Barriers And Challenges Faced by Transgender (Hijra) With Special References to The City of Agartala (India): A Study with A Special Focus on Right to Health

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ABSTRACT:

The right to health is a fundamental human right that belongs to every person, irrespective of gender identity. Health is not just limited to the absence of illness; it includes physical, mental, and social well-being. It also involves access to affordable healthcare services, reliable medical information, and treatment in an environment free from stigma and discrimination. The present study examines the barriers and challenges faced by transgender persons in accessing healthcare services in the city of Agartala. It also analyses the existing legal measures and explores whether these protections are effectively implemented in practice. The study adopted a mixed-method approach combining doctrinal and Empirical research. The doctrinal part examines relevant laws and Acts relating to transgender rights and healthcare. The empirical part is based on interviews with 15 transgender (Hijra) respondents in Agartala. Case studies were also used to understand their personal experiences and the difficulties they face while accessing healthcare services. The findings show that 80% of participants reported experiencing denial of treatment, highlighting a significant barrier to accessing healthcare services. About 66% of participants reported seeking healthcare from pharmacies rather than hospitals due to discrimination, and discomfort in formal healthcare settings. Around 60% of participants reported limited awareness of their healthcare rights, while none of the participants (0%) reported receiving benefits from government-funded healthcare schemes, indicating limited access to such services. A clear gap exists between legal guarantees and ground realities. Social stigma, discriminations and lack of awareness continue to limit meaningful access to services. The findings suggest that legal protection alone is not sufficient unless it is properly implemented. The study highlights the need for effective implementation of existing legal protections, greater awareness of healthcare rights, and more sensitive and inclusive healthcare practices to improve access to healthcare services for transgender persons.

Keywords: Agartala, Barriers and Challenges, Discrimination, Healthcare, Hijra, Right to Health, Social Vulnerability, Transgender,

1. Introduction

The right to health is a basic human right that should be available to every individual, regardless of their gender identity. Health is not just the absence of disease but a state of complete physical, mental and social well-being (1). The right to health signifies more than just access to a medical practitioner and treatment. It encompasses access to essential health services without financial burden, and also the availability of safe, respectful, and non-discriminatory healthcare services. In India, despite various constitutional and legal measures to promote equality and social welfare, several communities continue to face social and economic disadvantages. Transgender persons are among the communities that have historically experienced social exclusion, discrimination, and limited access to education, employment, housing, and healthcare. *The Transgender Persons (Protection of Rights) Act, 2019*, defines a transgender person (2) broadly to include individuals whose gender does not correspond with the gender assigned at birth, including trans-men, trans-women, persons with intersex variations, genderqueer persons, and individuals with certain socio-cultural identities.

The social and legal position of transgender persons in India has undergone significant changes in recent years. A major development was the Supreme Court's landmark judgment in *National Legal Services Authority v. Union of India (NALSA) in 2014,* in which the Court recognised transgender persons as a "third gender" and affirmed their entitlement to the fundamental rights guaranteed under the Constitution (3).The judgment also recognised gender identity as an important part of personal autonomy and dignity and directed the government to take measures for the social and economic advancement of transgender persons. This judgment became an important foundation for the later development of transgender rights in India. Building on the principles established in NALSA, Parliament enacted the Transgender Persons (Protection of Rights) Act, 2019, (2) providing a statutory framework for the protection of transgender persons against discrimination in areas including healthcare, education, employment, housing, and public services. The Act also places an obligation on the government to ensure appropriate healthcare facilities, including medical care, gender-affirming treatment, counselling, professional training, access to healthcare institutions, and insurance coverage. Section 15 of the Transgender Persons (Protection of Rights) Act, 2019 specifically addresses the healthcare needs of transgender persons and requires the government to ensure accessible and appropriate healthcare facilities. It provides for gender-affirming medical care, hormonal therapy, counselling, trained healthcare professionals, access to hospitals and healthcare institutions, and insurance coverage for transgender-related healthcare needs. This provision strengthens the legal recognition of transgender persons' right to access healthcare with dignity and without discrimination (2). Despite these legal developments, the recognition of rights has not necessarily resulted in equal access to healthcare in practice. Transgender persons continue to experience social stigma, rejection, discrimination, financial difficulties. Previous studies have shown that transgender health research in India is limited, primarily focusing on sexual health while neglecting broader health concerns. The authors identify themes such as mental health challenges, stigma, discrimination, and the lack of gender-affirmative healthcare services (4). Similarly, it also highlights that transgender person encounters serious challenges in healthcare settings due to a lack of trained healthcare providers, social stigma and discrimination (5,6). The author highlights that the inadequate inclusion of transgender health concerns in medical education contributes to insufficiently trained healthcare professionals and insensitive healthcare services. Despite the enactment of the Transgender Person (Protection of Rights) Act 2019, Transgender person continues to face discrimination and exclusion in healthcare and other social institution (7,8). The literature further indicates that legal recognition alone is insufficient to ensure equitable access to healthcare without effective implementation and greater social acceptance. Social rejection, financial difficulties, and limited awareness of available healthcare schemes further restrict 'transgender persons' access to healthcare services (9) Stigma,

discrimination, and insensitive behaviour by healthcare providers have also been identified as major barriers (10) Many transgender individuals experience disrespect or even refusal of treatment, which often prevents them from seeking necessary medical care. Previous research has identified economic and structural disadvantages as significant barriers to transgender healthcare. Transgender persons face financial insecurity, limited employment opportunities, shortages of trained healthcare professionals, and restricted access to gender-affirming healthcare services (11). Another study highlighted that social marginalisation and transphobic attitudes further affect their employment, income, financial security, and overall health (12).These findings suggest that legal protection alone is insufficient without institutional reforms, social acceptance, and accessible healthcare services. Other research has similarly demonstrated that social isolation, prejudice, and economic marginalisation substantially influence both healthcare access and overall well-being (13,14) The challenges faced by transgender persons are not confined to India. Studies from other countries have reported similar concerns, including societal stigma, family rejection, violence, and discrimination in employment, all of which can restrict access to healthcare and other essential services (15,16). Beyond these healthcare barriers, the literature demonstrates that repeated experiences of rejection, discrimination, and social exclusion have broader consequences for the well-being of transgender persons. Persistent fear of rejection, inadequate social support, stigma, and economic hardship may contribute to psychological distress and unhealthy coping mechanisms, thereby affecting overall quality of life and willingness to engage with healthcare services. These experiences often extend across multiple areas of everyday life, including public spaces, educational institutions, workplaces, hospitals, and interactions with public authorities (17).

Although previous studies have identified stigma, discrimination, financial hardship, and insensitive healthcare practices as major barriers faced by transgender persons, limited empirical evidence has examined the gap between legal protections and their implementation in practice. Furthermore, the challenges and lived experiences of transgender persons while seeking healthcare in Agartala have received limited empirical attention. The present study addresses this gap by exploring their first-hand experiences, examining the barriers they encounter in accessing healthcare, and assessing whether existing legal protections are effectively implemented to ensure accessible, respectful, inclusive, and non-discriminatory healthcare.

The aim of the current study is to explore the lived experiences of transgender persons in Agartala, with particular focus on the barriers and challenges they encounter while accessing healthcare services, and to assess whether existing legal protections are effectively implemented to ensure accessible, inclusive, respectful, and non-discriminatory healthcare.

The novelty of this study lies in its focus on the voices and lived experiences of transgender persons in Agartala, explored through face-to-face interviews and case studies. Rather than examining legal protections only from a theoretical perspective, the study examines how these rights are experienced in everyday healthcare settings and identifies the barriers that continue to persist in practice. By providing evidence based on the experiences of transgender persons in Agartala, the study contributes to a better understanding of the gap between legal protection and lived reality and offers insights for promoting more inclusive, respectful, and dignified healthcare for transgender persons.

Methodology

Study Design and Participants

The current study has adopted a mixed method approach combining doctrinal and empirical approaches to examine the right to health of transgender persons, with particular reference to the barriers and challenges encountered in accessing healthcare services in Agartala. The doctrinal component involved relevant constitutional provisions, and Acts relating to the rights and access to healthcare of transgender persons, including the Transgender Persons (Protection of Rights) Act, 2019. The empirical component focused on understanding the lived experiences of transgender persons and identifying the barriers and challenges they face in accessing healthcare services through interviews with 15 transgender respondents and selected case studies of their healthcare experiences.

Settings of the study

The study was conducted in the city of Agartala, (Nandanagar) Tripura, among transgender persons living in Agartala and using healthcare services in the city. Agartala was selected as the study setting because it is the researcher's city and the researcher is familiar with the local area and community. This familiarity helped in communicating and interacting with the participants. Bengali was used during the interviews as it is commonly spoken in the area, allowing the participants to express their experiences and views comfortably.

Sample Size Estimation and Inclusion Criteria

A total of 15 transgender (Hijra) respondents were included in the empirical component of the study. The sample size was determined considering the qualitative of the study, with the aim of obtaining detailed information about the experiences, barriers, and challenges faced by transgender persons in accessing healthcare service. The study included Hijra persons aged 18 years and above who were residing in Agartala and had experience of accessing healthcare services. The study specifically included persons who identified as Hijra and include one transgender women. Participation in the study was entirely voluntary, and only participants who willingly agreed to take part in the study were included after obtaining their informed consent.

Data Collection Tools and Technique

Primary data were collected through semi-structured interviews with 15 Hijra respondents in Nandanagar, Agartala. An interview schedule was prepared based on the objectives of the study, related to access to healthcare, affordability, awareness of healthcare rights, discrimination, and stigma. The semi-structured format allowed participants to freely share their experiences while enabling the researcher to ask additional questions where necessary. Case studies were also used to understand the individual experiences of selected participants and the specific barriers they faced while accessing healthcare services. Participants were assured that the information provided by them would be kept confidential and used only for academic purposes. Participation was voluntary, and participants were informed that they had the right to withdraw from the study at any stage without any consequences.

Result

Table 1: Socio-demographic Profile

Variables		**N (%)**
Age	1254-1266	5(33)
	1254-1266	6(40)
	1254-1266	3(20)
	Above 50	1(7)
Gender Identity	Hijra	14(93)
	Transgender women	1(7)
Income	Below ₹5000	10(66)
	₹5000-₹10000	4(27)
	₹10000-₹20000	1(7)
Educational Qualifications	No Formal Education	14(93)
	Graduation or above	1(7)
Employment Status	Self-employed	9(60)
	Unemployed	6(40)
Living Situation	With Transgender Community/Group	14(93)

	With Family	1(7)

The study includes 15 transgender participants from Agartala. The socioeconomic profile of the participants showed that the majority (73%) were aged between 18 and 35 years, indicating a predominantly young study population. Regarding gender identity, 93% of participants identified as hijra, while 7% (1) identified as transgender women, with other gender identities minimally represented.

In terms of employment, 60% of participants were self-employed, primarily engaged in informal-sector activities such as begging and other self-run activities, while 40% were unemployed. With respect to monthly income, 66% of participants reported earning less than ₹5,000 per month, while 27% reported earning less than ₹10,000 per month, indicating a predominantly low-income population. Educational attainment was low, with 93% of participants reporting no formal education, whereas only one participant that accounts for 7% had completed higher education.

Table 2: Awareness about Rights

Rights		**N(%)**
Awareness about rights and legal protections	Yes	6(40)
	No	9(60)
Health care is a fundamental right	Yes	14(93)
	No	1(7)
Access to Health care	Pharmacies or Medical Shops	10(66)
	Government Hospital	4(27)
	Private Clinics	1(7)
Benefitted from govt funded health scheme	No	15(100)
	Yes	0

Regarding awareness of legal rights and protections, 40% of participants reported being aware of their rights and legal protections, whereas 60% reported no awareness, particularly regarding the Transgender Persons (Protection of Rights) Act, 2019. With regard to healthcare as a fundamental right, 93% of participants reported that they considered healthcare to be a fundamental right, while 7% did not. Regarding access to healthcare 66% of participants reported relying on pharmacies for healthcare, whereas 27% utilized government hospitals and only 7% sought care from private hospitals. With regard to government-funded health schemes, none of the participants i.e. (0%) reported receiving benefits from these schemes, indicating limited access to such services.

Table 3: Discussing Health Concern

Denial of Treatment	Yes	12(80)
	No	3(20)
Mental Health Issues	Yes	15(100)
	No	0
Discussing Health Concern	Somewhat comfortable	8(53)
	Neutral	6(40)
	Uncomfortable	1(/7)

The result showed 80% of participants reported having been refused medical treatment because of their gender identity. All participants (100%) reported experiencing mental health-related difficulties associated with discrimination in healthcare settings. The data also found that 53% of respondents feel somewhat comfortable while discussing about health concern with medical professionals and 40% of them were neutral regarding this.

Table 4: Suggestion from Respondent for Health-care sector

Suggestion for healthcare services	Separate transgender Healthcare facilities	10(67)
	Free or Affordable healthcare	5(33)
Measures adopted to protect Transgender friendly healthcare rights		
	Better implementation of healthcare policies	14(93)
	Strict legal action against discrimination	1(7)

Regarding suggestions for improving healthcare services, the majority of participants, 10 (67%), recommended the establishment of separate healthcare facilities specifically for transgender persons. The remaining 5 (33%) suggested the provision of free or affordable healthcare services to improve access to healthcare. With regard to measures for protecting transgender-friendly healthcare rights, a substantial majority of participants, 14 (93%), emphasized the need for better implementation of existing healthcare policies. Only 1 participant (7%) suggested the need for strict legal action against discrimination.

Based on the findings and participants reported experiences, three major themes emerged: (1) Lack of Awareness of Rights and Available Services, (2) Social and Economic Vulnerability, and (3) Barriers and Challenges in Accessing Healthcare.

Theme 1: Lack of Awareness of Rights and Available Services

The qualitative findings reveal a concerning gap in awareness about legal rights, protections, and healthcare services among the participants. Many transgender individuals do not clearly know the laws or government schemes meant to support them, which often leaves them unsure of where to go for help or how to claim the rights that belong to them. For those who do have some awareness, the information usually comes through word of mouth within the transgender community rather than from official or reliable sources. This shows how limited and distant formal information channels still are for them. Although participants understand that healthcare is a basic right, this understanding does not always turn into real access to services or benefits. Many are still unable to use the schemes meant for their support. Overall, the lack of reported benefits from government health programs highlights a deep and emotional reality: having rights written on paper is not enough when, in everyday life, those rights remain out of reach for many transgender individuals.

Theme 2: Social and Economic Vulnerability

The findings of the present study reveal that transgender individuals experience social and economic vulnerability through exclusion, insecurity, discrimination, and lack of support in several areas of everyday life. These challenges are closely connected. Limited education can restrict employment opportunities, while unemployment and low income can make it difficult to secure stable housing and meet basic needs. At the same time, family rejection and discrimination can leave individuals without the social and emotional support needed to live with dignity and independence.

The participants' experiences show that vulnerability is not simply about poverty; it is also about being denied a sense of belonging, safety, and dignity. Participant 1 described the humiliation of being denied access to public restrooms:

"*What's the point of discussing healthcare when we aren't even permitted to use public restrooms? She claimed that when she tries to use the restroom in public areas like*

marketplaces, people become angry and abuse her. "Jau Ekhane na," which translates to "go away, not here," is what they yell at us in Bengali. Her remarks capture a profound reality: when one's most fundamental needs and dignity are violated, how can one even consider health and well-being? (Participant 1)

Housing insecurity further deepened this vulnerability. Participant 2 expressed her longing for a place where she could feel safe and secure:

"I wish the government would provide us with a proper place to live, a home or community that we can truly call our own. Every month, it is difficult to manage the rent when our income is already not enough for our basic needs. I only want a safe and stable home where I can live with dignity and without constant worry." (Participant 2)

Family rejection was another deeply painful experience. Participant 3 described being left by her biological parents during childhood and later being denied recognition by them. Although her guruma provided care and shelter, the loss of family acceptance remained emotionally significant:

"*Family acceptance is almost zero for people like us. My parents left me with the hijra community when I was a child and later refused to recognize me. My guruma gave me love and shelter, but the pain of being rejected by my own family is still there." (Participant 3)*

Theme 3: Barriers and Challenges in Accessing Healthcare

For many participants, accessing healthcare was not simply about reaching a hospital; it was about whether they would be welcomed, heard, and treated with dignity once they arrived. Normally, when a person becomes unwell, the first instinct is to seek care from a hospital or qualified healthcare professional. For many transgender individuals in the present study, this expectation was reversed. Instead of turning to hospitals for care, participants often preferred local pharmacies because hospitals were associated with fear, judgement, disrespect, and the possibility of being ignored or treated differently. This reversal is particularly significant because it reflects not merely a lack of healthcare services, but a lack of trust, acceptance, and emotional safety within healthcare settings.

Participant 4 described feeling accepted within the hijra community but experiencing rudeness and disrespect outside it. Her fear of being mocked, ignored, or treated differently in hospitals influenced her decision to seek care from local pharmacies instead. She expressed this experience poignantly:

"We Hijras prefer going to local pharmacies because we are afraid that we may be mocked, ignored, or treated badly in hospitals."

Discussions

The present study provides important insights into the socio-demographic characteristics of transgender individuals from Agartala along with the barriers and challenges that may influence their healthcare experiences, access to services, and awareness of their rights as shown in (Table no 1). The present study shows population 73% of participants were aged between 18 and 35 years. This finding suggests that the participants were largely in the younger adult age group, a period associated with active participation in education, employment, and wider social and economic life. Regarding gender identity, the present study found that the majority of participants (93%) identified as hijra, while 7% identified as transgender women The predominance of hijra participants reflects the local demographic composition of the transgender community in the study area, where individuals identifying as hijra constitute a substantial proportion of the community.

A major finding of the present study was very low level of educational attainment, with 93% of participants reporting no formal education as shown in (Table no 1) Participants reported that discrimination, family rejection, and financial difficulties contributed to discontinuation of their education. In addition to these factors, experiences of stigma, bullying, social exclusion, and lack of a supportive educational environment have also been reported as barriers to educational participation among transgender individuals. These barriers may interrupt education at an early stage and subsequently limit opportunities for stable employment. Every educational institution shall provide inclusive education and opportunities for sports, recreation, and leisure activities to transgender persons without discrimination on an equal basis with others', according to subclause 13 of clause 6 of the Trans Act.(2) Similar findings have been reported in India, where transgender individuals have been identified as a socially and economically disadvantaged group facing barriers to accessing education and also highlighted

discrimination, harassment, and social exclusion as important challenges that can limit participation in mainstream education (18). Previous studies have also shown that transgender individuals face significant barriers to education, with stigma, discrimination, lack of family support, and limited economic opportunities affecting their ability to start or complete their education(19).Limited understanding of gender identity and stigma within educational settings may negatively affect the psychological well-being of transgender individuals and create barriers to their educational participation and social development(20) similarly, A study from Delhi-NCR further found that transgender individuals engaged in survival economies such as begging and sex work had lower levels of employment opportunities, income stability, savings, and economic independence. In contrast, higher educational attainment and higher income were associated with better economic empowerment (21) and has emphasized the need for greater educational opportunities for transgender individuals.

In the present study, as shown in (Table no 1) 60% of participants were self-employed, primarily engaged in informal-sector activities such as begging and other self-run activities, while 40% were unemployed. Similar findings have been reported among the hijra community in India, where discrimination and limited opportunities for formal employment may lead some individuals to depend on informal sources of livelihood, including begging, ceremonial activities, and sex work (22). The study further found that reliance on these activities was associated with lower income stability, employment opportunities, savings, and economic independence (21). Another reason can be responsible for this is fear of social acceptance. to come out of that cycle.

With respect to economic status, the present study found that the majority of participants had a low monthly income 66.7% reported earning less than ₹5,000 per month, 26.7% reported an income between ₹5,000 and ₹10,000 per month, and 6.7% reported an income above ₹10,000 per month. Overall, 93.4% of participants had a monthly income of ₹10,000 or less, indicating substantial economic vulnerability within the study population as per (Table no 1). Participants also reported discrimination and exclusion from formal employment, which limited access to stable livelihood opportunities and increased dependence on informal-sector activities. Similar findings have also been reported in India, where transgender individuals experienced limited participation in formal employment and relied on informal livelihood activities such as begging and traditional occupations. Workplace discrimination was also reported, contributing to financial insecurity and economic vulnerability (22).

As shown in (Table no 2) Regarding awareness of legal rights and protections, the present study found that only 40% of participants were aware of their rights, whereas 60% had no awareness, particularly regarding the Transgender Persons (Protection of Rights) Act, 2019. This finding indicates a considerable gap in awareness of the legal protections available to transgender individuals. Although legal measures have been introduced to protect the rights of transgender persons, limited awareness may prevent individuals from fully understanding and accessing these protections. Among participants who were aware of their rights, information was mainly obtained through informal communication within the transgender community. Similar findings have also been reported in previous studies, highlighting gaps in awareness and understanding of diverse gender identities, with inadequate information and limited sensitivity contributing to stigma, discrimination, and difficulties in the lives of transgender individuals (20).

As shown in (Table no 3). Regarding Discriminatory Health environment the present study found that 66% of participants relied on pharmacies for healthcare, while only 27% utilized government hospitals and 7% sought care from private hospitals. Participants reported avoiding hospital-based healthcare because of experiences of disrespect, limited transgender-inclusive facilities, including the absence of separate wards and toilets, and inadequate training of healthcare staff to provide respectful and gender-sensitive care. Similar findings have been reported among transgender adults in Chennai, where participants relied on pharmacies for minor illnesses because of their easy accessibility and familiarity, while government facilities were used mainly because of their affordability. The study also reported that transgender individuals may avoid hospitals because of long waiting times, fear of judgment, rude, and negative attitudes from healthcare staff

and other patients (23). Other findings were also highlight among transgender women in Western Odisha, where discrimination in healthcare settings contributed to hesitation in seeking healthcare. In their study, 43 of 45 participants reported feeling uncertain about visiting hospitals when healthcare was required, highlighting how stigma and discriminatory experiences can act as barriers to healthcare access (24).

In the present study, as shown in (Table no 3) 80% of participants reported having been refused medical treatment because of their gender identity. Participants also described feeling judged, ignored, and unsafe in healthcare settings, which led some to avoid hospitals and seek care from pharmacies instead. Similar findings have been reported in previous studies, demonstrating that discrimination and negative experiences within healthcare settings remain important barriers to healthcare access among transgender individuals. A cross-sectional study conducted in Chennai reported that 5.9% of transgender participants had been denied treatment, 52.9% experienced denial of equal treatment, and 37.5% reported judgmental looks or comments from healthcare providers (8). Similarly, qualitative research among transgender persons in India documented experiences of denial of care, misgendering, negative interactions with healthcare professionals, and exclusion within healthcare settings, which contributed to delayed or avoided healthcare (25). In addition, a study among transgender adults in Chennai found that some participants preferred pharmacies because of their accessibility and familiarity, while negative attitudes, fear of judgment, rude behaviour, and distrust of healthcare services discouraged the use of hospitals (23).

As shown in (Table no 3) The present study highlights an important concern, with all participants (100%) reporting mental health-related difficulties associated with discrimination in healthcare settings. Participants described experiences of being ignored, mistreated, or denied care, which adversely affected their emotional and psychological well-being. Previous study have also been reported in a meta-ethnography study that highlighted stigma and discrimination within healthcare settings, along with barriers to healthcare access, as important factors affecting the mental health of transgender individuals (26). The presence of anxiety and depressive symptoms further highlights the adverse impact of stigma and discrimination on the psychological well-being of transgender (27). Along with social exclusion, political neglect, and financial hardship, these factors harm their physical and mental health Constant fear, rejection, and lack of support often lead to stress and unhealthy coping patterns, affecting their overall well-being and access to proper healthcare. Furthermore, qualitative research on healthcare access in India has shown that negative and discriminatory experiences within healthcare settings can adversely affect the well-being of transgender individuals and create additional barriers to seeking care (25). These experiences of exclusion leave deep scars, often leading to depression, anxiety, isolation, and in some cases, even suicidal thoughts. Everyone deserves not just healthcare, but care that is kind, safe, and inclusive.

As shown in (Table no 2) With regard to government-funded health schemes, the present study found that none of the participants (0%) reported receiving benefits from these schemes, indicating limited access to such services. Similar findings were reported by Kavitha and Menon, who found low utilisation of state and central government schemes among trans women in South India and highlighted lack of awareness and inadequate outreach as important barriers to accessing these benefits (28). Similarly, a previous study reported low uptake of Ayushman among transgender individuals, with many participants either lacking health insurance or still applying for coverage. These findings suggest that the availability of government health schemes does not necessarily ensure that transgender individuals are able to access or benefit from them (22).

The participants suggestions reflect a strong desire for safer, more inclusive, and accessible healthcare. As shown in (Table no 4). The majority, 10 participants (67%), recommended separate transgender-friendly healthcare facilities, indicating a need for greater privacy, comfort, and protection from judgement and discrimination. Five participants (33%) suggested free or affordable healthcare, highlighting the financial difficulties that may prevent timely treatment. The strongest concern was better implementation of existing healthcare policies, reported by 14 participants (93%). This suggests that policies alone are insufficient unless they are effectively implemented

in healthcare settings. Although only 1 participant (7%) suggested strict legal action against discrimination, this remains important for ensuring accountability and protecting transgender individuals from unequal treatment. Overall, the findings show that participants are not simply asking for healthcare services; they are asking for a healthcare system where they can seek care without fear, afford treatment, and be treated with dignity and respect.

Conclusion

The present study examined the barriers and challenges experienced by transgender persons in accessing healthcare services in Agartala and assessed the extent to which existing legal protections are reflected in their everyday healthcare experiences. The findings show that, despite important legal and policy developments, transgender persons continue to face stigma, discrimination, lack of awareness, financial difficulties, insensitive treatment, and limited access to transgender-friendly healthcare services. The study also highlights a clear gap between rights guaranteed by law and their implementation in practice. By bringing forward the voices and lived experiences of transgender persons through empirical interviews and case studies, the study contributes to existing scholarship by providing context-specific evidence from Agartala, where such experiences have received limited empirical attention. The findings further suggest that legal recognition alone cannot ensure meaningful healthcare access unless rights are translated into respectful, inclusive, affordable, and non-discriminatory services. From a public policy perspective, greater attention is required to the effective implementation and monitoring of existing legal protections, sensitization of healthcare professionals, accessibility of government health schemes, and creation of safe healthcare environments for transgender persons. Future research should examine these issues across larger and more diverse transgender populations and different geographical settings, while also evaluating the effectiveness of existing policies and interventions in reducing barriers to healthcare.

Based on the findings, greater attention is needed to ensure that transgender persons can access healthcare safely, equally, and without discrimination. Gender-inclusive education should be encouraged in schools and colleges, together with effective anti-bullying measures, to promote understanding and reduce prejudice from an early age. Healthcare institutions should provide regular sensitisation and rights-based training for doctors, nurses, and other healthcare staff, with particular attention to respectful communication, confidentiality, and the specific healthcare needs of transgender persons. Hospitals should consider dedicated transgender-friendly clinics or appropriate designated spaces, along with gender-neutral toilets and other facilities that promote privacy and comfort. Greater awareness of government welfare schemes and legal rights should be created through community organisations, NGOs, and healthcare institutions so that available benefits can reach those who need them. Discrimination within healthcare settings should be addressed through clear institutional procedures, accountability mechanisms, and appropriate professional action. Most importantly, existing legal and policy provisions, including those under the Transgender Persons (Protection of Rights) Act, 2019, need stronger implementation, monitoring, and accountability at the ground level. These measures can help move transgender healthcare rights beyond legal recognition towards meaningful access to care, dignity, safety, and equal treatment in practice.

Strength of the Study

The present study provides valuable empirical evidence on the barriers and challenges faced by transgender persons in accessing healthcare services in the Nandanagar area of Agartala. A major strength of the study is its focus on the lived experiences of transgender persons, allowing the findings to reflect the practical difficulties encountered in accessing healthcare. The use of a mixed-method approach further strengthens the study by providing empirical insights alongside an understanding of the existing legal protections relating to transgender healthcare rights. The study also provides insights into participants awareness of healthcare rights and access to government-funded healthcare schemes, highlighting the gap between the availability of legal protections and their implementation in practice.

Limitation

The present study has certain limitations that should be acknowledged. The study was conducted in a single locality, namely Nandanagar, Agartala,

which may limit the generalizability of the findings to transgender persons residing in other areas. The use of purposive sampling and the relatively limited sample size may also have restricted the representativeness of the participants and may not fully capture the diversity of experiences within the transgender community. Despite these limitations, the study provides valuable insights into the barriers faced by transgender persons in accessing healthcare services. Future multicentric studies involving larger and more diverse samples are recommended to strengthen the generalizability and applicability of the findings.

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Author contributions

The author conducted the primary research, including data collection, analysis, and manuscript drafting. Rohit, Kirti, Parvez, and Deepika contributed to data analysis, literature review, and critical revision of the manuscript. The research was carried out under the academic supervision of the research guide, Dr Sukhwinder Kaur, who provided overall guidance, oversight, and final approval of the manuscript.

Conflict of interest

The author declared no conflict during the study.

Data Availability

The data generated and analysed during this study are not publicly available due to privacy and confidentiality concerns regarding the study participants.

Declaration of AI Assistance

The author declares that artificial intelligence (AI) tools were used solely for the purpose of improving the language, grammar, and overall readability of this manuscript. Specifically, Grammarly (gramerly.edu) was utilized to refine sentence structure and enhance clarity.

Ethics Approval

The present study was conducted as part of the author's LL.M. dissertation in the Department of Law. Ethical guidelines were strictly followed. The research was carried out under the academic supervision of the research guide and with due approval from the Head of the Department. The approval for the study is recorded under Ref. No. CUP/SLS/DL/25/3738.

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