

TRANSGENDER INCLUSION IN INDIA: CHALLENGES IN EMPLOYMENT, EDUCATION, AND HEALTHCARE

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Abstract

Despite the progressive arc of constitutional jurisprudence in India, the promise of dignity, equality, and fraternity remains largely illusory for its transgender citizens. Landmark judgments like 'NALSA v. Union of India' and the Transgender Persons (Protection of Rights) Act, 2019 have laid essential legal foundations by recognising self-identified gender and prohibiting discrimination. However, these legal triumphs have not translated into tangible social inclusion. On the ground, transgender individuals continue to face systemic exclusion from education, employment, and healthcare, often compounded by social ostracisation and administrative apathy. Schools remain unsafe spaces, job opportunities are scarce, and medical care is deeply insensitive to gender diversity. The legal recognition of rights, while crucial, often exists in a vacuum when unaccompanied by institutional reform and societal awareness. This article critically examines the challenges of transgender inclusion in India across three core sectors- education, employment, and healthcare—arguing that meaningful inclusion demands structural change, not just symbolic representation. Only by confronting deep-rooted stigma and reshaping systems can the promise of equality become a lived reality.

Keywords: *Transgender Rights, Inclusion, Structural Discrimination, LGBTQ+ Rights, Societal Stigma.*

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INTRODUCTION

The question of transgender inclusion in India is not merely a legal or policy issue- it is a moral, social, and constitutional imperative that sits at the heart of the Indian Republic's promise of justice, liberty, equality, and fraternity. The rights of transgender persons are not charitable concessions granted by the state but deeply embedded entitlements flowing from the transformative vision of the Constitution. That vision articulated in the preamble and realised through a rights-based framework demands that the state actively dismantle social hierarchies and ensure substantive equality for all citizens, irrespective of gender identity. In this context, the inclusion of transgender persons is not an aspirational goal but a constitutional mandate.¹ It requires a profound restructuring of public institutions, legal mechanisms, and societal attitudes that have, for centuries, erased and marginalised trans lives. In 2014, the Supreme Court of India, in the landmark case of the *National Legal Services Authority (NALSA) v. Union of India*,² finally broke the silence around the state-sanctioned erasure of transgender persons. Recognising that gender identity is intrinsic to one's dignity and freedom, the Court declared that the right to self-identify as male, female, or third gender is protected under Article 21 of the Constitution. This historic ruling was not only a legal milestone but also a moral reckoning, a formal acknowledgement that the Indian state had failed a significant portion of its population by denying them visibility, protection, and dignity. The judgment emphasised that equality must be substantive, not merely formal and that the state had a positive obligation to protect and empower transgender persons affirmatively. However, a decade after NALSA, the question must be asked: has this constitutional recognition permeated the social and institutional fabric of India? Has legal visibility translated into lived equality?

Regrettably, the answer remains largely negative. While the legal landscape has witnessed important developments, such as the enactment of the Transgender Persons (Protection of Rights) Act, 2019, the implementation of these measures has been slow, uneven, and at times even counterproductive. For instance, the very process of issuing a transgender identity certificate under the 2019 Act has been criticised for being invasive, bureaucratic, and

¹ Ministry of Education, *Accessibility Guidelines and Standard for Higher Education Institutions and Universities*, 2022; available at: https://www.ugc.gov.in/pdfnews/8572354_Final-Accessibility-Guidelines.pdf (last visited on: 16.04.2025). See, Purnima Khanna, "Constitutionalism and Human Rights: A Critical Analysis of the Rights of Transgender People in India" 9 (3) *Lentera Hukum* 369 (2022); available at: <https://doi.org/10.19184/ejhl.v9i3.28631> (last visited on: 16.04.2025)

² (2014) 5 SCC 438

contrary to the principle of self-identification upheld by the Supreme Court. More fundamentally, legal reforms have yet to translate into structural change across India's public institutions. Transgender persons remain at the peripheries of mainstream life, often relegated to informal economies, unsafe living conditions, and invisibility within state records³. The discrimination they face is not episodic, but rather structural, systemic, and deeply entrenched. Even where laws exist, the spaces that transgender persons must navigate- schools, workplaces, and healthcare systems- are hostile, alienating, or entirely exclusionary. It is not merely a question of access but one of design. These institutions were never built with gender diversity in mind. Indian bureaucracies, curricula, hiring practices, and hospital protocols operate on a binary understanding of gender that renders transgender persons not only invisible but unintelligible.⁴ They are denied employment for being 'unfit', suspended from schools for being 'disruptive', and often refused medical treatment due to 'confusion' or moral judgment around their identity. In many cases, even basic administrative procedures, such as applying for a ration card, getting a driving license, or enrolling in a government scheme, become sites of humiliation and exclusion for trans persons, who are routinely forced to choose between invisibility and hostility. Importantly, the exclusion faced by transgender persons in employment, education, and healthcare is not compartmentalised. These are not separate injustices occurring in parallel but deeply interconnected outcomes of the same systemic design.

Denial of quality education leads to limited employment opportunities, which in turn results in economic precarity and lack of access to private or even public healthcare. Healthcare discrimination, meanwhile, reinforces educational and economic exclusion by denying the physical and mental well-being necessary to function in society. These exclusions form a closed loop, one that pushes many transgender persons toward informal or exploitative sectors such as begging and sex work by choice, but due to a complete failure of state structures to accommodate their needs. This article seeks to explore the realities of transgender exclusion in India through an interdisciplinary and intersectional lens. Focusing on three foundational pillars- employment, education, and healthcare interrogates how historical prejudices, policy inertia, and institutional apathy converge to produce an enduring

³ Ministry of Health and Family Welfare, *Guidelines for Hormone Therapy and Gender Reassignment Surgery*, 2022, <https://www.mohfw.gov.in/?q=documents%2Fprogram-guidelines> (last visited on: 14.04.2025)

⁴ PIB, Ministry of Health & Family Affairs, "Update on Access to Healthcare Services for Transgender Community," 2023; available at: <https://pib.gov.in/PressReleasePage.aspx?PRID=1982757> (last visited on: 16.04.2025)

regime of marginalisation. It moves beyond a narrow legalistic view of rights and emphasises the need to reimagine our institutions to accommodate, affirm, and celebrate gender diversity. True inclusion requires more than symbolic representation; it calls for a dismantling of the cisnormativity frameworks that dominate Indian society and the construction of new paradigms that centre the voices, needs, and experiences of transgender persons.

EMPLOYMENT: THE ILLUSION OF ACCESS AND THE REALITY OF ERASURE

To speak of employment as a pathway to dignity assumes the existence of equitable access, institutional receptiveness, and socio-cultural recognition. For transgender persons in India, however, employment is not just about financial sustenance- it is a site where visibility, autonomy, and human worth are constantly negotiated, denied, and, in many cases, completely erased. While the mainstream discourse often frames unemployment within the transgender community as a consequence of skill deficits or poverty, such a view is dangerously reductive. It conceals the structural discrimination that operates long before a trans person steps into a workplace and continues long after if they ever do. The Indian labour market, shaped by heteronormative norms and binary gender expectations, has, for the most part, been inhospitable to transgender persons, relegating them to the margins both economically and symbolically.⁵ The 2018 study conducted by the National Human Rights Commission offers a stark illustration of this systemic exclusion: over 92% of transgender individuals in India are excluded from formal employment, with a large proportion forced into begging or sex work, not as a matter of choice, but of survival. These are not merely the outcomes of economic deprivation; they are symptoms of a society that actively polices and punishes gender non-conformity. Trans persons often find themselves excluded from employment opportunities not because they lack skills, qualifications, or motivation, but because their very existence challenges the normative ideals of the workplace. The ideal employees are, in many cases, implicitly cisgender and conform to gender norms in appearance, behaviour, and identity.

Discrimination begins long before hiring. The recruitment stage itself becomes a gatekeeping mechanism. Even when transgender applicants meet or exceed eligibility requirements, they are routinely rejected under the pretext of concerns around ‘cultural fit’, ‘client comfort’, or

⁵ Kerala Development Society, “Study on Human Rights of Transgender as a Third Gender”, (New Delhi, 2017) available at: https://nhrc.nic.in/sites/default/files/Study_HR_transgender_03082018.pdf (last visited on: 14.04.2025)

‘team dynamics’. These coded phrases serve as polite euphemisms for deep-seated transphobia. Application forms that ask only for ‘male’ or ‘female’ end up either excluding trans persons entirely or forcing them to misrepresent themselves to be considered. In interviews, trans individuals frequently encounter invasive questioning, mocking attitudes, or outright hostility. For many, the process itself becomes a site of violence. For those who do manage to find a foothold in the formal economy, the workplace becomes a new battleground. Transgender employees often report chronic misgendering by colleagues and superiors, refusal to acknowledge chosen names, and the denial of even the most basic accommodations, such as access to gender-neutral washrooms. They are excluded from informal networks, ignored during team-building activities, and passed over for promotions or client-facing roles based on assumptions about their ‘presentation’. Moreover, HR departments, where they exist, are rarely trained to address trans-specific concerns, leaving affected individuals without any meaningful grievance redressal mechanism. Such environments foster isolation, mental health strain, and eventually, attrition.

Legal reforms have done little to alter this landscape. The Supreme Court in the NALSA case emphatically directed the state to implement affirmative action, including reservations in public employment. Yet, over a decade later, the contours of this policy remain distressingly vague. There is no consistent national framework for transgender reservations; only a few states, like Tamil Nadu and Karnataka, have made sporadic moves in this direction. The Central Government’s silence on whether trans persons qualify under the Other Backwards Classes category or deserve a separate classification has created bureaucratic confusion and policy paralysis. As a result, even highly qualified transgender individuals are unable to access opportunities in government service, where reservation could have served as a powerful equaliser. In the private sector, inclusion exists mostly in rhetoric. Corporate social responsibility campaigns during Pride Month often showcase superficial support, with rainbow logos and diversity slogans, but fail to implement any real structural changes. There is a glaring absence of anti-discrimination laws that specifically address gender identity in the workplace. Without statutory mandates, companies are not compelled to adopt trans-inclusive policies. Even initiatives aimed at improving transgender employability, such as skilling programs and vocational training, are often marred by a lack of institutional sensitivity, poor outreach, and gender-insensitive pedagogy. For instance, many training centres under the Skill India Mission lack safe spaces, inclusive materials, or instructors trained to interact

respectfully with transgender trainees. Consequently, even well-intentioned schemes collapse at the level of execution.

The need of the hour is not piecemeal reforms or symbolic gestures, but a radical reimagination of the workplace. True inclusion must be built on the foundations of accountability, empathy, and recognition. This involves institutionalising trans-inclusive hiring practices, creating gender-neutral documentation systems, offering medical and mental health support, building grievance redressal bodies that understand gender-based discrimination, and, most importantly, fostering a work culture that sees trans persons not as anomalies but as equals. Sensitisation modules must be embedded into employee onboarding, with regular workshops that address unconscious bias, workplace etiquette, and the nuances of gender identity. Moreover, corporate boards and public service commissions must include transgender representatives who can shape policy from within. Until these systemic changes occur, employment will continue to function as a conditional space for transgender persons, one where survival is possible only at the cost of erasure. The illusion of access must be dismantled, and in its place, we must build structures that affirm, accommodate, and celebrate the full spectrum of gender identity.

EDUCATION: THE FIRST EXCLUSION, THE LAST REFORM

Education, often hailed as the cornerstone of empowerment and mobility, becomes for transgender persons in India a site of early alienation and systemic silencing. While liberal narratives valorise education as the ‘great equaliser’, the reality for gender non-conforming children is far more sinister. For them, school is not a sanctuary of growth and learning, but the first institutional space where their identities are questioned, erased, and punished. It is in classrooms, playgrounds, and morning assemblies that the slow violence of misrecognition begins, where young trans children are told, implicitly and explicitly, that their existence is disruptive, unnatural, or simply unacceptable.

The magnitude of this exclusion is staggering. A joint report by UNESCO and the International Commission of Jurists revealed that over 60% of transgender children drop out of school before completing Class X. These figures are not individual tragedies; they are structural failures. They reflect the incapacity or unwillingness of the Indian education

system to accommodate those who do not conform to its rigid gender framework.⁶ The exclusion operates not only through bullying or violence but through the very design of educational institutions. The school, as a socio-pedagogical space, is structured around the binary of male and female: from uniforms and roll calls to seating plans, restrooms, and sports activities. The infrastructure itself becomes a constant reminder that trans identities are aberrations, not possibilities. Peer violence and bullying are rampant. Trans children are mocked for their mannerisms, clothes, voice, and names. Teachers, who ought to serve as allies and mentors, often participate in this violence, whether through ridicule, neglect, or forced erasure of identity. Many trans students are denied admission altogether, especially if their documents don't match their presentation. In other cases, students are forced to attend school under their assigned-at-birth gender, robbing them of the psychological safety to express themselves authentically. The classroom becomes a crucible of shame, isolation, and internalised trauma. And then there is the curriculum—a text deeply complicit in sustaining heteronormativity.⁷ School textbooks, across state and central boards, rarely mention LGBTQIA+ identities except as footnotes in moral science chapters or under disease-related contexts. Transgender histories, movements, or contributions to Indian society are glaringly absent. The curriculum not only denies visibility to trans persons but actively teaches cis-heteronormative conformity as the moral, natural order of things. There is no engagement with intersectionality, no acknowledgement of the layered marginalisation that Dalit, Muslim, Adivasi, or disabled trans children might face within these already exclusionary spaces.

Legal reforms, though significant, have been largely symbolic. The Right to Education Act, 2009—India's flagship legislation for universal schooling—remains silent on the inclusion of transgender and gender non-conforming children. Its gender provisions assume a cisgender binary and fail to mandate trans-inclusive policies in school enrolment, infrastructure, or curriculum⁸. The NALSA judgment of 2014 recognised the constitutional rights of transgender persons, but the directives around education remain under-implemented. Even the Transgender Persons (Protection of Rights) Act, 2019, which mandates the right to education without discrimination, offers no enforceable mechanisms or timelines.

⁶ Advocates for Justice & Human Rights, “International Commission of Jurists, “International Commission of Jurists Annual Report 2021” available at: <https://www.icj.org/wp-content/uploads/2022/11/FINAL-ICJ-ANNUAL-REPORT-2021.pdf> (last visited on: 17.04.2025)

⁷ Sangama and Aneka, *Access to Healthcare for Transgender Persons in Urban India*, (Bengaluru, 2017)

⁸ Arvind Narrain, *Queer: Despised Sexuality, Law and Social Change*, (Books for Change, 2004)

Administrative hurdles only deepen the crisis. Changing one's gender or name in school records- an essential step for many trans individuals- is often a bureaucratic nightmare, requiring multiple affidavits, psychiatric evaluations, and family approvals. Many school administrators are unaware of the procedures, while others actively obstruct the process. This not only dissuades trans persons from pursuing further education but also exposes them to continuous humiliation during entrance exams, document verification, and interviews. Higher education is equally unwelcoming. Universities rarely have gender-neutral hostels or grievance redressal bodies that can handle gender-based discrimination. Admission forms almost always offer only 'male' and 'female' as gender options, forcing trans applicants to either lie or be misgendered. State and central scholarships for transgender students exist mostly on paper. While several state governments have announced schemes to promote trans education, these are poorly publicised and even more poorly implemented. The lack of data collection on transgender students in schools and universities further invisibilises the community, making it difficult to design targeted interventions or allocate budgets. The UGC and CBSE, despite being apex bodies, have not issued binding guidelines on transgender inclusion, leaving educational institutions to operate in an ethical vacuum. What is required is not tokenism, but structural transformation. Awareness weeks, pride parades, or gender-sensitisation seminars, though helpful, are woefully inadequate without systemic change. Curriculum reform is essential. Indian textbooks must reflect the plural realities of gender and sexuality-not only to validate queer and trans students but to educate their peers.⁹ Educator training is non-negotiable. Teachers must undergo comprehensive modules on gender identity, intersectionality, and inclusive pedagogy. Infrastructure must evolve. Gender-neutral washrooms, flexible uniform policies, safe hostel spaces, and inclusive sports opportunities must become standard, not exceptional.

Moreover, anti-bullying laws must be introduced and enforced within educational institutions, with specific provisions addressing gender-based harassment. Counselling services should be expanded to provide mental health support tailored to the needs of LGBTQIA+ students. School Management Committees and Parent-Teacher Associations must be sensitised and actively involved in creating inclusive school environments. At the higher education level, universities must appoint Diversity and Inclusion Officers tasked with

⁹ Ratna Kapur, "Out of the Colonial Closet, But Still Thinking 'Inside the Box': Regulating 'Perversion' and the Role of Tolerance in Deradicalizing Rights," 2 (2) *NUJS Law Review* 381 (2007); available at: <https://nujslawreview.org/wp-content/uploads/2016/12/ratna-kapur.pdf> (last visited on: 14.04.2025)

ensuring that institutional policies respect and protect transgender students. Ultimately, education must not only tolerate diversity, but it must celebrate it. It must become a space where trans children can dream, thrive, and lead without fear or shame. The failure to provide such a space is not merely an educational failure- it is a constitutional one.

HEALTHCARE: THE POLITICS OF INVISIBILITY AND INSTITUTIONAL VIOLENCE

Suppose education marks the first systemic exclusion, and employment is the prolonged denial of economic agency. In that case, healthcare is where the transgender community in India faces the most visceral and life-threatening erasure- an erasure so complete that it often denies the very existence of transgender persons. It is not simply the absence of care that haunts this landscape; it is the active presence of structural violence, institutional neglect, and epistemic ignorance that transforms healthcare into a site of daily survival rather than holistic well-being. The medical system in India remains profoundly cisnormative, pathologising difference and erasing non-binary and transgender identities from both practice and pedagogy.¹⁰ The dominant framework of healthcare continues to be rooted in rigid, binary understandings of sex and gender, thereby rendering anyone outside this binary as an aberration, unworthy of serious clinical engagement, much less empathetic care. A landmark study conducted in 2017 by Sangama, a Bangalore-based rights organisation, revealed that more than 50% of transgender persons in urban India had experienced direct refusal of treatment from doctors simply because of their gender identity.¹¹ Such refusals are not only breaches of medical ethics; they are constitutional violations-of the right to life, dignity, equality, and non-discrimination as guaranteed under constitution¹². This institutional violence begins at the very base of medical education. MBBS, nursing, and allied health syllabi in India remain almost entirely silent on transgender health. There is minimal to no coverage of gender- affirming care, hormone replacement therapy, transition-related surgeries, or even the mental health vulnerabilities specific to trans persons. Medical students are never trained to approach a transgender patient with cultural humility or clinical

¹⁰ Nirantar Trust, *Gender in the Curriculum: An Analysis of Textbooks in India*, (New Delhi, 2016)

¹¹ Centre for Law and Policy Research, "Transgender Lives, Identity and Community in India: A Report on Transform 2022", available at: <https://clpr.org.in/blog/transgender-lives-identity-and-community-in-india-a-report-on-transform-2022/> (last visited on: 14.04.2025).

¹² See, Constitution of India, arts. 14, 15, 21

competence.¹³ Instead, they inherit a legacy of pathologisation, where transgender identity is still often framed as a disorder, a deviation, or worse, a behavioural anomaly. In clinical settings, this translates into ridicule, invasive questioning, humiliating examinations, or outright dismissal. Many trans persons report being subjected to irrelevant and deeply personal queries about their bodies, sex lives, or transitions, all couched in voyeuristic curiosity rather than medical necessity.

This erasure has grave consequences. For basic needs, such as STI screening, hormone therapy, or even flu treatment, trans persons are forced to navigate a system that is not only hostile but frequently dangerous. For gender-affirming procedures such as sex reassignment surgeries or facial feminisation surgeries, trans individuals often have no option but to turn to unregulated private clinics, where quality, hygiene, consent protocols, and postoperative care are shockingly inconsistent¹⁴. In the absence of public provisioning, these procedures are not only exorbitantly expensive but also fraught with legal, psychological, and physical risks. Those who can afford it may travel abroad, but they too return to a domestic healthcare system that offers no continuity of care, no post-surgical support, and no legal scaffolding to protect them. The Transgender Persons (Protection of Rights) Act, 2019, in its Section 15, places a legal obligation on the State to ensure access to healthcare for transgender persons, including separate HIV surveillance centres, sex reassignment surgery facilities, and coverage under health schemes. Yet, like many laws in India, implementation remains a ghost story, present on paper but invisible in practice.¹⁵ The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was amended in 2020 to include transgender persons and to cover transition-related procedures. Still, ground-level execution has been piecemeal at best. Awareness among healthcare workers, insurance agents, and transgender persons themselves remains abysmally low. The process for enrolment lacks clarity and is often marred by administrative ignorance and social stigma.

¹³ Shamayeta Bhattacharya, Debarchana Ghosh *et.al*, “Transgender Persons (Protection of Rights) Act’ of India: An Analysis of Substantive Access to Rights of a Transgender Community”, 14 (2) *Journal of Human Rights Practice* 676 (2022); available at: <https://doi.org/10.1093/jhuman/huac004> (last visited on: 17.04.2025)

¹⁴ Jayna Kothari “Trans Equality in India: Affirmation of the Right to Self- Determination of Gender” 13 (3) *NUJS Law Review* 549 (2020); available at: <https://nujlawreview.org/wp-content/uploads/2020/09/13-3-Kothari-Trans-Equality-in-India.pdf> (last visited on: 17.04.2025)

¹⁵ Rhea & Drishti Saraf, “The Implementation of Law in India,” available at: <https://www.jlstrjournal.in/the-implementation-of-law-in-india-by-rhea-and-drishti-saraf/> (last visited on: 17.04.2025)

What makes the healthcare crisis even more acute is the neglect of mental health, a domain already stigmatised in India but doubly so for transgender individuals. Studies globally, and in India, consistently show that transgender persons are at disproportionately higher risk of depression, anxiety, suicidal ideation, and post-traumatic stress disorder, owing to the cumulative impact of social ostracism, familial rejection, and institutional violence. Yet, India's mental health professionals are rarely trained to offer gender-affirming psychological care.¹⁶ Many trans persons seeking therapy are subjected to conversion attempts, religious moralising, or pathologisation, where their gender identity is viewed as a problem to be fixed rather than a reality to be affirmed. Even when therapists do not hold openly transphobic views, their lack of cultural competence and legal knowledge results in a dangerous form of negligence. In public hospitals, spaces meant to serve the most marginalised, there are almost no trans- inclusive wards, no sensitisation protocols for staff, and no grievance redressal mechanisms in case of discrimination. The physical environment is often unsafe, and administrative systems are not designed to recognise self-identified gender, thereby forcing trans persons to endure repeated instances of misgendering and bureaucratic violence. Insurance companies routinely reject claims related to transition procedures, labelling them 'cosmetic' or 'non-essential', despite overwhelming medical consensus that these procedures are vital to gender dysphoria treatment and mental health stabilisation. There exists no binding legal mandate to compel private hospitals or insurance firms to respect the healthcare rights of transgender individuals, leaving them vulnerable to unregulated discretion and exploitation.

CONCLUSION

The situation demands urgent, structural reform, not piecemeal policies or symbolic declarations. First, the medical education curriculum must be overhauled to integrate transgender health as a core component, not an elective or appendage. This includes training on hormonal and surgical transition care, inclusive sexual and reproductive health, and the legal rights of transgender patients. Second, national healthcare schemes must not only include transgender persons in theory but actively facilitate their participation through proactive outreach, simplified documentation, and targeted enrolment drives in collaboration with

¹⁶ International Commission of Jurists, "Living with Dignity: Sexual Orientation and Gender Identity-Based Human Rights Violations in Housing, Work, and Access to Public Spaces in India", International Commission of Jurists, (2019); *available at*: <https://ruralindiaonline.org/en/library/resource/living-with-dignity-sexual-orientation-and-gender-identity-based-human-rights-violations/> (last visited on: 17.04.2025)

community organisations.¹⁷ Transition-related care must be explicitly recognised as essential healthcare under both public and private insurance frameworks. Third, every public hospital must be mandated to develop trans-inclusive protocols, including the establishment of gender-neutral wards, sensitisation training for staff, grievance redressal cells, and the presence of counsellors trained in gender diversity. The government must establish state-wide centres of excellence for gender-affirming care that are regulated, affordable, and backed by public funds. Additionally, legal accountability mechanisms must be introduced to penalise discriminatory behaviour by healthcare providers and institutions, with provisions for both civil and criminal liabilities where harm is proven.¹⁸ Finally, there must be an epistemological shift in how the State, and society at large, understands health, not merely as the absence of disease, but as the presence of dignity, safety, and self-determination. The right to health is not a conditional right to be negotiated based on social acceptability; it is a fundamental right, and for transgender persons, it is time that this right is not merely recognised but realised in its fullest, most inclusive form.

¹⁷ United States Department of State, Bureau of Democracy, Human Rights and Labor, “Country Reports on Human Rights Practices for 2022”, *available at*: https://www.state.gov/wp-content/uploads/2023/03/415610_INDIA-2022-HUMAN-RIGHTS-REPORT.pdf (last visited on: 17.04.2025) 2022; *See also*, Ajay Singh Solanki, “India’s new law on the protection of rights of transgender persons”, *available at*: <https://www.ibanet.org/article/0F3AE21B-0170-4BF7-95DD-45B07EF1CAF6> (last visited on: 17.04.2025)

¹⁸ Akshat Agarwal & Dhvani Mehta, “Comments on the Draft Transgender Persons (Protection of Rights Rules, 2020”, *available at*: <https://vidhilegalpolicy.in/research/comments-on-the-transgender-persons-protection-of-rights-rules-2020/> (last visited on: 17.04.2025)