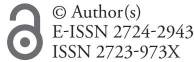

A Qualitative Exploration of the role of intersectionality in health disparities faced by Indian transgender persons

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Abstract

Transgender persons in India represent a minority and are subjected to varying levels of disparities, including those in health. These disparities for a transgender person are multi-axial and have a complex origin and manifestation that can only be assessed and explored through an intersectional lens where efforts are made to understand the collision of multiple and different identities and the role these identities play in a transgender person's life. This study aimed to explore the role of intersectionality in the health disparities as experienced by Indian transgender persons. Twelve transgender persons from rural, semi-rural, and urban residences were interviewed. The data was analysed through interpretative phenomenological inquiry. Following the same, five sub themes were emerged. 'Social and health disparities among Indian transgender persons' emerged as a group experiential theme in the analysis. The sub- themes were religion, place of residence, age, socio-economic status, and colour, which play a role in disparities of their physical as well as mental health treatment, henceforth resulting in the development of 'pervasive transphobia' in the Indian healthcare system as per the experiences lived by the participants. Following the findings of this study, we may assert that Indian transgender people perceive that they are disproportionately affected by health disparities. Henceforth, there is an urgency to unfold such disparities in health through the lens of intersectionality.

Keywords: Health Disparities, Indian, Transgender Persons, Intersectionality, Interpretative Phenomenological Analysis

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Introduction

The term "transgender" refers to "people whose gender presentation defies conventional ideas of what it means to be male or female. It can be further said that the term "transgender" is used to refer to a spectrum of people whose "gender identity and/ or gender role do not correspond to what is normally associated with the sex assigned to them at birth" (Levin et al., 2023; Singh et al., 2022). Transgender persons in India are in the minority and are subjected to varying levels of disparities, including health disparities. As per the last census of India, there are nearly 4.9 lakh transgender persons in India (Kikon 2022; Nagarajan, 2014). According to Indian law, human rights are protected against discrimination and equal rights are advocated by Section 377 and the Transgender Person's Bill of 2019 (Arvind et al., 2021; Chakrapani et al., 2021; Khatun, 2018). The decriminalisation of homosexuality has made it easier for transgender persons to be accepted in India, but the legislation still does not provide enough protection for them opposing stigma, which is pervasive in the homophobic Indian community (Bhattacharya & Ghosh, 2020; Pufahl et al., 2021). Due to the stigma associated with one's gender identity, the majority of Indian transgender persons experience strained and troubled family lives from their young age (Mondal et al., 2020; Prasad, 2016). Researchers have revealed that Indian families are the main source of their social support for the other two gender, but they are the primary sources of violence and abuse for transgender persons (Arvind et al., 2021; Fernandez & Gomathy, 2003). This group experiences prejudice at work, mental abuse, unemployment, and rejection from family. Most transgender persons lack formal schooling and are frequently exiled from their family at an early age. Consequently, they either live in small communities or independently outside the mainstream society. They are known for begging and dancing for earning their livelihood (Verma et al, 2023; Sarraf et al, 2022; Verma, Bharti & Singh, 2018).

They have limited access to public health facilities, are less likely to be insured, and are unable to afford health services similar to those of cisgender persons (Arvind et al., 2021; Chakrapani et al., 2021; Ganju & Saggurti, 2017; Mimiaga et al., 2015; Srivastava & Singh, 2015).

Health Disparities

Disparities in healthcare outcomes or access between various populations or groups are referred to as health disparities (Braveman, 2006). Disadvantages in the social, economic, and environmental domains are frequently linked to these disparities. Variations in the frequency of diseases, access to healthcare services, the standard of care received, and health outcomes are just a few ways that health disparities can appear (Braveman et al., 2011; Diez Roux, 2012; Golden & Oransky, 2019). It is duly noted that Indian transgender persons suffer more than the rest of the population from diseases (Bhalla and Agarwal, 2021; Bowling et al , 2016; Mayer et al., 2022; Shaikh et al., 2016). While the Supreme Court's decision against Section 377 was welcomed by the Transgender community as the first step towards achieving equal rights, and defence against discrimination, not much has been accomplished thus far to ensure that their human rights are fulfilled (Khatun, 2018). This community faces restricted access to public health facilities when compared to the heterosexual population in India. Transgender persons have specific healthcare needs and struggle with access barriers that should be addressed by public health systems (Mondal et al., 2020; Prasad, 2016). The ignorance of transgender persons among various stakeholders in mainstream society poses an everlasting impact on the quality of life and overall health of these minorities (Mays & Cochran, 2001). For Indian Transgender persons family rejection and violence can have detrimental effects on their physical and mental health, frequently resulting in severe despair, substance misuse, and involvement in numerous attempts at suicide (31% more than heterosexuals) and unprotected sexual encounters (Chakrapani et al., 2021; Ryan et al., 2009; Sartaj et al, 2021; Virupaksha, Muralidhar, & Ramakrishna et al., 2016). Non-suicidal self-injury (NSSI) has been present in 46.3% of transgender individuals throughout their lives, and 28.73% of them reported doing so at the moment (Saraswathi & Praveen, 2015). Members of this community are more likely to have serious illnesses like the Human Immunodeficiency Virus (HIV) or acquired immunodeficiency syndrome (AIDS) in addition to common health problems. Data through various researches suggests that the prevalence of HIV/AIDS in India's transgender community is 26 times higher than in the general population (Shaikh et al., 2016; World Health Organisation 2013). Studies havecontended that stigma and violence are linked to this high rate of HIV vulnerability (Chakrapani et al., 2020; Shaw & Hunter, 2012). A latest study on health revealed that this population has poor bone health as well (Dixit et al, 2023).

Health disparities among Indian transgender persons are particularly important to monitor and study given the discrimination, prejudice, and stereotyping they face in the Indian society (Arvind et al., 2021; Chakrapani et al., 2021; Khatun, 2018; Pandya, and Redcay, 2021). They flee their families out of fear of rejection from their parents; this raises their risk of loneliness and poverty (Pisani et al., 2004). Along with facing several legal, cultural, social, and economic challenges, this group is also the subject of harassment and violence (Boyce, 2012; Saraswathi & Praveen, 2015). Lack of access to healthcare facilities and loss of means of subsistence have been caused by poverty and economic marginalisation among them. In addition to these, the community's gender discrimination, especially in the hospitals, is a saddening situation. As a result, 20% of the transgender population has unmet special healthcare needs (Chettair, 2015; Khan, 2009). Among them, transgender women are more visible than transgender men in Indian society; henceforth, they are at higher risk for health disparities. For Indian transgender persons as the pathways to access general healthcare are tough for them, the access to gender affirming services are tougher.

Intersectionality

Intersectionality is seen as a theoretical framework that enables researchers to account for mutually constitutive and multidimensional categories simultaneously, which allows them to better understand health disparities. On the complexity of

oppression, Crenshaw first coined the term intersectionality, which illustrated that there is a shift within the social categories of race and gender when analytical thinking about relationships is concerned (Crenshaw, 1989; 1991). The theory of intersectionality demonstrates that much oppression is created mutually, and they constitute one another to develop a deep-rooted matrix of power that is actively maintained by the complexity of social and institutional systems (Collins, 2016; Dhamoon, 2011). However, transgender activists were focusing on how to seek justice through the multi-axial analysis of intersectional resistance, which focuses on racialized-gendered violence that is perpetuated by disrupting institutional systems (Spade, 2013).

Health and intersectionality

Literature suggests that intersectionality is an approach that recognises how different social identities interact to create unique experiences of oppression and privilege (Baudh, 2021). In healthcare, intersectionality can be applied to better understand how social identities impact health outcomes and experiences. Scholars are now focusing on using an intersectional lens in healthcare. It is also evident from the literature review that intersectionality can be applied in healthcare (Kapilashrami and Hankivsky, 2018; Parray et al., 2022). Recent research uses the concept of intersectionality and its importance in public health. An article by Mishra and Pandya (2022) emphasises the need to understand how multiple identities can interact to shape health outcomes and how this understanding can inform public health policies and interventions. They provide examples of how intersectionality can be applied in various areas of public health, such as maternal health, mental health, and infectious disease control. The article also highlighted the challenges in applying intersectionality in public health, including the need for more data and research that takes into account the intersectionality of different identities.

There is literature that suggests that disparities along third gender have been a strong predictive factor of physiologic, behavioural, and psychosocial risk factors (Pandya and Redcay, 2022; Arvind et al., 2021; Chakrapani et al., 2021; Ganju & Saggurti, 2017; Mimiaga et al., 2015; Srivastava & Singh, 2015). However, these disparities could be minimised if the concept of equity in health is understood (Burgess et al., 2021; Braveman, 2006). The researchers are exploring why health disparities along social categories are particularly important to monitor and study given the differential distribution of health (Cummings and Jackson, 2008).

Significance of this study

Scholars have noted that disparities in an individual's health cannot be appropriately understood by exploring only one of the social categories that they occupy in their lifespan (Williams et al., 2012). Schulz and Mullings (2006) have explored the application of intersectionality to explore the association of health conditions with social identities and understood the impact of social categories on health. Having this background, although there is nascent literature available regarding the health disparities of transgender persons, in public health such work seems to be mounting (Burgess, 2021; Pandya and Redcay, 2022; Bowleg, 2012; Brown, Angela, & Adkins, 2012). Researchers are inclined to believe that it is indispensable to study the simultaneous effect of social categories on health; thus, an exploration using intersectionality could be useful for the same. In the same realm, adding more to the existing literature and exploring new insights into such disparities, the present study aspires to examine the role of intersectionality in health disparities faced by Indian transgender persons. Henceforth, the goal of the paper is to explore the role of intersectionality in the health disparities faced by Indian transgender persons.

Methodology

In this section of the article, we have further categorised the method into research design, participants, researcher positionalities, sampling technique, data collection tool, data collection procedure, and data analysis framework.

Research Design:

This study progresses through a qualitative research design. Lived experiences are often complex and, to some extent, unique to the individual in question. Keeping this in mind, to fully grasp the health disparities faced by transgender persons and what they have gone through, this research adopted a qualitative approach. We used interpretative phenomenological analysis (IPA) in this study for systematic exploration, where we were able to provide a close picture of the participants' disparities in health and associated factors (Smith, Flowers, & Larkin, 2009). IPA elicits an in-depth understanding of the personal and subjective meaning of the individual's personal experiences in various domains of life (Wedlock, 2016).

Participants

Twelve transgender persons (3 transgender men and 9 transgender women) from urban or rural geographical locations were interviewed. The participants hail from different geographic regions of India.

Researchers' positionalities

The first author identifies herself as an Indian woman. The second author identifies himself as an Indian man. The first researcher has previous training with transgender persons when she was an intern with National Institute of Social Defence, Ministry of Social Defence and Empowerment, Government of India. She has also completed a course on the *'Basics of Transgender Issues'* offered under Training for Augmenting Productivity and Services by the ministry itself. This is her thesis work that she has written this article on. Both the authors have done qualitative analysis previously. The first author has gained analysis guidance in Interpretative phenomenological analysis.

Sampling Technique

Purposive sampling was done for this study. The participants were reached through the process of snowball sampling. The first seed for sampling was contacted out in a training of transgender persons organised by the National Institute of Social Defence, Ministry of Social Defence and Empowerment, Government of India, where the first author was an intern at the time and was conceptualising the study.

Data Collection Procedure

Twelve transgender persons (3 Transgender men, and 9 Transgender women) from urban or rural geographical locations were interviewed. To understand this inequity in detail, semi-structured interviews were conducted considering the intersectionality framework in mind. The interview schedule constitutes the non-directive, open-ended questions that are prepared beforehand. The interviews were conducted face-to-face, one-to-one, either in private or through the telephone, and each lasted at least 45 minutes (Smith & Osborn, 2008).

Data Collection Tool

An in-depth interview guide was prepared by the first author after her thorough observation while working with Indian transgender persons. Later, the interview guide was assessed by the second author before the study was conducted. The interview guide comprises the non-directive, open-ended questions that are prepared beforehand. *What does it mean to you to be a transgender?, Walk me through your experience transitioning from male to female or vice versa. Do you have access to adequate medical health care in your place of residence? Do you normally go to the doctor for regular medical check-ups? Have you ever felt or seen denial of healthcare due to gender identity?* Questions like these were asked in the interview to collect true narratives. Though the aim was to collect true and unique narratives, probes were used as and when required during the interview. The interviews were conducted face-to-face, one-to-one, either in private or through the telephone, and each lasted at least 45 minutes.

Data Analysis Framework

The conceptual framework of Interpretative Phenomenological Analysis (IPA) is rooted in phenomenology and hermeneutics. Phenomenology is a philosophical approach that focuses on the subjective experiences of individuals, while hermeneutics is concerned with the interpretation of meaning. As described in the research design section above, IPA aims to explore the meaning that individuals attribute to their lived experiences through a detailed and nuanced analysis of their accounts.
IPA assumes that individuals interpret their experiences based on their unique background, context, and culture. Therefore, IPA emphasises the importance of studying individuals' experiences in their own words and contexts. The approach involves collecting data through in-depth interviews and then analysing the transcripts to identify patterns and themes. IPA involves a cyclical process of reading and re-reading the data, identifying patterns and themes, and developing an interpretive account of the experience (Smith and Nizza, 2022; Smith, Flowers, & Larkin, 2021). In this study, we have analysed the data by first making subthemes and later converging them into a broader group experiential theme, which was earlier called a major theme (Smith and Nizza, 2022).

IPA is a flexible and iterative approach that allows for the exploration of the complexities and nuances of individuals' experiences. The focus is on understanding the meaning that individuals attribute to their experiences rather than generalising findings to a larger population. In IPA, the aim usually is to find out how participants make sense of their experiences rather than comment more broadly and concretely about what 'is' the case. Therefore, IPA was well-suited for this research.

Data analysis

All the recorded interviews were transcribed. Transcripts of the interviews were prepared and analysed. Later, the analysis followed a step-wise progression, where at first, researchers' read the transcripts many times to get a deeper understanding of the experiences as described by the participants. Next, we attempted to draw a conceptual framework from the collected narratives to identify emergent themes or sub themes. Further, we converged these sub-themes into a major theme which we called as group experiential theme under which subthemes

Tab. 1. Demographic Characteristics of the study participants.

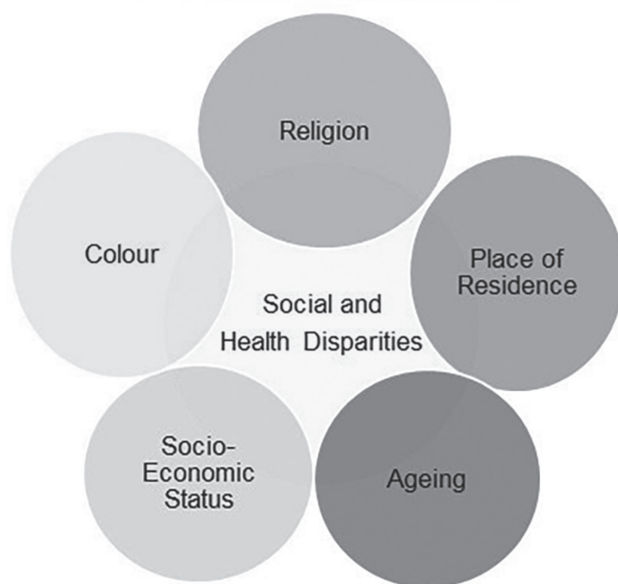
Participant Code	Pseudonym	Self-identified gender identity	Age	Place of Residence
Participant 1	Kanti	Transgender Woman	37 years	Urban
Participant 2	Sumit	Transgender Man	44 years	Urban
Participant 3	Nirma	Transgender Woman	32 years	Rural
Participant 4	Noor	Transgender Woman	42 years	Urban
Participant 5	Priya	Transgender Woman	27 years	Urban
Participant 6	Sunita	Transgender Woman	43 years	Urban
Participant 7	Naman	Transgender Man	29 years	Rural
Participant 8	Zuber	Transgender Man	32 years	Rural
Participant 9	Maya	Transgender Woman	40 years	Urban
Participant 10	Vimla	Transgender Woman	36 years	Rural
Participant 11	Paridhi	Transgender Woman	28 years	Urban
Participant 12	Suman	Transgender Woman	53 years	Rural

were incorporated (Smith and Nizza, 2022; Smith, Flowers, & Larkin, 2021; Smith & Osborn, 2008). Here, the first analysis was done by the first author. The second analysis was done by the second author, and in later meetings after reaching a consensus both the authors agreed on the analysis they have finalised for the aim of the study. The demographic characteristics of the participants are given in Table 1.

Findings & Analysis

Public health researchers are trying to uncover health disparities encompassing individuals in society. This would be valid for transgender persons who, as gender minorities, experience several issues that are unique to them, and their felt disparities have not been uncovered so far. So, the following section tries to present the in-depth findings of this study. The group experiential theme was *Social and Health Disparities Experienced by Indian Transgender Persons***,** which was formed after compiling all the related subthemes while analysing the data. In Figure 1, we have illustrated the group experiential theme along with its related sub-themes. In the following section, we have presented these subthemes with their relevant narratives, which highlight the experiences of health disparities as felt by Indian transgender persons.

Fig. 1. Illustrative diagram of Group experiential theme with its related sub-themes.



Sub-theme 1: Religion

Within the Indian setting, religion comprises a wide range of thousands of years-old beliefs, customs, and practises. India is well-known for the diverse range of religions it practises, all of which contribute to the social and cultural fabric of the nation. In the analysis Participants here have highlighted the role of religion being played in their health experiences, for instance,

"I am lower middle class if you ask, sex-working and dancing give me something in hand but that handful of money doesn't suffice all my health needs. I should not say that even my job as a sex worker makes me more prone to serious health conditions, but my condition economically asks me to work as a sex worker. Else what I will do? My work stopped during covid times I know there I realised the value of education. I have asked to dropped out in 6thclass then, now am uneducated who would give me work? From where the food would come? Dear, it is important to live not to live healthily. Society clearly disdain me by saying I am black spot on them, as in Islam they say I am bad, this is not allowed. I have threatened a lot of times by the community people where I used to live, now I have switched my place due to the same. The religion I practise doesn't permits me or say had become a problem then to live in that particular society" (Noor, 42, Transgender Woman, Urban).

There are participants, who emphasise how Hinduism has the role of religion in health experiences. For example,

"My religion saved me when I fall sick. I am a Hindu I pray to Lord Krishna every time I fall sick and every time I get well. I self-medicate myself as I know what happens in hospitals with 'us' and then I pray and worship him more. I go and read Bhagwad Gita at a quiet place, many sections of the text where lord says to Arjuna this is a battle and you have to win. So, I see my sickness as a battle and me as Arjuna and lord as my religion which helps me in bad time" (Sunita, 27, Transgender Woman, Urban).

Analysis of the sub-theme:

This sub-theme is analysed after going through the transcriptions and experiential statements that outline the role of religion in the health disparity experiences of Indian transgender persons. The participants described the economic and health challenges they face under this sub-theme, the role of education, and the impact of societal discrimination and religious stigma on their living situation. Even they said that socioeconomic status, sex work, and dancing are essential for economic survival, and they recognised the health risks associated with these activities. Each participant divulges the stigmatisation they face from society, including community threats, leading to a change in their place of residence. They have here asserted on the religious aspect, where their chosen religion created problems for them within their previous community, reinforcing the societal prejudice they encountered. The analysis also reveals that Indian transgender persons who have Hindu faith, specifically devotion to Lord Krishna, are in their coping mechanisms during periods of illness. A few participants experience illness as a personal battle, drawing parallels with the teachings of the Bhagwad Gita. The analysis of data emphasise the participant's commitment with religious practices and texts to find strength and resilience. The participants have mentioned a preference for self-medication, expressing a level of distrust they have towards hospitals and healthcare systems. We have seen participants' perspectives on healthcare practices and the choices they make in managing their health.

Sub-theme 2: Place of Residence

The location where an individual, family, or group resides is referred to as their "place of residence". People often call

their physical address or place of residence home. Participants in our analysis have experiences of residence related to the disparities of health they have been experiencing, here are a few examples of the experiential statements to substantiate this sub theme,

"Where you live matters. When you fall sick it is better understood that one should live near such facilities but not every can afford good localities with hospitals. I remember I accidently cut my fore finger with a scissor, there was no clinic nearby or hospital back then, so I got no help. Dada (owner of the house) gave his old handkerchief to stop the blood. Injection was given a day later. We have to keep ourselves in good health as it would be difficult for us to get any medical aid easily I have heard they don't treat us nicely there so most times I self-medicate or ask a nearby pharmacist or ask other sisters what to take. I think if I would be living in the city in more developed place I would not be speaking all this" (Sumit, 44, Transgender man, Urban).

Similarly, participants have also highlighted the need of experienced doctor not found near their locality for surgeries, for instance,

"The locality in my village had no hospital for a very simple sickness also we need to go to 15 kms away at a hospital. At the time of my surgery (sex change) I went there. The doctor there knows nothing about it. Then I need to go to Tamil Nadu to get that surgery done. We need in our society more trained doctors for this surgery and they should be available at rural places also, otherwise this living place would always be a problem for our health" (Nirma, 32, Transgender Woman, Rural).

Analysis of the sub-theme

The analysis of this sub-theme described the challenges faced by the participants residing in areas with limited access to healthcare. The analysis was seen experiences emphasizing the absence of nearby clinics or hospitals and the financial constraints that hinder access to well-established medical facilities. There are narratives which suggest a delayed response to the injury, as immediate medical assistance was not readily available, leading to makeshift measures such as using a handkerchief to stop bleeding. The participants were seen hinting at a perceived lack of kindness in medical treatment, contributing to a reluctance to seek professional help. The reliance on self-medication, advice from pharmacists, and consulting others for health decisions suggest us the coping strategies in the absence of easily accessible healthcare services. The analysis also suggests that living in a more developed urban setting would likely provide better access to medical facilities and a higher standard of care, mitigating the need for improvised measures and highlighting the significance of addressing healthcare disparities in less developed areas.

Participants were seen describing the need for more trained doctors in rural areas, specifically for specialized surgeries, emphasizing the importance of making such healthcare services more accessible. The analysis further suggest that these experiences of participants may be stressing the need for a more comprehensive and inclusive healthcare system in rural settings.

Sub-theme 3: Ageing

Age is an indispensable factor in a life span that is ever-growing and one develops as one grows in age. Participants here have highlighted the role of age has played in the disparities in their health,

"If we find early in age what we are, get support from family in our come-out phase, then we would go through SRS in the early phase of life, the healing from that surgery would be easier, madam it is a lot of pain, age is not only a number, it is a lot, I suppose. As far as I recall whenever I decide to visit a doctor for any of my illnesses what they will do first they will judge me for who I am and then they have a set reply for me, you have such age, this would be difficult for you, age is judged as well"(Maya, 40, Transgender Woman, Urban).

Similarly, participants were having insights that with aging and as time passes by their mental health of theirs is impacted due to being who they are,

"I believe, depression in us develops with age, that till now never spoke to someone about who we are, and now we have to tell if the society would be acceptable at least this depression could be lowered which layers up time over time, it is easy to cope with things early in life, maybe." (Naman, 29, Transgender Man, Rural).

Analysis of the sub-theme

The analysis of this sub theme suggested us that participants discussed the importance of early self-discovery and family support in the transgender journey. They emphasize that if individuals can identify their gender identity early and receive support during the coming-out phase, they may undergo Gender Confirmation Surgery (SRS) at an earlier age. The participants have believed that early SRS could lead to easier healing, emphasizing the perceived challenges of age-related judgments when seeking medical care. The analysis also suggests the challenges of age-related judgments in medical contexts. The analysis also described the positive outcomes associated with early self-discovery and support during the coming-out phase. It is seen that the participant expressed their frustration with the perceived judgments based on age when seeking medical care. The narratives are suggestive of experiences of participants with the healthcare professionals making assumptions about the feasibility of certain procedures or treatments based on age, adding a layer of complexity to their healthcare journey.

Sub-theme 4: Socio-Economic Status

A person's or a family's socioeconomic status (SES) is a measure of their social and economic standing in a community. It is a system for grouping individuals or families based on several factors. The relative status of an individual or a group in terms of their social and financial well-being is commonly ascertained using SES. For an understanding of health concerning socio-economic status participants experiences are suggestive of instances like,

"Talking about economic conditions (Arthik stithi in hindi), which economic conditions are we talking about? Do we have any?

We are rich or poor on a daily basis. When I have to work in the evening after 6:30 I have a good client sometimes I am rich, or suppose there is a child born nearby and they have given handsome money I am rich then, the next day I am poor. You think at your own end, if I were a boy or a girl in this country I know it would be challenging for girl but not now a days, but won't it be easier for these genders to continue education? Won't it be easier to find a job, find a partner? To have a family, to be someones'son or daughter for life? Fighting on a daily basis for bread, clothes and house (roti kapda makaan in hindi) troubles us daily, the challenge was worsen in COVID though. Being a transgender in India is a task in itself, but I have listened to my mind always, I know I am out of the trap of either being a boy or girl but that being either of them would have brought stability in life, there would be less or no challenges if I haven't accepted my feeling and continued to being a boy". (Kanti, 37, Transgender Woman, Urban).

"I am coming from a lower background, so we never had enough resources. My father is a mason, and my mother is a housewife, with four sons, one daughter, and one me. So, it is hard coming from this background and having enough money for healthcare. I am glad that government has policies to cover my health expense up to a certain limit". (Priya, 27, Transgender Woman, Urban).

Analysis of the sub-theme

The analysis of this sub theme suggested us that participants discussed the about their upbringing, which included having few resources and a lower social standing. The participants felt thankful the government for providing health insurance policies that cover their medical costs up to a predetermined amount. In this sub theme the participants have talked about their family's financial hardships. The greater socioeconomic difficulties that people from lower-income households frequently encounter are described in this sub theme. We have seen that here, participants have discuss how their gender identity and economic circumstances intersect. In this sub theme we have also seen the challenges and opportunities for the participants when it comes to social acceptance and economic stability. The participants stressed that their financial circumstances are dynamic, highlighting how wealth and poverty fluctuate on a daily basis. We believe from the analysis that understanding the economic challenges and opportunities faced by transgender individuals is crucial for designing inclusive policies and support systems.

Sub-theme 5: Colour

Colourism is a type of prejudice or discrimination against members of a specific racial or ethnic group on the basis of their skin tone or colour. Colourism focuses on disparities in skin tone. Because of this bias, those with lighter skin tones are frequently given preference or treated better than people with darker skin tones. Under the sub- theme 'colour', participants asserted disparities related to health. Participants narrated that they have been told that dark colours should not bother for skin diseases, for instance,

"I am glad you asked about the obstacles, for instance, I will tell you I remember once going to a health camp in my locality, I was having some disease of the skin, and the worker there asked me that do I get bothered by the skin. You are dark, your colour overpowers everything. Got no check-up that day still remember (burst into laughter)". Vimla, 36, Transgender Woman, Rural.

Similarly, a few asserted that they remember being told that fair skin requires no treatment,

"I went to the doctor the other day, having some white spots on my face, he said, no one would look at you anyway, why get these treated also you are fair in colour so these spots won't even look bad. He did not write any prescription for that to me". Suman, 53, Transgender Woman, Rural.

Analysis of the sub-theme

Here, the participants have suggested the potential role they have felt of colourism in the health disparities they were countering. Participants have upsetting experiences with the health care professionals. They felt that doctors demistatred them lack of empathy which has a potential role in the healthcare inequities they experience. They here also have discussed how their transgender identity is intersectional and how prejudices in society might affect their ability to get high-quality medical care. They have also described that their mental health may be significantly impacted by such interactions. Reluctance to seek medical attention in the future and sentiments of marginalisation might be exacerbated by dismissive attitudes from healthcare personnel. This analysis might suggest that these experiences of the participants with such remarks the question of whether transgender person discrimination underlies the dismissal, exacerbating healthcare inequities.

Composite Discussion

Health disparities among Indian transgender persons are particularly important to monitor and study given the discrimination, prejudice, and stereotyping they are in Indian society (Bhalla and Agarwal, 2021; Mayer et al., 2022; Pandya and Redcay, 2021). The goal of our study was to explore the role of intersectionality in health disparities among Indian transgender persons. The findings suggest that different categories attached to a transgender individual play a role in the disparities in health in their lifetime.

Our findings suggest that religion plays a role in the health disparities Indian transgender people experience. The findings can be backed by the findings of previous research in the west, where the researchers have explored the aggravating role of religion in the intersection of transgender health (Ghazzawi et al., 2020; Hafeez et al., 2017; Hill, 2013; Kidd and Witten, 2013; Lekwauwa, Funaro, and Doolittle, 2023; Scott et al., 2021). A study by Alessi et al (2021) suggested that persons from gender and sexual minorities grew up in environments where religious principles promotes hetero- and cisnormativity. Many of the trans persons internalise these principles and henceforth they experience the feelings of shame, self-blame, and even ideation of suicides. However, some participants in their study

found strength and solace in their faith, and were able to adapt their religious practices to reconcile their faith and sexual or gender identities and these results also back up our findings of this sub theme. Similarly, Rosati et al (2021) suggested that religion as a protective factor for gender affirmation. Their study highlighted the importance of considering the role of religion in the lives of transgender refugees and the potential for religious coping strategies to support their wellbeing and positive identity development. Moreover, our findings also go in line with the previous findings of researchers regarding the role of residence or their locality on account of health disparities they encounter. Such studies suggested the intersection of place of residence and health among transgender persons, which is one of the subthemes that emerged in our analysis (Bukowski et al., 2017; Davies, Lewis, and Moon, 2018; Gonzales and Henning-Smith, 2017; Lindroth, 2016; Renner et al., 2021; White Hughto et al., 2016).

As age is seen as one of the factors that play a role in health disparities, this is in line with the previous findings of researchers, where age is seen as a determining factor of health disparity among transgender persons (Bowleg, 2012; Hash and Weirich, 2020; Webster, Thoroughgood, and Sawyer, 2018). Likewise, socioeconomic status can be seen as a detrimental factor playing a significant role in the health disparities of Indian transgender persons. The findings of this research are in line with previous findings where researchers have asserted that socioeconomic status impacts the health of transgender persons (Damaskos et al., 2018; Shangani et al., 2020).

Similarly, colour is seen to be playing a decisive role in the study. Again, this is supported by the previous findings of Marcellin, Bauer, and Scheim (2013), also in the study by Gordon in 2016 and recently by Jones (2021), where these researchers found the colour of transgender persons plays a role in disparities experienced by them.

The results of this study, which are in line with previous literature about how the intersection of different categories of one's identity impacts health, also outline transphobia. The experiences of participants suggest that 'Pervasive Transphobia' can be seen in healthcare professionals as per the narratives of Indian transgender persons. Their experiences suggest that these professionals have an aversion to and discomfort around Indian transgender persons (Beattie et al., 2012; Chakrapani, Newman, et al., 2017; DiPrete, 2014; Ganju & Saggurti, 2017; Pina et al., 2015). The majority of participants shared that they had experienced such aversion from healthcare professionals towards certain health needs.

Furthermore, in our study, the experiences suggest that lack of knowledge and sensitivity regarding this community, non-acceptance from family, partners or peers, and other members of society are important factors that impact their physical, psychological, and overall health- (Schmitz, Robinson, & Sanchez, 2020). The analysis also suggested the role of intersectionality in the disparity of health, as different identities of Indian transgender persons play a role in their experience of health disparities. It is seen from our analysis that religion, place of residence, age, SES, and colour play a role in disparities in their physical as well as mental health treatment (Arvind et al., 2021; Azhar, 2018; Prasad, 2016; Saha et al., 2015; Satpathy, 2015). These multiple identities play a crucial role in the health disparities experienced by Indian transgender persons and therefore provide evidence of their intersection playing a role in the health disparities. Henceforth, these different dimensions might result in the development of 'pervasive transphobia' in the Indian healthcare system.

Our study also suggests that Indian transgender persons believe that they face discrimination and stigma in healthcare settings, leading to disparities in access to care and negative health outcomes. The conceptual framework of intersectionality as seen through analysis explores that an intersectional approach to healthcare would recognise and address these barriers to ensure equitable care. This could involve training healthcare providers to understand how different social identities intersect and how to provide care that is sensitive to these intersections. Additionally, an intersectional approach to healthcare could involve collecting data on patients' social identities to better understand the impact of these factors on health outcomes. By applying an intersectional lens to healthcare, stakeholders can work towards a more equitable and inclusive healthcare system that meets the diverse needs of all patients.

Contextually, with a backup of our current findings, it can be suggested that Indian transgender people are disproportionately affected by health disparities as per their lived experiences. The vocalised desire of scholars and researchers regarding health disparities faced by transgender persons can be addressed by the application of intersectionality, where simultaneously the multiple identities of an individual are taken into consideration. It is seen that through the lens of intersectionality, the relationships between the health domains and social positions can be explained (Raj and Juned, 2022; Warner and Brown, 2011) that go beyond the additive and multiplicative relationships. We believe that there is an urgency to unfold such disparities in health through the lens of intersectionality.

Limitations and future implications

We acknowledge that this research may be endowed with certain limitations. The sample size for the present study was only restricted to 12. But as we analysed the data through IPA, the smaller the size, the richer the findings. Furthermore, the generalizability of the findings cannot be determined until the study goes through triangulation. However, the results of the study have important implications in terms of providing an intersectional lens for understanding the health-related experiences of Indian transgender persons. As per our understanding, this study would be useful in public health policies and planning health interventions for these Indian minorities. The present study increases our understanding of the health disparities among Indian transgender persons and opens the quest to systematically record the disparities in the health of transgender persons through the lens of intersectionality.

Ethical approval

The procedures stated in the Helsinki Declaration (General Assembly of the World Medical Association, 2014) was followed. Informed consent was obtained from all participants.

Data availability statement
The data collected and analysed during the current study can be obtained from the corresponding author on a valid request.

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Authors' contribution
HK, and TS conceptualized and prepared study protocols. HK collected data, conducted initial data analysis, and wrote the first draft. TS reviewed and commented on the draft manuscript. HK, and TS contributed to the preparation of the final draft. Both the authors contributed to the article and approved the finally submitted version.

Conflict of interest
We have no known conflict of interest to disclose.

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