Queering the Law: Making Tamil Nadu's Laws LGBTIQ+ Inclusive

MINUTES OF CONSULTATION

VIDH | Centre for Legal Policy

SAATHI

Attendees:

SwethaShri
(SAATHII and Orinam Collective)

Rahmathulla
(SAATHII)

Dr. L Ramakrishnan
(SAATHII and Orinam Collective)

Fred Rogers
(Orinam Collective and Urimai Kural Trust)

Duwarakiram
(Orinam Collective)

Priyanka Narahari

Gender Identity and Expression

- The National Transgender (TG) identity card carries the markers: male, female, and transgender person. The Tamil Nadu State TG identity card carries the markers: transman (thirunambi), transwoman (thirunangayi) and person with intersex variations. The Tamil Nadu Government is hesitant to give out the markers of male and female.
- The absence of male and female markers makes it difficult for transgender persons within the binary to access marriage rights, which have been recognised for opposite gender transgender persons in light of Arun Kumar and Supriyo judgements.
- The State TG card is mandatory for accessing state benefits, while the National TG identity card is mandatory for accessing national benefits. As both the cards affirm that the holder is a transgender person, either should suffice for access to national or state benefits.
- Tamil Nadu continues to use 'Thirunangayi' (transgender woman) for the transgender community, including for the mobile application for the State ID Card. Instead, the umbrella term should be used.
- People do not transition at work because they are worried that they will lose their jobs. There is a case of a transgender man who is in the police force, who has chosen not to transition legally because he is afraid that he may lose his job.
- The Unique Identification Authority of India recognises the TG card as proof of identity, address, relationship and date of birth, and this must be considered when devising policies in relation to identity.
- Proof of surgery is still being sought as a requirement for the process of changing name and gender identity in educational documents.
- Passport Rules must be amended to align with the NALSA v. Union of India judgement.
- Majority of transgender persons in Tamil Nadu have not applied for the National TG card.
- In Tamil Nadu, the protocol for issue of the TG card varies from district to district. No clear protocol for officers on the ground exists. In some districts, ground level officers ask intrusive questions. Documentation requirements are onerous in some districts, while in others, an Aadhaar Card serves as sufficient proof. Transgender persons who are not a part of a local collective or a jamaat face numerous challenges in accessing the TG card.

Reservations

- There is no clarity on the state of reservations in Tamil Nadu for transgender persons. The State has indicated that they will wait for courts to address this. The Madras High Court in the past has nudged the State to consider horizontal reservations.

- There is also a lack of clarity about whether transgender persons who identify within the binary of male and female (including on documents) are eligible for benefits earmarked for transgender persons.

- In 2015, the Government of Tamil Nadu categorised transgender persons as 'Most Backward Class'. However, no affirmative action measures have been extended to transgender persons within this category.

- Transgender women get the benefit of reservations available to women, but transgender men do not get any such benefits. However, transgender men face increased levels of marginalisation, and their privilege in society should not treated as equivalent to that of cisgender men.

- There are petitions for reservations pending before the Supreme Court and the High Court of Madras.

Access to Benefits

- Onerous documentation requirements are imposed in practice for access to benefits in the absence of clear protocol and guidelines for nodal authorities and officers.

- **Health:** The State Government's health insurance scheme is now integrated with Ayushmaan Bharat (which is to cover gender-affirming surgeries). But complications in terms of access arise due to the gender marker inconsistency. For instance, at a camp organised by the Collector, transgender men were refused health insurance if their Aadhaar had the 'M' marker.

- Initially, the documents required for accessing this scheme were the State TG card, Aadhaar card and ration card. But many transgender persons do not have access to the ration card. This requirement was removed for around 7000 transgender persons and replaced with the TG card, Aadhaar card and income certificate. However, there exists a lack of clarity about what documents are required for those that exist outside government-identified lists.

- **Shelter Homes:** Technically, for the Support for Marginalized Individuals for Livelihood and Enterprise (SMILE) scheme, only the national card (irrespective of whether M, F or T) is required. At the State level, accessing shelter homes does not have a clear protocol and varies from one shelter to another.

- **Ration Card:** The Tamil Nadu ration card marks all transgender persons as transgender women ('thirunangayi') without consideration of their gender identity. This erases other identities and breaches the dignity of transgender persons by forcing them under one term.

- **Exclusion of transgender men:** The majority of officials understand transgender persons as only including transgender women. Transgender men are often not able to access benefits as they are not deemed to be transgender persons. The use of the word 'thirunangayi' denotes only transgender women.

Healthcare

- **Conversion Therapy:** The notification on conversion therapy covers only certain categories of healthcare professionals and needs to be expanded to cover all entities that engage in advertising or carrying out such 'therapies'. It should also be deemed as a form of 'malpractice', in addition to misconduct, and invite penalties accordingly, including revocation of licence. As of now, the notification has helped civil society organisations issue warnings to professionals in public healthcare settings.

- The Rehabilitation Council of India, psychology professionals, and religious bodies must also be brought under the ambit of the ban on conversion therapy. There are still cases where queerness is viewed as a mental illness and 'treatment' is accordingly prescribed.

- Prohibitions on the two-finger test must be enforced.

- Medical protocols devised must be aligned with World Professional Association for Transgender Health (WPATH) Guidelines.

- Ethical and operational protocols must be developed to cover all forms of gender-affirming care. Public Interest Litigation (PIL) is being considered towards this end.

- **Mental Healthcare:** There are no guidelines or standard manual yet when it comes to mental healthcare. Counselling centres and services are not queer affirmative, and while therapists are being trained to provide gender-affirming care, more steps are required for affirmative sexuality practices.

- Mental Healthcare Act, 2017 and 2019 Policy: Needs to be enforced, and protocols need to be made queer affirmative.

- **HIV Care:** HIV care has two primary domains: (a) prevention and (b) care and support for those diagnosed as positive. Men who have sex with men, sex workers and transgender persons (primarily transgender women) are deemed to be a high-risk group. Usually, HIV health professionals work more often with individuals assigned male at birth.

- While prevention efforts are inclusive, for those who belong to marginalised groups, accessing care and support once they test positive is challenging. Homophobia and transphobia are rampant within existing healthcare systems.

- Post-Exposure Prophylaxis (PEP) is available only for cases of occupational exposure or in cases of rape. Recommendation is it be made available within 72 hours to anyone who has been exposed.

- Guidelines for PEP have not been rolled out because it is deemed cost-intensive to implement.

- Doxy-PrEP (doxycycline post-exposure prophylaxis) is available only in the private sector.

- The system disincentivises people from getting tested via the requirement to reveal how they may have been exposed.

- **Inclusivity:** While the state government has made attempts to make healthcare more accessible for transgender persons, it is critical to also ensure measures are taken to make it inclusive of LGB people. The State Medical Council should issue guidelines and medical schools and colleges must have training and sensitisation for the queer community at large. Efforts are being made at the college level. Example: Madurai Medical College.

- **Menstrual Health:** The State of Tamil Nadu does not have a menstrual health policy. Any such policy, when enacted, must be queer-inclusive.

- **Registration of Intersex Children:** Children who are born with intersex variations are often marked as transgender under the birth and death registration process in Tamil Nadu. This is misclassification.

Employment

- The fear of losing one's job is another barrier to seeking transition. Transgender men who came through the reserved category worry they may lose their reserved seat if they transition.

- The Transgender Persons (Protection of Rights) Act, 2019, does not play an effective role in addressing workplace discrimination. These provisions are highly underdeveloped and lack details for implementation.

- The Tamil Nadu government has not taken sufficient measures for the welfare of sex workers or those who are begging, including transgender persons in these two groups.

Juvenile Justice and Rights of Minors

- **Homes:** Guidelines to govern juvenile homes must be prescribed to avoid violence, particularly against gender non-conforming children. The possibility of a separate wing for gender non-conforming children must be considered. Further, in the case of minors at these homes without legal guardians, the person in charge of the home can be considered as the guardian for the purpose of change in name and gender identity.

- The entire juvenile system, including officers and boards, needs to be sensitised about queer children, including gender non-conforming children. Such training should be mandatory.

- **Foster System:** Foster care systems must be made queer-inclusive. For instance, placing gender non-conforming/queer children with queer foster parents.

- **Schools:** Public schools should provide free education to transgender children in public schools. But it is also critical that schools become queer-inclusive.

Family and Relationships

- **Deed of Family Association:** The Deed of Family Association was envisaged in the State draft policy to extend formal recognition to queer families. This, however, is not reflected in the notified policy.

- Certain benefits which must be prioritised for the purpose of joint access include ration cards, healthcare decision-making, parental and adoption rights, and financial entitlements.

- **Parental Rights:** Parental rights are a huge challenge for the queer community, especially for transgender persons who have transitioned while in a marriage with children. For example, as of now, for the purpose of their children's passport, Fred has not been listed as the father, but the address mentions the children are in his care.

- The Transgender Persons (Protection of Rights) Act, 2019 has been invoked by a transgender woman who was left out of the will on account of her gender identity.

Protection from Violence

- **Sensitisation:** The entire police system, judicial machinery and legal aid services need to be sensitised. It must be mandatedas a part of their training. Currently, it happens in a haphazard manner with no protocol, if at all.

- The Transgender Persons (Protection of Rights) Act, 2019 lacks severly when it comes to prescribing and defining punishment for offences against transgender persons. There is an omnibus offence clause which provides for two years of punishment for different classes of violence. Further, no transgender police cell has been established in the State.

- The police continue to invisibilise lesbian couples when approached by them for filing of complaints. A similar attitude is shown towards transgender men. The police still assume that transgender persons only encompass transgender women.

- **Urban vs. Rural:** While in urban areas, the police may be responsive.But in rural areas, caste plays a big role in informing police attitudes. Complaints by queer persons who are also Dalit are not entertained. Often the police support and protect families harassing queer persons. There are often no alternatives available to the community for protection apart from the police.

- **Post Supriyo:** The police have taken action in relation to hate crimes under the Information Technology Act, 2002.

- **Shelter Homes:** (a) Shelter homes are not keen to provide space to transgender men because they are worried that their families may create issues, including

filing complaints about abduction and sex trafficking. Measures need to be taken to ensure shelter homes are safe spaces; (b) State TG card is necessary to access Garima Grehs (only one in Tamil Nadu) and often shelter homes do a lot of gatekeeping to decide who is a 'real transgender' person; (c) Access to private shelter homes mostly depends on whether one is connected to local networks.

Monitoring and Enforcement

- **Composition:** The State Transgender Welfare Board must have equal representation from members of the community.
- **Functioning:** There is a lack of transparency about the duties and functions of the Board, making it difficult to hold accountable. The Board must be strengthened in its functioning, with clear mandates and processes.
- The formulation of a Gender and Sexual Minorities Commission was recommended in order to ensure an effective and strong monitoring and enforcement mechanism that would be representative of the community.

Advocate Ajeetha

Attendee:
One-on-one conversation with Advocate BS Ajeetha.

Context:
The Vidhi Centre for Legal Policy carried out consultations with civil society organisations, lawyers and activists to identify the core areas of intervention required for queer-inclusive law reform in Tamil Nadu.

Themes explored included the right to gender identity, healthcare, family rights, violence, employment, education, minor rights, and monitoring and enforcement systems. The minutes are below.

Drafting Process of the Draft Gender and Sexual Minority Policy

- The Government of Tamil Nadu formed a drafting committee with only two members from outside the community: Advocate Ajeetha and psychologist Dr. Vidya Dinakaran.
- Earlier, Advocate Ajeetha contributed towards a glossary to sensitise the public on sexual minority issues. This work revealed grassroots realities, particularly on forced marriages. A study on legal grounds for dissolving such marriages was presented to the Bench, resulting in a Court order directing the Government to create a sensitisation glossary.
- Advocate Ajeetha consulted Prof. Tiju Thomas on a "Deed of Familial Associations" (DFA) following the Odisha High Court's ruling in Chinmayee Jena v. State of Odisha [2020(II)OLR709], which held that protecting individual rights through contractual unions is constitutional.

- The committee assessed the community's challenges through interactions on education, employment, and healthcare rights, and Advocate Ajeetha sensitised IAS officers on community needs. The Government held stakeholder consultation meetings.

Gaps in Policy Process

- **Representation Issues:** The Government was receptive to challenges of the transgender community but not as responsive to intersex persons' challenges. When consultative meetings were held, transgender men were sidelined.

- **DFA:** The committee presented the State draft policy along with the DFA format and highlighted the disparity within the community regarding representation and access to rights. The committee presented an LGBTQIA+ policy as well, but the notified policy released by the State was a transgender welfare policy with no mention of DFA.

- Some of the government orders relating to the transgender community in Tamil use the term "transgender women" exclusively. This could potentially amplify exclusionary effects within the community.

- **Naming and Focus:** The Transgender Welfare Board is called the 'Transgender Women Welfare Board' in Tamil despite advocacy from the community to change the name to be represenative.

- **Department Structure:** The designated department is "Social Welfare and Women Welfare"; often the perception is that the empowerment of transgender women is clubbed with the empowerment of women. However, identities such as transgender men and intersex persons get sidelined. Due to greater numerical presence, transgender women's concerns are more vocal, and their concerns reach the State more effectively than those of intersex persons, transgender men, etc.

Right to Family

- **Recognition through Courts:** The DFA is seen as an instrument for protection via recognition through courts from state and non-state actors. Even if there is an agreement between two parties (constituting a consenting same-sex couple), third parties have no authority to intervene in an agreement between two people. Such an instrument can have clauses on nomination, etc., even if natal families approach police departments, the State will recognise the vesting of rights provided by the DFA, which can protect from harassment.

- While the Court order and State draft policy mention the DFA, the State notified policy is silent on it.

- **Legal Precedent:** In May 2025, M.A v. Superintendent of Police [H.C.P. No. 990 of 2025] mentioned the DFA's potential for protection from harassment through the Court's recognition of the same-sex consensual relationship which resulted in the passing of a protective order for the couple against violence from their natal family.

- **Scope and Recognition:** The scope of DFA is not extended to marital recognition (due to Supriyo). But another role of DFA can be nominations for partners to make decisions on one's behalf. Current practice is to call 'next of kin' (natal family) to make decisions, but upon Court's recognition, partners can make decisions too.

- The DFA should have clauses for rescinding the contract and giving notice. The other party should be put on notice since there can be emotional investment by one partner, and the other partner cannot simply walk away.

- Since the DFA is not repugnant to the Indian Contracts Act, 1872 it should be registered with the Department of Registration to provide sanctity.

- In cases of violence or power imbalance, there should be no need to give notice for dissolution.

Priority Areas for Immediate Intervention

- **Ration Cards:** For accessing ration, there is no rule to recognise same-sex couples as a unit for accessing benefits. There is a need for a Government Order/Office Memorandum. In Tamil Nadu, ration has not been a major issue, as individual members of the community are usually well covered with ration cards.
- **Financial Services:** There is an RBI clarification which says there is no prohibition on non-marital person opening an account jointly. There is a lack of awareness on this which needs to be worked on. However, succession laws will override the nominee regime.
- **Essential Services:** Beyond recognition, access to rights jointly would be useful in areas such as healthcare and financial goods and services.
- **Lack of Focus:** The representation of LGBQ people is often low, resulting in insufficient consideration being given to policies for the community.

Litigation

- Common and primary areas of legal intervention include government or and the Sushma Seema case.

Strategy for Moving Forward

- **Courts as Primary Avenue:** Apart from allies and civil societies, courts are capable of recognition. The approach should be recognition through Courts and evolving jurisprudence on understanding rights and challenges of the community.
- **Strategic Litigation:** Priority areas for Supreme Court recognition should be healthcare benefits and financial access. Post-Supriyo, the community could think of reserving its right to seek marriage recognition for now. The suggested approach is to focus on securing practical procedures that allow couples to navigate the system and access relationship-related benefits.
- **Need for Research:** Research is needed to demonstrate the harm caused by denying same-sex marriage, particularly data on the prevalence and impact of lavender marriages entered into by LGBTQ+ individuals.

Advocate Kanmini Ray

Attendee: One-on-one conversation with Kanmini Ray R.

Identity Documents & Legal Recognition

- Most departments of the Tamil Nadu government have not encountered transgender persons and do not have a standard operating protocol for what to do when transgender persons approach them to change their identity documents.
- Transgender persons face a challenge in accessing all kinds of identity cards, including the ration card, PAN card, voter card and Aadhaar card.
- Sensitisation efforts are superficial and not sufficiently robust. Most government officials are not aware of their duties under the Transgender Persons (Protection of Rights) Act, 2019, or the State Rules.

Education

- Transgender persons do not have the economical means to pursue education. It is critical to address economic barriers by providing for concessions and scholarships. Fees of all kinds should be waived.
- Documentation for school certificates is not just for children but also for queer parents. Measures need to be taken to make them inclusive. As of now, only a few private schools and universities are taking measures.
- Gender-neutral washrooms, dress codes, and implementation of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act) in a gender-neutral manner is critical for inclusion in educational institutions.
- Despite the Transgender Persons (Protection of Rights) Act, 2019, most educational establishments have not appointed a complaints officer.
- Transgender persons are a migrating population and cannot often establish domicile status. Thus, any requirement related to permanent proof of address should be waived.
- While the Department of Education has issued an order directing that name and gender identity can be changed in higher education documents, private educational institutions still charge an exorbitant fee to change them.
- Educational institutions do not have a comprehensive policy to govern queer inclusion.
- Educational institutions must be audited on a regular basis for compliance. Sensitisation of all stakeholders: teachers, students, administrators and other officials must be made mandatory.
- Hostels need to be made inclusive of transgender persons. However, seclusion is not a solution. Policy needs to be designed to ensure safety and inclusion.
- There are no policies in place for queer students who drop out of school.
- We need to look at the total lifecycle of a student: Entry, Education, and Exit. All new universities and schools must have measures in place for accommodation, for example: TG inclusive hostels, washrooms, etc. The accreditation body should mandate this. Exit also does not end at issuing a graduation certificate and grant of a degree. Placements should be able to be secured. Policies that include identification of TG-friendly employers should be done.

Reservations

- There is litigation pending before the Supreme Court and high courts on reservations. Despite the judgement of the High Court of Madras in the *Rakshika Raj* case, the government has not implemented reservations. Thus, a contempt petition has been filed. The State of Tamil Nadu has filed an appeal, and a stay order has been issued. The Government is also waiting on courts to clarify given all the pending matters.
- Transgender persons are being treated as a 'Most Backward Class,' but there is no affirmative action. This is because the *NALSA v. Union of India* judgement directed that transgender persons be treated as 'Socially and Economically Backward Classes'. Also, the government's understanding of transgender persons is largely confined to transgender women.
- Horizontal reservations are the best way possible; however, the government needs to take a policy call on the percentage. The community must be consulted on this issue.

Violence

- Grievance redressal mechanisms are not adequately provided for in the Transgender Persons (Protection of Rights) Act, 2019.

- While Tamil Nadu is the only state that has amended the State Police Conduct Rules, mandatory and periodic sensitisation of the police force is a must. Police officers are continiously transferred, and thus periodic sensitisation is required.

- As required by the TG Act, 2019, a TG protection cell must be established. The officials of the TG cell must deal not only with matters where transgender persons have filed complaints but also cases where complaints are filed against them. This is because registration of false FIRs against the community is rampant. They should also be trained to engage with natal families. The State TG Cell is led by a high rank of officers, including women. District TG Cells must also be established. All the officers of the TG Cell must be sensitised.

- Shelter homes and persons who administer them must be sensitised. Shelter homes must be open to all queer persons, and there must be protocols in place to govern them to protect the rights and ensure the safety of inhabitants.

- The way to address natal family violence is by opening up the possibility of queer families. Most families in India are poor; they are dealing with poverty and are struggling to survive. To them queerness and transness are unaffordable.

- The State TG Board must play a role in assisting transgender persons who have been subject to violence and want to approach the police.

- The Madras High Court Criminal Rules of Practice, 2019, provide for the medical examination of transgender persons to determine their 'sex' before they are placed in either the male or female prison. This often includes strip searching and humiliating treatment. This rule needs to be reconsidered. A simple psychiatric evaluation should be sufficient.

- Transgender men have a very difficult time navigating the criminal system, including the police, because they are perceived as women. Sensitisation needs to address this.

Transgender Board

- The Transgender Welfare Board works in an opaque manner. There is no clear mandate or governing framework and thus no accountability. This needs to be addressed.

Housing

- Shelter homes are not a long-term solution for transgender persons. There needs to be working hostels for transgender persons. Further, shelter homes are temporary solutions; long term solutions need to be designed for transgender persons.

Family Rights

- Joint healthcare decision-making, financial benefits, and welfare benefits are critical as a starting point.

Employment

- In the organised sector, mandates regarding inclusive washrooms and appointment of a complaints officer are first steps.

- It is critical to sensitise the Department of Labour and the Labour Commissioner about Sexual Orientation and Gender Identity (SOGI) issues for them to take action.

- For informal workers, data needs to be collected about the transgender persons engaged in casual work to devise appropriate schemes.

Dr. Souradipta Chandra

Attendee: One-on-one conversation with Dr. Souradipta Chandra.

Conversion Therapy

- Most doctors and medical students do not know about conversion therapy and WPATH guidelines, a gap that is being exploited by unqualified practitioners.
- Gender-affirming care is an area where plastic surgeons tend to be better informed, but awareness is limited to these small, specialist circles.
- Intersex bodies are not taught in medical education; anatomy is taught strictly in terms of male and female. Intersex conditions must be included in the curriculum to ensure visibility.
- *Ban on Conversion Therapy:* Most doctors are unaware that it is legally prohibited, making the visibility of this law a pressing concern.
- National medical guidelines on this subject are fairly comprehensive and already in place.
- Mental healthcare professionals must be sensitised to queer issues, given that they are typically the first point of contact when queer persons are brought in for 'treatment of their condition.'

Intersex Classification

- There are currently no established clinical guidelines defining what constitutes a 'life-saving surgery' in the context of intersex persons.
- Sex reassignment decisions are highly arbitrary, with individual doctors making the final call without any standardised framework.
- At major hospitals in the country doctors make these decisions independently, as none of these institutions are bound by any set protocols.
- There is a clear need for formal guidelines in this area, and alternatives shall be made available.

Healthcare Decision Making

- LGBTIQ patients and their partners face significant hardship in healthcare settings because their relationships are not legally recognised.
- There are no protocols in place regarding nominations for medical decision-making, and patriarchal structures mean it is almost always men who end up making these decisions.
- Healthcare decision-making in hospitals is largely driven by power, money, and position rather than the patient's best interests.
- The need for sensitisation extends beyond doctors to all healthcare professionals, including nurses, administrative staff, etc.
- The first priority should be to establish clear rules around who qualifies as a primary caregiver.

- Second, insurance companies need to introduce provisions that allow patients to nominate their own primary caregiver.
- The concept of next of kin presents a loophole, as it is traditionally interpreted to mean biological family. Its definition needs to be formally revisited and expanded.

Gender-Affirming Care

- Gender-affirming care is treated as the last priority across hospitals.
- Pre-surgical care includes hormone replacement therapy, breast augmentation, physiotherapy, mental healthcare, etc.
- While thorough implementation of guidelines is necessary, the problem is that no comprehensive guidelines exist in the first place.
- Aarogya Healthcare provides coverage of approximately five lakhs, which covers only a fraction of the actual cost of gender-affirming care at private hospitals.
- What is needed is an umbrella policy that covers the full spectrum of care: from counselling and hormone therapy and surgery to post-surgical healthcare and rehabilitation.
- Currently, Thailand remains the best option for gender-affirming care.

HIV-AIDS Care

- HIV-AIDS awareness suffers from a near-total absence of public advertising and dissemination of information. The issue is compounded by a lack of visibility, advertising, and education around HIV-AIDS.
- The law around HIV-AIDS needs to be made more visible and accessible to the general public.
- Basic preventive medication such as PrEP and PEP is widely available in public and generally affordable.
- Reaching ordinary people remains a challenge that cannot be addressed without proper information, awareness, and sensitisation efforts.
- The government needs to take a far more active role in sensitisation and awareness. Making the issue more visible and social by leveraging advertisements, social media, and other platforms.
- Doctors need to be trained with the understanding that HIV-AIDS is not a death sentence and that treatment is straightforward and manageable.
- Medical curricula should include exposure to HIV wards as a means of practically sensitising students to the realities of the condition.
- The government needs to actively encourage pharmaceutical companies to invest in advertising and awareness campaigns around HIV-AIDS.
- Implementation of the HIV and AIDS (Prevention and Control) Act, 2017 remains poor. There is little awareness on how to engage with HIV-AIDS hospitals, and moral policing continues to be a significant barrier.
- Sensitisation camps need to be organised, beginning with the most senior doctors, so that awareness and attitudes can trickle down through the medical hierarchy.
- Regulatory bodies must conduct inspections to assess whether the provisions of the HIV and AIDS (Prevention and Control) Act, 2017 are actually being implemented on the ground.

Enforcement

- As a medical professional, if one lacks the necessary information, then there is no option but to experiment.There are not enough gender-affirming care workshops being conducted across the country.
- The government needs to take initiative in bringing together experts to devise standardised protocols for gender-affirming care.
- In terms of enforcement, the threat of losing a medical licence is the most effective deterrent for non-compliance.

Fred Rogers

Attendee: One-on-one conversation with Fred Rogers (Orinam and Urimai Kural Trust).

Family and Relationships

- **Jamaat System:** (a) Many transgender persons, particularly transgender women, escape natal families and join jamaats in the absence of alternative support structures, (b) The Government does not interfere with the system, accepting it is a part of society, but their imagination of transgender families is limited to only this system, (c) Many individuals find it difficult to leave the system, and they often need proof that they are no longer a part of it, (d) The jamaat system has its own cultural norms for structure and inheritance of property.
- Often transgender persons who run away from their natal families lack documents and this creates a lot of challenges for them to access benefits and services.
- **Invisibility:** The Tamil Nadu state government lacks an understanding of non-binary persons, transgender men, and gender non-conforming persons. They associate all transgender persons with transgender women. There is a need to sensitise the Government about the community at large. Because of this lack of understanding, transgender men often find it difficult to register their marriages to cisgender women despite judgements like Arun Kumar v. Inspector General of Registration and S. Sushma. v. Commissioner of Police.
- When transgender persons transition during marriage, especially transgender men, they often lose custody over their children. There may be stereotyping by courts that transgender parents do not make good parents.
- Transgender parents often find it challenging to change their name and gender in their children's documents. It becomes a fight for each document, and often their parental rights are affected. The High Court of Kerala's decision to enable transgender parents to use neutral markers in the birth certificate should serve as a precedent in Tamil Nadu.
- Informal adoptions are fairly common in Tamil Nadu; they do not happen as per Central Adoption Resource Authority (CARA) Guidelines. But the Government's imagination is limited to the jamaat system.
- **Deed of Family Association ('DFA'):** The DFA is critical for non-binary and non-heterosexual couples.

The Implementation of the Transgender Act, 2019 ('2019 Act')

- Most transgender persons in Tamil Nadu are not aware of the 2019 Act or its provisions. It is critical for the Government to proactively carry out sensitisation and awareness campaigns so that transgender persons know their rights.
- Despite the mandate under the 2019 Act, most laws and policies continue to invisibilise transgender persons, including in areas of menstrual rights and reproductive rights.

- Even though the State notified policy speaks of changes to marriage and succession laws, it is not a priority since it is not a pressing electoral issue.

- The 2019 Act prescribes that transgender persons can change their name and gender in their marriage certificates, but it is silent on what happens when a person transitions while in a marriage. It is critical for the 2019 Act to ensure that there is clarity on family law.

- Most government laws, rules and policies are issued in English. This makes it inaccessible to non-English speakers in the community. Further, government documents keep using the word 'transgender woman,' and there is a need to shift to 'transgender persons' to be inclusive of all transgender persons.

- District officers are not sufficiently empowered to take measures for the transgender community. There is a need to decentralise powers and functions so they can effectively reach out to the community.

Employment

- **Inclusion:** While private workplaces like multinational corporations are taking initiative to provide insurance and coverage for gender-affirming care, most other workplaces are ignorant.

- **Entrepreneurship:** While the Transgender Board ('TG Board') can issue subsidy grants to support entrepreneurship, there is no clear process for application. As of now, documents required include the State transgender identity card, Aadhaar, public sector bank document and a letter of intent about the manner in which the grant will be used. Even when the approval is given, the release of funds is delayed. Fred's grant has been pending for four years.

- The Insurance Regulatory and Development Authority of India (IRDAI) has taken an affirmative measure by declaring that insurance providers cannot discriminate against transgender persons. It is critical to enforce this on the ground level.

- No measures have been taken to address the informal sector. When it comes to sex work and begging, the Government has not taken any steps.

- There is no use of the 2019 Act as such in Tamil Nadu to address workplace discrimination. There is a lack of awareness and enforcement, and people are scared of losing their jobs.

- Transgender persons are working in government departments but are subject to discrimination and micro-aggressions. But no action was taken because job security is a priority.

Monitoring and Enforcement

- The State Transgender Board is in pressing need of reform. There is no clarity in terms of how appointments are made, and the Board is not representative of the community. A proposal was put forth to make elections the basis of appointment but was rejected. There was an instance when a position fell open on the Board and the Department invited applications.

- When it comes to grants, no clear process for application and grounds for issuing of the grant exists. Even when the grant is approved, there are no timelines for disbursal.

Kalki Subramaniam

Attendee: One-on-one conversation with Kalki Subramaniam (Founder, Sahodari).

Tamil Nadu Transgender Persons Policy, 2025

- The Tamil Nadu Transgender Persons Policy ('TG Policy') is a welcome measure and has certain positive features, including expanding curriculum, sensitisation of various categories of officials, and attempts at institutional inclusion.
- However, the TG policy does not go much beyond the Transgender Persons (Protection of Right) Act, 2019 ('2019 Act'). It fails to identify one of the pressing issues the community faces, namely the abandonment by natal families and absence of support structures.
- *Garima Grehs* are not permanent solutions and have limited capacity and purpose. It is critical to think beyond the shelter home model for gender non-conforming children and transgender persons.
- It is silent on transgender elders, who are an especially vulnerable community. It is critical for the government to take steps to protect the rights of transgender seniors.
- Most transgender persons are now aware of their rights. It is critical for the government to go to the grassroost level and sensitise transgender persons about their rights and entitlements.
- The Department of Social Welfare must make an effort to engage actively with civil society outside of Chennai. Very few organisations get a chance to actively engage with the government, and thus limited voices are heard.

Juvenile Justice and Minor Rights

- Families keep abandoning gender non-conforming children without any consequences. The State needs to proactively address this. Many transgender persons who are in begging or sex work were rejected by their natal families and went to the *kinnar* community for support. Such children often do not have any choice.
- Gender non-conforming children are often traumatised by their own families, and then again by the system. It is critical to address the needs of children and ensure their rights are safeguarded.

Employment

- **Sex Work:** The state government has not taken any measures to support the sex worker's community. A lot of transgender persons in sex work are abandoned by the State, society and sometimes their own community. They also face violence at work, as clients are often disrespectful.
- **Begging:** The state government has a general approach towards vagrancy. For instance, it offers alternative skill development programmes which include things like tailoring and beauty courses. However, despite repeated efforts, the government has not consulted the community. For example, Coimbatore specifically has the highest number of entrepreneurs from the transgender community, and tailoring programmes for them will help uplift the community.
- While the State notified policy provides for equal opportunity at the workplace, measures are not taken to implement them at the ground level.
- In Coimbatore a transgender woman got posted in the police, and she had to eventually resign because of harassment.

- People worry about transitioning at the workplace because they fear they may lose their jobs.
- Despite being classified as 'Most Backward Class', there is no clarity on reservations in public employment or education.

Education

- The state government has announced scholarships and educational support for transgender persons. However, there is no clear procedure about how one must apply for these benefits. Often officials in the government themselves are unaware of these schemes and initiatives. Approaching them becomes a challenge given the lack of awareness.
- While big universities are taking measures to become queer-inclusive, these efforts are not made at a systemic level.
- While transgender persons are getting admission, no effort is made to make the educational environment inclusive.
- Despite Supreme Court and High Court mandates, no reservations in public educational institutions.

Healthcare

- The Ayushman Bharat Healthcare Scheme has now been integrated into the State's health insurance scheme. However, the issue is whether doctors and healthcare professionals are trained to provide gender-affirming care.
- Beyond cities such as Chennai and Madurai, public hospitals do not provide gender-affirming surgeries.
- The state government has not taken sufficient initiative to train healthcare professions. In 2007, when free gender-affirming surgeries were introduced, the doctors had no training, and a lot of transgender persons had to get multiple surgeries because the initial procedures created medical complications.
- Medical professionals in hospitals do not treat transgender persons with dignity.
- The mandate for medical intervention is a barrier for a large section of the transgender community in being able to legally identify as per their chosen gender identity within the binary of male and female.

Violence

- While the Tamil Nadu Subordinate Police Officers' Conduct Rules, 1964 have been modified to prohibit harassment of queer persons and queer civil society organisations, the same is not enforced on the ground.
- Most police officials do not know of the overturning of section 377, the *NALSA* judgement, and the Transgender Persons (Protection of Right) Act, 2019. No systemic effort has been undertaken to train and sensitise police officials.
- While police harassment is limited in urban areas, in rural areas, the same is rampant.
- A lot of violence towards transgender persons is from the natal family. However, the Transgender Persons Act, 2019 does not recognise this and instead only provides shelter homes as a solution. This is not a tenable long-term solution.

Family and Relationships

- A lot of transgender persons transition in the course of their marriage. No measure to protect their rights.
- Both society and sometimes community members do not respect transgender persons who transition (if they are married/have been married and have children). They end up being stuck in a limbo because of societal rejection.
- While transgender women have ration cards in their own name, there is no instance of being able to apply for ration as a queer family unit.
- It is critical for the government to take measures to protect transgender minors and senior citizens. Senior citizens have no support and no livelihood when they exit the labour market. Proactive measures to protect them must be initiated given they have no family or State support.

Housing

- The Transgender Board is supposed to assist in applying for free housing pattas, but there is no action in this regard.
- The Housing Board provides houses to the community, but at a cost. Often community members cannot afford them.
- In 2010, the state government provided pattas to only five persons out of twenty-two transgender persons who had applied. However, they imposed a condition that a house must be constructed on the patta soon. Most transgender persons cannot afford to construct a house. There is fear that even if pattas are granted, they may be revoked if they cannot build a home.
- **Private Market:** Getting a house as a transgender person is challenging. Often transgender persons get homes only in slum areas. Discrimination in the rental market is rampant. In Coimbatore, transgender persons are able to rent homes but only if they pay double or triple the security deposit and rent.

Monitoring and Enforcement

Reservations

- Officers on Transgender Board are overworked with several functions, and it becomes challenging for them to effectively address the needs of the community. Often they are not sensitised.
- There have been no proactive measures by the government to do outreach beyond Chennai. All schemes and benefits largely target urban areas, specifically cities. For example, the government has. started two homes for Aarhan Project, which are in urban areas, and the money largely goes to organisations that have visibility and networks.
- The TG Board is not active when it comes to assisting transgender persons who are facing violence, being mostly active in the area of documents and grants.
- The TG Board does not have sufficient representation of transgender men and does not proactively work to address their issues.

Dr. Sourav Mandal

Attendee: One-on-one conversation with Dr. Sourav Mandal.

DFA and Recognition of Rights

- The Deed of Familial Association (DFA) should become the basis for recognition of rights and entitlements. There should be a push for registration.
- Guardianship rights were flagged as an area requiring attention.
- More research is needed on the administrative side, and conversations with bureaucrats are necessary.
- The principled stance is that the DFA cannot be the sole route, as autonomy has its problems and there is an imbalance of powers. Ideally, a combination of approaches is needed.
- From a workable point of view, the Indian Contracts Act, 1872 route is a good option, operable through administrative orders.

Economic Rights

- On the delivery of public services, with respect to ration cards, the notification directs states and union territories to take a decision on queer couples. This needs to be implemented.
- With respect to financial institutions, states and UTs have been asked to take necessary steps, as referenced in the Reserve Bank of India (RBI) circular and Department of Financial Services (DoFS) notification, though there is no mention of loans.
- Joint house loans are an important area; the RBI does not have any clear central guidelines, though individual banks have granted joint home loans.
- Public deliverables in this space need to be identified.
- On the question of property, individual banks have given joint home loans.
- With respect to medical and other insurance, private providers are allowing same-gender, non-marital partners to be added to policies.
- Nomination for assets is a relevant area requiring attention.
- Housing rights, including lease rights, shall fall within the scope of the DFA.
- Pension disbursal operates through a form and is an executive measure and needs to be reformed to include queer partners.

Safety

- There exists family violence in the form of abduction and persecution, often by involving goons who harass queer couples. Devu Nair v. State of Kerala [2024 INSC 228] is a direct judicial response to this phenomenon.
- Ethnographic data presents a pattern of harassment.
- The false prosecution dimension is a concern that is not addressed by Devu Nair.

Cohabitation

- The central challenge is how a queer couple can get recognised as a family unit.
- Administratively, one possibility is registration of the contract. However, contractual registration itself presents significant challenges.
- De-facto recognition remains the only viable route, though it carries the peril of arbitrary judicial decisions.
- Sec. 17 of the Registration Act, 1908 has been identified as a possible route, operating through the Concurrent List.
- There are two primary hurdles within the Indian Contract, 1872: (a) Sec. 25 on 'consideration', which has been waived for natal families; (b), the question of family law, which raises issues of public policy; and (c) Section 23.
- In Sec. 25, close relationships such as parents and kin are not included, though courts have recognised these. Also, there are no case laws on atypical families being recognised in this manner.

Proxy Medical Consent

- Advanced medical directives are a relevant instrument in this context.
- There is an established jurisprudence on proxy medical consent, which currently operates as a barrier.
- The Indian Medical Association has guidelines for this subject and these need to be examined.

Succession

- The key question is what solutions are available. Private ordering is one of the solutions that can be resorted to.Instruments such as a will, for instance, need to be factored in.

Kalaimamani Sudha

Attendee: One-on-one interaction with Kalaimamani Sudha.

Identity Documentation and Procedures

- **Experience with State and National ID systems:** Most transgender persons prefer the Tamil Nadu State Transgender Identity Card as the National ID involves more complex procedures.
- Earlier processes (around 2009) required psychiatrists and community committees to evaluate applicants, making access restrictive.
- After the Transgender Persons (Protection of Rights) Act, 2019 the Tamil Nadu government shifted to an app-based system, simplifying corrections such as spelling or minor updates.
- District-to-district transfers remain difficult and require approval from the District Social Welfare Officer of the original district before shifting to another.
- Aadhaar is the primary document for updating names and gender. Transgender women can change their gender marker relatively easily, but transgender men face significantly more hurdles.
- For transgender men, officials hesitate to accept a “male” categorisation without additional documentation such as a Collector’s letter.
- Updating school certificates requires visiting DPI offices and following lengthy procedures.
- Birth certificates can be updated, but often the old name remains a historical record.

Thirunangayugal App and Welfare Board Integration

- **Role, limitations, and recommendations:** The Thirunangaikal App is widely used by the community but does not allow gender marker changes.
- The primary purpose of the app is to provide membership in the Transgender Welfare Board, which is essential for updating Aadhaar and ration cards.
- The existing “Thirunangai Nalavariyam” name excludes transgender men. The participants recommended renaming it to “Thirunar / Third Gender Welfare Board.”
- Board membership is increasingly important as more benefits now require verification through the Board.

Administrative Functioning and District-Level Disparities

- **Variation in official knowledge and community experiences:** Processes are significantly easier in metropolitan districts such as Chennai, Salem, Vellore, Coimbatore, Madurai, and Tirunelveli.
- Rural districts lack standardised knowledge among District Social Welfare Officers (DSWOs), often leading to confusion and delays.
- The participant emphasised the need for uniform training for all DSWOs so that districts like Kanyakumari function at par with Chennai.

Access to Schemes and Government Support

- **Use and awareness of State and central schemes:** Although numerous schemes exist at the State and central levels, community participation remains low.
- Schemes are designed without a deep understanding of transgender people's daily realities, timings, or training needs.
- The participants stated that poor communication from government departments reduces awareness.
- She noted that political misalignment between the State and Central governments may indirectly affect scheme dissemination, particularly through district offices.
- Central schemes remain largely unknown within the transgender community.

Training and Skill Development

- **Gaps in government training models:** Government training programmes are rarely used by the community.
- Sagodharan provides CSR-funded training that is flexible and responsive to community needs, including home-based and online formats.
- Government departments must engage deeply with the community to co-design training economic empowerment and inclusion models rather than simply announcing schemes and expecting participation

Self-Help Groups and Microenterprise Livelihoods

- **SHG access and small business aspirations:** SHGs are one of the most utilised support structures.
- Community members use SHG loans to start small enterprises such as tiffin stalls, tea shops, flower shops and tailoring units.
- The Tamil Nadu government provides ₹50,000 per district for groups of 10–20 people, which the community finds valuable.

Pension and Age-Based Eligibility Issues

- **Concerns regarding existing pension rules:** The current ₹1,500 pension is only available to persons above 40 years.
- Many transgender persons leave home at 15–16 years old, making pension support more relevant at 18 rather than 40.
- The eligibility age should be reduced so that individuals gain financial support earlier in life.

Ration Card and Documentation Barriers

- **Family-related complications and procedural gaps:** Most transgender persons remain listed on their parent’s ration cards, making it impossible to obtain their own card without revisiting estranged families.
- There must be automatic delinking based on Aadhaar data to prevent forced family interactions.

- Conflicts between Aadhaar names, old voter IDs, and ration card records create systemic confusion, particularly for individuals who changed names in earlier years.
- Once a transgender person has a transgender ID card, all documents should be updated accordingly without relying on family-based records.

Financial Inclusion and Banking Access

- **Savings behaviour and challenges:** Bank accounts can be opened easily with an Aadhaar card.
- However, income earned through begging or sex work is rarely deposited due to fear of scrutiny.
- Many prefer to store savings, such as jewellery, or invest in property.
- Transgender persons in metropolitan areas receive NGO support in navigating banks, unlike rural individuals.

Reservation and MBC Classification Issues

- **Legal classification and administrative confusion:** The participant was part of the litigation that secured the Most-Backward Classes (MBC) classification for transgender persons in Tamil Nadu.
- The community originally sought a 1% horizontal reservation but received MBC-category inclusion instead.
- Transgender women benefit from women-specific relaxations, but transgender men face gaps.
- Many government departments are unaware of the MBC judgement, causing misclassification and confusion during application processes.
- Officials fail to guide transgender persons accurately on whether SC transgender persons can remain under SC or must shift to MBC.

Health System Access and Government Hospitals

- **Clinical access and service delivery:** There must be dedicated clinic days in major government hospitals for transgender men.
- Large numbers of individuals need to repeat visits, making current arrangements burdensome.
- Transgender healthcare services must be extended to six or seven more government hospitals statewide.
- Discrimination by doctors is currently minimal, but continued sensitisation is necessary.

Gender-Affirming Surgeries and Facilities

- **Availability, challenges, and service gaps:** Most surgeries are performed in private hospitals due to lack of equipment and expertise in public hospitals.
- Public hospitals require increased capacity to perform surgeries safely and regularly.
- The participant reiterated the need for expanded facilities and dedicated resources for surgical care.

Insurance Coverage and Inclusion

- **Access to CMCHIS and related schemes:** Transgender persons are technically eligible for the Chief Minister's Comprehensive Health Insurance Scheme.
- Inclusion proceeds slowly, with beneficiaries added in batches from Welfare Board lists.
- Increasing coverage speed and ensuring priority for vulnerable individuals is critical.

Housing, Safety and Community Succession

- **Secure accommodation and post-surgery vulnerability:** Housing is a major safety requirement, particularly for transgender women undergoing surgery.
- Limited facilities at home increases vulnerability during recovery.
- A community-succession model in which houses allotted to transgender persons are transferred to other transgender persons rather than natal families after death must be considered.
- Housing for transgender men must be addressed and ensured.
- Many allotments are placed far from city centres, making them impractical for livelihood access, especially in rural districts.

Municipal Support and Roadside Shop Allocation

- **Local-level livelihood assistance:** The government can support livelihood expansion by providing materials rather than only cash.
- Corporations can allocate low-rent platforms and vending spaces specifically for transgender persons.
- A small number of stalls can be earmarked for the community within existing municipal vending zones.
- This does not require a formal reservation and can be implemented through corporation committees.

Functioning of the Transgender Welfare Board

- Community members report uneven support from the Welfare Board, with some beneficiaries receiving assistance while others receive none.
- There is inconsistency to lack of standardised knowledge and inadequate training among Board staff and DSWOs.
- Structured capacity building and district-level committees to strengthen scheme implementation is important.

Community Consultation with Sahodari, Pollachi

Attendee:

Nagamuthu	**R.Yasmin**
Usha	**Namitha**
Rajamallik	**R.Rithanya**
Apsara. A	**R.Aruna**
Prema Natarajan	**Kalki**

Identity Documents: Cards currently held

- **Aadhaar card:** (a) Most participants (who are and are referred to as 'stakeholders') possessed Aadhaar, but several noted that gender correction had not been uniformly completed; (b) Aadhaar was repeatedly described as the "base document" required for accessing most other schemes and services.
- **Voter ID:** (a) Many stakeholders had voter ID cards issued prior to gender transition; (b) In several cases, the name or gender marker did not match other documents, creating confusion during verification.
- **Transgender ID cards (State-level and National-level):** (a) Some stakeholders held both State and National TG cards, while others had none; (b) Stakeholders stated that State TG cards were more commonly used than National cards due to fewer procedural hurdles; (c) One recurring concern was that National TG cards involved "too many procedures" and delays.
- **Nilavari / Labour card:** (a) A few stakeholders had Nilavari cards, mainly those engaged in informal labour or small-scale work; (b) These cards were sometimes used for travel or basic identification but are not consistently recognised.
- **PAN card:** (a) PAN cards were less common, but in the case of people with PAN cards, their gender markers were often not updated; (b) Stakeholders stated that PAN correction was rarely prioritised because it was not immediately useful for daily survival.
- **Passport:** (a) Only a small number of stakeholders possessed passports; (b) Where passports existed, they were often cited as "additional proof" but are not regularly demanded by local offices.

Identity Documents: Key issues identified

- Several stakeholders did not possess a TG card despite holding Aadhaar or voter ID. Stakeholders stated that this gap directly blocked access to pensions, housing schemes, and insurance. One repeated sentiment was that "without TG card, they don't even listen to us."
- There is inconsistent gender marking across documents (male / third gender / transgender). Stakeholders described having different gender markers on different documents for the same person. This inconsistency often led to repeated questioning, delays, or rejection at government offices.
- Some stakeholders had most documents corrected, while others lacked basic documentation. A few stakeholders reported having an Aadhaar, TG card, ration card, and bank account. Others reported having none or only one of these documents, making them dependent on intermediaries

- Insurance cards (Kaapithu Thittam) were not uniformly available. Even among those eligible, some had not received the insurance card. Lack of awareness and guidance was cited as a reason for non-enrolment.

- Documentation processes were described as district-dependent. Stakeholders noted that metropolitan districts were more responsive. In non-metro and rural areas, officials were often unfamiliar with TG documentation procedures.

Community History, Government Process & Systemic Issues

- Stakeholders stated that transgender identity cards in Tamil Nadu existed even before the enactment of the Transgender Persons (Protection of Rights) Act, 2019. (a) This was collectively affirmed during the discussion, and (b) The existence of TG cards prior to the central law was seen as a Tamil Nadu–specific practice.

- Earlier verification processes were described as degrading and invasive. (a) Participants recalled being subjected to physical scrutiny during verification, (b) One experience was described as forced to "prove" surgery status by showing their private parts, and (c) A strong sense of humiliation and loss of dignity was associated with these processes.

- Changes in card formats occurred following protests and collective resistance. (a) Initially, TG cards were issued in one colour (blue), (b) These were later replaced with red cards after sustained demands from the community, and (c) Participants viewed these changes as outcomes of activism rather than administrative initiative.

- **Current administrative gaps:** Frequent misclassification in official records. (a) Stakeholders reported being placed under incorrect caste categories, and (b) Gender entries were often wrongly recorded or inconsistently updated across systems

- Benefits perceived as random or "luck-based". (a) Stakeholders stated that selection for schemes did not appear to follow any clear criteria, and (b) People with similar needs received different outcomes.

- Lack of transparency in beneficiary selection. (a) Stakeholders repeatedly stated that they were not informed why some applications were accepted and others rejected, and (b) there was no clarity on who makes the final decision.

- Inadequate verification by field-level officials. (a) Field surveyors were said to lack proper understanding of transgender categories, (b) Surveys were often conducted mechanically but with no accurate data collection, and (c) Errors made during surveys were rarely corrected later.

- Frustration with repeated explanations. (a) Stakeholders described having to explain their identity and documentation repeatedly at different offices, and (b) This was seen as emotionally exhausting and time-consuming.

- **Preferred mode of engagement:** Social workers and intermediaries were preferred over direct applications. (a) Stakeholders stated that trusted social workers understood procedures better, and (b) Social workers were seen as essential for navigating offices and follow-ups.

- Low reliance on websites and apps. (a) Digital platforms were described as confusing and difficult to use, and (b) Many stakeholders lacked smartphones or stable internet access.

- Digital literacy gaps. (a) Stakeholders acknowledged difficulty in reading and understanding online forms, and (b) Fear of making mistakes discouraged independent online applications.

- There were numerous complaints regarding informal fees. (a) Some stakeholders reported being asked to pay unofficial amounts during verification or processing, and (b) These payments were described as unavoidable in certain offices.

Utility of ID Cards & Access to Benefits

- **Functionality:** Identity cards were described as useful only to a limited extent. Participants estimated usefulness at roughly 25% of their intended purpose. Having documents did not automatically translate into access to benefits.
- There were delays in cash-based benefits that were repeatedly reported. Old Age Pension (OAP) payments were delayed by 3 to 6 months in many cases. In some instances, payments were stopped for nearly two years. Benefits resumed only after repeated in-person visits to government offices.
- Eligibility conditions for OAP were clearly articulated by participants. Minimum age requirement of 40 years is required. TG identity must be reflected in official documents. Aadhaar-based in-person verification is required.
- Stakeholders questioned the age threshold for pension eligibility. Many stated they were forced to leave home between ages 15 to 18, at that age it's hard to get any job so participants suggested that the age threshold can be changed. Early financial vulnerability was not addressed by existing schemes.
- **Systemic discrimination despite documentation:** Loan applications were rejected despite complete documentation. Reasons cited included the absence of a husband or children and, therefore, no sense of security. Stakeholders felt financial institutions applied family-based norms that excluded them.
- Ration access was relatively smoother. Stakeholders reported fewer obstacles in accessing ration benefits. However, linking and delinking from natal family ration cards remained difficult because it is required to have an interaction with the family for delinking, and those interactions are not pleasant, so stakeholders suggested that the government can plan for transgender people to delink without having any interactions with their family.
- Banking nominee requirements created barriers. Banks continued to insist on blood relatives as nominees. Stakeholders mentioned a Supreme Court ruling allowing TG nominees. Implementation of this ruling was described as rare or absent.
- Public transport systems did not recognise TG identity. Bus ticket counters recognised only male and female categories. Transgender persons were forced to choose an incorrect category.

Transgender App Usage

- **Patterns:** Usage of the transgender welfare app was extremely low. Most stakeholders had not used the app at all. Some were unaware of its existence.
- Functional challenges limited adoption. The app was described as outdated or non-functional. Steps involved were unclear and confusing.
- There are digital literacy barriers and difficulty reading and understanding instructions. There is a fear of making irreversible mistakes during submission.
- Preference for in-person assistance. Stakeholders felt safer approaching social workers or officials directly. Digital platforms were seen as unreliable for follow-up.

Awareness of Government Skill-Training Programs

- **Findings:** Awareness of skill-training schemes was minimal. Most stakeholders were unaware of available training programmes.
- No one reported participation in government training. None of the stakeholders had attended skill-development training.
- There is a perception that schemes do not reach the community. Trainings were seen as being announced without community consultation. Participants felt training designs did not match their needs or schedules. The main issue was that schedules didn't match.

OAP, Housing, Toilets, Land (Patta) & Rent Discrimination

- **Pension:** Out of nine participants present, only five were receiving OAP. Others were either pending approval or had been rejected without explanation

- *Housing and land:* (a) Housing access was extremely limited. Only one stakeholder had received a government house, and that too approximately ten years ago. (b) Sanitation benefits showed limited progress. Some participants reported receiving toilets recently. (c) Land allotments were incomplete. Land had been allotted in some cases, but there was no patta. Patta was not issued even after several years. Repeated visits to Collector offices did not resolve the issue.

- **Rent discrimination:** (a) Strong stigma was reported from landlords and neighbours. There is a belief that children would "become transgender" if a transgender person lived in their house. There are assumptions that transgender persons shout or use abusive language. (b) There is financial discrimination in housing. Rent is charged at two to three times the usual rate. Many landlords refused to rent property altogether.

- ***Corruption in benefit processing:*** (a) Allegations of bribery were common. Approximately ₹1.5 lakh was demanded from SC-category transgender persons. Approx. ₹3 lakh demanded from others. (b) There is a perception of caste-based filtering. Stakeholders believed housing and land benefits were largely restricted to SC category transgender persons.

Banking Access

- **Access and usage:** All participants reported having bank accounts. Account opening was generally not an issue once Aadhaar was available.

- There was reported hesitation in regular bank usage. Income from begging or sex work was not deposited due to fear of scrutiny. Preference for holding savings as jewellery or cash was shown.

- **Urban – rural differences:** Banking processes were described as easier in metropolitan districts. Rural branches were seen as less cooperative and more judgemental.

Insurance Coverage

- **Availability:** Majority reported possession of insurance cards (Kaapithu Thittam), but a minority did not. Coverage status varied across districts, and enrolment depended on local facilitation and follow-ups. Some cards were issued but participants were unsure of the activation status

- **Effectiveness:** Insurance was successfully used for higher-cost diagnostics and treatment in select cases (e.g.: MRI and related care - ₹30,000). Many lacked clarity on hospital procedures, pre-authorisation steps, and documents needed at admission. There was a perception that approval is easier in metropolitan hospitals, and rural facilities and its officials were described as reluctant or confused. They note that "We have the card… but we don't know where to use it or whom to ask."

Inheritance & Legal Barriers Post-Transition

- **Key Issues:** There is a denial of inheritance tied to the transgender identity; officials question eligibility after name and gender change

- Cases are filed, but hearings are missed due to accident and hardship, so the matters remain unresolved

- Reports of fraud and cheating by relatives in the property division when participants lacked family support

- **Quote:** "They deny our rights just because we are neither 'male' nor 'female' in their eyes."

Police & Family Treatment

- **Family responses:** (a) Emotional rejection, social isolation, and exclusion from festivals and key life events. (b) Instances of severe exploitation like being "sold" by family, forced unpaid labour from early morning till night which resulted in deterioration of health. (c) Inheritance is preferentially given to siblings, and transgender persons are sidelined. (d) Quote: "Family remembers speak with us only when they need something."

- **Police behaviour:** In the past, (a) Severe harassment, beatings, detention, extortion, etc., and (b) Sexual aggression and public humiliation were issues faced by the police. Presently, (a) There is improved conduct, involving basic humane treatment, and (b) Protective behavior, as officers now often disperse abusers and drunk men and offer basic protection, and (c) Perceived as "much better than before" – trust is improving but not uniformly; it depends upon the area and that police individual.

- **Cultural norms:** (a) Social stigma central to family and community rejection, fear of "what will others say", (b) Moral judgement used to deny housing, work and community support, and (c) "Family accepts us only when they need something."

Hospital Documentation Requirements

- **Documents asked at hospitals:** (a) Transgender ID, Aadhaar, Smart Card, and Insurance Card (when all four were presented, treatment was described as "free"), (b) Additional documents sometimes demanded from transgender persons only, and c) Front-desk and nursing staff are often unsure of correct process for transgender documentation.

- **Discrimination faced:** (a) Reported refusals by both private and public hospitals, (b) Requests for extra documents which are not asked ofother gender patients, and (c) there is a need for a standardised hospital checklist and awareness among admission staff.

Hospital Treatment Conditions

- **Past:** Treatment mirrored earlier police abuse narratives that are humiliation, neglect, refusal to touch or examine, etc.

- **Present:** Generally, it is more respectful, but quality varies by facility and individual staff. Emergency departments and admissions remain friction points when their identity documents do not align.

Gender-Affirming Surgery: Access, Cost & Quality

- **Cost and institutional availability:** Typical out-of-pocket cost is ₹1,00,000, participants self-fund via savings or community collections. Government hospitals are perceived as lacking equipment, trained teams, and aftercare, so private hospitals are preferred. Travel to cities is required; accommodation and post-op care logistics are burdensome.

- **Negative experiences:** Critical complications are reported after surgeries that are performed at government hospitals, leading to subsequent transfer to private care. There is an absence of clear accountability and grievance redress mechanisms post-complication.

- **Government mandate:** Cited rule is that each government hospital must perform at least one transgender surgery per month. Reported as unknown to staff, not implemented, and not monitored.

Barriers to Surgery

- **Family restrictions:** Due to families blocking access emotional and/or physical conflict is reported. The fear of abandonment also prevails. Financial dependence curtails decision-making power. .

- **Lack of medical understanding:** Fear of surgical risks, inadequate counselling and low health literacy. In one case a breast implant offer was declined due to insufficient information and fear

Body Acceptance & Regrets

- **Self-Identification:** Among nine, three expressed dissatisfaction with the current process; majority reported no regret and emphasised on embracing femininity and social recognition
- **Diverse needs:** not all seek surgery; many prioritise documentation, safe housing, livelihood, and dignity

Satisfaction With Surgical Outcome

- **Surgical challenges:** Some underwent four surgeries (across Delhi and Tamil Nadu), all in private hospitals
- Consent forms were signed without being fully read and understood because of language and medical terminology barriers
- Private hospitals are preferred for perceived safety, equipment and staff behaviour.

Hospital Nominee Rule

- **Nominee practices:** Hospitals require a "relation" as nominee, but participants listed Guru/Gurunani as a practice
- Formal recognition of community nominees are inconsistent across institutions
- Request for policy clarity: accept community leaders as valid nominees

Perceptions of Government Schemes

- The general view was that "Government schemes are not useful and not handled carefully."
- Reasons cited were delayed payments, caste-based exclusions, corruption at lower levels, poor monitoring and lack of staff understanding of transgender needs.

Trusted Support Systems

- **NGOs:** Consistently viewed as the most supportive. They provided food, utensils, groceries during COVID, livelihood support, awareness activities, and encouragement through awards.
- Other institutions such as the Nilavari department were perceived as unhelpful.
- Outside the transgender community and NGOs, little meaningful support exists.

Key Issues Raised by Participants

- Exclusion from economic spaces. It was remarked, "Every business is owned by men or women — why not transgender persons?"
- Lack of institutional recognition. It was remarked, "Why is there no community system for transgender persons?"
- Concerns about ageing. It was remarked, "What happens when transgender persons grow old with no family or children?"
- Demand for senior-care facilities. There was a strong request for a transgender senior home.

- Stakeholders described themselves as “orphans” in a systemic sense.

Summary of Structural Gaps Identified

- Documentation inconsistencies and misclassification
- Housing discrimination and rent mark-ups up to 2 or 3 times
- Lack of skilled public healthcare capacity
- No financial assistance for gender-affirming care, resulting in high out-of-pocket burden
- App and website access is low due to digital literacy gaps so people prefer in-person support
- Heavy dependence on peer networks and NGOs
- Absence of senior TG housing and care systems
- Nominee recognition is unclear – mainly at banks, hospitals, etc.

Recognition exists in law, but functional access remains weak. The transgender community continues to rely heavily on internal support systems and NGOs, while government delivery mechanisms remain inconsistent, biased, or unclear. The testimonies make one central theme clear: Without infrastructure, recognition alone cannot secure dignity or safety.

Advocate S. Manuraj and Colleagues

Attendee:
One-on-one conversation with **S. Manuraj.**

Vadhana Bhaskar, Swetha Sethubaskaran, Aysha Aazmy Mohideen

Representatives in the S. Sushma and Ors. Vs. Commissioner of Police, Greater Chennai Police and Ors. (Continuing Mandamus, 2021) (‘Sushma’).

The team represents the petitioners in Sushma, which began as a police protection matter involving the forceful separation of an adult same-sex couple. They also represented petitioners in another habeas corpus case involving a trans man and a woman who were separated by their families.

Key areas of progress:

- *Sushma* marked a significant shift for the Madras High Court in terms of police protection jurisprudence. While there had been precedents involving inter-caste married couples, this case involved an adult, same-sex, unmarried couple seeking protection.
- The Court used the opportunity to chart a new direction: (a) Police protection prayer was granted to a same-sex couple; and (b) It issued detailed directions encouraging State action.
- The Government subsequently released a “prescriptive glossary of terms” for use by the media and public, non-derogatory, community-endorsed, and intended to set standards for respectful communication.

- The Tamil Nadu Medical Council accepted recommendations to treat conversion practices as professional misconduct, enabling disciplinary action against medical practitioners. Attempts to secure similar action from the National Medical Commission ('NMC') have not yet succeeded; the NMC cites ongoing development of draft ethics guidelines for the delay.

- Tamil Nadu's medical curriculum contained outdated and harmful material on gender and sexuality. A committee was constituted, and a revised draft curriculum has been prepared. However, final publication is still awaited.

Long-Term Policy Engagement

- The case enabled long-term engagement with the Government and opened a path for incremental law and policy reform.

- The Tamil Nadu Government in 2021 also reconstituted the Welfare Board, with sustained involvement from community members.

- The Tamil Nadu Government also constituted a Committee consisting of members from the LGBTQIA+ community to draft a State Policy. The Committee initially drafted a comprehensive State LGBTQIA+ Policy, but internal disagreements led the Government to notify only a more limited Transgender Policy as a first step, to avoid wider resistance. This issue has also been brought to the notice of the Madras High Court, which is hearing the Sushma case as a continuing mandamus.

DFA and Legislative Gaps

- The High Court has also considered a proposal from one of the impleaded parties on certain aspects of the DFA. At present, this stands only as a proposal before the Court and requires an enabling legislation to gain enforceability.

Current State of Progress

- Over four years since *Sushma*, political appetite to invest capital in LGBTQIA+ issues has gradually diminished; progress now requires cooperative, not confrontational, approaches. The progress has been slow at the Union level, particularly around enforcement of the conversion therapy ban.

- **Key achievements so far include:** the Glossary, Tamil Nadu Medical Council's Circular on conversion practices, Constitution of the Welfare Board, the (community drafted) LGBTQIA+ Policy.

Institutional Autonomy and Societal Approach

- The team noted that, in most situations involving threats or familial pressure, the real difficulty lies not in obtaining a court order but in enabling institutions to act in ways that respect individual autonomy. They emphasised that questions involving gender and sexuality require a societal rather than a purely adversarial approach. Drawing from evolving constitutional jurisprudence, including Supreme Court decisions affirming dignity and non-discrimination in Justice Nariman's opinion in *Navtej Johar* case, the courts can use their inherent (Section 482 CrPC) and constitutional powers (Articles 226) to articulate broader guidelines to attempt to address stigma and institutional gaps. According to the team, sustained cooperation from stakeholders, including families and State departments, makes it possible for such matters to evolve beyond immediate relief into a discussion on long-term policy reform.

Interactions with Policing systems

- Regarding interactions with policing systems, the team explained that frontline responses often derive more from moral judgement than legal standards. They highlighted recurring issues such as difficulty locating individuals safely, reluctance of authorities to follow gender-appropriate procedures, and attempts to justify interventions on non-legal grounds. They stressed that procedural clarity is more effective than rights-based argumentation in the early stages of interacting with the police. Over time, institutional sensitisation efforts have begun to reduce misunderstandings, though basic queries about handling gender-diverse individuals reveal the need for ongoing capacity-building.

Sushma as Continuing Mandamus

- On the Sushma case as a continuing mandamus, the team noted that the court's June 2021 directions have been a baseline for monitoring compliance by all State agencies.

- Concerning cooperation from State representatives, the team observed that institutional responses improve when courts acknowledge positive steps rather than relying on critical commentary or punitive measures. Public visibility, including media reporting, can further incentivise compliance.

Private ordering and Relationship recognition

- On private ordering and recognition of relationships, the team explained that while individuals can enter personal arrangements such as DFAs to manage aspects of their lives, full enforceability requires statutory recognition. Judicial opinions across jurisdictions may express openness to civil unions or partnership frameworks, but courts cannot, on their own, create a legally recognised status without enabling legislation. They emphasised that incremental policy steps (such as expanding gender options in official forms, permitting self-identified next-of-kin, or improving administrative access to welfare schemes) may yield meaningful, practical benefits even in the absence of comprehensive relationship recognition.

Inter-caste Cases

- Inter-caste cases are used as analogies since both involve breaking perceived social–moral codes, triggering family and societal threats. Tamil Nadu's Self-Respect Marriage Act, 1967 (amending Section 7A, Hindu Marriage Act, 1955) shows how State-level innovations can legitimise non-conforming unions. Illustrative case: Sreeja v. IG 2019, Madurai Bench recognised a marriage between a transgender woman and cisgender man under Article 226, treating the transgender woman as a woman under Hindu Marriage Act, 1955. Court protection is crucial when moral codes are invoked; similar frameworks could be extended to queer persons.

Vidya Dinakaran

Attendee:
One-on-one interaction with **Vidya Dinakaran.**

Context:
The Vidhi Centre for Legal Policy carried out consultations with civil society organisations, lawyers and activists to identify the core areas of intervention required for queer-inclusive law reform in Tamil Nadu. Themes explored included the right to gender identity, healthcare, family rights, violence, employment, education, minor rights, and monitoring and enforcement. The minutes are below.

Familial Support of Queer Persons

- The belief system of parents and the meaning they attach to marriage needs to be engaged with, but this works only at individual levels.
- The State should make movies and pamphlets on the experiences of queer persons, covering not just the challenges they face but also how it is a normal way to exist.
- Videos and audios had better reception rather than text-based information.
- These videos should show that society needs to adjust and not the individuals.
- At the level of educational institutions, officials feared backlash from parents, and therefore someone needs to work with parents directly.
- The idea of gender should be highlighted in the parents' lives so the idea does not sound Western or alien.
- Linking the concept with culture helped, for example, including temples and history.

Identity Documents: Key issues identified

- There is no change in the police system; even after so many years of sensitisation drives, the only thing they have understood is the existence of a “typical” transgender person.
- If a transgender person is not visibly transgender, they do not acknowledge their existence. Sensitisation first needs to work on relaying to police that gender diversity is not a crime.
- When a person leaves the family, they do not carry all the important legal documents. In such a case, the person should be able to get help from the police, and the police can get the documents from the natal family. This is followed but is not mentioned in the policy.
- There should be some information on how to start the support system from scratch. Someone should be there to accompany the persons to do the paperwork once they have suffered the trauma from familial separation.

Interaction with State Systems

- She has been working with the Transgender Board for 4 years; there is no mobilisation of personnel to do sensitisation.
- For example, the orders and the interim orders are not there anywhere on the website. Part of the reason why they are not able to do much is because within the community there is lack of cohesion.
- The Transgender Board is influenced largely by transgender women or politically charged individuals.
- There is a need to bring doctors on board, as people have an inbuilt trust with doctors.

Mental Health

- There should be counselling sessions provided by the State on a pro bono basis.
- Private practice is very stringent for the standards. Working on the state level, the focus should not be on “standards”.
- For example, people working at one-stop centres and helplines can be trained on a short-term basis to become more and more adept.

Sensitisation of Natal Families

- In institutions such as schools and colleges, there needs to be initiatives that address the experiences of queer persons, including through cultural experiences such as movies and stories
- The challenge is that individuals who may take the lead on implementing such initiatives often fear being reprimanded by their parents.
- Families are more likely to relate to cultural and religious references as part of sensitisation.

Policy and Law

- The policy should have reservation of at least 1% or have horizontal reservation for transgender persons.
- Sexual orientation & Gender Identity (SOGI) should be mentioned or a separate policy for SOGI should be made. The DFA didn’t come out in the policy as well. The policy did not have any implementation steps. The notified policy is just first principles.

Counselling with petitioners

- They were coming with the experience of working with police personnel and we started with that – not much change in the police system – the only thing they’ve come to understand is the idea of a transgender person, because that’s visible – sensitise them how this is not a crime
- Establishing their physical safety was one of our responsibilities.
- Establishing support systems from scratch is necessary, such as continuing education, art therapy workshops, etc.
- Helplines function like first-aid, and follow-up is required.
- Pro-bono counselling sessions should be included — also for people who are training for this – strict requirements may not be super helpful, we need as many people as possible

Working with TN Trans Welfare Board

- Another challenge is the lack of mobility for sensitisation and awareness programmes. A lack of perceived importance of this issue is often due to external factors such as elections. One suggestion is to officially publish all government orders directly on the website.
- The specific notification published on the website clarifying that only an Aadhaar card is required to obtain a TG card proved highly beneficial.
- There is limited acceptance for minorities within the minority, causing policy ideas to be dismissed at the entry level, especially those relating to inclusion of trans men and caste issues.
- It took us 3 years to convince them to get an intersex person on the Board.

The State Policy

- The judge's decision to keep the case open in *Sushma* was beneficial in shaping the policy.
- Dr. Trinetra's involvement in the consultation process showcased how the involvment of a public persona is helpful.
- Mariwala Health Initiative has called to put together a book of allyship. Building allyship is critical.
- There should be engagement with medical professionals, as the public tends to trust thigns explained by doctors.
- The Policy seems only to be a reading of constitutional rights with not much substance to it.
- The issue of reservation has also been omitted from the State notified policy.
- If not integrated into a single framework, there should at least be two distinct, separate policies addressing all aspects of SOGI.
- DFA was also ommitted from consideration from State notified policy.
- The State policy lacked a clear division regarding process, practical implementation, and a mechanism for subsequent follow-up and oversight.

Miscellaneous

- Prior experience includes working within an NGO supporting survivors of gender-based violence, alongside completing an intensive, highly experiential training course conducted by TISS and the Mariwala Initiative.
- A major highlight of the case was the judge proactively opting for counselling. This demonstrated an individual in a position of authority recognising a gap in their own understanding and taking steps to address it. This session was designed as psychoeducation rather than clinical psychotherapy.
- Engaging with the parents was a significant challenge that required formal therapy to be carried out. Coming from a rural background, they struggled to normalise the situation becoming public knowledge, which initially manifested as anger regarding the perceived impact on the family.
- In the Indian context, the traditional vision of family, specifically the expectations surrounding children and grandchildren, are shattered. While there was a degree of threat from the natal family, families from socio-economically weaker sections were notably more open to accepting their child. Conversely, wealthier, more powerful families proved rigid and resistant to relinquishing control.
- There was one session with the petitioners itself only to check their general psychological safety.

- There was no other psychologist that was operating in this field, and therefore there was no precedent to follow
- The judge's decision to keep the case open under a continuing mandamus was a helpful legal tool.

Dr. Tiju Thomas

Attendee: One-on-one interaction with **Dr. Tiju Thomas.**

Deed of Familial Association (DFA)

- There is a deep embeddedness in existing law, which makes changes to marriage laws particularly difficult to achieve.
- However, the legal system is a perpetually learning system, and these changes can be embedded incrementally over time.
- **DFA as Private Ordering:** In the context of the DFA as a private ordering mechanism, mental health problems are very highly represented among the demographic of stakeholders, and mental health challenges make it difficult to find partners who are perfectly equal in their contributions.
- Elements such as consent should be a part of the DFA framework. Inclusion of elements such as equal economic contribution to the relationship.
- Integration of the DFA into state laws is necessary, particularly in areas such as safety, housing, renting, and lease rights, for which formal recognition is required.
- There has been no movement from the State on the DFA.

Cohabitation & Role of Partners

- Cohabitation is difficult for many people, including straight couples, and where people are cohabiting, there should be provisions in place to address practical needs such as renting together, home loans, and related matters.
- In cases of natal family violence, which present a murky situation, relative support or stability can be offered by the partner.

Alternate Forms of Recognition

- Alternate forms of recognition need to be explored - interaction with a psychiatrist and screening is currently required for transition, social workers such as ASHA workers could be utilised for empowerment purposes, given their formal association with the State.
- Their work could include evaluation of child psychology, etc. As they are state agents, they would require less training. Through a licensing process, for example, they could also serve as agents of attestation and transformation.

Dissolution

- Abandonment is very common in queer relationships. Dissolution mechanisms must account for this reality.
- Unilateral dissolution may be a problem, as the stability of the relationship is a recognised challenge internationally.
- A good approach may be to develop civil alternatives to courts. The ASHA model may be used here.

- These can involve a checklist, factors, or framework through which such civil alternatives can evaluate dissolution.

Protection of Children

- There is a need for data on joint adoptions to ensure protection of children in existing families.

VIDHI CENTRE FOR LEGAL POLICY

A-232, Ratan Lal Sahdev Marg,
Defence Colony, New Delhi-110024

vidhilegalpolicy.in | vclp@vidhilegalpolicy.in

Vidhi Centre for Legal Policy

@vidhilegalpolicy

@vidhi_india

@vidhi_india