

# Invisible in the Storm: Examining the Impacts of Climate Change on the Hijra Gharanas



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## About Climate Xero

Climate Xero is a registered public charitable trust led by young people working at the intersections of climate change and human rights.

At Climate Xero, we are committed to advancing climate justice by focusing on evidence-based research, advocacy, and action that acknowledges and seeks to achieve a harmonious balance between development, sustainability and social justice, particularly focusing the Most Affected People and Areas (MAPA) across South Asia region.

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## Glossary:

- **Socio-Cultural Gender Minority:** This refers to individuals or groups whose gender identities, roles, or expressions are different from the dominant cultural norms within a specific society. They are considered a minority not necessarily by population size, but because of social power dynamics, meaning they have less cultural, political, or social privilege compared to the majority whose gender norms align with dominant expectations.
- **Hijra:** A socio-cultural gender identity in South Asia, referring to intersex or transfeminine individuals. Hijras have a distinct cultural history and are recognised as a third gender in some South Asian countries, including India.
- **Hijra Gharana:** A traditional kinship-based community structure within Hijra communities, organised under the leadership of gurus who mentor and take responsibilities of their chelas.
- **Toli Badhayi:** A customary practice where groups (tolis) of Hijras visit households to bless newborns or newly married couples or during auspicious events. In exchange, they receive gifts or money.
- **Guru Chela Parampara:** A traditional familial structure where guru (mentor) takes care of the chela (disciple/follower) by providing shelter, material, and financial support.
- **Guru:** A mentor or leader within the Hijra gharana system who provides protection, shelter and training to disciples (chelas).
- **Chela:** A disciple or junior member of a Hijra gharana who is under the tutelage and authority of a guru.
- **Kotha:** A Brothel.
- **Dhandha:** A colloquial term used within Hijra communities to refer to income-generating activities, which can include traditional practices like tolhi-badhayhi as well as other stigmatised forms of income generating activities like sex work.
- **Jhuggis:** Informal settlements or slum dwellings, often characterised by non-permanent, kuccha housing, limited access to basic services, and heightened exposure to environmental hazards.
- **Launda Naach:** A traditional dance performance, often by young male or transgender performers at weddings.

**“There is no one for us Hijras, neither our parents nor any relatives. Only we are there for ourselves.”**

**-Shabnam Mausi (62)**

# Invisible in the storm: Examining the impacts of climate change on the Hijra Gharanas.

## BACKGROUND

Climate change is impacting our lives in ways that are sometimes visible, and at other times, deeply invisible. While it would be a generalised statement to make that climate change affects everyone, this research moves beyond that generalisation to examine its impacts at a granular level, juxtaposing them with social, economic, and political variables. With the primary focus of this study on the socio-cultural gender minority groups in National Capital Territory Delhi, we attempt to explore how structural marginalisation intersects with climate-induced stressors across housing, healthcare, and livelihoods.

This report presents findings from the semi-structured interviews with self-identifying *Hijra* individuals conducted in the National Capital Territory of Delhi. The qualitative, primary data-driven study looks into the impacts of climate change on one of the socio-cultural gender minority communities, i.e., the *Hijra* communities. This study examines how socio-political and economic exclusion faced by the *Hijra* individuals across three different parameters shape their experiences of dealing with the impacts of climate change. These three key dimensions are healthcare, livelihood opportunities and housing conditions, chosen based on the recurring themes which were revealed by the participants.

This study builds upon the existing literature on the impacts of climate change in the South Asian region. A recent study on the broader climate trends attributes the extreme humid heat and abnormally high temperatures during certain months in the South Asian region to be predominantly linked to climate change. Moreover, the study emphasises that certain parts of the Indian Subcontinent now face a staggering forty-fold increase in the probability of encountering such extreme temperatures (Zachariah et al., 2024). Certain groups such as displaced persons, those living in poverty, individuals with pre-existing medical conditions, farmers, and fisherpeople, often feel the impacts of abnormal weather events more acutely due to limited access to material resources that could help them adapt (Roy et al., 2024; Ngcamu, 2023). This vulnerability is often compounded by systemic factors such as discrimination, exclusion from socio-economic opportunities, poor housing conditions, limited access to livelihoods, and underrepresentation in policy and disaster response planning, all of which shape how communities experience and respond to climate stressors. The *Hijra* communities, similarly face compounded vulnerabilities due to systemic discrimination and exclusion. Their challenges in accessing secure livelihoods, adequate housing, and representation in policymaking leave them more exposed to the impacts of climate change, making their experiences unique and of urgent concern.



## Research Methodology

This study employs a qualitative research design to explore the impacts of climate change on the socio-cultural gender minority community known as the *Hijras* in the National Capital Territory (NCT) of Delhi. The aim is to identify the challenges that interviewees face and understand their perceptions of these challenges. A qualitative approach is the most suitable for this inquiry as it allows for a nuanced and richer understanding of personal experiences and viewpoints.

## Participant Selection

Participants were chosen using purposive sampling to ensure a diverse representation of the *Hijra* community across different age groups, occupations, and living conditions. The inclusion criteria included:

- Self-identification as a member of the Hijra community.
- Domiciled in the NCT of Delhi.
- Willingness to participate in a 60-minute interview.

A total of 11 participants were recruited for the study. In addition, a focus group discussion and expert consultations were conducted to ensure a more nuanced understanding of the findings. The sample size was determined based on the available resources and logistical ease. Hennink and Kaiser (2022) suggest a sample size of 9-17 participants in qualitative research with a relatively homogenous population can be an adequate size to reach data saturation.

## Participant Information:

1. Nazima, 32, Noida, Uttar Pradesh
2. Monika, 28, Jahangirpuri, Delhi
3. Satyawar, 30, Azadpur, Delhi
4. Ruhi, 24, Munirka, Delhi
5. Princy, 22, Mukundpur, Delhi
6. Rakhi, 27, Bhalswa Dairy, Delhi
7. Shabnam Mausi, 62, Sarai, Delhi
8. Reyansh (pseudonym), 28, Rajouri Garden, Delhi
9. Kashish, 37, Sanjay Colony, Delhi
10. Sunny, 24, Hauz Khas, Delhi
11. Rinki, 21, East Delhi

Information was gathered through semi-structured interviews. Semi-structured interviews were chosen due to their ability to offer flexibility in questioning to examine specific topics relevant to the interviewee's experience.



An interview guide was developed through a comprehensive literature review and consultations from the Hijra communities. The guide included open-ended questions covering the following areas:

- Personal background and socio-economic status.
- Recent experiences of dealing with any environmental stressors.
- Experiences with healthcare access and services.
- Primary economic activities and challenges in securing livelihood opportunities.
- Living conditions and housing experiences.
- Awareness about any state policies directed to the welfare of the Hijra community.
- Experience of being provided any aid in terms of healthcare/ essential resources during emergencies such as the COVID-19 pandemic, flooding, heat-waves, amongst others.

While this guide provided an introduction to the type of questions that can be asked, more weightage was provided to the participants' accounts. Each interview lasted approximately between 50-70 minutes and was conducted in Hindi, being the vernacular spoken by the participants. All interviews were audio-recorded with informed consent and transcribed verbatim.

A coding reliability form of thematic analysis was employed to explore the knowledge shared by participants, following a structured and systematic approach grounded in qualitative content organisation (Guest et al., 2011). The analysis involved two stages of coding: an initial phase to identify meaningful units of information, and a second stage to group these codes into broader, descriptive themes. The coding process was designed to enhance consistency, with multiple researchers involved in developing and refining the code structure. Themes were derived through careful comparison across transcripts and reviewed rigorously to ensure they provided a clear and reliable summary of the data.

## **Ethical Considerations**

Given the sensitive nature of this research involving the historically marginalised Hijra community, we placed extra scrutiny on ethical considerations. Free and informed prior consent was obtained, ensuring participants understood the study and their right to withdraw at any time. The research questions were designed with cultural sensitivity and appropriateness, developed in consultation with community leaders to ensure respect and relevance. We were cognisant of the power dynamics and privilege along with being aware of the multiple layers of vulnerability faced by the *Hijras* and hence adopted a participatory approach, involving community members throughout the process, specifically in the early stages.

Each research question was justified to minimise distress and ensure only those questions were asked which were essential to our objectives. Finally, we ensured that the risks did not exceed the potential harm by maintaining confidentiality, building rapport, and conducting risk assessments to protect participants' well-being.

## SHARED LEARNING

### Economic Participation

Social prejudice against the Hijra community manifests in multiple domains, including employment, housing, healthcare, and education which collectively limit their economic participation. One of the most prominent forms of marginalisation is their exclusion from the formal labour market. According to Hajra et al. (2020), 92% of transgender individuals in India are denied regular employment opportunities, often facing outright rejection or being subjected to hostile work environments. This systemic discrimination, combined with widespread stigma and abuse, frequently force *Hijra* individuals into informal and unstable forms of livelihood such as begging and sex work. As per a NACO (2011) report, approximately 78.2% of the community relies on such marginalised occupations as their primary source of income. Many participants shared that these options were not out of preference, but due to the lack of viable alternatives.

Nazima, a participant who runs a home-run bakery shared,

*Our people also work extra hours than 'normal' people. These companies try to have a good image by having us, and when the 'picture-capturing period' is over, our people are fired.*

Even those who manage to find employment are often subjected to harassment and expulsion. Ruhi, another participant, recounted her experience working at a fast-food chain,

*I myself for a very brief period worked at YYY's outlet (name redacted). However, I was shortly expelled due to my identity. When I asked for reasons, the manager told me that there were sexual harassment complaints against me to which I was shocked and taken back- because I was actually the one at the receiving end. A few employees even asked me for sexual favors but I never complained because I feared this might lead to the manager firing me.*

Similarly, Rakhi, who worked at a reputed automobile company, shared that after she reported instances of harassment, she was removed from her position. When asked whether she considered legal action, she said,

*What could I have done? I do not know a lawyer. I do not have money. I knew this was going to happen because my friends also went through the same. We are unwanted. We are unwanted.*

Such experiences highlight that even education and professional training do not ensure access to safe and stable employment. Monika noted,

*although a lot of youngsters from our community are now educated, still it has not made any substantial difference in their lives.*

The consequences of systemic exclusion extend beyond economics; they reinforce a broader sense of alienation from society. Nazima summed it up poignantly: *“This upsets me because this way, even our educated sisters are not able to find stable employment and have to resort to sex work to earn a living.”*

In the absence of access to stable and formal employment, most *Hijra* individuals turn to informal and often precarious means of earning a living. The two most prominent sources of income within the community are sex work and *toli-badhahi*. These avenues, though culturally embedded, often leave individuals vulnerable to exploitation, health risks, and economic instability. Several participants shared that sex work, while offering good short-term returns, is not a sustainable option in the long term. With growing age, income from sex work begins to dwindle and *Hijra* individuals are forced to resort to begging or depend on their *gharana* systems. As a participant, Nazima stated, *“No body wants our skin and our bodies become useless for sex work.”* on the other hand, *‘toli-badhahi’* which typically requires association with a *‘guru’* under the *guru-chela* tradition offers a semblance of structure and community but also involves rigid hierarchies.

For some, it provides food, shelter and basic safety while some others described it as oppressive. One of the participants, Kashish, admitted their only source of income was *‘toli’* due to their unwilling to engage in sex work or begging.

Apart from *“toli-badhahi”* and sex work, some of them engage in seasonal work, such as *“launda naach,”* making and selling decorative pots during festivals such as Karva Chauth and selling small goods on the roadside. Two of the participants, Sunny and Rakhi, pointed out their primary occupation as dancers, performing at weddings and events. Another participant, Satyawani, was indulged in selling decorative pots for festivals during the time of the interview. While for most of the year, their economic status remains somewhat stagnant, they may experience a temporary improvement during the festive season, from where comes most money that they save for unanticipated emergencies.

Relying on these informal sectors of employment make them prone to the effects of climate change. As climate change intensifies, with rising temperatures, longer

heatwave spells, and unpredictable rainfall, these forms of livelihood become increasingly untenable.

Participants in this study consistently reported that such climatic changes directly impact their ability to earn. Without access to dedicated workspaces, they are often forced to operate in public or unsafe areas, which become inaccessible or hazardous during extreme weather events. One of the participants, Rakhi, shared,

*Weather sometimes does affect us. We do not have proper 'kothas.' We often engage in paid sex in dark, dingy places, away from the crowd ... like in public parks. So during excessive rain or heat, the 'dhanda' slows down.*

This environmental vulnerability not only reduces their income but also exacerbates health risks. Prolonged exposure to heat or poor sanitation during monsoons leads to fatigue, illness, and greater vulnerability to violence. Moreover, the lack of shelter and secure workspaces exposes *Hijra* individuals to frequent harassment by police and others. Some participants pointed out that the lack of dedicated spaces also makes them vulnerable to harassment by police, authorities, and others, which is not limited to physical and sexual abuse but also includes extortion of money. A report by the National AIDS Control Programme (2011) reported that 57% of participants (sample size = 772 self-identified TGs) faced instances of violence from police, *goondas*, or others in the profession. Similar concerns were raised by the participants in this interview. One of the participants, Nazima, narrated,

*We face a lot of physical abuse and exploitation at the hands of police. Police often raid our usual spots and try to extort money and even demand sexual favors from some of us.*

The impact of extreme weather conditions extends beyond daily disruptions. The COVID-19 pandemic, while not an event directly related to climate change, offered a glimpse into how sudden shocks can devastate the *Hijra* community's already fragile economic foundation. As most of the income sources of the *Hijra* individuals revolve around interacting and engaging with other people and public spaces, the lockdown and physical distancing restricted their movements and avenues of earning money, making their professional engagements untenable and unsafe (Hajra et al., 2020). Their economic condition worsened as the number of '*tolli*' visits came to a standstill, and consequently, they exhausted their savings and had to resort to help from NGOs and friends to sustain themselves during the lockdown enforced due to the pandemic. One of the participants, Kashish, opening up about their experience of the COVID-19 pandemic, admitted, *"Before COVID, my economic situation was getting better. But after the pandemic, the number of 'tolli' visits decreased, which is why my economic condition is getting worse."*

A recent report by Ghosh (2024) examining the impacts of heat waves on the street vendors in Delhi NCR reveals a high prevalence of heat-induced health concerns, with symptoms such as dehydration, fatigue, headaches, and increased blood pressure observed during extreme heat. As per the study, street vendors were found to have experienced heightened health risks due to limited shelter and healthcare access. Similarly, the majority of participants in the present study highlighted the felt increase in the temperatures and levels of pollution in the last decade. They note how these adverse impacts of unbearable summer heat and pollution have led to heat-related illnesses and affected their income from the traditional sources. Monika reflecting on the effects of climate change, narrated,

*Due to the rise in pollution and heat, our sisters, engaged in begging at red lights, often become ill. I recently heard of some people catching lung-related diseases, not sure if it is because of pollution or heat.*

This is probably because they are constantly exposed to dust, traffic, and intense heat. Heatwaves are also a significant concern, as Princy reflected, *“Also due to increasing intense heat events I often get skin burns like health issues.”* Ruhi, who has been a permanent resident of Delhi, and begs at traffic signals for livelihood, further stated,

*So, since the past few years, it has started to get very warm during summers. I find it so difficult and unbearable standing in scorching heat to ask for money. However, I have no other option. Pollution sometimes is also very severe.*

In order to mitigate the challenges faced during extreme events, almost all participants reported a lack of state support through social welfare programs and social safety nets, which exacerbated their economic marginalisation. Government policies and social welfare programs are often inadequately designed to address the specific needs of the community. As most of them lack proper government identity cards, such as the

Aadhar Card, and Below Poverty Line Card (Elavati, 2016; Sharma, 2018) and the Ration Card (Roy, 2020) due to discrimination from government officials or lack of permanent address proof, they are unable to access various kinds of government support. This becomes more important especially during extreme events, wherein securing essentials such as food becomes critical to survival. Additionally, the lack of identity cards also hinders their inclusion in the formal banking system, which affects their ability to save and avail benefits of schemes such as health insurance, which becomes crucial to saving them in cases of emergency. Mr Deep Chandra, Chairperson of Community Empowerment Trust, a grassroots non-profit working to secure better livelihood opportunities for members of the Hijra Gharanas in Delhi, commenting on the situation noted,

*“Over the past few years, we have led a persistent campaign urging the government to issue identity documents to transgender persons in our area. This struggle has not only brought significant success but has also been deeply empowering. For the first time, some members of our community who were long marginalised and treated as strangers in their own land, have, through documents like TG Cards, Aadhaar Cards, and Voter ID cards, begun to access their citizenship rights which they otherwise have always been entitled to by birth.”*

With the lack of support from the state, they cannot rely on kin or biological parents, having been ostracised and forced out of their homes due to social stigma. Around 75% of the individuals from the *Hijra Gharanas* are not accepted and supported by their families due to their gender status (National AIDS Control Programme, 2011). This early disconnection from familial networks makes it even more difficult for them to produce the documentation typically required for registration under welfare programs.

Participants also highlighted the emotional and psychological toll of being repeatedly denied state recognition. One participant, Shabnam Mausi, poignantly stated, *“There is no one for us Hijras, neither our parents nor our relatives. Only we are there for ourselves”* This sentiment was echoed by others who felt that without formal identity, their struggles would continue to be ignored or deprioritised by policymakers.

Their economic disadvantage and low levels of literacy, along with social stigma and ostracisation, do not allow them to generate enough wealth to improve their economic status. Accordingly, there is a systematic economic exclusion of *Hijras*, and education alone is not enough to ensure access to financial institutions and stable alternative jobs in a safe working environment. With the surge in such extreme weather conditions, induced by climate change, the individuals from the *Hijra Gharana* find themselves in a vulnerable state, and there is a need for a more inclusive approach by the government to help the *Hijras* integrate. Nazima sums up the situation as, *“I think government intervention is required, without which we would always be unwanted.”*

## **Access to quality & affordable housing.**

Beside challenges with the labour market and its relation to climate change, various researchers such as Ramin and Svoboda (2009) and Kidd et al. (2021) among others point out the probable impact of climate change on people without adequate shelter.

Homelessness disproportionately impacts the capacity of the marginalised groups to deal with environmental stressors such as air pollution, heatwaves, virus outbreaks and other extreme and abnormal weather events. The findings from this research along with supporting literature reveal how social stigma associated with the gender identity of the *hijra* individuals, along with the economic exclusion that follows, severely limits their



options to secure safe, affordable and quality housing, in turn affecting their ability to protect themselves from various climate stressors.

Many *hijra* individuals face violence and rejection from their families due to their gender identity, leading to homelessness and dependence on precarious living arrangements, usually from an early age. A significant proportion of *hijra* individuals end up living under the *guru-chela* system, a traditional familial structure where *guru* (mentor) takes care of the *chela* (disciple/follower) by providing shelter, material, and financial support. While this system provides basic shelter, as noted by one of the participants, Mehrnaz, it often results in income cuts, ill-treatment, and continued hardship,

*I was living with my guru but then they used to stop me from meeting my family and parents even for two to three years and did not give me any money even on festivals, they used to mistreat us so I left my guru and started living on my own. One of my friends is helping me these days by taking me on badhai work with her so now her guru is asking her not to do so otherwise she has to pay 11 lakh rupees and 20 tola (around 230 gms) gold.*

Living alone may not be a solution for them as many of them are denied access to decent housing. Systemic prejudice causes *hijras* to be excluded from important social institutions and services that are essential for a dignified living according to research done by Krishnasamy and Asafu-Adjaye (2024). An interviewee, Md. Nazima explained that finding accommodation is “*ten times more difficult for people like us*”, as no one is willing to offer rooms on rent to them.

They often settle for housing with high rents and poor facilities, plagued with problems like inadequate sanitation, frequent power cuts, and unhygienic conditions. This situation not only poses serious health risks but also increases their travel time and allied expenses. Kashish explained,

*People are not willing to give us their properties on rent easily. There is a lot of stigmatisation for our community. People don't want us as their neighbours because a lot of our sisters are engaged in sex work. If we wish to take any premises on rent in a good locality, no one gives them to us. That is why we always have to move into jhuggis (slum-like dwellings), which are in most cases away from the developed areas of the city.*

Even with *hijra* individuals managing to find employment, they are forced to live far from their workplaces due to landlords' reluctance to rent to them. One interviewee mentioned that no one agreed to rent them a house, even when they offered to pay higher rental charges than usual. Reports indicate that finding housing is a daunting task, as landlords often treat *hijras* as “*human beings from another planet*” (Laha, 2015) which amounts to lesser opportunities in accessing decent housing.



Besides accessing housing, a few studies, such as Khan et al. (2009) and Muhammad et al. (2023), from various jurisdictions within South Asia, reveal that socio-cultural gender minority groups face significant discrimination in accessing essential services tied to shelter and habitation. These struggles extend beyond securing a place to live and include systemic challenges in accessing basic utilities, legal recourse, and municipal support. Ill-treatment by municipal authorities creates another layer of hardship, as highlighted during interviews. Even when individuals attempt to seek redressal for discriminatory practices such as inflated utility bills or denied access to government benefits, their complaints often go unheard. This administrative neglect exacerbates their housing insecurity and financial burden as one participant, Kashish lamented,

*We are not getting the benefit of free electricity of up to 200 units in Delhi. Recently, I received a bill of Rs. 12,970 for three months. I live in a jhuggi and just have a fan and a cooler, how is it possible that I consumed so much electricity? How are we supposed to pay? Even after multiple visits and complaints to the concerned authorities, no one has bothered to check the possibly faulty electricity meter.*

Furthermore, most interviewees pointed out that their interactions with municipal authorities regarding housing issues are largely unhelpful and dismissive of their problems, leaving them with no effective avenue to report such problems. This discrimination further limits their opportunities to improve their living conditions by preventing them from accessing necessary support.

The discrimination and high rents with minimal facilities, combined with limited employment opportunities, as informed by the participants, force them to reside in unplanned, peripheral areas, which are often located near landfill sites, characterised by poor infrastructure, shared sanitation, and high exposure to environmental hazards.

These areas are prone to flooding during rains, extreme heat events, and pollution, worsening their living conditions. Many interviewees mentioned that during rain, poor drainage leads to water accumulation, making survival even more difficult. Severe rains also slow down their work, further deteriorating their living conditions. Additionally, garbage collection is a significant issue, with many living near landfill sites like Bhalswa (Delhi) or in slum jhuggis, and most reporting a lack of daily garbage collection from their locality. Satyawatan explained,

*The area where I live often gets flooded as it rains heavily because there are problems like drainage in my locality and the municipality is not dealing with problems like waste disposal in our area so we are dumping it in a nearby landfill. These events make the already existing unhygienic conditions even worse.*

Satyawan added, *“The drainage is very bad. Whenever it rains heavily, water enters our houses. It is because it is an unorganised colony.”* Thus, the findings from this study strongly indicate that the *hijra* communities in India face severe challenges in securing adequate housing due to social stigma, economic marginalisation, and exclusion from social services, and climate change is set to worsen these challenges.

Casciato (2023) predicts that by 2050 heatwaves could affect around 300 million individuals in India, with low-income houses in cities like Delhi being particularly vulnerable. Flooding, heatwaves, and pollution-related health issues, disproportionately affecting the *hijra* community. Rising temperatures increase health risks and financial strain, especially for those in cramped housing without proper ventilation or cooling systems. The lack of affordable air conditioning and reliable electricity in their residential areas worsens these conditions. Monika mentioned, *“I can’t afford air conditioners, since we can’t afford the electricity bill.”* In addition to heat, events like flooding, as some participants observed, have proven to worsen the already unhygienic conditions in certain areas where the participants reside, raising the risk of waterborne diseases and infections. Inadequate drainage systems and unorganised planning further contribute to the problem, deteriorating living conditions during the rainy season. Climate disasters may push them deeper into poverty, making their marginalisation more intense. Urgent policy interventions are needed to ensure safe living conditions and provide essential support to this already vulnerable community

## Healthcare

People belonging to the oppressed sections of society have always bore a bigger brunt in the case of any natural calamities due to their access to healthcare (Benevolenza and DeRigne, 2019). The increased effects of climate change negatively affect the health of *Hijra* individuals as has been stated in previous sections.

However, the evidence in this research reveals the limited accessibility of healthcare services and infrastructure by individuals coming from the *Hijra Gharanas*. The evidence suggests that individuals from the community may be significantly impacted due to their compromised capacity to effectively manage the health implications arising out of shifting climatic conditions.

In this backdrop, it is imperative to explore how accessible the quality, affordable, and inclusive healthcare is for the *Hijra* individuals. It is also pertinent to note the exposure to compounded health risks from rising temperatures, pollution, and abnormal weather events. 8 out of 11 participants of our preliminary study recalled that they experienced discrimination and harassment while availing health care services at government-funded secondary and tertiary healthcare institutions. Md. Nazima stated,

*Government Hospitals usually are not very accessible as doctors treat people from our community with a lot of disrespect, try to avoid interaction, ask demeaning questions, do not give proper diagnoses, and are usually hesitant hence, not providing quality treatment. Doctors are unaware of our experiences and do not provide us with quality healthcare advice when it comes to diagnosis/treatment of STIs and STDs.*

Satyawan, highlighting the challenges faced in government hospitals further added,

*Whenever I visit government hospitals we are asked to stand away and are asked to use masks not because of our health problems but because of our gender identity. We are never properly checked and sometimes not given medicines. The doctors continuously ask us to visit other doctors that they refer us to, and this goes on. We are continuously referred to other doctors as it seems no one is interested in dealing with our problems.*

The participants also reported discriminatory and humiliating structural barriers such as the absence of separate queues for individuals who do not identify within the gender binary. They noted that most government hospitals have separate queues designated for men and women, leaving them with no alternative but to join either queue, often resulting in social ridicule as the other patients insist that they leave, as they do not belong in that queue. Expressing their anguish, Md. Nazima commented,

*Whenever we stand in the men's queue, we are forced to move lines and asked to stand in the women's queue, and when we stand in the women's queue, we are chased away while being told that it is a women's queue.*

The participants reportedly have similar experiences of being discriminated against while accessing toilets in such healthcare institutions, due to lack of gender-neutral toilet facilities. Md. Nazima added,

*There are no separate washrooms for the third gender, which causes them the same trouble, as they do not feel safe using any of the male or female toilets at hospitals fearing conflict, abuse, and insult. We have to hold our urine for very long periods which often becomes uncomfortable.*

Participants noted how visiting state-funded hospitals can be a very cumbersome process, often involving them being sent from pillar to post to eventually get the treatment done. This challenge is aggravated specially when the hospital staff is not friendly or accommodative towards them. Monika commented,

*The queues are very long and many times the staff persons try to make us run from pillar to post. The problem with this is that most of our community members earn their daily wages to feed themselves. If we miss on a single day, we often have to suffer the next day in terms of lack of money.*

Since this process often takes up their entire day, some complain of losing an entire day's earnings (especially those who are engaged in begging) which further deters them from accessing the government healthcare institutions. The participants explained that they prefer private healthcare establishments primarily because it helps them avoid unnecessary harassment at the hands of healthcare workers, who are often not sensitised to understand the special requirements of the community. However, some participants also such as Princy stated,

*We often get little care in private hospitals but they are very expensive and most of us cannot afford that. Recently (I have been) feeling pain in joints and back but not seeking any help from doctors as they are very abusive and I don't have much money to visit private clinics.*

It is pertinent to note that a few participants reported instances of being charged extra fee by some private establishments, while the majority of participants did not face such experience. However, it is not just barriers accessing physical healthcare facilities but mental health care as well. On being asked whether they ever sought mental-health services at healthcare institutions, the majority of them reported that they never sought any help. They explained that being *Hijra*, they face constant harassment, discrimination, and ostracisation in society, which causes severe mental distress. However, since they already face discrimination & harassment at the hands of some doctors and staff in state-funded healthcare institutions, it deters them from seeking mental wellness and healthcare.

Princy, for instance, stated, *"Never sought any medical help regarding mental health, as I feel insecurity in sharing."* Nazima further added, *"Normal healthcare is already very elusive. I haven't thought of visiting doctors for 'tension'."* Some participants noted that they handle most of their daily stress on their own, often turning to close friends or aides for support.

Another key point highlighted during the semi-structured interviews was that their experiences with stressors are contextually unique. Often, cis-gendered doctors, lacking appropriate training in this context, fail to appreciate and acknowledge their feelings adequately. Chakrapani et al. (2023) reported how many mental health professionals are not appropriately trained in treating people from the *Hijra gharanas* and that many of them treat their gender/cultural identity as a disease that needs to be treated. Moreover, the overcrowded and privacy-lacking environment of government

hospitals makes it more daunting for them to even consider discussing their problems with therapists in such settings. The lack of privacy is often a problem for people from the *hijra gharanas* as reported by Mal (2018) in India and Kabir (2023) in Bangladesh.

These structural exclusions not only limit their immediate well-being but also heighten their vulnerability in the face of growing climate-related health crises. Considering the various barriers faced by *Hijras* in accessing healthcare facilities, they are particularly vulnerable to the intersecting health impacts of climate change, putting them among the groups most vulnerable and at risk from climate change-related health issues. Reyansh, focusing on this, mentioned, *“I have developed a coughing problem, because of Delhi’s pollution”*. However, due to the limited access to healthcare, most of them often suffer from the effects of climate change without any recourse to treatment.

In summary, people belonging to *Hijra gharanas* are often excluded, in terms of accessibility, from state-funded healthcare facilities as is evident from this research. Chakrapani et al. (2011); Bhattacharya and Ghosh (2024) have highlighted similar concerns for people belonging to *Hijra gharanas* especially those engaged in begging and sex work. Given that they are more vulnerable to climate change due to a lack of secure housing and formal employment, this presents additional barriers for them to seek healthcare in the cases of adverse events. The rising heat, pollution, and instances of flooding in Delhi have highlighted how people belonging to the *Hijra gharanas* have experienced greater vulnerability. Pandya and Redcay (2022) highlighted similar concerns for people belonging to the *Hijra gharanas* during COVID-19. The lack of separate hospital wards, living in overcrowded arrangements as well as lack of financial security contributes to the vulnerability of the community during adverse events. The lack of access to quality healthcare at state-funded hospitals often signifies that there is no recourse for them despite increased vulnerability.

## Policy Recommendations

- **Establishing Adequate Heat Adaptation Infrastructure:** Heat adaptation infrastructure like community cooling centres (German Red Cross, 2024) can help reduce the health implications arising out of intensified and prolonged periods of extreme temperatures. The form and design of such centres can vary, however the essential objective of providing basic protection to vulnerable groups can be met by including provisions for proper shade, water misting, availability of drinking water, supplements to address dehydration, first aid, emergency dial box, etc.
- **Classifying Disasters:** Classifying heat waves as a notified disaster in the National Disaster Management Act, 2005, could allow states to use SDRF (State Disaster Response Fund, established under Section 48 (1) (a) of the Act) to provide immediate relief. As the central government provides 75-90% of the funds, it will allow the states to administer the funds and not leave them shorthanded to tackle

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- **Increased Access to Financial Institutions:** Given the exclusion of Hijra communities from financial institutions, ensuring increased access to financial institutions becomes important. It includes having a bank account, debit cards, access to loans and credit facility from banks and non-financial banking institutions. These institutions could act as a medium to increase financial inclusion and access to policy benefits requiring financial services, including DBT (direct bank transfer). Some Indian states, such as Tamil Nadu provide pensions to destitute transgenders where the beneficiaries have to submit a bank passbook, making access to financial institutions a required prerequisite. These monthly allowances not only act as basic income for day-to-day transactions but also as a safety net in cases of dire situations. To ensure these benefits can be availed by the beneficiaries, there is a need for inclusive financial institutions.
- **Livelihood Support:** Support for entrepreneurial ventures by way of micro grants, soft loans etc. to transgender-centric Self Help Groups (SHGs) or specific schemes targeted to help transgenders bolster their livelihoods can go a long way to help them generate savings and eventually get out of poverty cycles. Such interventions can help with their assimilation into the formal economy, enabling them to live a life of dignity and independence. For example, some similar schemes like Udyogini by the Karnataka government, and Mahila Samridhi Yojana already exist to enable more women to take up entrepreneurship. A similar model can be implemented for the Hijra communities.
- **Legal Aid and Access to Justice:** As observed in the research report, there is largely an institutional apathy towards the socio-cultural gender and sexual minority groups. Hence there is a need for a robust and an accessible justice system, which helps safeguard them against abuse as well as enable them realise their legal rights. Further, a robust dispute resolution or justice framework which takes into account the unique difficulties which transgender individuals face, can help with expedited resolution to issues such as, tenancy related disputes, disputes related to accessing ancestral property and resources, which such individuals have been deprived of because of social ostracisation and ousting from parental homes.
- **Better Safety Nets for Sex Workers:** Granting labour rights and allied protection to people engaged in sex work can serve as a significant step towards ensuring



legal protection, dignity, and safeguarding them from undue harassment both by the public and state authorities. Furthermore, such rights can further facilitate their access and integration to essential entitlements such as social security, healthcare, and legal aid. It would also contribute to improving their working conditions and reducing systemic exploitation. Notably, Belgium recently became the first country to grant sex workers the right to sign formal employment contracts, enabling access to benefits such as sick leave, maternity pay, and pensions, setting a precedent for rights-based labour inclusion.

- **Public facilities and sensitisation programmes:** Public facilities and infrastructure need to be more sensitive and accessible. Sensitisation programs for people employed in public institutions, such as hospitals and police stations, can help make such institutions become more accessible. In addition, spaces such as gender-neutral toilets need to be established for making these institutions accessible to *Hijra* communities.
- **Shelter Homes:** There is a need for increased capacity and funding for initiatives like Garima Greh, which is provided under Support for Marginalised Individuals for Livelihood & Enterprise (SMILE), a comprehensive scheme launched by the Ministry of Social Justice & Empowerment. These Garima Grehs could help tackle the triple issue of shelter, basic medical care, and skill development programs.



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