ISOC 1

Indian Standards of Care

Indian Standards of Care for Persons with Gender Incongruence and People with differences in Sexual Development/Orientation

INDIAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

JAMIA HAMDARD

Association for Transgender Health in India

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Preface

Why Indian Standards of Care?

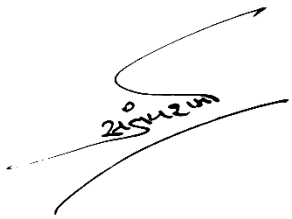
Gender for "humans" is more a matter of the "Being" rather than the "Body". It is perception of "Who am I?" arising as a result of neural connections made in the biochemical milieu during early development, shaped by environmental influences. It is the pedestal on which the construct of "I" stands. It is an outcome of who one identifies as, the "my kind", prompted by the "cues" others around them provide, the "who, the person is expected to be", based on their own perception of "who, the person in question is". A mismatch of the perception of others with that of the individual is what is termed as Gender Incongruence. The degree of incongruence is propagated by the perception and behavior of the majority in the environment, magnified by their degree of acceptance of diversity which is deeply rooted in the culture and societal norms of the place that the individual belongs to. It has been unequivocally endorsed by the strength of scientific evidence that favorable outcome is directly proportional to the resilience shown by the immediate family and willingness of the care-providers to help the individual navigate the societal hurdles. The task is compounded by the binary viewpoint and poor understanding of the "Transgender Experience" by the agencies, entrusted with the task of giving succor. To make matters worse the majority of the transgender persons have poor health-seeking behaviour as a result of the judgmental attitude of the care providers. The misinformed impressionable "client" is drawn to "Procedures" being offered in an unethical covert manner to a privileged few who can afford the high costs. The nonexistence of Indian Standards of Care and nonadherence to existing protocols in the above situation caused more harm than good, hence necessitating the development of Standards of Care which are both current and Indian in content and context for addressing the needs of the persons with Gender Incongruence and people with differences in sexual development /orientation.

The seed for "ISOC-1: Indian Standards of Care for persons with Gender Incongruence and people with differences in sexual development /orientation" was planted by the "Association for Transgender Health in India (ATHI)" in its first International Conference on Transgender Healthcare, IPATHCON 2019, organized in collaboration with Jamia Hamdard deemed to be university, at New Delhi, on the 1st and 2nd November 2019, wherein more than 200 professionals from various specialties and subspecialities, both from the medical and social sciences, working in the field of Transgender Healthcare came together on a single platform to share their academic and clinical experiences and interacted with members of the community in order to understand and address their felt needs. Enriched by the collective experience and encouraged by the success of IPATHCON 2019, a core group of professionals, allies and community members, cutting across various specialties, took on the onerous task of revisiting the rich heritage of the Indian culture which has celebrated and worshipped diversity, reviewing the existing guidelines and current medical evidence, brainstorming with policy makers to curate the best. It is indeed a result of their hard work that we announce with a resounding "Yes" on the 1st of November 2020, the release of benchmark document ISOC-1 to the medical fraternity during the IPATHCON 2020 aptly themed "Indian Standards of Care, are we there?"

The ISOC-1 endorses the progressive view of WHO which has de-pathologized Gender Incongruence and seeks to fill the lacunae in Transgender Healthcare by formulating best practices which are in sync with the globally accepted Standards of Care published by WPATH, SOC 7 and based on the emerging evidence that conflict arising as a result of incongruity between assigned sex and desired gender magnifies dysphoria and non-resolution may further distort psychosocial development compounded by the insensitive callous attitude of the cisgender majority, perpetuating an environment of mistrust and intolerance forcing the gender incongruent person to further harm at the hands of unscrupulous professionals who peddle pseudo-scientific 'quick fix' procedures.

ISOC-1 is a proponent of Affirmative Care, favoring early recognition of gender incongruity, provisioning of a gender-sensitive environment for psychosocial development and early access to Healthcare services stressing the need for adopting a multipronged proactive approach for the management of gender incongruence. The ISOC-1 aspires to be the base document for addressing the stakeholders' felt-need to acquire and share knowledge, facilitate the delivery of multispecialty Healthcare, empower through advocacy and implement legislation. It presses for a holistic public health approach to be adopted by all agencies, both Governmental and Non-Governmental, working to ensure equity in the delivery of Healthcare and mandates that existing policies be reworked to address the cause rather than manage the outcomes.

ISOC-1 seeks to be a dynamic document, constantly evolving and stimulating the professionals working in the field of Transgender Health, educationists, academicians, social workers, and community members to step out of their silos, interact with each other, undertake research and share their experiences to improve the successive editions of the Indian Standards of Care, making it a benchmark document for providing holistic and affordable Healthcare to all human forms irrespective of their self-affirmed gender identity or sexual orientation, harnessing the time tested strengths and expertise of the various national and international agencies working with or assisting the government to provide Social Justice and Health for All, laying the foundation of an all-inclusive society, wherein, all forms of gender identity and expression are nurtured and celebrated, where, new abilities emerging as a result of scientific progress permit all form of the human to live in harmony with dignity, embracing diversity and enjoying equal rights and privileges, as bestowed by the constitution.



Air Cmde (Dr) Sanjay Sharma (Retd)
CEO & Managing Director
Association for Transgender Health in India

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GENDER AFFIRMATIVE CARE: PEDIATRICS

Indian Standards of Care for Gender Incongruent Children and Adolescents

Contributing Authors

Dr Sanjiv Kumar, MD (Pediatrics), President, Indian Academy of Pediatrics, U P State, Life member iPATH, Director, RUSA Medical Centre, Aligarh
E-mail: drsanjiv.kumar@gmail.com

Dr Sanjay Kalra MD DM President, Endocrine Society of India; Consultant Endocrinologist, BRIDE Hospital, Karnal, Haryana and Visiting Professor, AIIMS, Rishikesh, Uttarakhand
E-mail: brideknl@gmail.com

Dr Mohan T Shenoy MD DM Consultant Endocrinologist, Sree Gokulam medical college and research foundation, Venjaramoodu, Trivandrum, Kerala
E-mail: drmohanshenoy@gmail.com

Dr Ashok Kumar MD DM Consultant Endocrinologist, KHIMS hospitals, Khammam, Telengana
E-mail: ashoka08@gmail.com

Dr M N Satyavani MD DM Consultant Endocrinologist, Dr Satyavani's Diabetes, Thyroid and Endocrine centre, Saroornagar, Hyderabad, Telengana
E-mail: drvsrm@gmail.com

Dr Vineetha K Ramdas Nayak MD, Diploma in Bioethics (HAIFAA), Assistant Professor, Department of Physiology, K S Hegde Medical Academy, Nitte Deemed to be University, Mangaluru, Karnataka
E-mail: drvinu1986@gmail.com

Introduction

Gender perception of a person is something which is very personal. The conventional orthodox thinking that gender is a binary entity is very far from the actual concept of gender. Being trans or gender diverse is a part of the natural spectrum of biological human neurodiversity in the dimension of one's perception of maleness or femaleness. It is, however, commonly accompanied by significant gender dysphoria (GD), which is the distress that arises from incongruence between a person's gender identity and their sex assigned at birth due to lack of understanding and support from the social milieu of that person which includes family in inner proximity circle and society in outer proximity circle.

Trans and gender diverse individuals are at increased risk of harm because of discrimination, social exclusion, bullying, physical assault. (1) Psychiatric comorbidities are seen frequently in children and adolescents who identifies themselves as gender diverse. Studies of the mental health of trans young people have found very high rates of ever being diagnosed with depression, anxiety, post-traumatic stress disorder, a personality disorder, psychosis or an eating disorder, self-harming and attempting suicide. (2) Increasing evidence demonstrates that early supportive and gender affirming care during childhood and adolescence, can significantly improve mental health and wellbeing outcomes in this group. (3,4, 5) Despite advancements in public awareness and rights of children, trans and gender diverse individuals continue to face disparities from inequitable laws and policies, societal discrimination, and a lack of access to quality health care, including mental health care. Such challenges are often more pronounced for youth who are naive to social expectations and norms regarding gender and may start experiencing gender minority stress. Pediatricians are increasingly encountering such children and adolescents, who are often brought to their clinics by well-meaning and more often than not misinformed parents or guardians or care providers, seeking medical advice and interventions. The lack of the formal training about the care and support of transgender and gender diverse individuals further complicates the issue. Goal of this document is to prime the primary care providers about the approach to this essentially normal manifestation of human neurodiversity.

Nomenclature and definitions

For a better clarification and understanding, a familiarity with the evolving terminology in context of transgender persons is of utmost importance to ensure use of respectful language during communication. It should be ensured that the person is given the opportunity to express and decide their individual preferences.

Sex is a label which is assigned by the medical professional/doctor at birth on the basis of the anatomical phenotype and/or genotype reinforced by the family and society without any say of the child. Most of the time it corroborates with the gender of the child. However, in contrast to the sex assigned, the gender affirmed lies in the personal domain.

Gender identity is the internal perception of the person of his or her maleness or femaleness irrespective of the biological phenotypic sex. Gender can't be conceptualized as binary with one pole as male and the other as female, a whole

spectrum does exist in between these two entities with a blend of masculine and feminine identities. Self-recognition of gender identity evolves over time and though most children affirm their gender identity at an early age, however, some may remain undecided or fluid even way beyond adolescence. This is known as ***gender fluidity.***

How a person exhibits their inner perception of gender to others by way of pretend play, body language, preferences for toys and trinkets, manner of clothing, hair styles, mannerism etc. is known as ***Gender expression.*** The objective perception of the gender expression i.e. e. the way others interpret this expression is referred as ***Gender perception***.

Sometimes gender expression by the child may not fit in the usual frame of gender perception by the family and society. This *incongruence* between the assigned and affirmed eventually leads to discomfort and progresses to ***Gender dysphoria*** in the child.

Gender diverse is a blanket term used to describe a plethora of labels which people may apply when their gender identity and/or expression does not conform to the norms and stereotypes as per the expectations of the society. ***Transgender Person*** is an individual whose gender identity does not match their assigned sex and generally remains persistent and consistent over a significant duration of time. (6)

Table 1: Terminologies and definitions pertinent to gender care.

Terms	Definitions
Sex assigned at birth (SAB)	Sex is assigned at the time of birth, as male or female, based on the appearance of external genital anatomy, internal gonads and chromosomes
Gender identity	A person's inner concept of self being a male, female, mix of both or neither. It can be the same or different from their sex assigned at birth.
Gender expression	How a person wants to celebrate his gender, the external expression of one's gender, in the form of one's name, clothing, behaviour, hairstyle or voice, and which may or may not fit to usual frame of socially defined behaviors and character associated with being either masculine or feminine.
Gender perception	The objective interpretation of a person's gender expression
Gender diverse person	people who do not conform to their society or culture's expectations for males and females. Being transgender is in a way is gender diverse, but not all gender diverse people are transgender.
Transgender person	When someone's gender identity is incongruent with their sex assigned at birth.
Cisgender person	A congruence in gender identity and sex assigned at birth.
Agender person	A person who does not identify self as having a particular gender.
Gender fluid person	A person whose gender identity varies over a period of time.
Non-binary person	A person who doesn't identify exclusively as male or female.
Transwoman	A term to describe someone who was assigned male at birth who identifies as a female.
Transman	A term to describe someone who was assigned female at birth who identifies as a male.

Magnitude of the issue

Questioning and open discussions about gender issues are like the dark side of the moon, less often discussed. In epidemiological surveys, questions related to gender identity are rarely asked, making it difficult to assess the size and characteristics of the population matrix of transgender individuals. Indian census recognized the third gender for the first time while collecting census data in 2011. Data of transgender persons was collected based on details related to their employment, literacy and cast. In India total population of transgender persons as per 2011 census was recorded as around 4.88 lakh with highest number in Uttar Pradesh. (7) It is a grossly underestimated and skewed data given the stigma regarding those who openly identify themselves as transgender and the difficulty in defining "**transgender**" in the way that is inclusive of all gender-diverse identities.

Taking into account that the recorded prevalence of nonconformity of gender expression in medical text is almost 7% in girls and 5 % boys shows that we have probably not even touched the proverbial tip of the iceberg, the actual figures would certainly be much higher than the 2011 census data of India.

Children become aware of their gender identity at an early age however may not disclose the same till they are older. The average age of disclosure may be as late as 10 years of age. (8)

Understanding gender dysphoria; Biological basis

The term *gender identity disorder* has been replaced by *gender dysphoria.* (9) This change of terminology from disorder to dysphoria draws attention to the stresses caused by the incongruity between an individual's perceived gender identity and assigned sex, rather than suggesting that the individual's perception is in itself the result of a disorder. This is a positive step towards depathologizing Gender Incongruence.

A label of gender dysphoria should be given to a person who experiences marked discomfort due to difference between the individuals expressed or experienced gender and the gender assigned by others to him or her, and it must continue for a duration of at least six months. When dealing with a gender dysphoric individual, it is important to note that not all individuals express their gender identity in the same way, in fact it is a spectrum of normal biodiversity and each individual may be different.

Biological basis of gender dysphoria

Older theory that early childhood experiences are determining factors in whether someone would become trans or gender diverse is largely refuted due to lack of scientific evidence. A more widely accepted hypothesis that differences in neurological development contribute to establishing a person's gender identity regardless of the biological sex and is something which is really hardwired in the brain, being a manifestation of neuro diversity.

A study has shown that the white matter of Transgender females (MTF) individuals is more like that of biological females, while the white matter of Transgender males

(FTM) individuals is more like that of biological males. (10) there are multiple studies but till now nothing concrete have surfaced which can clarify this biological variation.

Does the fault lie at the level of society or individual?

Gender diversity is now considered as a normal spectrum of biological variation but due to lack of awareness a disparity in sex and gender of an individual is largely perceived as a social stigma. This raises a question whether it Is the society which is incongruent with individuals or it is the other way around? Well the answer lies in the fact that it is simply a matter of poor communication and understanding between the individual and society, which will need a lot of effort from supportive groups and health care providers, and can be resolved by acceptance, accommodation and understanding of this issue. Early gender affirmative care by the family and caregiver can help in sorting out the issue and may help in promoting congruence between society and the individual.

Early pointers: red flag signs

Role of the pediatrician and primary care physician is to pick up the signs of gender incongruence at an early stage so that child can be spared of undue and unnecessary emotional trauma and adjustment issues by offering help and support well in time. Certain behavioral patterns may give clue to the early diagnosis of gender dysphoria and may be told or noticed by the parents. Early intervention can be advantageous as gender affirmative care and support can be given early to prevent dysphoria.

Young children and adolescents: signs of gender Incongruence

Signs of gender Incongruence mentioned here are based on observations recorded in the existing literature. These are mere indicators and are influenced by the culture and gender cues. These are seen to be changing gradually over time as the line of demarcation between classical masculine and feminine roles is fading away. Younger children usually express their gender by role play, preference for toys and clothing, hair style and mannerism though there is no clear-cut demarcation or way of expressing the gender identity. Furthermore, the child may not exhibit what is not appreciated by the care giver and closet their true self.

Gender incongruence may manifest in children as:-

- Consistently insisting that they are a different gender – for example, they might say ‘I’m a girl, not a boy’
- Showing signs of unusual anxiety or avoiding being a part of activities which do not match their affirmed gender.
- Getting upset or angry if they’re misgendered, called a brother or sister, or boy or girl anything else which does not match with their affirmed gender.
- Showing discomfort in using the washroom of the assigned sex.
- Insisting to be called by a different name and use pronouns which match their affirmed gender.

- A wish to “get rid of” their genitals. Desire to have the genitals of their perceived gender.
- Voicing concerns about their body or expected gender roles.
- Showing signs of anxiety especially in social situations.
- Self-harm like cutting or suicidal ideation
- Rejecting assigned gender roles and showing a fascination with or preference for clothing and activities typically associated with their perceived gender and rejection of the toys, games, clothing and activities associated with his/her assigned sex.
- Portraying the perceived gender roles during Role play / fantasy enactment.
- Puberty is a stressful phase for transgender children and the changes occurring in their body can be extremely distressing to a child with gender Incongruence and it often unmasks and enhances gender dysphoria

Mental health support in transgender children and adolescents

Transgender children, adolescents and adults have been documented to have higher rates of depression, anxiety, eating disorders, self-harm, and incidence of suicide. Transgender children may face prejudice and discrimination, which can create or exacerbate emotional and behavioral problems. They often resort to high risk behaviour and substance abuse putting them at risk to lifestyle disorders, physical and sexual abuse and violence. (11)

Studies have reported that up to 56% of youth with a label of transgender reported previous suicidal ideation, 31% reported a previous suicide attempt, in comparison to 20% and 11% among matched youth who identified as cisgender, respectively. (12) A study in transgender persons from the age group 12 -24 showed that 35% had symptoms of depression and almost >50% had suicidal thoughts. (13) Origin of mental illness in transgender is multifactorial, budding from internal conflict between one’s appearance and identity, which is further aggravated by low access to health care providers. This conglomerate causes a feeling of rejection and isolation. (14) Studies have shown that gender nonconforming children (3–9 years of age) have a higher prevalence of anxiety and attention deficit disorders in comparison to their cisgender counterparts. (15)

These all may lead to impairment in peer and family relationships, scholastic performances and an emotional closet formation in the child, a state where he/she no longer shares his psychological world with any other person. It is important to give gender affirmative and participative care from an early age to the gender diverse child by interacting with the caregivers in order to ensure a nurturing environment conducive to the attainment of mental, physical, social and spiritual wellbeing. The pediatrician needs to step into the role of custodian by taking ownership, facilitating of delivery of care in accordance to child's perception, helping both the child and caregivers make informed decisions to navigate the nuances of gender and orientation, taking care to prevent/mitigate dysphoria in their turbulent journey through childhood and adolescence with the help of the Gender Affirmation Team

consisting of the primary care providers, parents/guardians, educators, mental health professionals, pediatric endocrinologist and social workers.

Role of Pediatrician in early detection support and intervention

Pediatricians in their practice should be careful not to make assumptions about gender identity and sexual orientation, but rather ask how they would describe themselves. A coordinated, multidisciplinary team approach is needed for the delivery of care for the children with gender incongruence and those with differences in sexual development and/or orientation.[16] This gender affirmation team ideally includes trained clinicians with expertise in the disciplines of pediatrics, child and adolescent psychiatry, clinical psychology, adolescent medicine, pediatric endocrinology, gynecology, fertility services, and speech therapy. Ideally the primary care provider should take ownership and facilitate care in accordance to the direction and quantum of care desired by the child, helping them make informed choices for mitigating dysphoria. [17]

Individualized care

Every child or adolescent who presents with concerns regarding their gender will have a unique clinical presentation and their own individual needs. Understanding and using a person's preferred name and pronouns is vital to the provision of affirming and respectful care of all children and adolescents. Options for intervention that are appropriate for one person might not be helpful for another. Consistent with the above, decision making should be driven by the child or adolescent. The pediatrician teams with the care givers to facilitate the gender affirmation process which includes medical and social transition for both the child and the family/care givers. Pediatrician should utilize the family support groups as a resource and make them a part of the gender affirmation team.

Guiding Principles for affirmative care

- Believe the narrative
- Be sensitive and facilitate
- Mitigate Dysphoria
- Look two decades forwards- address fertility and companionship issues
- Inform – do not scare
- Don't get carried away or overwhelmed by the information overload
- Involve the Gender Affirmation Team – do not do it alone –participative care
- Know the law
- Advocacy is important – Become the voice for the child's rights

Barriers to care in Gender Incongruent pediatric population

Limited access to gender affirming care
Prejudice/ misunderstanding of care givers
Expensive, Transgender Healthcare available mostly in the private institutions
Off-label use of drugs and use of street hormones
No medical insurance and little Government support (barring a few states)
Relatively few clinical programs

Lack of structured training
Lack of Legal support

Importance of early affirmative care

It has been documented that children who have been provided affirmative care from an early age have less mental health issues and less high risk behaviour as compared to those in whom affirmative care is not provided.

Pediatricians should be aware of the practices undertaken by the gender diverse persons to help them pass in their affirmed gender role so that they can assist them and also educate them regarding the risks. The adolescent with gender Incongruence and body image issues may employ makeup, use chest binders, do tucking, use prosthesis and corsets. Safe binding practices include use of a properly fitting binder, limiting their frequency (e.g. by having 'off-days'), and avoiding inflexible or adhesive tape which can cause skin irritability, pain and limitation of chest movement. Chest and axillary infections are described with unsafe practices. **[18] [19]**

Basic principles for supporting gender incongruent children and adolescents

- Individualize care
- Use respectful and affirming language
- Avoid causing harm.
- Consider sociocultural factors
- Consider legal requirements
- Primary care and creation of the comfort zone
- Referral Chain and support group

Approaches that are not recommended – Approaches that are not recommended and potentially harmful include, redirection, and reparative (conversion) therapy because negative reinforcement (e.g., shaming the child) has substantial mental and social health consequences. **[20]**

Role of the Gender Affirmation Team in creating nurturing environment for the child with Gender Incongruence and/or differences in sexual development/Orientation

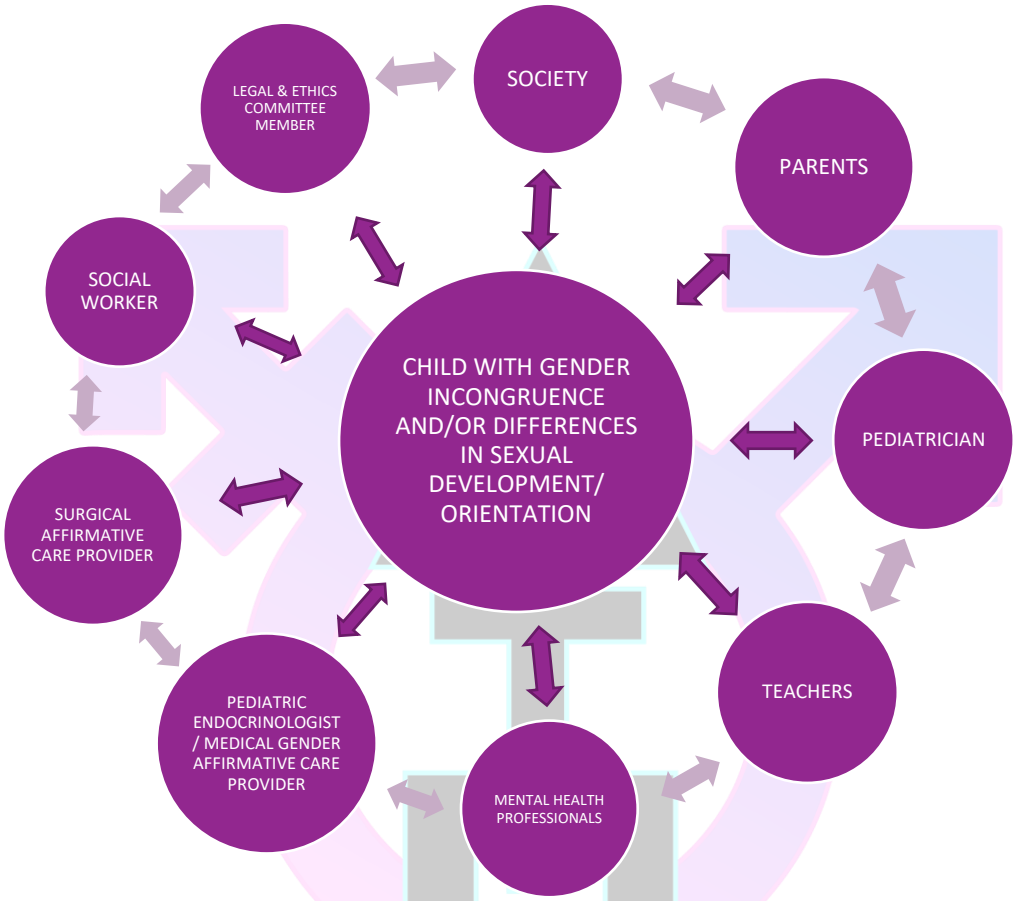

Figure 1: Stakeholders in gender affirmative care team

Creating Social acceptance

The multi-disciplinary/Gender affirmation team identifies how stigma, intolerance, discrimination and aggression has an impact on the health and welfare of trans-children and adolescents **[21]**

Gender-nonconforming children and adolescents may struggle with a number of general behavioral problems which may stem from minority stress. They are found to be prone to anxiety, have negative emotions and a higher stress response. They are rated lower in self-worth, social competence, and psychological well-being. Often subject to ostracism and bullying from peers, which may negatively impact their psychosocial adjustment and lead to social isolation, loneliness, depression, low self-esteem, behavioral problems, self-harm and suicide. **[22]** Gender-nonconforming children have more peer relationship difficulties than controls. Children predominantly internalize (anxious and depressed) rather than externalize behavioral difficulties. To assist children and families, individual stigma management strategies, as well as interventions to change the environment, can be offered.

Creating nurturing environment in schools

Evidence states that gender nonconforming children are subjected to bias varying from minor to severe when accessing, school health care services and other social needs. These children and adolescents are at higher risk of being subjected to discrimination and violence in educational set-up. **[27]** A large number drop out from schools due to harassment and violence by peers. The gender nonconforming adolescents should be offered psychological care which involves an all-inclusive assessment of early development history, emotional behaviour, peer and social bonding and family support. Legal assistance maybe required to prevent harm.

Creating Family acceptance

Guideline – *Acceptance of the nonconforming children and adolescents by the family has a positive impact on their health.*

Many gender nonconforming children and adolescents are subjected to emotional, mental and physical abuse by family members who reject their narrative. A large number of them leave their natal families and seek support from community members and sects such as the Hijra, Kinnar, Jogta etc who offer them acceptance. Lack of social support makes them vulnerable to abuse, increased prevalence of substance abuse, high risk behavior, sexually transmitted diseases and violence leading to decreased life expectancy. It has been documented that adolescents with a caring family and a nurturing environment fare well. The adolescent and their parents or caregivers gain from an early evaluation and support by mental health professional / clinical psychologist. **[28]**

Siblings can be of great help in the management of the child with gender incongruence, especially if the bond between them is strong. More often than not, they become the bridge between the parent and the child who finds it difficult to communicate with parents and other adults. They also become a bridge between the child and the peer group and neighborhood, protecting them from getting bullied. The Pediatrician should try to involve them in the care of the child. Parent Support groups such as **"Sweekar: The Rainbow parents"** can also help by becoming bridges between the care providers, the families and society, helping them cope with the situation.

Creating School acceptance

Guideline - *The multidisciplinary team/Gender affirmation team should understand the need to encourage social reforms that reduces the negative effects of stigma on the health and well-being of gender nonconforming children and adolescents*.

Schools or educational institutions are an integral part of childhood. Every child deserves safe school atmosphere that encourages the learning and healthy development of all students. Psychologists and counsellors play a key role in solving dilemmas related to gender identity. Gender education modules can be introduced for schoolteachers. RCI certified school counsellors who are trained in gender affirmation health care can counsel gender nonconforming children. Schools need to implement stringent policies

such as " No Bullying due to Gender", working closely with the students would be a collaborative approach involving counsellors, social workers, nurses which would offer support to school administrators in creating a safe environment for gender nonconforming children and adolescents .This would be beneficial in reducing the dropping out and prevention of high risk behaviour in adolescents.

Social transition – Individual

Guideline - *The multidisciplinary team/Gender affirmation team should understand that the social transition happens both at the individuals and care-givers level.*

Social transition implies that the individual lives in the gender role which is in harmony with one's gender identity. This is includes using pronouns and wearing outfits appropriate to their affirmed gender. Social transition when initiated by the child should be supported by the family. Social transition is beneficial in reducing emotional stress and curtails negative experiences **[29]**.

There are reports which show that gender non-conforming kids who have socially transitioned, demonstrate lesser rates of depression, anxiety and poor self-worth **[30].** The Pediatrician plays a key role in making the parents understand the social transition.

Social transition – Care giver

Adolescents may enter into a conflict with and encounter resistance from their parents and siblings when they come out to them with a diverse gender identity or sexual orientation. **[31]**. The parents are informed, they sense the change as sudden and require some time to understand. But the adolescents are experiencing this change for quite a lot of time. The multi-disciplinary team has to have a dual approach of devoting time for parental support as well as work for the adolescent to evolve a shared understanding between the two.

Guideline – The multidisciplinary team works on speech therapy and voice coaching in trans-adolescents

Voice is a crucial constituent of gender expression. In gender incongruence voice and communication are contrasting between gender identity and style. The multi-disciplinary team should have trained speech therapists and voice coach who can train adolescents to converse in a way which is in harmony with their gender identity **[32]**. Speech therapy and voice coaching has been beneficial in reducing the dysphoria.

Legal Aspects

Guideline –The multidisciplinary team should safeguard the legal rights of the gender nonconforming individuals

The Government of India has enacted the 'Transgender Persons Protection of Rights Act 2019" and published the "Transgender Persons Protection of Rights Rules 2020".

This lays down process for change of gender markers and enumerates the provisions for delivery of social justice to the transgender persons.

Role of Bioethicist in the Gender affirmation team

Guideline –The multidisciplinary team can consider advice from Bioethicist with respect to conflicting views on management.

Bioethicists can offer advice to gender affirmation team on request to strengthen decision making during a complicated clinical scenario or ethical dilemmas during management. Clinical scenarios like the adolescent has developed dysphoria and yet underaged for taking hormonal therapy. In such scenarios, Bioethicists can give opinion with respect to adolescent's capacity to give informed consent.

Bioethics and how curriculum can be made gender tolerant

Guideline – Training undergraduate medical students in bioethics modules with respect to gender education and health care

The educational system has to be become more inclusive and considerate towards gender congruence. MBBS students should become aware of the fact that stigma does exist. The surrounding pressures of competitive world may contribute in a large way towards the stigma. There are serious consequences of stigma on health issues. Training in medical ethics aims at grooming a medical student to use moral judgement in testing clinical situations. The need of teaching bioethics to undergraduate medical students by including ethics training into medical curriculum is uniformly recognized all over the world. It is also vital that medical professionals cultivate social and communicative skills in an organized manner to identify and evaluate the unique demands of the gender nonconforming group and avoid hurtful situations that could lead to physical and psychological suffering.

Gaining of these set of life skills, as well as good clinical professional practices, occur mainly in the medical college environment. According to recent guidelines in Competency based curriculum, foundation course would include a module on professionalism and ethics. But in the current times, the curriculum should have modules on gender sensitization. This would immensely benefit the medical students in sensitizing them towards handling complex clinical situations or ethical dilemmas.

Gender Affirmative Medical Intervention in Adolescents presenting with Gender Incongruence

Gender incongruent children and adolescents do not require karyotyping or other genetic tests on a routine basis. Assessment of height, weight, blood pressure, general physical examination, sexual maturity rating (SMR) is done. Investigations like Complete blood picture (CBP), liver function tests (LFT), renal function tests (RFT), blood glucose, lipid profile, hormonal tests like LH, FSH, Testosterone, Estradiol, Prolactin, TSH are done, as required. Extensive hormonal workup is not advised routinely.

Baseline investigations before starting pubertal suppressive intervention

Routine investigations	CBP, LFT, RFT, HbA1C, Lipid Profile
Hormonal profile	LH, FSH, Estradiol, Testosterone, Prolactin, TSH

The medical management of gender incongruent adolescents consists of two tiers of intervention - the suppression of puberty and the induction of pubertal changes of the affirmed gender.

Pubertal suppressive Intervention:

Pubertal suppression is the only intervention that is done till the gender incongruent individual attains the age of consent for gender affirmative hormone intervention. It reduces mental distress associated with the development of secondary sexual characteristics in gender diverse adolescents. It provides time for the adolescents and their family to explore gender identity, approach psychosocial supports, develop various coping skills, and helps in defining appropriate intervention goals. Prevention of certain irreversible features such as male pattern baldness, protrusion of Adam's apple, voice change, growth of facial bones, etc. ameliorates the need for later surgery. (32)

Pubertal suppression is started after the Tanner stage 2 pubertal status has been achieved. This can be confirmed by the presence of breast buds(B2) or increased testicular volume (≥4 ml) (G2), and elevation of Luteinising Hormone, LH to ≥0.5 IU/L.

Tanner stages of Puberty (34)

Tanner stages for breast development

1. Prepubertal
2. Breast and papilla elevated as small mound; areolar diameter increased
3. Breast and areola enlarged, no contour separation
4. Areola and papilla form secondary mound
5. Mature; nipple projects, areola part of general breast contour

Tanner stages for penis and testes

1. Prepubertal, testicular volume< 4ml
2. Slight enlargement of penis; enlarged scrotum, pink, texture altered, testes 4-6ml
3. Penis longer, testes larger (8-12 ml)
4. Penis and glans larger, including increase in breadth; testes larger (12-15ml), scrotum dark
5. Penis adult size; testicular volume > 15ml

Eligibility criteria for pubertal suppression (21) *

Adolescents are eligible for pubertal suppression intervention (GnRH agonist) if:

1. A qualified MHP has confirmed that:

·the adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed),

·gender dysphoria worsened with the onset of puberty,

·any coexisting psychological, medical, or social problems that could interfere with intervention, (e.g., that may compromise adherence to intervention) have been addressed, such that the adolescent's situation and functioning are stable enough to start intervention,

·the adolescent has sufficient mental capacity to give informed consent to this (reversible) intervention,

2.The adolescent:

·has been informed of the effects and side effects of intervention (including potential loss of fertility if the individual subsequently continues with sex hormone intervention) and options to preserve fertility,

·has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the intervention and are involved in supporting the adolescent throughout the process,

3. A pediatric endocrinologist or other clinician experienced in pubertal assessment

·agrees with the indication for pubertal suppression (GnRH agonist) intervention,

·has confirmed that puberty has started in the adolescent (Tanner stage ≥ G2/B2),

·has confirmed that there are no medical contraindications to GnRH agonist intervention.

Though the literature uses the word treatment we prefer the term intervention*

Gonadotrophin-releasing hormone analogues (GnRH analogues) can be used in adolescents with gender incongruence to suppress the development of secondary sexual characteristics. They act by suppressing the secretion of pituitary gonadotrophins and thereby, gonadal steroids. They cause regression of secondary sexual characteristics that have already developed, and later, the puberty gets arrested. The breast tissue becomes atrophic and menses will stop. Virilization will stop and testicular volume may decrease. Some studies reported low bone mineral density (BMD) in individuals on GnRH analogues while others showed no association. The individuals should be given adequate calcium supplementation, advised adequate physical activity, and vitamin D deficiency, if associated, should be treated. Body weight, height and Blood pressure should be recorded in every visit as arterial hypertension can be a side effect of GnRH analogues.

Progestin preparations like depot medroxyprogesterone can be a reasonable option for individuals who cannot afford GnRH analogues or have needle phobia. They are not as effective as GnRH analogues and may be associated with side effects. In post pubertal adolescents receiving gender affirmative feminizing intervention, androgen receptor blockers like spironolactone can be given if GnRH analogues are not available. (35)

Early pubertal suppression may compromise fertility and these issues must be discussed before starting pubertal suppression therapy. Pubertal suppression may cause lower self-esteem in some adolescents as the puberty gets delayed beyond their peer group. According to Some experts, underdevelopment of genitalia due to pubertal suppression may limit some potential reconstructive options. (36) However, compared with starting gender-affirming hormone intervention in the late stages of puberty, early pubertal suppression may be associated with better psychological and physical outcomes.

Pubertal suppressive intervention

Resource rich setting (first line therapy)	GnRH analogues	More effective	Expensive Injectable
Resource poor setting	Medroxyprogesterone acetate	Less effective	Economical Oral/injectable

Baseline and follow up monitoring during pubertal suppression (37)

Every 3–6 months Anthropometry: height, weight, sitting height, blood pressure, Tanner stages Every 6–12 months Laboratory: LH, FSH, E2/T, 25OH vitamin D Every 1 –2 years Bone density using DXA Bone age on X-ray of the left hand (if clinically indicated)

DXA - Dual-energy X-ray absorptiometry

Induction of secondary sexual characteristics of the affirmed gender (Gender Affirmative Hormonal Intervention)

The hormonal intervention done to gender incongruent individuals, to better align gender expression with their gender identity is Gender affirmative hormonal intervention.

In India, the legal age limit for informed consent is above 18 years. So, Gender affirmative hormonal intervention is started after the age of 18 years.

It mainly consists of giving sex steroids in the form of Estrogen to feminize adolescents and Testosterone to masculinize adolescents for the development of secondary sexual characteristics.

Eligibility criteria for Gender affirmative hormonal intervention in adolescents (21)*

Adolescents are eligible for subsequent gender affirmative hormonal intervention if:

1. A qualified MHP has confirmed:
·the persistence of gender dysphoria,
·any coexisting psychological, medical, or social problems that could interfere with intervention (e.g., that may compromise adherence to intervention) have been addressed, such that the adolescent's situation and functioning are stable enough to start gender affirmative hormonal intervention,
·the adolescent has sufficient mental capacity (which most adolescents have by age 16 years) to estimate the consequences of this (partly) irreversible intervention, weigh the benefits and risks, and give informed consent to this (partly) irreversible intervention,

2. The **adolescent:**
·has been informed of the (irreversible) effects and side effects of intervention (including potential loss of fertility and options to preserve fertility),
·has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the intervention and are involved in supporting the adolescent throughout the process,

3. A pediatric endocrinologist or other clinician experienced in pubertal induction:
·agrees with the indication for gender affirmative hormonal intervention,
·has confirmed that there are no medical contraindications to gender affirmative hormonal intervention

*Though the literature uses the word treatment, we prefer the term intervention

Gender affirmative feminizing interventions in adolescents

Oral estrogen preparation like 17b-estradiol or estradiol valerate is started at a lower dose and titrated up gradually, every 6 months, till the adult dosage is reached. Transdermal 17b-estradiol may be an alternative but is not used because of poor availability and higher cost associated. Also, the absence of low dose estrogen patches is a problem. The individuals may need to cut patches to achieve appropriate dosing. (38)

When puberty is initiated with estrogen at low doses, the initial levels will not be adequate to suppress endogenous testosterone secretion and can interfere with the effectiveness of estrogen treatment. Hence, GnRH analogue treatment is continued until gonadectomy. However, if the individual wants to discontinue GnRH analogue treatment, an antiandrogen like spironolactone can be added.

Gender affirmative masculinizing interventions in adolescents

Testosterone injections are given intramuscularly or subcutaneously, starting with a low dose and gradually titrating up the dose every 6 months, till the adult dose is reached. Transdermal

preparations of testosterone are available too. GnRH analogue treatment can be discontinued once an adult dose of testosterone has been reached and the individual is well virilized. (5)

In every visit, the individual should be monitored for height, weight, blood pressure, and secondary sexual characteristics. Ideally, specific growth charts for gender incongruent children would be better; given the lack of availability/ possibility of having one, the pediatrician should be gender inclusive while interpreting the growth charts to those children or their families.

Protocol for induction of puberty (37)

Induction of female puberty with oral 17β-estradiol, increasing the dose every 6 months:
5 µg/kg/d
10 µg/kg/d
15 µg/kg/d
20 µg/kg/d
Adult dose = 2–6 mg/d
In postpubertal adolescents, the dose of 17β-estradiol can be increased more rapidly:
1 mg/d for 6 months
2 mg/d

Induction of female puberty with transdermal 17 β -estradiol, increasing the dose every 6 months (new patch is placed every 3.5 d):
6.25–12.5 mg/24 h (cut 25-mg patch into quarters, then halves)
25 mg/24 h
37.5 mg/24 h
Adult dose 5 50–200 mg/24 h

Adjust maintenance dose to mimic physiological estradiol levels (100-200 pg/ml)

Induction of male puberty with testosterone esters increasing the dose every 6 months (IM or SC):
25 mg/m^2/2 wk (or alternatively, half this dose weekly, or double the dose every 4 wk)
50 mg/m^2/2 wk
75 mg/m^2/2 wk
100 mg/m^2/2 wk
Adult dose = 100–200 mg every 2 wk
In post pubertal adolescents, the dose of testosterone esters can be increased more rapidly:
75 mg/2 wk. for 6 months
125 mg/2 wk.

Adjust maintenance dose to mimic physiological testosterone levels (400-700 ng/dl)

Baseline and follow up monitoring of pubertal induction (37)

Every 3–6 months ·Anthropometry: height, weight, sitting height, blood pressure, Tanner stages Every 6–12 months ·Gender affirmative masculinizing intervention: hemoglobin/hematocrit, lipids, testosterone, 25OH vitamin D ·Gender affirmative feminizing intervention: prolactin, estradiol, 25OH vitamin D Every 1 –2 years ·Bone Mineral Density (BMD) using DXA ·Bone age on X-ray of the left hand (if clinically indicated) BMD should be monitored into adulthood (until the age of 25–30 y or until peak bone mass has been reached).

Surgical management

Genital surgery is not commonly performed before the age of 18 years due to the irreversibility of the process, with impact on the adolescent's future sexual function and reproductive potential. It should be performed by a surgeon with expertise and experience in the field.

Follow up and transition to adult care

After having treated in a pediatric setting for several years, transition to adult healthcare services can be a source of significant anxiety for gender incongruent adolescents and their family. The pediatrician should discuss with them regarding the need for transition of care, apriori. For adolescents who have associated psychiatric disorders or who are at high risk of self-harm or suicide, ongoing care from a mental health professional is required.

CONCLUSION

Each family has its unique dynamics and the pediatrician needs to understand them in order to give affirmative and participative care, which in light of current medical evidence and available standards of care, is what is expected from a medical professional.

Points to remember:

1 Early recognition
- -Individualized care
- -Use respectful affirmative language
- -Avoid causing harm
- -Assessment of co morbidities

2 Support
- -Psychological support
- -Gender affirming approach

-Supportive and safe home environment

3 Education

4 Advocacy on behalf of child and family

5 Coordinate team efforts

6 Consider socio-cultural and legal factors

7 Facilitate social transition as early as possible

8 Proper and timely referrals for hormonal Intervention and/or surgery

Follow the LEADER strategy

Pediatrician should ideally take the lead and employ the mnemonic **LEARN**.

L - Look, Listen and Learn from the child, the child's gender identity

E - Educate- self, parents and society

A - Advocate - the rights of the child - Home & Educational institution

R - Resource - for parents' children and society

N - be Non-judgmental

Since it is an evolving field, the Pediatricians need to be up to date with the current medical evidence.

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Public Health Approach to Gender Incongruence

Contributing Authors

Dr Govind K. Bansal, **MBA (Health)**,
National Consultant, National AIDS Control Organization, MoHFW, Govt. of India
E-mail: drgovindbansal1@gmail.com

Air Cmde (Dr) Sanjay Sharma (Retd) MBBS MMS,
CEO and Managing Director, Association for Transgender Health in India (ATHI),
Member World Professional Association for Transgender Health (WPATH)
E-mail: drsanjay2466@gmail.com

Introduction

Gender incongruence is defined as the mismatch an individual feel as a result of the discrepancy experienced between their gender identity and the gender assigned at birth. The discomfort associated with this incongruence is described as gender dysphoria (Gires, 2019).

The term 'Gender Incongruence' has been introduced as a condition under 'Conditions related to Sexual Health' in the latest International Statistical Classification of Diseases and Related Health Problems (ICD-11), released by the World Health Organization on 18th June 2018 (M. Fernández Rodríguez, 2018). These changes of ICD-11 represent a breakthrough and a great sense of freedom for transgender people. This step, which undoubtedly reflects the progressive mindset of the Medical Fraternity, will go down in the annals of the history of Modern Medicine as the turning point. Henceforth the existence of the Gender Spectrum has been validated and a platform prepared for addressing the issues arising out of nonconformity to the populist binary view of gender held by the society at large without the attached stigma of Mental Illness. Though the debate on the appropriateness of the label of Gender Incongruence continues to rage among the academicians and several other wrinkles also need to be ironed out, it is nevertheless a positive step towards delivery of healthcare to this marginalized and oft-neglected subset of society. Another significant step is the complete removal of Homosexuality from the ICD-11, which validates the current scientific stand that 'Sexual orientation' is a matter of personal choice and not a medical issue.

'Gender' is the pedestal on which the construct of 'I' or 'Self' stands. It is the foundation of 'Identity', what one sees oneself as and what one desires to project to the environment irrespective of the genotype inherited or phenotype exhibited. Gender is by and large a social construct and has cultural relevance. Gender Identity and Sexual orientation are recognized as separate entities and are not binary. Gender is a multifaceted spectrum manifested by the self-assigned role and expression which cannot be limited to Male or Female.

There have been a few studies to enumerate transgender population; however, no such enumeration is available for Gender Incongruence. Transgender is an umbrella term used to describe a wide range of identities whose appearance and characteristics are perceived as gender-atypical —including transsexual people, cross-dressers (sometimes referred to as "transvestites"), and people who identify as the third gender (UNFE, Definitions, n.d.). A study published in The Lancet in June 2016 estimates 25 million people, or 0.3 to 0.5% of the global population, as Transgender (Balakrishnan, 2016). Perhaps this is the only accurate estimation available for the worldwide population of Transgender. In the same article, the author cites significant health inequities leading to inaccessible health services because of their social and economic marginalisation. The findings on the health aspect were published by Reisner and his colleagues in The Lancet. A GAP report from UNAIDS cites that estimates from countries indicate that the transgender population could be between 0.1% and 1.1% of reproductive age adults (UNAIDS, 2014). As per Census 2011 in India, there are approx. 4.9 Lakhs people in the Others category (which includes Transgender) in the country.

There are very few estimates available for gender incongruence. Two recent population studies have aimed to estimate the prevalence of people who identify as such. Kuyper & Wijsen (2014) examined self-reported gender identity and dysphoria in a large Dutch population sample, and found that 1.1% of people assigned male at birth and 0.8% of people assigned female at birth reported an 'incongruent gender identity', defined as stronger

identification with other sex as with sex assigned at birth (Lisette Kuyper, 2014). Similarly, Van Caenegem et al. (2015) reported results based on two population-based surveys in Belgium. In the general population, gender incongruence was found in 0.7% of men and 0.6% of women. In sexual minority individuals, the same was 0.9% in men and 2.1% in women (Van Caenegem E, 2015).

Census, an exercise to count the population in India, never recognised Hijra/ Transgender until 2011. In 2011, for the first time, it collected data of Transgender with details related to their employment, literacy, and caste. As per this, out of the total estimated population of 1.247 billion, people who have identified themselves as transgender persons, constitute 4,87,303 (Mandal, n.d.). Though Census 2011, mentions above number in the "Others" category (GoI, 2019), various other literature hints towards a higher figure of about 5-6 million eunuchs in India (Mal, 2018).

Even if the census gives a figure of the transgender population, we do not know how many people with gender incongruence are there, or how many of them experience a need for health care, which poses a big problem for healthcare planners. The first challenging task for the survey researcher in this area will be to decide whom to count and by what means in the upcoming census.

Gender identification is the steppingstone for psychosocial development. Gender recognition, though starting very early in childhood, may remain fluid through a large portion of the growing years before gender affirmation finally crystallizes. This fluidity, in some cases, may extend right through adolescence into adulthood. A conflict arising as a result of incongruity between assigned sex and desired gender leads to dysphoria and non-resolution may distort psychosocial development, thereby manifesting as deviant behaviour, delinquency, mental ill-health, high-risk behaviour and conditions related to sexual health. This is further compounded by the insensitive callous attitude of the cisgender majority looking at them through the narrow prism of their own preconceived notions, perpetuating an environment of mistrust and intolerance and threat of ostracization, thus forcing the gender incongruent child/adolescent to solicit advice through the unmonitored electronic media exposing themselves to further harm at the hands of unscrupulous professionals who peddle street hormones and offer unscientific 'quick fix' procedures.

It has been documented that early recognition of gender incongruence, provisioning of a gender-sensitive environment for psychosocial development and early access to Healthcare services when coupled with social support, especially acceptance by parents, markedly reduces dysphoria, incidence of mental illness, risk-taking behaviour and sexual health issues. Hence it is of paramount importance that a multipronged proactive approach is adopted for the management of gender incongruence. The stakeholders need to acquire and share knowledge, facilitate the delivery of multispecialty healthcare, empower through advocacy and implement strong legislation for getting these outliers of society into the mainstream as productive citizens.

Discussion:

A holistic public health approach needs to be adopted by all agencies working to ensure equity in the delivery of healthcare. Existing policies, designed to address the problem, need to be reworked to address the cause rather than manage the outcomes. The task is compounded by not only the binary viewpoint and inadequate understanding of the "Transgender

Experience" by the agencies, both Governmental and Non-Governmental, entrusted with the task of giving succor, but also the inherent mistrust by the community of the cis population. To make matters worse, the majority of the transgender persons have poor health-seeking behaviour. The misinformed impressionable "client" is drawn to "Procedures" being offered in an unethical, covert manner to a privileged few who can afford the high costs. The non-existence of Indian Standards of Care and non-adherence to existing protocols lead to further harm. The absence of recognized Centers of Excellence adhering to the norms laid down by national and/or international professional bodies in the country capable of providing Training, Certification and Continuing Medical Education to the professionals desirous of / working in the field of Transgender Medicine and Surgery, adds fuel to the fire by promoting the growth of self-styled experts, who assume the role of gatekeepers, ready to cut corners and flaunt rules for financial gains. Their demand for unnecessary affidavits designed to absolve them of any legal action for procedures carried out over and above the minimum documentation needed for the protection of the interests of the transgender person, further adds to the dysphoria and make the journey of transitioning more arduous. Non-availability of trained manpower working in the Government Sector and absence of the much-needed Government aid / Political will and infrastructure puts affordable healthcare out of reach of this misunderstood, marginalized and often ostracized subset of society. Thus, denying them the fundamental human rights and opportunities to live with dignity as bestowed upon each citizen by the Constitution of India and reinforced by the various international fora of which India is a signatory.

Concerted efforts are needed to bring together, the professionals already working in the field of Transgender Health, educationists, academicians and social workers, on a common platform, wherein, they can step out of their silos, interact with each other and share their experiences to undertake formulation of Indian Standards of Care and work towards provisioning of a holistic and affordable Healthcare to all human forms, irrespective of their self-affirmed gender identity or sexual orientation. Dissemination of knowledge regarding Gender to the Primary Care Providers is essential for early recognition and prevention of gender dysphoria. Development of a progressive society mandates provisioning of a robust, customized healthcare infrastructure which addresses the unique needs and a nurturing, inclusive, social environment which seeks to harness the full potential of this often neglected vibrant human resource by encouraging empowerment and mainstreaming.

Recommendation:

It is important to nurture and promote collaboration between academic institutions, implementing structures and international bodies working on or with the Transgender communities to not only fill the lacunae in Primary, Secondary and Tertiary Healthcare but also to lay down the benchmarks in the delivery of standardized healthcare to the Transgender community in India.

The following action plan, based on a Public Health approach resting on the four domains of Knowledge, Healthcare, Empowerment and Mainstreaming, is proposed.

The domain of Knowledge:

1. **Setting up of a "Centre of Excellence in Transgender Health" at an academic institution**
   As the first step in the multipronged approach, it is recommended to set up a "Centre of Excellence in Transgender Health" at one of the top Universities of India having on its

campus all the requisite departments needed for imparting education in the Medical, Nursing, Paramedical, Social, and Legal fields, but also houses a Pharmacy and a Hospital.

The Centre shall function as the seat of academic excellence imparting training and education to the professionals from the Medical, Nursing, Paramedical, Legal and Social streams in the best practices in Transgender Health in collaboration with WPATH (World Professional Association for Transgender Health). It shall promote evidence-based care, education, research, advocacy and public policy in Transgender Health and set the benchmark for the delivery of Transgender Healthcare in the country. Taking a cue from the current Standards of Care developed by WPATH, the Centre shall, in light of the Indian cultural context, set the Indian Standards of Care. It shall formulate a curriculum specific to the Indian cultural context to enable proficiency in the implementation of the current Indian Standards of Care for delivery of healthcare to the Transgender and Gender nonconforming persons.

The Centre shall run Short term courses starting with a foundation course followed by Advance Courses leading to a Certification course in Transgender Medicine and Surgery.

The short term training courses shall include a Foundation Course in interdisciplinary Transgender Healthcare, Advanced Courses in Mental Health, Advanced Course in Non-Surgical Gender Affirmation Therapies, Advanced Course in Surgical Gender Affirmation Therapies, Advanced Child and Adolescent Transgender Healthcare Course, Course in Transgender Health Planning and Documentation and a Course in Law and Ethics in Transgender Health.

The Centre shall also conduct Continuing Medical Education Workshops containing highly specialized 4-8-hour interactive and/or case-based sessions focused on specific areas of interest for professionals who have completed the Foundations in Transgender Health course. Topics would include - Working with Children and Adolescents; Planning and Documenting for Medical Transition; Ethical Considerations; Pre and Post-Operative Surgical Care; Voice and Communication.

The Centre of Excellence shall also run an outreach programme for sensitization of the primary caregivers, schoolteachers, parents and employers regarding gender-related issues and help them develop gender-friendly safe spaces

The long-term goal is to create a faculty of international standing who shall mentor professionals to excel in the field of Transgender Health and pioneer research aligned to meet the needs of the community.

2. Conduct intensive IEC activities

Intensive IEC activities need to be conducted for raising awareness and among all stakeholders for mitigating the risk of communicable and non-communicable diseases as a result of the high vulnerability of the community members. For running innovative IEC campaigns, the involvement of national and international agencies with prior knowledge and expertise will be required.

The domain of Healthcare:

3. **Setting up of a Gender Clinic at the Hospital**
   Provisioning of affordable and accessible primary, secondary and tertiary care to the community members will be made possible by setting up a Gender Clinic at the Hospital. The gender clinic shall not only provide a hands-on training ground to the students but also allow them to closely interact with and develop a deeper understanding of the community.

4. **Develop a Department of Transgender Medicine and Surgery at Medical College**
   Introduction of Transgender Medicine and Surgery as a separate subject in the Medical curriculum is needed to ensure that every Medical student is aware of the special needs of the Transgender and Gender Nonconforming Persons and issues such as sexual and reproductive health, care of the aging transgender person and preventive healthcare can be addressed by professionals having sound knowledge and proper training. Role of National Medical Council and the Ministry of Health and Family Welfare is supreme for achieving this goal.

The domain of Empowerment:

5. **Setting up of a Gender Ethics Committee and Legal Cell**
   It is of paramount importance to set up an ethics committee and legal cell at the University, to prevent gatekeeping and unethical practices. This cell will work closely with the Gender Team to protect the interests of the Transgender persons and also that of the professionals providing care.

6. **Providing Health Insurance cover and Government Support for Gender affirming therapies**
   Gender Affirming therapies for affecting transition, though considered essential for reducing/preventing dysphoria, are not covered by Medical Insurance/government health schemes. The exorbitant price of treatment in private institutes makes it inaccessible for the large majority. A dialogue with the Insurance sector to address this issue and engagement with the Government to include gender-affirming therapies under the purview of the Government Health Schemes such as Ayushman Bharat will be required to move ahead.

7. **Provisioning of a Single Window for change of Gender in official documents**
   Change of name and gender in official documents such as Aadhar Card, PAN Card, Driving License, Voter ID card, Passport, educational qualifications etc. is an integral part of social transitioning. The Transgender person is often harassed and their dysphoria increases, as he is forced to come face to face with insensitive and prejudiced officials. It is proposed that a single window be set up by the Government for change of name and gender in all official documents.

Domain of Mainstreaming:

8. **Reservation and Social protection as regards Education, Housing and avenues for earning a livelihood.**
   It is recommended that all State Governments should act in accordance to the directions of the Honorable Supreme Court by engaging with the community and form the

Transgender Welfare Boards to address the felt needs as regards Education, Housing and avenues for earning a livelihood.

Conclusion

The vision of an all-inclusive society, wherein, all forms of gender identity and expression are nurtured and celebrated, where, new abilities emerging as a result of scientific progress permit all form of the human to live in harmony with dignity, embracing diversity and enjoying equal rights and privileges, as bestowed by the constitution, can indeed be converted into reality by making a concerted and coordinated effort, harnessing the time tested strengths and expertise of the various national and international agencies working with or assisting the Government in providing Social Justice and Health for All.

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Parents Support Group

Contributing Authors

Mr. Atul Kumar, HOD Physics, Aakash Institute (Pitampura Centre)
Affiliated with "Sweekar: The Rainbow Parents"
Email: akdhankar@gmail.com

Dr Bela Sharma MD, PGDMLS, Additional director internal medicine, FMRI Gurgaon
Medical Director IPATH, Director KHEM, Member WPATH
Affiliated with "Sweekar: The Rainbow Parents"
Email: Belak1857@gmail.com

How Parent Support Groups Can Help Improve Healthcare for Transgender Youngsters

As a parent, one often wonders as to whether one is doing parenting right. At the best of times parenting is a challenging job. It's a non-stop, relentless 24/7 job. Most of us struggle even when times are good, and the going is all along a beaten path. When it comes to supporting transgender children, the job gets infinitely more complex. There is no help, no guidance because no one around us knows anything. With little to no societal guidance or help, parents of transgender children are often helpless and are on the lookout for help, support and guidance. Internet may help but it is not reliable. In matters pertaining to trans issues, the internet may actually even be a bit problematic. The authenticity of information available and also the quality of it can very well be suspect. Most of it comes from western sources and is therefore not quite what works in our sociocultural milieu. Even the medical info available is mostly of western origin and therefore can be a bit off context for our country. How can we develop a support system for parents of transgender children? Where do the parents of trans kids go, when they need moral support and guidance?

Our country has lacked support groups for almost everything. Unlike the west, support groups have not existed in our country, in general. But things are beginning to change. Support groups have recently come up to help parents find support from other parents who have similar lived experiences. I am myself, a member of Sweekar. The Rainbow Parents group. It's a group of parents of Indian origin from across the globe. All of us in this group are parents of LGBTQIA+ children. The group provides a safe space for parents where they can find support from other parents having similar lived experiences. The group has been a source of much needed moral support and often beyond. Here, I have met many parents of LGBTQIA+ children. We all share the same concerns and challenges and have all been the source of great help for each other. Moral support that we offer to each other is priceless. And, it's not just that. The very fact that we see other parents proudly standing up for their children gives us hope courage and strength. So far however, our role has been to support each other and to provide advocacy for the cause of LGBTQIA+ communities. Through this write up, I plan to suggest a more comprehensive role for such groups (PSGs from now), especially in the context of transgender children and their specific needs. Let me highlight some areas where parents support groups (PSGs) can be of great help.

The bridge between medical care givers and families of transgender children

Transgender children and their families have this difficult challenge of finding the right medical care givers. Trans kids require many different medical interventions. They need psychiatric treatments and counselling to mitigate their dysphoria and distress related with social issues they face. They need endocrinologists to supervise their feminizing/masculinizing hormone therapies. Also, many if not all need surgeries to alter their primary and secondary sex characteristics. In addition, they might require medical interventions to help them with other medical conditions. PSGs can help children to develop an understanding of the medical procedures and their realistically expected outcomes. Also, the help that such PSGs can provide in identifying competent and gender friendly medical professionals would be simply

priceless. Such medical care providers are rare and therefore hard to find. PSGs can therefore be that much needed bridge between medical professionals and trans youngsters.

Help parents of transgender children understand their medical needs

Transgender children have a lot of needs that are specific to them. These require parental support. For instance, they need to be their 'authentic self.' They have to explore their true identity to get to know themselves. It may be very difficult for parents of a child they have brought up say, as a boy, to explore their feminine side. It is however of existential importance to the child. Parents often need to be counselled and should seek help from professional counsellors. They need to be convinced to reach out to counsellors for their own mental health and that of the child. The PSGs can easily provide this guidance and convince parents to take the right steps in this direction. Here a PSG can be the ideal bridge between mental healthcare professionals/counsellors and families of trans children.

Watchdogs

PSGs also have an important role in guiding parents in avoiding medical procedures that are detrimental for children. A lot has been discussed in this regard in the IPATHCON conferences. This is of special importance in case of surgeries that are performed on intersex children before they attain the age of consent. Any lifelong body alterations must wait till the child has attained maturity and is capable of understanding their gender identity and expression. Such surgeries have been performed routinely in the past and the practice must stop. PSGs can easily be the watchdogs and help the parents of intersex children avoid such catastrophes. There is also the need to stop other malpractices like DIY hormone therapy tried out by children. Such instances are very common in countries like the UK, where there is a three to four year waiting list for appointments at NHS gender clinics. In such instance's parents must guide children and their families to find professional help where it's is available before taking up any treatment. Any and every treatment must be under medical supervision, by appropriate medical professionals. PSGs can easily act as watchdogs in this regard and safeguard the children.

Here, I would also like to make two important points regarding practices by young trans children. One is the practice of using breast binders by young transmen to 'pass' as men. This is fine if done occasionally. However, if it's done on a regular basis for prolonged periods of time, it starts to alter the nature of tissues creating problems for appropriate surgeries later. The exact same caveats can be made for the practice of 'tucking' the genitals by young transitioning transwomen. This too causes similar problems for surgeons performing gender affirming surgeries later. Parents must make themselves aware of these issues and help their children avoid these practices.

Ensuring a conducive environment for diverse children in schools and educational institutions

There is a huge need for parents to find representation in the PTAs of schools to guide school managements to have policies in place so that children who belong to the LGBTQIA+

spectrum have their needs taken care of. Such children are often bullied and therefore end up deprived of the education they deserve.

For instance, transgender and intersex children have a need for gender neutral bathrooms in schools. Schools need to be made aware of this need. PSGs can do the job here. They can help schools in ensuring inclusive policies and practices for LGBTQIA+ children.

Bring in policy changes at the government level for ensuring equity

According to some recent research, as much as 15% of the population belongs to the LGBTQIA+ spectrum. Hence, they are not the miniscule minority as was the belief earlier. There is a need for activism to ensure political representation for such communities. Here, PSGs can be the activists to ensure policy changes at the level of government to make our country truly inclusive. PSGs can be the harbingers of change at the highest levels of government.

Be the change

The last but not the least. Parents can be the change agents in the society by being the change themselves. By proudly supporting their children and being the example for the society, parents of transgender children can be the agents of change.

When we saw other parents in our parents support group, we felt that we are not alone. To see other parents like ourselves, supporting their children, was a great source of strength and courage for us. Here lies the single most important role that the PSGs can play. To all parents who are struggling with the challenges faced by them we offer a hand of help. As parents and PSGs we promise to be the paradigm for the world at large. We appreciate the work being done by **ATHI** in association with **Jamia Hamdard.** These are stellar organizations and the work being done by them must be recognized. Let us all stand together and be the agents of positive change.

When it comes to being the change agents, parents of transitioning trans children do need advice from those with experience. Therefore, to give parents a helping hand, we have compiled an ABC of parenting checklist. I would suggest parents of transitioning young children to go through this and benefit from it. So here it goes.

The Alphabet of parenting a Transgender child

Accept

Be an ally, not an adversary

Confidence of the child is very fragile, maintain it.

Do not be afraid, and do not be in a denial

Embrace the child wholeheartedly

Follow the lead given by the child

Get rid of guilt, and get information, arm yourself.

Happiness of the child is paramount, get Help if needed.

Ignore all kinds of negativity, whether from relatives or friends.

Judging a person on the basis of their preferences or gender is never right. Your child deserves this consideration.

Knowledge is power, educate yourself

Laws are there to protect you and your family. Know the legality.

Mental health professionals are needed only to dispel dysphoria, seek medical help when required.

Not an illness, No treatment can "cure" gender incongruence.

Be Open in communication, not opinionated.

Professional help for hormonal/surgical treatment should be sought when necessary

Question/ queries often help getting you on the right path. Ask continuously.

Raise happy children

Support groups are helpful. Get in touch with similar minded people.

It's a Teamwork where the leader is the child.

Understand the child's viewpoint

Variation is part of nature, accept it.

"Why me?" is to be replaced with "Yay me".

Xpress yourself positively.

You are the chosen one to bring about a change.

Embrace your calling with a Zeal.

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JAMIA HAMDARD

ATH
Association for Transgender Health in India