and gender non-conforming people, especially in hospitals where people are already navigating illness, pain, or emotional distress. The fear of being judged, questioned, or even harassed can further intensify this experience.

Providing access to clearly marked, private, gender neutral washrooms with multiple stalls can reduce or even eliminate this burden. It's important that transgender and gender non-conforming persons have the choice to use a washroom that best aligns with their identity and personal comfort, without fear of judgement or restriction.

Reference:

- Sustainable Development Goal (SDG) 6 emphasises on the availability and sustainable management of sanitation and water for all.

02. Ensure availability and accessibility of menstrual products and contraceptives for people of all gender identities.

Explanation: Menstrual hygiene has traditionally been treated as a women-centric issue, often overlooking the needs of transgender, non-binary, and intersex individuals who may also menstruate.

Generally, in hospital settings, sanitary napkin or tampon vending machines are only present in women's washrooms. To make access equitable, menstrual products as well as appropriate sanitary waste disposal systems should be available in all washrooms and medical rooms, regardless of gender demarcation.

Menstrual products should be available free of cost or at subsidised rates all across the hospitals, including in areas beyond washrooms such as near emergency rooms, OPDs, and nursing stations.

SANITARY NAPKIN DISPENSER

FOR ALL

03. Strengthen physical infrastructure to ensure accessibility for all, including persons with disabilities.

Explanation: While LGBTQIA+ individuals often face systemic and social barriers, those with disabilities experience an added layer of marginalisation when infrastructure is inaccessible.

Ensuring access through well-designed ramps, lifts, tactile and Braille signage, wheelchairs, and other physical aids is essential in healthcare spaces. Physical accessibility is not only a matter of compliance but a critical step toward affirming dignity, safety, and autonomy for all patients, doctors, healthcare workers, and staff.

STAIRS →

EMERGENCY EXIT ↲

RAMP

ELEVATOR

AIN GATE ↲

ASK FOR A WHEELCHAIR AT THE RECEPTION

04. Provide gender-neutral accommodation and shared spaces for hospital staff and healthcare trainees.

Explanation: In hospitals and healthcare training settings, staff and trainees often require access to accommodation and rest areas, whether during overnight shifts, on-call duties, or training placements. Gender-neutral accessible accommodation and rest rooms help ensure that all staff and trainees can access safe, comfortable, and respectful spaces. These facilities should be designed to uphold privacy and dignity, allowing individuals to rest and recover safely.

TRAINEE HOUSING

BLOCK A

BLOCK

THIS IS A DISCRIMINATION FREE ZONE

BREAK ROOM

OPEN TO ALL

CANTEEN
FOR ALL

MENU

CANTEEN ELEVATOR

MULTI-FAITH PRAYER ROOM

COMMON WAITING AREA
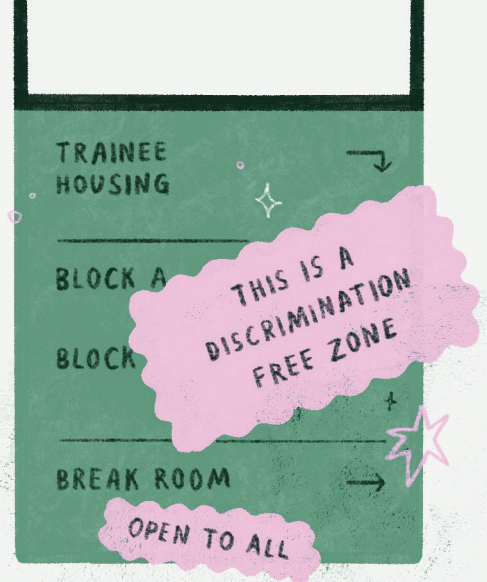
05. Ensure shared spaces such as canteens and waiting areas are inclusive and accessible for all.

Explanation: Shared spaces like canteens, waiting rooms, and common areas should be welcoming to everyone, including LGBTQIA+ individuals and persons with disabilities. This includes ensuring the affordability of food and beverages in canteens, physical accessibility (such as ramps and seating arrangements), and visible anti-discrimination measures like inclusive signage or visual cues. Together, these steps help create environments which feel safe and comfortable for all – whether patient, attendant, or staff.
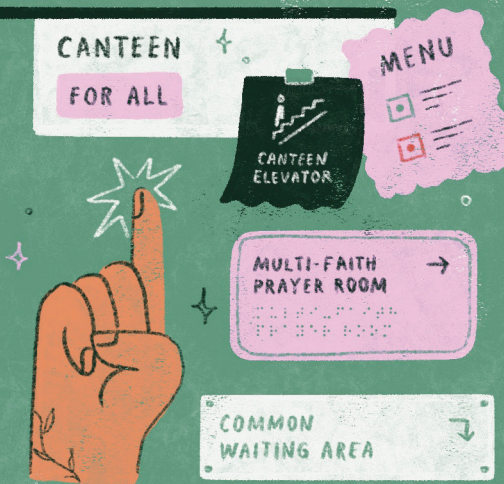
06. Display inclusive posters and signage that promotes LGBTQIA+ affirming healthcare.

Explanation: Displaying posters and Information, Education, and Communication (IEC) materials that reflect diverse gender identities, bodies, and family structures can go a long way in making LGBTQIA+ patients and staff feel safe and affirmed. Even small cues like pronoun-affirmative signage, pride flags, or posters showing queer couples and transgender people accessing care can make a difference. These materials can also normalise practices like STI testing, abortion access, and gender-affirming care, all of which continue to be heavily stigmatised for queer and transgender people.

KNOW YOUR STATUS
KNOW YOUR HEALTH

GET A FREE STI SCREENING TODAY

YOUR BODY, YOUR CHOICE!
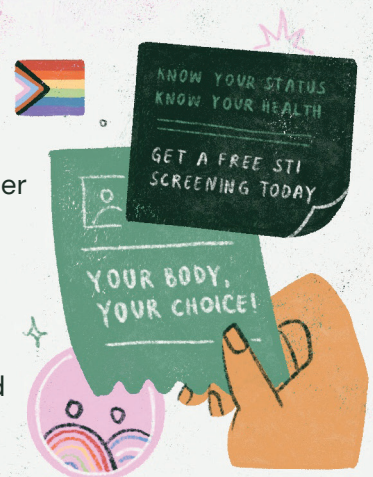
07. Establish accessible and inclusive gender-neutral wards within hospital facilities.

Explanation: Most hospitals are built around a binary understanding of gender, which leaves transgender, non-binary, and gender-diverse individuals without a safe and comfortable space for inpatient care. Transgender individuals are often forced to choose between a men's or women's ward, which can expose them to misgendering, invasive questions, or even harassment, all while already being unwell or in pain.

When public healthcare spaces feel unsafe, many transgender persons are left with no option but to delay care, self-medicate, or turn to informal or unregulated providers. This can increase health risks and deepen mistrust in the system.

Hence, establishing an accessible and inclusive transgender or gender-neutral ward is a vital step in providing affirmative healthcare, and also signals towards an institutional commitment to the safety, dignity, and health rights of LGBTQIA+ individuals.

These wards must be designed to ensure intersectionality at every stage, for example, transgender persons with disabilities should be supported to access both transgender-specific and disability-related welfare schemes, ensuring intersectionality is also taken into account at every stage. Staff in these wards should be trained, sensitised and equipped with information on sexually transmitted infections (STIs), hormone replacement therapy (HRT), gender-affirming surgery, and other sexual and reproductive health-related services [see point 14].

Sources:

- Under Section 15(f) and 15(g) of the Transgender Persons (Protection of Rights) Act, 2019, hospitals are mandated to ensure access to healthcare services for transgender persons, including through dedicated transgender wards and medical insurance coverage.

- Article: Delhi's Social Welfare Department urged the Department of Health and Family Welfare to "expedite the establishment of dedicated wards for transgenders in every government hospital in Delhi".

08. **Ensure access to gender-affirming services, surgeries and mental health counselling.**

Explanation: Access to affordable, non-discriminatory gender-affirming care is essential and life-saving for many transgender people. This includes (but is not limited to):

Yet, these services remain out of reach for most. Transgender people often face long wait times, repeated psychological evaluations, or outright denial of care, especially in public hospitals. This can push them towards private, unregulated, or unsafe channels, which may be expensive or unmonitored.

Healthcare systems must bridge this gap by recognising gender-affirming care as *basic, essential healthcare*, not a specialised or optional service. Hospitals must also ensure that these services are affordable, accessible and delivered by trained and sensitised professionals [see point 14b]. If these services are not available in-house, clear referral systems should be in place to ensure the continuity of the patient's care.

Treating gender-affirming care as basic healthcare is key to building trust, equity and dignity for all within any health system.

Sources:

- Section 15 of the Transgender Persons (Protection of Rights) Act, 2019 mandates access to gender-affirming healthcare, including counselling, hormone therapy, and gender affirmative surgeries, in both public and private hospitals. It also calls for inclusive hospital infrastructure, sensitised medical staff, and insurance coverage for transgender persons.

- As per Section 18 of the Mental Healthcare Act, 2017, mental health services must be provided without discrimination on the basis of sexual orientation, sex, or gender identity.

09. Ensure gynaecology services are inclusive and accessible to people of all genders.

Explanation: Gynaecological care is often assumed to be exclusively for cisgender women, leading to the exclusion or mistreatment of transgender, non-binary, and queer individuals who also require these services. Sensitisation and training of gynaecologists, including on the importance of not asking intrusive or inappropriate questions, are essential to creating a discrimination-free and respectful healthcare experience.

This is vital, as poor or disrespectful interactions often deter LGBTQIA+ individuals from seeking essential reproductive care, which can lead to serious long-term health consequences. Ensuring inclusive practices in gynaecology is a necessary step toward equitable healthcare access.

10. Strengthen preventive SRHR services through inclusive and affordable HIV, STI testing and Contraceptive Access.

Explanation: Stigma, misinformation, and shame often prevent people, especially those belonging to the LGBTQIA+ community, from accessing HIV and STI-related services. This leads to delayed care, increased risk, and poorer health outcomes.

Hospitals should strive to ensure free-of-cost and stigma-free availability of human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, counselling, and preventive tools such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). These services should be offered in private, non-judgemental settings, and staff should be trained to provide them sensitively and with discretion. Displaying informative and educational materials about these topics can also go a long way in reducing stigma, normalising use, and encouraging more people to access these services without fear or shame.

Similarly, ensuring the availability of a full range of contraceptives including condoms, contraceptive pills, dental dams, vaginal rings, patches, and Intrauterine Devices (IUDs) for people of all genders is essential for comprehensive sexual and reproductive healthcare. This not only addresses reproductive health needs but also plays a critical role in preventing STIs and promoting safer sex practices for everyone, regardless of their gender identity or sexual orientation.

11. Adopt a flexible and gender-inclusive uniform policy

Explanation: Standardised uniforms in healthcare settings are often segregated by gender, which can lead to discomfort, dysphoria, or exclusion of transgender, non-binary, and gender non-conforming healthcare service providers.

Providing gender-neutral options for scrubs and coats is a simple but meaningful way to make uniform policies more inclusive in healthcare settings. A flexible approach allows doctors, staff, and trainees to choose attire that aligns with their gender identity and comfort, and help them feel supported while fulfilling their professional roles.

12. Ensure representation of LGBTQIA+ persons among hospital staff.

Explanation: Healthcare facilities are as much a space of care as they are of work. Hiring LGBTQIA+ individuals across roles in healthcare institutions is key to building more representative, empathetic, and inclusive environments.

As per Rule 12 of the Transgender Persons (Protection of Rights) Rules, 2020, all establishments must implement an Equal Opportunity Policy and ensure non-discriminatory recruitment practices. Actively hiring LGBTQIA+ medical staff helps challenge workplace bias, increase trust among queer patients, and foster a more inclusive institutional culture.

13. Use gender-inclusive language in medical forms.

Explanation: For many queer and transgender people, filling out a medical form can be a moment of discomfort or stress, especially when the language used assumes certain gender identities, family structures, or relationships. Small changes in these forms can make a big difference in helping patients feel seen, respected, and safe from the very beginning.

To build more inclusive and affirming documentation practices, hospitals should consider the following:

- Include fields for chosen name and pronouns to be used by all staff, alongside legal name if required for official purposes.

- Ask about both gender identity and assigned sex at birth for comprehensive clinically relevant information.

NAME: ___
LEGAL NAME: ___
PRONOUNS: ___
GENDER: ___
SEX ASSIGNED AT BIRT___

INCLUSIVE
POSH
POLICY

- Avoid gender specific terms:

MOTHER/FATHER → CHANGE TO → PARENT(S) OR GUARDIAN(S)

HUSBAND/WIFE → CHANGE TO → SPOUSE OR PARTNER(S)

MARITAL STATUS → CHANGE TO → RELATIONSHIP STATUS
SINGLE, PARTNERED, MARRIED, SEPARATED, DIVORCED, WIDOWED

FAMILY HISTORY → CHANGE TO → BLOOD RELATIVE HISTORY
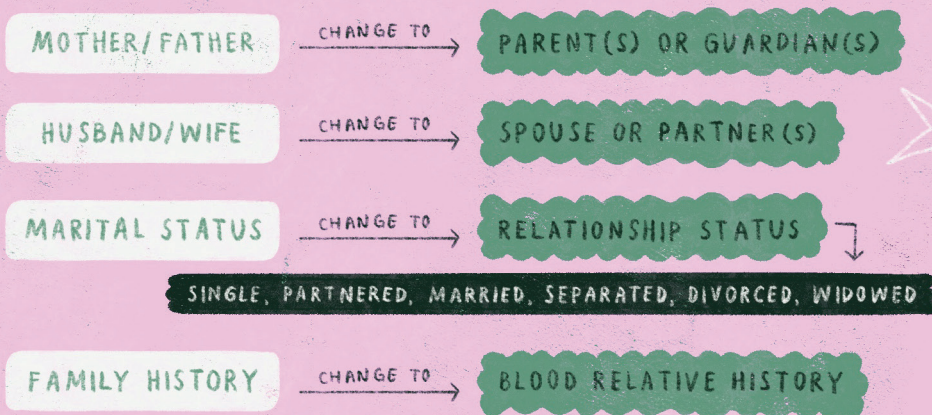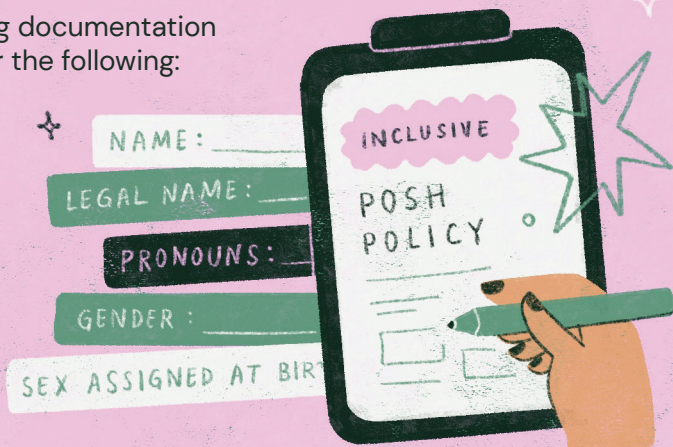
- Use **gender-neutral body diagrams** for pain or symptom documentation.

- Allow patients to name their **chosen families** in emergency contact and next-of-kin fields.

While medical forms seem routine, they can play an important role in setting the tone for a patient's entire care experience. Making them inclusive is one of the simplest and most effective ways to signal inclusivity.

Source: Resource titled *Creating an Inclusive Environment for LGBT Patients* by The National LGBTQIA+ Health Education Center, The Fenway Institute.

14. Inclusive Training for All Hospital Staff:

a. Comprehensive sexuality education training and sensitisation.

Explanation: Visiting a healthcare facility can be a daunting experience for many LGBTQIA+ individuals due to the fear of being misgendered, misunderstood, dismissed or discriminated against. This often prevents them from seeking essential healthcare altogether, or pushes them toward unsafe alternatives.

To address this, hospitals must conduct regular sensitisation and sexuality education sessions for all staff, covering topics such as but not limited to:

I. DIVERSE GENDER IDENTITIES & SEXUAL ORIENTATIONS

II. USING CORRECT PRONOUNS & CHOSEN NAME — SHE/HER, HE/HIM, THEY/THEM, ZI/ZIR, XI/XIR, SHE...

III. AVOIDING INTRUSIVE QUESTIONS & USING LANGUAGE SENSITISATION

IV. PREVENTING MISGENDERING & RESPECTING PATIENT AUTONOMY
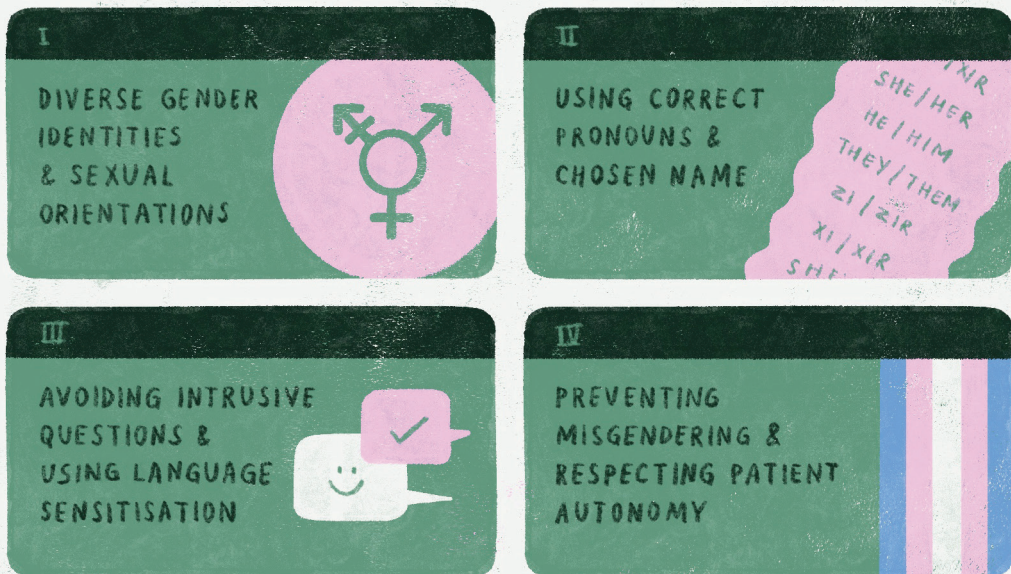
To truly be inclusive, these sessions must also take an intersectional lens and address how experiences of caste, class, religion, and disability impact a patient's access to healthcare spaces.

When staff is sensitised, they help create an environment where all patients feel seen, respected, and safe.

Resources:

• Part 2 of *Providing Inclusive Services and Care for LGBT People* by The National LGBTQIA+ Health Education Center, The Fenway Institute dwells into how to provide inclusive care to LGBTQIA+ patients.

• Section 15(f) of the Transgender Persons (Protection of Rights) Act, 2019 mandates access to hospitals and other healthcare facilities for transgender persons.

b. Clinical training for gender-affirming and inclusive care.

Explanation: Doctors and clinical staff must also be equipped to care for LGBTQIA+ individuals through regular and specialised training:

- **SURGEONS**

  should be trained in gender-affirming procedures such as top and bottom surgeries.

- **ENDOCRINOLOGISTS AND GYNAECOLOGISTS**

  should understand puberty blockers, hormone replacement therapy (HRT), and their connection to sexual and reproductive health.

- **MENTAL HEALTH PROFESSIONALS**

  should be trained to provide queer and trans-affirming counselling, including support for gender identity exploration, coming out, trauma related to discrimination, and navigating medical or social transitions.

- **ALL CLINICIANS**

  should understand the use of contraceptives and menstrual products across gender identities.

- Technical training must go hand in hand with comprehensive sexuality education training and sensitisation so healthcare providers can have a deeper understanding of how LGBTQIA+ individuals experience stigma, discrimination, and erasure within medical and healthcare systems. Without this awareness, even the most technically accurate care can feel unsafe or alienating.

When medical teams are sensitised and clinically trained, they're better equipped to provide respectful care with sensitivity and discretion, thus making the entire healthcare system safer and more inclusive.

Sources:

- As per the Conversion Therapy (Prohibition) Bill, 2022 there must be zero tolerance for any form of conversion therapy within the institution.

- Resource titled *Affirmative Services for Transgender and Genderdiverse People: Best Practices for Frontline Health Care Staff* by The National LGBTQIA+ Health Education Center, The Fenway Institute.

15. Implement strict protocols against 'sex-normalising' surgeries on intersex infants.

Explanation: 'Sex-normalising' surgeries are non-consensual and medically unnecessary procedures performed to align an intersex infant's anatomy with binary gender norms, rather than to address any immediate health risks. These procedures are invasive and can have long-term detrimental effects on the child's sense of identity, bodily autonomy, and long-term mental and physical well-being. The strict ban on such surgeries is vital to upholding ethical standards and protecting patient rights by ensuring that non-essential and irreversible medical decisions are deferred until the patient can provide informed consent.

Reference: Tamil Nadu is the only state in India to have banned such surgeries, except in life-threatening situations via a Government Order.

16. Establish an Internal Committee (IC) and Grievance Committee under POSH to address cases of discrimination and sexual harassment.

Explanation: Under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, every institution is required to form an Internal Committee (IC) to hear and resolve sexual harassment complaints. The IC's mandate and the POSH policy should explicitly cover all gender identities and sexual orientations. Creating systems for confidential investigations, and clear resolution timelines are essential for trust, accountability and an overall safer workplace for healthcare providers.

Additionally, establishing a Grievance Committee alongside the IC can help ensure cases of racial, gender, sexuality, disability, religion or caste based discrimination are raised and addressed with sensitivity. Regular training and sensitisation of members of these committees is also vital to creating a safe workplace for all.

Glossary

P.S. if a glossary definition includes a highlighted word*, it means that term is also defined elsewhere in the glossary. Each term builds on the others, and reading them together can offer a more comprehensive understanding of diverse gender identities and sexual orientations.*

To explore similar terms in Hindi, check out the Inqlusive Newsrooms *resource by The News Minute and Queer Chennai Chronicles.*

Asexual
A person who experiences little or no sexual attraction to others. Asexuality exists on a spectrum – some asexual people may feel romantic or emotional attraction, or may experience sexual attraction only rarely or under specific circumstances (this can include identities such as *graysexual* or *demisexual*).

It is important to remember that many terms in the LGBTQIA+ spectrum are flexible and self-defined. People are free to choose the words that feel right for them, and anyone can identify as asexual at any point in their lives, regardless of sexual experience or history.

Bisexual
A person who is sexually, emotionally and/or romantically attracted to more than one gender. This can include attraction to people of the same gender identity as them, as well as to people of different gender identities.

It is important to remember that many terms in the LGBTQIA+ spectrum are flexible and self-defined. People are free to choose the words that feel right for them, and anyone can identify as bisexual at any point in their lives, regardless of sexual experience or history.

Cisgender
A person whose gender identity matches the gender and sex that they were assigned at birth (typically male or female).

Deadnaming
The act of referring to a transgender or genderqueer person by their deadname. A *deadname* is the name given to a transgender person by their natal family at the time of their birth which they no longer use or identify with.

Whether intentional or accidental, deadnaming is a deeply hurtful and harmful practice, as it disregards a person's gender identity and chosen name.

Gay

Someone who identifies as a man and is sexually, emotionally and/or romantically attracted to other people who identify as men.

It is important to remember that many terms in the LGBTQIA+ spectrum are flexible and self-defined. People are free to choose the words that feel right for them, and anyone can identify as gay at any point in their lives, regardless of sexual experience or history.

Gender

A social and cultural system used to classify people into 'men' or 'women' based on their physical and biological characteristics. One's gender also shapes their experiences and expectations around behaviour, roles, appearance, feelings, and expression.

Gender exists on a spectrum, and one can identify as a man, a woman, both, or neither. Gender is distinct from sex assigned at birth and is deeply influenced by personal identity, culture, and lived experience.

Gender Affirmative Surgeries (GAS)

Surgeries that queer or transgender people undergo to affirm their gender identity, or look how they feel with regards to their gender identity. It is not necessary that all queer or transgender people undergo GAS, and a person's gender identity is valid regardless.

GAS includes procedures such as top surgery, breast augmentation, facial feminization surgery, orchiectomy, hysterectomy, etc.

Gender Identity

Refers to how an individual understands, experiences, and self-defines their gender. Gender identity needn't correlate with the body a person is born into, and it may not correspond with the gender they were assigned at the time of their birth. Everyone has a gender identity (typically cisgender or transgender), and it can exist across a wide and diverse spectrum.

Genderqueer

A term used by people whose gender identity exists outside or beyond the traditional binary of 'man' and 'woman'. Genderqueer individuals may identify with multiple genders, no gender, or a fluid or shifting gender. Some people who are genderqueer also identify as transgender, while others may not - it depends on how the individual understands and names their own identity.

Like many terms in the LGBTQIA+ spectrum, genderqueer is flexible and self-defined.

Intersex
An umbrella category for people who live with variations in their biological and physiological traits that cannot be strictly labelled as male or female. Being intersex is a natural part of human biological diversity.

If a baby's genitals don't clearly fit typical definitions of male or female, doctors may identify the child as intersex at birth. However, intersex traits are not always visible or identified at birth. In fact, many intersex people are assigned male or female at birth, even if their bodies do not fit into those categories.

Lesbian
Someone who identifies as a woman and is sexually, emotionally and/or romantically attracted to other people who identify as women.

It is important to remember that many terms in the LGBTQIA+ spectrum are flexible and self-defined. People are free to choose the words that feel right for them, and anyone can identify as a lesbian at any point in their lives, regardless of sexual experience or history.

LGBTQIA+
An umbrella term that stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and more. The "+" acknowledges that there are many other sexual orientations, gender identities, and experiences that may not be captured by these letters alone (such as pansexual, non-binary, genderfluid, and others). It reflects the diversity and fluidity of identities, and reminds us that language continues to evolve as people find new ways to name and express who they are.

Misgendering
The act of referring to someone using pronouns, names, or gendered terms that do not align with their gender identity. Whether intentional or accidental, misgendering is a deeply hurtful and harmful practice, as it disregards a person's identity.

Non-binary
Someone who doesn't identify as either a man or a woman i.e. they do not identify with either end of the traditional gender binary. Some people who are non-binary also identify as genderqueer, while others may not - it depends on how the individual understands and names their own identity.

Like many terms in the LGBTQIA+ spectrum, non-binary is flexible and self-defined.

Pronouns
Words we use to refer to someone in place of their name, such as she/her, he/him, or they/them. Everyone has pronouns, using the correct pronouns is a way to respect and affirm a person's gender identity.

Queer

An umbrella term used by people to describe diverse sexual orientations, gender identities, and sex characteristics that fall outside of cisgender and heteronormative norms.

Sexual Orientation

Refers to how one experiences sexual, emotional and/or romantic attraction to others.

Everyone has a sexual orientation – one can be attracted to people of the same gender, a different gender, more than one gender, or none at all. Sexual orientation exists on a spectrum and can include identities such as gay, lesbian, bisexual, pansexual, asexual, queer, and more. It is distinct from gender identity, which relates to a person's own sense of self and gender.

Sex assigned at birth

The sex (typically male, female or intersex) that is recorded or *assigned* to a person when they are born, usually based on the appearance of their external genitalia. Everyone is assigned a sex at birth, and this is often conflated with and used to *assign a gender at birth* even though this label may not align with a person's gender identity later in life.

Transgender Person

Someone whose gender identity is different from the gender that was assigned to them at birth.

The term trans* (with an asterisk) is sometimes used to signal the broad and inclusive nature of this umbrella, encompassing a wide spectrum of non-cisgender identities.

Transgender Man

Someone who was assigned female at birth and whose gender identity is that of a man.

Transgender Woman

Someone who was assigned male at birth and whose gender identity is that of a woman.

Transmasculine Person

Someone who was not assigned male at birth and who identifies and expresses themselves on the spectrum of masculinity. Transmasculine persons can identify with any gender identity.

Transmasculine is a self-defined term, and individuals may relate to it differently based on their experiences.

Transfeminine Person

Someone who was not assigned female at birth and who identifies and expresses themselves on the spectrum of femininity. Transfeminine persons can identify with any gender identity.

Transfeminine is a self-defined term, and individuals may relate to it differently based on their experiences.

INCLUSIVE HEALTHCARE FOR ALL