

## *Announcement*

### **STATEMENT OF PUBLIC HEALTH PROFESSIONALS AGAINST THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) AMENDMENT ACT, 2026**

#### **About Us**

We are a group of public health professionals engaged in the practice, research into and teaching of public health and community health in India. Our group comprises physicians, academicians, researchers, social workers, health economists, healthcare administrators, policymakers, and professionals who are working across government and private health systems, academia, non-governmental organisations, and as independent professionals. Our work is directed towards ensuring that health systems in India are equitable, responsive to the diverse health needs of the populations we serve, and capable of utilising available resources effectively and efficiently.

The passage of the Transgender Persons (Protection of Rights) Amendment Act 2026 has contributed to an escalating situation of serious public health concern, adversely affecting a significant section of the population of India.

Introduced in the Lok Sabha on March 13, 2026, and passed in the Indian parliament on March 30, 2026, the Transgender Persons (Protection of Rights) Amendment Act 2026 introduces several substantive changes to the Transgender Persons (Protection of Rights) Act, 2019, legislation including:

- The removal of the right to self-perceived gender identity, as previously recognised under Section 4(2) of the 2019 Act, and its replacement with a requirement for certification by designated medical boards.
- A narrowing of the definition of “transgender person,” restricting recognition to those meeting specific biological criteria and belonging to particular socio-cultural groups. This has the effect of excluding several gender-diverse groups, including trans men, certain sections of trans women, and genderqueer individuals whose identities may not align with these criteria. Further, the definition problematically conflates distinct categories such as transgender and intersex persons, despite clear medical and human rights distinctions between gender identity and variations in sex characteristics.
- The imposition of requirements on medical institutions to report details of gender-affirming interventions to the District Magistrate, thereby introducing state oversight into deeply personal healthcare decisions and raising concerns regarding privacy and confidentiality.
- These provisions together create barriers to healthcare access, undermine patient autonomy and confidentiality, and are likely to adversely affect public health.

#### **Our response to Transgender Persons (Protection of Rights) Amendment Act, 2026**

We call for the immediate repeal of the amendments and urge the Government to restore the provisions of the original 2019 Transgender Persons (Protection of Rights) Act for the following reasons:

- (a) The definition of “transgender” as introduced in the Amendment Act is inconsistent with established scientific evidence, which recognises gender identity as a deeply personal and subjective experience. There are no reliable biological markers that can serve as the basis for external, clinical, or expert-driven certification of an individual’s gender identity.
- (b) The Amendment introduces multiple barriers within access pathways to gender-affirming care (GAC), in contradiction to established international evidence and guidelines, including those of the World Health Organization (ICD-11) and the World Professional Association for Transgender Health Standards of Care Version 8 (SOC-8) [1, 2]. These frameworks recognise gender incongruence as a condition wherein there is a marked and persistent incongruence between an individual’s experienced gender and assigned sex, and affirm that access to gender-affirming care is essential, and in many cases life-saving, for transgender and gender-diverse persons.
- (c) Emerging evidence, including petitions currently before various High Courts, indicates that these regulatory barriers are already disrupting access to care due to provider hesitancy. In this context, the restriction of safe clinical care is likely to drive individuals toward unregulated and informal sources of care, including private, unqualified providers operating outside established medical systems. The resulting shift towards the “grey market” for hormones and surgical interventions significantly increases the risk of adverse health outcomes, post-operative complications, infections, endocrine side-effects and increased morbidity [3].

In India, population-level estimates remain limited and likely underrepresent true prevalence. The 2011 Census reported approximately 0.04% of the population under the “other gender” category; however, expert estimates suggest that 1.5–2 million individuals may be transgender, with higher numbers when broader gender-diverse identities are considered, reflecting substantial undercounting due to methodological and social constraints. Therefore, any restrictive definition of “transgender”, would affect a large section of the population.

The mandatory medical verification processes introduced by the Amendment impose a disproportionate burden on an already constrained public health system. The requirement to establish and operationalise medical boards divert limited healthcare resources including physician time towards administrative procedures and will compromise the delivery of essential services. Further, they would be inconclusive, as there is (i) no biological marker for gender incongruence, and (ii) gender-affirming surgery would not be accessible to many within the communities.

For transgender and gender-diverse (TGD) persons, who often face economic vulnerability, these bureaucratic requirements translate into significant out-of-pocket expenditures, delays in accessing care, and loss of income due to repeated consultations. The process of undergoing scrutiny and repeatedly justifying one’s identity and need for treatment, will

contribute to psychological distress and constitutes a barrier to timely and appropriate healthcare access.

- (d) While welfare schemes such as SMILE, Garima Greh, and AB-PMJAY TG Plus remain in existence, emerging analyses indicate that the 2026 Amendment—by narrowing the definition of transgender persons and introducing medical certification—will likely exclude large sections of transgender persons from eligibility, effectively restricting access to these schemes. In a recent reply to a Right to Information application, the Government has responded that ID cards and certificates issued under the TG Act 2019 shall no longer remain valid, and existing certificate holders are required to apply afresh, causing undue burden and wastage of resources.
- (e) The Amendment Act creates ambiguity regarding the legality of gender-affirming and supportive care, thereby creating fear and legal uncertainty among healthcare providers—including plastic surgeons, endocrinologists, mental health professionals, social workers, and shelter home staff. Emerging evidence indicates that concerns regarding potential liability under broadly framed “forced identity” clauses have led some providers to delay, suspend, or withdraw gender-affirming care and related social support services, resulting in reduced access to essential health and welfare services [4]. Families supporting gender-nonconforming identities of their wards now face an atmosphere of hostility and potential legal threat, worsening the risk of domestic rejection and homelessness [3].
- (f) The Amendment Act (Section 5 provision (b) (IA) added to Section 7 of the principal Act) imposes a requirement on healthcare providers to disclose details of individuals accessing gender-affirming care to the District Magistrate. This provision compels healthcare professionals to act in ways that are inconsistent with fundamental principles of medical ethics, including the duties of confidentiality and respect for patient privacy. As a result, providers are placed in a position of ethical conflict—between compliance with statutory requirements and adherence to core professional obligations. Furthermore, in the absence of clear safeguards regarding the use, storage, and protection of such sensitive personal data, there is a reasonable apprehension that individuals may avoid or forgo necessary care due to fear of identification and potential misuse of their information.
- (g) The manner in which the Amendment Act was introduced and enacted—without adequate consultation with TGD communities or healthcare professionals—has contributed to significant psychological distress. Emerging reports indicate heightened levels of anxiety, stress, and depressive symptoms among TGD individuals following the introduction of the Bill. This must be understood in the context of pre-existing minority stress, with prior Indian data demonstrating high levels of vulnerability, including approximately 31% reporting suicide attempts and 46% reporting suicidal ideation [5].
- (h) The Amendment, by reinforcing stigma and enabling forms of legal erasure, is likely to exacerbate social determinants of ill health, including access to housing, education, and employment. This, in turn, has downstream effects on both physical and mental health, as well as access to healthcare services.
- (i) Early evidence of adverse health impacts post-amendment: There is emerging field-level evidence from helplines, community consultations, hearing sessions indicating an increase in distress calls from TGD individuals, including reports of suicidal ideation, depression, sleep disturbances, and acute anxiety following the introduction of the Amendment.

Notably, such concerns are also being reported by caregivers, including doctors and counsellors, suggesting a broader systemic impact. Reports also indicate withdrawal or suspension of gender-affirming and supportive services by healthcare providers due to fear of legal repercussions [6].

Taken together, the scale and immediacy of these effects indicate that the post-introduction phase of the Amendment may be characterised as a developing public health crisis requiring urgent attention.

## **Our Recommendations**

In light of the public health, ethical, and constitutional concerns outlined above, the following measures are respectfully recommended:

- **Withdrawal of the Transgender Persons (Protection of Rights) Amendment Act, 2026**

Given the potential for significant adverse health outcomes and constitutional violations, it is recommended that the Amendment Act be withdrawn.

- **Meaningful, community-led consultation in future law-policy making**

Any future legislative or policy reform must be preceded by meaningful, participatory, and community-led consultations with transgender and gender-diverse persons, as well as with healthcare professionals and public health experts, to ensure that policies are grounded in lived realities and evidence-based practice. There is a need for robust and ethical data systems to back evidence generation.

- **Protection of the right to self-identified gender identity**

The right to self-identification of gender must be fully upheld, consistent with the principles laid down in *National Legal Services Authority v Union of India*, and with constitutional guarantees under Articles 14 (equality), 19 (freedom), and 21 (life and dignity) [7].

- **Health Policy Reforms for Affirming and Non-Discriminatory Care**

It is essential to implement health policies that:

- Ensure accessible, affordable, and non-discriminatory healthcare for transgender persons
- Protect confidentiality and privacy within healthcare settings
- Support the provision of gender-affirming care in line with global standards, including those of the World Health Organization and the World Professional Association for Transgender Health
- Strengthen training of healthcare providers in gender-affirming practices.
- Ensure healthcare facilities are inclusive (gender-neutral washrooms, 'T' gender markers in intake forms and wards, non-discrimination and anti-harassment policies)

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