



# Conceptualising and planning care of older LGBTQIA persons

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*To all our queer human kins and non-human companions, we are what we are because you are there as you are!*

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## Section 1: Introduction

### 1.1. Ageing and queer lives

In the last 26 years of her journey, the kind of work that Sappho for Equality has engaged in, queer kinship and care networks has come up as a felt need, more so in the context of ageing. Queer and trans people are said to age faster than the cis heterosexual population. They start their lives late in queer temporalities outside the chrononormative timeline that organizes experiences in conformation with normative frameworks. They age faster, having to carry the lifelong burden of non-acceptance, discrimination, violence, incarceration, abandonment. They encounter early loss of livelihood, the chronicity of diseases like HIV/AIDS and the adverse effects of Gender Affirmative Therapy (GAT). Queer and trans people across all socio-economic strata struggle hard to secure acceptance and love among their families, peer groups and society at large. They tend to show over-compensatory behavior when it comes to creating circuits of acceptance among cis heterosexual families and other associates. This in turn causes a heavy burden on their self-esteem, their sense of self and their physical and material resources. They tend to spend most of their income on their families, often depriving themselves of basic amenities to the extent that they end up with ill health and lack of resources.

Tashi, who works with queer-trans communities and faith based organisations and communities in terms of inclusion of queer trans people, argues that while 50 plus can be called elderly for the cis heterosexual population, in the queer-trans community, people of age 30 years and above can be seen as elderly enough. She points out that queer-trans people cease to be part of the community post their 30s for various reasons. *“Gay men are forced to get married or get distant from the community because things are not working, we don’t know how to be with each other as a community. Also because our communities are mostly very migrating in nature, they move from one city to the other, away from their natal families, their native places. So, that means there are no strong groups”*. Tashi added further that people above 30 years of age are seen in the community only if they are working in some NGOs (Non-Governmental Organisations) or CBOs (Community-based organisations). Ageing for queer-trans people entails loneliness, financial burden and health and medical crises (including mental health). There is social isolation and lack of companionship. There are hardly any state policies or laws

that effectively and substantially address the needs of the older queer-trans population. Access and affordability to any kind of service is a major issue. In order to ask for any policy or schemes from the state, one needs to have a clear understanding of the varied nature of non-normative gender identities and sexual orientations without which nothing can be concretised. In the queer and trans community ‘trans’ is more visible to the state as compared to queer people with marginalised sexuality. Moreover, the transfeminine community is more visible within the trans community and then again, within the transfeminine community, individuals associated with the hijra gharana are more visible and have more bargaining power. It is an extremely complex community at its intersections with caste, class, religion, geolocation and ability that further forge layers of privileges and discriminations.

The queer-trans community seems to be at a loss when it comes to imagining old age. There was a general consensus among all our respondents that ageing is something they have never given any thought to, in their organisational work definitely, and sometimes in their personal life as well. Very little is discussed or written about the subject, leave alone researching it. This could be because as Tashi shared with us, for queer-trans people, the imagination of growing old and living your life as an older person is very rare. Most queer-trans people do not really foresee their life much in a future timeframe. She adds, *“It’s a very short term for you, because you don’t know what life really holds because of the system-less structures that are so completely against your existence, we don’t really foresee so much into the future. Because there’s so much uncertainty and instability, I don’t think one knows how to deal with it honestly”*.

## **1.2. Research question**

Reflecting upon Sappho for Equality’s experience in the last 26 years, it was perceived that notwithstanding age, for queer-trans people, it is important to remain connected with each other, irrespective of policy frameworks and viable state support systems. The research project started from this standpoint of coexistence, cooperation and camaraderie. It focuses on the challenges of ageing among the queer-trans population and exploring what systems of care need to be put in place to ensure dignified ageing.

This research study by Sappho for Equality had two phases. In the first phase lasting one year, and titled, **Caregiving, social support and kinship among LGBTQI older adults** was conducted from April 2023 to March 2024. We reached out to older (50 years and above) queer-trans people<sup>1</sup> in different parts of India to document and build knowledge about their lives, their kinship-care networks and their social support systems in a time when legal and social barriers forced people to live a closeted life. These individual narratives helped us understand the needs and aspirations of queer-trans people in the context of ageing. It also helped us identify the kind of socio-cultural and policy level changes required to improve the quality of life for ageing LGBTQI+ people.

The second phase was ten months long and titled, **Conceptualising and Planning care for older LGBTQIA+ people**. With a focus on the three states of Karnataka, Tamil Nādu and Kerala, it analyses what kind of policy level initiatives for elderly trans and queer individuals already exist or how existing policies can be made inclusive and responsive to their needs. Hoping to identify best practices, community based alternative living arrangements and care support systems by and for community members, we were able to build better understanding on the prevailing gaps in state policies. This understanding will then help us conceptualize change possibilities for queer trans people and plan components (both state and non-state) that could make lives more liveable for the older queer-trans community. There has been very little progress made by the Transgender Development Board in the state of West Bengal in terms of putting in place systems that would address the needs and secure the rights of transgender people. Apart from issuing TG cards no substantial work can be cited when compared to some of the other states in India. In this report we have described our observations while visiting Kerala, Karnataka and Tamil Nadu. We hope that this document will prove useful in initiating policy changes for the queer-trans community in West Bengal.

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<sup>1</sup> For the purposes of this research report, we are using ‘queer-trans’ as an umbrella term to denote all non-normative and non-conforming gender and sexuality identities and expressions/practices. We have used it to stand in as a place holder for the LGBTQIA+ community, mentioned in the title of the research study.

### 1.3. Methodology

The words of Sunil Mohan, Bangalore based trans-activist struck a chord with the research question of this study when he said, “*It is immensely important to understand and value the history of queer-trans movement of which the elderly queer and trans individuals were a part, then only one can value them and care for them. Caregiving is actually being conscious about a person and their needs.*” In the second phase of the research on queer ageing and care work we decided to understand the policies and programmes that are being followed in Tamil Nadu, Karnataka and Kerala for queer-trans individuals, as also the situation of elderly queer and trans individuals in these three states. Though we were aware of some of the work that is already happening in states like Uttar Pradesh, Orissa, Maharashtra, Rajasthan among others, we decided upon these three states. These three states were chosen as the government has done pioneering and sustained work in ensuring welfare measures for the queer and trans community, supported by the judiciary through its progressive legal reforms and path breaking judgments that have given new direction to the queer-trans community. We were able to conduct ten interviews each in Tamil Nadu and Karnataka, seven in Kerala, and five in West Bengal.

This follow-up research which started from September 2024 used an exploratory and descriptive design with snowball sampling. A semi-structured interview method was selected for data collection because, “*It facilitates rapport/empathy, allows a great flexibility of coverage and allows the interview to go into novel areas, and tends to produce richer data*” (Smith & Osborn, 2008:59).<sup>2</sup> The interview guide was developed with broad, open ended questions so that an effortless meandering discussion could happen. Sappho for Equality, a queer feminist organisation since 1999, has built a strong network supporting people with non-normative gender and sexual identities, especially those assigned female at birth. These connections enabled in-depth interviews with community leaders, development workers, and support group members to understand policy initiatives and community efforts for elderly queer and trans individuals in the three states. The organisation heads, other members and individuals working in this field were briefed about the research and interviewed in-person. Given budgetary constraints we had to select only these three states and leave out other states

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<sup>2</sup> Smith, J.A., & Osborn, M. (2008). ‘Interpretative Phenomenological Analysis. In Smith, J. A., *Qualitative Psychology: a practical guide to research methods*, 2nd Edition. London: Sage Publications Ltd.

like Orissa or Uttar Pradesh that have also done substantial work in ensuring social care for the transgender community.

The objective of the field visit was to understand policy level initiatives by the state and its institutions, and ongoing best practices within the community in these three regions. Community based alternative living arrangements and care support systems were explored as well in order to have better understanding on the prevailing gaps in state policies and conceptualize possibilities of change for queer and trans people. In the end, our field visit and improved knowledge gained from the work done in other parts of the country was used to help us conceptualise and plan how we can take forward the task of building care systems for the older queer and trans community members in West Bengal.

The field work for this phase was concluded in March 2025. The team interviewed ten respondents from Chennai, ten respondents from Bangalore and seven respondents from three districts of Kerala - Ernakulam, Thrissur, Trivandrum. The team also interviewed four ex-members of the West Bengal Transgender Development Board.

Sr, No.	Name	Organisation	Place
1	Veena	Road to Utopia	Bangalore
2	Manohar	Sangama	Bangalore
3	Kris	All Sorts of Queer	Bangalore
4	Vinay Chandran	Swabhava Trust	Bangalore
5	Astha	Raahi	Bangalore
6	Sunil Mohan	Individual activist	Bangalore
7	Akkai Padmashali	Ondede	Bangalore
8	Zayan	The YP Foundation	Bangalore

9	Mallu S. Kumbhar	Karnataka Sexual Minorities Forum	Bangalore
10	Vihan Vee	Individual	Bangalore
11	Father Philip	Navodaya	Kochi
12	Dinu	Disha	Kochi
13	Anagh	Disha	Kochi
14	Sanjo Steve	Transgender Development Board	Trivandrum
15	Arjun Geetha	Amigos	Kochi
16	Sreemayi	Individual	Trivandrum
17	Deepa	Sahayatrika	Trissur
18	Sivkumar	Nirangal Charitable Trust	Chennai
19	Delphina	Individual activist	Chennai
20	Jaya	Sahodaran	Chennai
21	Dr. Sunil Menon	Sahodaran	Chennai
22	Dr. Anbu Dorai	The Banyan	Chennai
23	Dr. Ramakrishnan	SAATHII	Chennai
24	I Savitha	Thozhi	Chennai
25	Swetashree	SAATHII	Chennai
26	Fred Rogers	Individual	Chennai
27	Dr. Tiju Thomas	Individual researcher	Chennai
28	Aparna Banerjee	Ex-member West Bengal Transgender Development Board	Hooghly

29	Kaunish Dey Sarkar	Ex-member West Bengal Transgender Development Board	Hooghly
30	Neel Das	Ex-member West Bengal Transgender Development Board	Kolkata
31	Dr. Kolika Mitra	Ex-member West Bengal Transgender Development Board	Kolkata
32	Sintu Bagui	Kolkata Anandam	Kolkata

The interviews were conducted following a semi-structured thematic interview schedule. A consent letter was signed and interviews were recorded and later transcribed. The transcriptions were colour coded based on the specific themes as follows:

- Needs and challenges of elderly queer and trans individuals
- State intervention
- Community initiatives
- Best practices
- Research and resources
- Ideas on possible collaboration
- Conceptualizing care work

In the concluding phase of the research project, following analysis of the field data, a state level dissemination-consultation meet was organised in May 2025 with community members and important stakeholders in order to create a blueprint of building care systems for elderly queer and trans people in West Bengal. On the basis of the thematic analysis and the consultation meeting five chapters were written: Introduction, The Karnataka chapter, The Kerala chapter, The Tamil Nadu chapter and Conclusion.

## **Section 2. The Karnataka Chapter**

### **2.1. Introduction**

Karnataka has a rich history of queer movement starting from the late 90s. The movement started with HIV/AIDS intervention. CBOs played a significant role in bringing people together and spreading the movement across Karnataka. From our conversations with activists, we came to know how people from other states, especially Kerala migrated to Bangalore specifically and Karnataka as a whole as it offered a comparatively safer space for queer and trans individuals. Organisations like Sangama, Swabhava and groups like Good As You started creating safer spaces for mainly gay identified men. In the year 2008, on 20<sup>th</sup> October, five transgender individuals were arrested and locked up in Banshankari police station in Bangalore. This led to a protest and the Bengaluru Namma Pride March was initiated in Bangalore. The pride march gradually spread across other districts to make it more inclusive, diverse and rich.

As a part of our research project **Conceptualising and planning care for older queer trans people in West Bengal** we visited Bangalore to build an understanding about the situation of elderly trans and queer individuals in the state of Karnataka. From the narratives of our participants we came to know that there are policies and programmes for transgender individuals in place but nothing concrete has been attempted in addressing the needs of individuals identifying in the spectrum of non-normative sexuality. Community leaders and community-based organisations play a very important role in liaising with the government, working as a pressure group. They contribute in creating safer spaces for queer and trans people and advocating for their rights. In Karnataka, a consolidated policy for transgender individuals has been drafted in 2017.

### **2.2: Challenges and needs of elderly queer and trans people**

The narratives that guided us to write this report helped us to question how ageing queer-trans people remain invisibilised as they are not considered ‘productive’ and how, many queer-trans individuals who had aged while IPC Section 377 was existent, could not come out. They either got co-opted in the cis-het family system within marriage or took up the responsibility of taking care of their parents therefore sacrificing the opportunity to live their lives their way. It is a fact

that the LGBTQIA+ movement mostly centres around the youth and their life situations while aged queer-trans individuals become invisibilized. Only those queer-trans aged people who are associated with certain field projects or NGO activities, are visible but the majority fade out. In most of the interviews our respondents said that for queer-trans individuals life starts late and ends quick; above forty people already feel aged. Vihaan, a transgender activist and a development sector professional, talked about the advocacy done by the trans activists in Tamil Nadu during 2014, where the government was asked to consider the threshold of ageing to be 40 years, which finally got sanctioned in 2018. The logic behind this advocacy was that transfeminine people who are in sex work, lose their job as they age. It becomes difficult for them to get clients and continue earning. Often due to health hazards they become ill very early. Most of the transfeminine population is vulnerable to HIV. HIV/AIDS is a disease that impacts one's health on a day-to-day basis and people can die very early. Due to social ostracism and alienation, non-cooperation and violence from family of origin, school dropout due to discrimination, difficulty in getting into a gainful vocation, work hazards, discriminatory practices at work space, migration, homelessness etc., trans-queer individuals are exposed to ill health both physically and mentally, which has a direct relation with ageing. Vihaan reiterated that in India there is a dearth of statistics to prove this, but as community people they know that the community members don't live so long. And the global research also talked about suicide within the community because of not being able to live freely, as a result of extreme violence from family and society. For all of these concerns the government should mark people above age 40 as elderly population. Another argument was that as trans people undergo hormone replacement therapy and also often opt for surgery, it also impacts health adversely. Hence 40 years should be considered as the threshold. As Vihaan, who identifies as a transmasculine, said,

This we all agreed upon, but then the question comes that why will we wait till 40, because trans persons face discrimination on a day to day basis. They don't get a house, they don't get a job. So as soon as they come out and share their identity, the government should include them in their schemes. One thing that is important here is that there is no scheme for queer people. All the schemes are trans specific. In Karnataka there is 1% reservation in jobs as well. But for trans people only.

Vihaan reflected on the debate over the threshold of old age when it came to policy propositions for ageing queer and trans people. Many opine that ageing trans people have specific needs different from that of people identifying in the spectrum of non-normative sexual orientations for which the former requires a relatively lower threshold definition of old age. Vihaan argues that such a debate focuses on transgender centric policy proposals and invisibilises the need for safety, security, and rights of the larger queer-trans spectrum. Not just trans people, other members of the queer-trans community who may not fit into the definition of binary transgender person are marginalised in this way, generally without any strong support network and suffering through health issues and other deprivations. Their sense of loneliness and alienation impacts both their mental health and physical health. Thus, Vihaan argues for a comprehensive policy programme, scheme or legal guideline which talks about queer-trans people's safety, owing to their distinct vulnerabilities which cannot and should not be hierarchized. Vihaan also stresses the fact that very few queer-trans people survive above the age of sixty. Those who survive past their fifties are left to the mercies of their family of origin, or even sometimes their families of choice like the hijra gharana, who in most cases treat them as a burden of responsibility often with neglect and abuse. There are of course exceptions where community members take up the responsibility of care and material support and even find an alternative home where needed. Sharing experience of taking care for an elderly transwoman transgender activist Akkai Padmashali said, *“So finally, we found a space, we arranged that space for N<sup>3</sup> with some amount as rent. And now she is there but the local people, elderly people cis-men and cis-women are not comfortable talking to N. She's feeling even more isolated. At least she felt comfortable here as because we all are transgender individuals here, she could feel included and not discriminated against.”*

The discrimination and isolation faced by the queer-trans individuals coupled with the lack of awareness about non-normative gender identities and sexual orientations made the situation difficult for conceptualising any affirmative policy framework for the LGBTQIA+ community people. As a result of continuous advocacy by the trans-activists some affirmative steps have been taken by the Karnataka government but without a change in the social mind-set, nothing can take a concretised form. Moreover, in the absence of any discourse around elderly QT people, the government only asks for numbers as if that is the only stumbling block for

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<sup>3</sup> Actual name withheld for anonymity reasons.

initiating any program for queer-trans people. Akkai found it mandatory for the state to have an internal conversation with all the departments to understand the politics of identities. The discourse around non-normative gender identities and sexual orientation needs to be reinforced again and again in order to have a common understanding among each of the departments so that there is no discrepancy and conflict. The Government's need to know the number of 'beneficiaries' has stood as a barrier in the effective implementation of the transgender policy in the state. As of now, a survey is said to be required in order for the TG policy to be implemented. According to Manohar of Sangama, the government doesn't bother about any policies and programmes unless they can be used to build a vote bank. Unfortunately, since the queer and trans community people do not stay in one place, often migrating on a needs basis, they are a spread out population. In Manohar's words,

Your vote cannot help anyone to win, you can't even defeat anybody. At least by 10% vote you can defeat someone or at least give a tight fight. Because of this, people don't care. Also there is more visibility of transwomen, transmen and lesbian women have very little visibility. Yet again the community initiatives are fractured as well. There are organisations working on specific identities. They don't even meet. There is no unanimous effort.

In this situation, talking about the needs and challenges of the elderly queer and trans individuals becomes important and futile at the same time. Absence of safe spaces, absence of shelter facilities, absence of housing policy, loss of livelihood, physical and mental health conditions leading to ill-being coupled with corruption in the respective departments, lack of funding, transfer of officials responsible for implementing actions, absence of guidelines stagnate any kind of effort whatsoever. Lack of awareness and information about transmasculine identities also create confusion and conflict. According to transgender rights activist Mallu K. Kumbhar alias Malamma, there is no guideline for transgender aspirants in getting a job. In the police department there are specific guidelines for women but no guidelines for transwomen. Malamma said that transgender meant transwomen to the authorities and their existence only surfaced in their minds while announcing job vacancies for trans-individuals in the police department. According to Malamma, **The Coalition for Sex Workers and Sexual Minorities' Rights** (CSMR) a coalition of groups and individuals in Bangalore, working for these communities has already initiated a battle with the state authorities about the term

transgender not only defining transwomen, but a spectrum of trans identities which needs to be recognised and supported and they should be included in schemes like *Gruhalakshmi*<sup>4</sup> and *Shaktiyojna*<sup>5</sup> for which advocacy with the state government has already been initiated for including transgender individuals in the Gruha Lakshmi scheme, and in case of the Shakti scheme in most of the cases trans individuals have not been able to avail it due to non-availability of TG cards. And in this case, trans individuals denote transwomen only. Malamma spoke about the Sevasindhu, the common citizen service portal in which the transgender option was not included. Malamma also reiterated that trans individuals have livelihood needs and need for food (*roti chutney*). They face daily harassment from their family if they live at home. If they live within their culture then there is harassment in their culture too. They are often faced with helplessness as they cannot lead an independent and autonomous life. In her words, *“After 45/50 we cannot work. We need food three times, we need medicines as there will be various health issues. We need free healthcare support. At this time there is harassment from family as well. As we grow old we cannot lead the life we want to. There are a lot of problems with health, housing and shelter”*.

As a way out, Mallu reinforced the need to work together as a pressure group. She suggested a two pronged approach where the trans-queer community will have to unitedly fight with the government as well as also work with the government. Coming together appeared to be the need of the hour but according to some of our participants who have been associated with the movement for a very long time, most people are living a ‘lonely’ life presently. Sunil Mohan, of Sahodaran, shared his observation that nowadays there is a stark absence of intimacy between people. People tend to be more mindful of their needs and often disappear from the community spaces after having taken the support and services of the community groups in their times of crisis. They seem to be more bothered about securing their interests and lack empathy or solidarity towards other community members. Sunil said, *“After 21 years of work, we feel lonely here. Nobody turns up, everybody is busy with their own life”* According to him loneliness is a big challenge for the elderly queer-trans people. In heterosexual life there is a

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<sup>4</sup> The Gruha Lakshmi scheme in Karnataka is a government initiative aimed at financially empowering women heads of households. It provides a monthly financial aid of ₹2,000 to eligible women. This scheme is part of the state government's broader effort to support women and improve their quality of life.

<sup>5</sup> Flagship program of Karnataka government providing free bus travel to women.

sense of ‘constructed security’. But in queer-trans lives loneliness comes as a greater challenge, especially during illness. According to him, if the community disintegrates and lives become individualistic, it will have a direct impact on the wellbeing of all. There was a palpable helplessness and hopelessness in his voice. While talking about policies and programs, Sunil also reiterated the point that the discourse mostly talks about transfeminine identities and not transmasculine individuals. This reflects how there is a blatant invisibilisation of transmasculine expressions. The policy for transgender individuals is also under the aegis of the Department of Women and Child Development. He expressed his frustration thus, *“They grabbed it from here. There is no ‘female assigned at birth’ community need that is addressed in the policies.”* This almost pushes transmasculine individuals to a marginalised position within the marginalised where they simply do not exist. Regarding this issue as well, the community is in friction with each other. According to Sunil due to NGOisation, the community has been divided. The big NGOs have made money. But the community has not made money anywhere. They don't have economic support and as a consequence no security. There's a lack of cohesion, cooperation or consultation. The community is not coming together, there is no dialogue either amongst them, or with the government.

Veena the founder member of All Sorts of Queer (ASQ) also talked about the fear in people of ending up alone. They spoke about the volatility in the community and the relentless stress and strain within community spaces. They went on to talk about the baggage with which people came to these spaces searching for unconditional acceptance that they expected to receive from their natal families but never did. Veena also talked about the continuous heartbreaks of queer trans people in their unstable relationships as they continue transitioning, changing their bodies, changing relationships while all the time there remains the elusive search for that safe space, that space, that is ‘like home’.

### **2.3.1. State interventions**

One of the most robust, inclusive, all-encompassing policies for the transgender population is the one drafted in the southern state of Karnataka. Known as the Karnataka State Policy for Transgenders, the policy supports self-identification of gender as outlined in the Supreme Court NALSA judgment and its emphasis on non-discrimination of the trans community from accessing public services with separate provisions for access to healthcare, education and

employment. However, as is the case in most laws framed for transgender individuals in India, the ambit of the definition of the word trans is myopic and restricts itself to transwomen, invisibilising the transmasculine population and the entire queer spectrum outside the mainstream cis-heteronormative understanding of gender-sexual identities. Most of the schemes and policies focus on youth empowerment. Importantly, Karnataka is the first state in India to reserve 1% of the vacancies for transgender persons in any service or post in all categories of government jobs. The Transgender Policy talks about their education, healthcare, housing and livelihood and mentions four concrete steps to achieve this, namely:

- Empowerment
- Remedy
- Enabling
- Sustainability

Implementation would take shape through four agencies which are:

- Special cell for transgender people
- Transgender support unit
- Co-ordination committee
- Monitoring committee

Unfortunately, there has not been a single mention of elderly queer and trans individuals. Only a tokenistic mention of old age shelter homes (on page 4) and day care centres (on page 14) for elderly transgender individuals is there without any further engagement. The information that we gathered from our interviews gave us a direction to think about the possibilities of including elderly queer and trans individuals in the following existing schemes:

- ‘Maithri’ Scheme (Monthly Pension of ₹1,200)
- ‘Shakti’ Scheme (Arrangement to avail free bus rides)
- ‘Griha Lakshmi’ (Monthly pension of ₹2,000 for female headed households). After prolonged agitation and activism, transwomen have been included in this scheme since July, 2024
- To convert or make inclusive, existing ‘Santhana Centres’ for women facing violence and abuse as ‘One Stop Centres’ for trans people

- National Health Insurance Schemes
- ‘Yashaswini’ Health Insurance Schemes for societies or self-help groups for transgender people
- 1% reservation in government jobs (irrespective of SC/ST/OBC/General Categories)
- One time transfer of ₹30,000 to the bank accounts of trans women by the Karnataka State Women’s Development Corporation under the Rehabilitation of Transgender Scheme for undertaking training under the Entrepreneurship Development Program as a livelihood initiative
- Health insurance of transgender people under the ‘Ayushman Bharat’ Health Insurance Scheme
- Financial assistance for Gender Affirmative Therapy and Care in government hospitals

Though there are no separate schemes for elderly queer-trans people in Karnataka, there are certain existing schemes and policies under which the queer trans population can be included. However, it has been possible to include very few people in an extremely limited and restrictive environment for the reasons stated below:

- Lack of reliable data
- Stoppages caused by frequent transfer of government officials
- Hurdles in obtaining the necessary requisite official documents

### **2.3.2. Reflections**

Vinay Chandran, counsellor and Executive Director of Swabhava Trust, was of the opinion that in Karnataka, as a result of the political turmoil in the last one decade or so (two legislative elections) the government put more focus on surviving politics and not so much on implementing them. So there is no specific policy that can be talked about. For instance he pointed out that the health policy has mentioned issues about transgender people but nothing specific about old age. In Karnataka, transgender individuals can receive a monthly pension of ₹1000 under the "Pension to Transgenders" component of the Integrated Social Security Scheme (ISSS). This pension is directly deposited into their bank accounts through direct bank transfer (DBT). The scheme aims to provide financial assistance to transgender individuals with limited or no means of livelihood. The minimum age for eligibility was reduced from 30

to 25 years, and the pension is available to those aged 25-65. Additionally, transgender individuals may also be eligible for other welfare schemes, such as those providing ration cards and access to healthcare. Though the amount is meagre but at least it recognises the transgender identity. Unfortunately, the focus is given to transwomen, and transmen or any other group with gender and sexual diversity is denied its privileges. Vihaan reinforced the need for pension and said that all the states should have an HIV pension as then, they will feel motivated to come to the ART centre and take the medicine, *“It will work as a motivator for seeking regular treatment”*.

In Karnataka, the monthly pension scheme or the “Mythri” scheme for transgender individuals has different age criteria depending on the specific benefits. Generally, transgender individuals, aged 18 and above are eligible for a monthly pension of Rs. 650, while those aged 80 or older, or those with 70% disability, receive a higher pension of Rs. 1200 provided they meet the BPL criteria. Additionally, The scheme is part of a larger effort to rehabilitate transgender persons, by offering medical facilities, counselling services, education, skill development, and economic opportunities in order to integrate them into the ‘mainstream’ society. But according to Vihaan Vee, transgender activist and development worker, the way the scheme has been laid down follows a chrononormative timeline, which doesn’t align with the lived experiences of the transgender individuals. There needs to be more discussion on queer timeline for queer-trans individuals, just like a discourse is being formed around crip time in disability movements.

Vihaan talked about the *Garima Grihas* which are non-functional at present though there are some setups which are still running. Government is not releasing funds on time but still there is a space which has been authorised by the government. So one can actually go and ask that this is the space allocated by the government. Advocacy and implementation of Garima Grihas was identified as the need of the hour. Under the “Shakti” scheme, Karnataka has free bus service for trans persons too. Here also the category of trans persons is once again collapsed into trans women only. A transgender welfare board is needed for streamlining these schemes and making them inclusive of trans men as well.

Taking a critical stance, Sunil Mohan added, that though Karnataka as a state is trying to be responsible in being the first state in India to have come up with a policy, *“Nothing has changed. The state should take an active role and create an enabling environment for the*

*community. Even if it is like there is one person there, they have to take cognizance of that. The state has to create something inclusive and exhaustive”*. He further opined that it should not centre around only non-normative gender identities and sexual orientations but for all marginalised communities.

#### **2.4. Community initiatives**

In Karnataka, an amalgamation of funded projects led by CBOs, support groups working solely on the basis of individual donation and CBOs functioning without any government funds can be seen. Karnataka being one of the first states to have started the LGBTQIA movement in India has a character of its own, a progressive cosmopolitan space where queer and trans movement survived through different cracks and fissures. Vinay Chandran of Swabhava Trust shared that, since they are a non-funded space operating only on donations, keeping this space alive is a big issue. He has been thinking of setting up a shelter for a long time. But without adequate funding nothing can be done. As the oldest organisation with a helpline number for queer and trans folks, they get a number of calls, especially after the lockdown. Many people were chased away from home or police cases filed. For people in the southern part of India, Bangalore is seen as a safe city. So people from other states escape to this city with the police from that state also coming after them. Swabhava Trust and other groups and organisations have intervened and reached out to help despite the risk involved.

Vinay reiterated that the queer-trans community has seen significant changes in terms of access to information, the ability to connect to anyone across the world in terms of both social networks as well as sexual networks. Those things have improved in the last 25 years considering how people used to struggle to connect with like-minded people, let alone find ways of community building. Vinay saw this as a superficial development though, because deep inside the problems of being forced into marriage, living in situations where people have no say in who they are with, who they have sex with, and this unnerving fear of loneliness, fear of what will happen next still lurks largely. As he expresses, *“A lot of superficial, visible changes young people connect to, but once they cross a certain age it seems to be like, ‘Oh! What about loneliness, what about stability and security’”*. Vinay shared his experience of organising the *Good As You* weekly meetings every Thursday, where individuals come and connect with each other. He talked about his observations in the last 15 to 20 years in the group

meetings. Those who started young, unsure and tentative about themselves, are now in their late 30s, early 40s and settled because of the booming IT industry. They don't feel connected to the youngsters, there's no connection with others except the community. At the crux of it is loneliness. Worries about tomorrow. Today can be fun, but what about tomorrow? As a community based organisation Vinay does his part, which is to organise the weekly meeting without ever failing for the last thirty years. During lockdown it continued online. Vinay reinforced that support groups like *Good As You* can help people become confident about who they are, come out of the closet, connect with each other or get involved in activism. Slowly people realise how they see themselves, how comfortable they are and eventually they start making those decisions because there's a bunch of people who say "You are ok"; "This is a safe space for you". One can think, imagine and dream, have an ambition about it and whoever's there with them will tell them directly that they've gone through similar things and that helps one build confidence.

Sunil Mohan and Rumi Harish, who have worked with and for the queer-trans community for more than three decades shared their experiences. Their work involved doing everything, from counselling to crisis intervention. They had to fill in for other experts too, like the lawyers who did not come to the police station during crisis intervention. They had to strategize, delegate roles to others, talk to the police, take care of those who were dealing with the crisis, etc. Even after leaving the NGO, they continue to do the same. Their home has always been open for community members in need of shelter. Care for them meant providing physical and emotional space, cooking for them and making them feel safe and happy.

Akkai talked about their interventions with doctors. Continuous dialogue with medical practitioners and government hospitals has created an affirmative environment for the trans-queer community people. Their intervention is mostly around creating conversations around trans-queer lives, their challenges and needs.

Kris of *All Sorts of Queer* (ASQ), also reiterated the need to stick together. *All Sorts of Queer* is a support space mostly working online with regular meet ups where the main objective is to bring people together and create a safer space for each other. It has no hierarchical structure. It is not registered, it is an informal support group. The group is open to all sorts of queer people except cismen. Kris talked about their annual event, an event around Valentine's day to address questions of loneliness. Explaining the reason behind it, she stated, "The mainstream media is

*bombarding you with love, love, love marriage marriage marriage*". So for them the heart to heart group meeting becomes a sort of "group therapy". Their attempt is to keep afloat the peer support group even if it is in the form of a WhatsApp group to uphold a sense of solidarity. Kris who is now in her late 30s has been part of the community since age 19. In her long journey with the community, she has understood the importance of having a community and sense of solidarity. The changing landscape of social media where people connect with each other without the help of organizations, has been the basis for ASQ to come alive.

Veena, also from ASQ very significantly, pointed out the importance of having regular awareness generation programs with the secondary stakeholders and service providers. With the vision of creating an enabling and affirming environment they have started teachers' orientation in Karnataka. The teachers need to understand the needs of the gender non-conforming child in order to protect a child from being bullied for their non-normative gender expressions and sexual orientations. The objective is to create an inclusive space for all students. Through advocacy and regular dialogue they are also trying to introduce school counselling. Veena said a number of ongoing orientation programs for teachers, police departments and college students are happening in collaboration with the government. According to Veena, they said that when we talk about college students it becomes even more important to have these discussions so that they are also helped to identify and exercise their preferences.

## **2.5. Best practices**

In order to conceptualise caregiving for elderly queer and trans individuals, identifying and exploring the ongoing best practices became necessary. The community leaders and activists shared their experiences of creating or being a part of physical spaces like support groups, care systems, communes, *hijra khol*, personal homes, drop-in-centres, chosen families and neighbourhoods. They also talked about relationships where they feel safe and emotionally held. Mention of need based and food habit based ration, medical support, buddy system, old age homes also came up repeatedly in the conversations.

Manohar from Sangama talked about the significance of the Hijra Jamaat system, where young individuals are taken care of by older members during gender affirmative surgeries and post-

op periods. Likewise the elderly hijra gurus or members of the jamaat system also receive care and support from the younger generation. However, this being an age-old system replicating the ‘traditional hierarchical family structure’, it has its challenges and possibilities. In most instances, this arrangement is conditional. If the elderly member is financially stable and can offer money, only then, her chances of getting care increases. Manohar reinforced the importance of community holding in elderly care and mentioned the ‘buddy system’ with reference to the HIV/AIDS pandemic, where a person having HIV positive status is paired with another person of the same status who can provide emotional support, practical assistance and companionship. Manohar suggested that something like the ‘buddy system’ can be a form of support for the elderly queer and trans individuals as well. He explained thus,

You are HIV positive, I am HIV positive, we are choosing each other as buddies and the rule is we should talk to each other everyday. Whether on the phone or off the phone. We should go to the ART centre together the same day to get ART. So what happens, the moment one person is feeling psychologically low, the buddy will figure it out, intervene, inform the group, inform the NGO. so that no one falls outside the ambit of care.

Talking of how care intervention needs to be personalised and need based, Manohar shared about his organisation’s efforts in providing food habit based ration during COVID 19. They have also started a 500 rupees assistance package for HIV+ individuals. The package includes nutrition supplements, meals which include eggs and a few other things. It also incorporates the buddy system and counselling. They are experimenting with it, trying to recruit counsellors who will do counselling on mobile phone, audio or video counselling, across the state. It is definitely making a difference to people’s lives. People are meeting every month and talking to each other. It is a very low investment model and Manohar believed that the model could also be replicated for the older queer and trans individuals.

Manohar spoke about the commune living spaces in Bangalore which are mainly inhabited by affluent, well-endowed people. This is an existing model working effectively for those who can afford it. This can be a model for elderly care as well. For this to happen the first thing needed is a land where one can invest. Wealthy people from the community who want to offer help can take responsibility for arranging the land where elderly people will live together in a caring and safe environment. While there are people who are offering a place to develop some

infrastructure, the real challenge is to find people willing to take the responsibility of caregiving. However, from several interviews conducted in Bangalore, the positive impact of staying close by in the same locality was reiterated. Manohar said, *“It is about living as close to each other as possible. Many of the queer folks work in the IT sector, they buy houses or apartments in the same building to be with each other.”* Manohar referred to ‘Nandigram’ the concept of commune living as co-founded by Kundanika Kapadia near Vankal village in Valsad district in 1985. Manohar reiterated,

We always wanted to be closer to each other to be able to support each other. Many times we lost our key so the second key is with somebody whom we trust, as simple as that. So we stayed nearby and our office was here. And one of us bought a flat here. Because the office is nearby and so many of us are single people, more and more of us started living nearby and people have their friends so that does help. Because that takes care of some of your social and psychological needs. So it is a very simple idea that we should live near each other and not far away. I have friends who live 10 kilometres apart who say we should meet once a week and we don't meet once a month! Because we are nearby we walk, we bump into each other, we come to the office and meet somebody. So I think the proximity also helps. The whole area is GSM [Gender Sexual Minority] friendly now, because they see so many of us, and the offices. Also if someone wants a rented place, they say about the rents of the different areas and for this area, one says that if you go to that area, this person will help you, that person will help you. It is not a bad idea, not about creating a ghetto but definitely living closer to one another, for some support space.

Vinay Chandran shared how through the support group meetings and meet-ups a lot of people come together and create their chosen families. Vinay also reiterated that the IT people who have bought flats in the same neighbourhood have created their chosen family by staying together in close proximity. *“They don’t need to come out and interact with the community on a daily basis. They go out when they want to, they are each other’s family”*. Vinay also mentioned that most of the older generation people he knows, who are in their 70s or 80s, have friends, not necessarily queer friendships but friends from the cis-het community, people whom they can depend on. Manohar and Vinay’s narratives talk largely about the existing support systems that are there and the possibilities that can open up from networking.

Veena, from *Road to Utopia*, talked about their personal experience of a support space which can be a best practice model in its own rights. Veena described, *“We are a queer family, four of us who are raising the kids together. Along with me and my partner, there is a cis-man in this parenting group and a transwoman in our parenting group. So the four of us are raising the kids together. And our whole team is here, our community is quite close knit. So we watch out for each other, from taking care of each other’s cats to each other’s heartbreaks.”* According to Veena these relationships are based on friendship ties, not familial ties, friendship is the crux of this alternate family space. Veena said, family is not only based on blood relations, there are other kinds of families too and there are conversations around that too. Karnataka has plenty of such alternative living arrangements. She gave examples of four or five friends living together as a family. The significance of friendship in the lives of queer and trans folks came up again and again in the conversation with Sunil and Rumi Harish. Sunil shared,

Mostly people who have come from different places, migrated from different places in crisis. have no other space to go. So inside the organisation we created a support group kind of a thing and the concept was to kind of support each other. That is where physical space is needed, which is very important in everyday life. Actually I still say that we need a physical space. It’s very important in that way. Otherwise that physical intimacy, knowing each other and that intimacy will not get built. Nowadays what is happening is like everyone is on social media, “hi and bye”, that’s all. There’s no intimacy and there’s no... people’s needs are not being addressed. People are feeling lonely. That time, it was like... nobody was feeling lonely. We have not allowed people to feel that.

Both Sunil Mohan and Rumi Harish reminisced the earlier days when they used to have meetings in *Lesbit*. The meetings usually started from morning and continued till evening, as they used to translate everything for everyone, even a joke used to get translated in all the languages needed for communicating it to all the members irrespective of which district or state they were coming from. Sunil said that the system was simple, there was a counsellor to speak, there was a lawyer to address the legal issues and then there were both of them to make each one feel comfortable in the community space. Their commitment towards the community was palpable when both of them shared how they had opened their house and created an environment of care and trust in the community. According to them all marginalized

communities are always welcome in their home. Their home felt like a community home kind of arrangement.

Akkai talked about convergence. That's the only agenda in *Ondede*. *Ondede*, in Kannad means convergence. '*Okkuta*' meaning union or alliance is another objective of Ondede, to bring like-minded people together. Akkai informed that they work in 22 districts of Karnataka on the idea of convergence with the aim to build the same system in other districts. Ondede also works hand in hand with Karnataka Intersex Association. Together with other organisations and individuals they create spaces for theatre, storytelling sessions, creative writing etcetera in order to approach the issues through performative arts and emotional expressions. The strength of coming together as a community has been the driving force for Ondede. Akkai shared that once they rehabilitated an elderly transwoman, who was left alone, suffering all by herself. They rescued her and brought her with them. Taking care of her became a united task. As Akkai mused, "*Like if someone was cooking, someone washed vessels, someone cleaned the house, someone washed her clothes, someone combed her hair, someone helped her while bathing, someone fed her. In this way they all shared the responsibilities to give her a safer and happier life*".

Akkai talked about their advocacy work with the police professionals, doctors and medical colleges. Through continuous communication and awareness generation they have built a strong rapport with them. In many cases Ondede takes an active role in accompanying people to the hospitals and helping them to get free treatment. The local doctors also help as much as they can. Some waive the consultation fee so that the patient can buy medicines and fruits with that money. Ondede has a strong network with government hospitals for interventions like SRS and ART. They work closely with NIMHANS for mental health related concerns. Akkai said, "*Building systems is very important, building friendly people is very important, building a network is very important. And this relationship has not only supported us it has also supported the general public who come and seek support from us, be it domestic violence, be it sexual violence, be it police atrocity... and doctors are also getting so much of exposure.*

Akkai also described their intervention in the social mainstreaming process, where they have some land in a nearby village, where trans-queer individuals from Ondede go and do farming. The local villagers come and interact with them and help them in their work. In order to conceptualise the process, Akkai thinks that as an organisation they are not the experts but they

have first-hand experience of working with the community and understanding the pulse of the community. Akkai said, *“I think in the existing mode, if someone wants to take up this responsibility and work accordingly, we’ll be most happy to support the process and the existing links, the chains, the networks, we’ll be happy to handover because we want to come back and stick to our human rights work.”*

## **2.6. Conceptualising care**

*“It is immensely important to understand and value the history of queer and trans movement of which the elderly queer-trans individuals were a part, only then can one value them and care for them. Caregiving is actually being conscious about a person and their needs. Caregiving is a skill and a voluntary thing, caregiving is being conscious”* These were the words of Sunil Mohan, through which he aimed at reimagining ‘care’ on the basis of which a care-system can be ideated where opportunities and possibilities for elderly queer and trans people will be there in order to achieve a certain level of wellbeing. Following are some words and phrases that came up from our interviews while conceptualising ‘care’ –

- Food
- Safety and security
- Medical intervention
- Economic security
- Sense of space
- Kindness as integral to a space
- Fresh air
- Care and Friendship
- Mental health needs to be prioritised.
- Subsidised or free therapy.
- Respecting personal privacy and freedom
- Space for having conversations
- Enabling and enriching intergenerational interaction.
- Possibilities for collectivisation, coming together, loving and caring for each other.

Veena talked about kindness and friendship as integral to caregiving. Veena also raised an imminent question by bringing about the aspect of motivation of the caregiver. Veena said when a young person after SRS needs care, the caregiver feels hopeful but for an elderly person who is ill and needs care, there might not be any hope. This can become demotivating for the care giver. In such cases, maybe kindness, friendship, respect, accountability etc. can be some of the values that can be a driving force for taking up the responsibility of care. Along with these, according to Vinay, security and protection would be fundamental to caregiving. Vinay mentioned, *“It’s not just I’m taking care of you but I am preventing the world from interfering.”* Our respondents also talked about adopting the ‘buddy system’ for creating a more engaging way of caregiving. It could be either two elderly individuals becoming buddies or the system might also function on the basis of intergenerational support.

Veena brought up the significance of spirituality while conceptualising care. Veena shared, *“I think religion will help... because whether we like it or not, religion is a safe space for a lot of people. It is something that keeps people grounded. I am not religious, I don’t understand it but I wish I was religious. You know, like blind trust in something. It would feel really good.”* While ideating ‘care’, Veena felt that smaller cultures and yearly rituals might also help. A physical space where rituals can be followed and cultural practices can be formed together might create an environment of safety and cohesiveness that might feel peaceful for elderly queer-trans people. Veena reiterated –

That physical space is required. Whether I interact with the community or not, there is this space where I can come whenever I feel like, creating that physical space...not allow the rest of the world to taint the space in any way, hold it really, really close to our hearts while you also have to give that much space for it to grow and actually get out there and allow for space...insulated from personal agendas...differences. We need a structure and we also need to make it loose. Queer feminist spaces by digging deep into our queer feminism, like compassionate, kind and respectful of each other’s boundaries...whatever is needed to keep it safe.

This notion of care takes a very forgiving and nurturing approach towards life. It has to come from a place of investment in love. It cannot come merely as care giving for care giving’s sake. One has to not only love the idea of care giving, one has to also enjoy the idea of caring for

older folks. Zayan, a transmasculine person associated with the YP Foundation, talked about the ‘cycle of trust’ on the basis of which two friends can stay together and care for each other. Not a blood bond, not a romantic partnership, only friendship, comfort and trust. Care work is difficult, it entails being responsible. Mutual care is significant when planning and conceptualising ‘care’ for elderly queer and trans people. Offering care not out of obligation but out of concern and compassion has to come organically.

Sunil and Rumi stressed on being accountable. They said, they have always taken the responsibility to care for others, to offer their home for others because they have also come from that culture of taking responsibilities, the culture of struggling together while the movement was just taking shape. But nowadays, the younger generation, according to them, are coming from a safer space already created by the older generation and that is why at times they forget to nurture it. That's why knowing and acknowledging history is important. Caregiving has to be mutual and the community is not ready to think about it because the community presently have all become divided into small pockets.

Coming up with a more practical approach, Malamma said that there should be government shelter homes for caring. Even if there are NGO run shelter homes, long term sustainability with a steady flow of money, infrastructure and support staff becomes mandatory. Caring for the elderly is a lifelong commitment so once a shelter home for elderly queer-trans people becomes functional, it cannot close abruptly due to fund shortage. It cannot be a project based endeavour. It has to be a programme on its own. Hence, it is necessary that the government take responsibility. The government can hire queer-trans people for carrying out this work thereby generating livelihood opportunities for them and at the same time create a good environment free of stigma and discrimination for the elderly queer-trans people staying in the shelter homes. There should be facilities for counselling, health care, food, security and safety. Malamma raised the concern around *Garima Greh*. She said that many people would not fit into the guidelines of *Garima Greh*, She critiqued how the government stopped funding abruptly. But asking CBOs to self-reflect, she said, “*What happens is showing numbers and taking money.*” Malamma reiterated that, every state government should make a budget for shelter homes, create a support system, and talk to the community about what needs to be done. The government is creating shelters and asking the elderly queer-trans people to come and stay there. But for making the programme effective there needs to be dialogue with the community

as to the kind of infrastructure that is suitable for such people. The government needs to create shelter homes with proper planning and execution where one can live happily as long as they live.

Manohar imagined 'commune' living as an ideal system of care for queer-trans people. He said shelter homes can also be designed keeping in mind people's privacy and independence. He said, Maybe we need old age spaces which are inclusive of not only GSM individuals but also "*others who are like-minded, feminists, Ambedkarite people*". Manohar stressed on the commune way of living adding that on the outskirts of Bangalore, a commune living space might develop in the future. He described it as, "*Maybe it will be much cheaper there and if one can form a soup kitchen space, people can come and have their breakfast, lunch or dinner or whatever and three meals will be taken care of. It will give a sense of familiarity also. They can even talk to each other, there can be a Drop in Centre*".

Our respondents from the younger generation like Kris from ASQ and Astha from Raahi while conceptualising 'care' talked about the need for old age homes with private rooms and private spaces. Good food, buzzing activity around the elderly queer-trans people, with people from multiple age groups, where there will be autonomy, private space and freedom to step out with friends and lovers. Kris dreams of having a physical space where people can come and hang out and just be. Astha conceptualised 'care' by ideating a space for elderly people with all amenities and services available to fulfil their need to maintain physical and mental wellbeing. Astha also talked about financial literacy and self-help groups for earning.

Talking about the idea of 'convergence', Akkai stressed on the need for emotional touch. She made us think aloud when she mentioned that we need that emotional touch but we don't know how to address it? "*We know only how to shout against the state, shout against those who are spreading hatred, we know that, but when someone is caring for others, when someone is standing beside others as a rock solid support we don't know how to address that*". So the idea of convergence becomes more and more significant. Coming together for each other is what convergence is all about. Akkai also stated that since there has been absolutely no efforts spent on elderly care of queer and trans people across India, there needs to be some concrete, formative steps taken so that we can build up alternative systems wherever needed. Akkai reinforced the need for coming together and thinking together. She said, the idea of

convergence requires us to work with existing social justice movements, with constitutional authorities, with community groups, youth movements and civil society. Through convergence, compassion and collaboration Akkai wants to create a space for dreams, for all.

## **Section 3. The Tamil Nadu Chapter**

### **3.1. Introduction**

Tamil Nadu has been the first state to form the Transgender Welfare Board in 2008 and the first to start free gender guidance clinics. It has issued special Identity Cards, separate Ration Cards and free bus travel in ordinary fare city buses for transgender people. It provides for free skill training and grants up to Rs.50,000/- for income generating activities. The government also provides house *pattas* and residential homes and financial assistance for higher education. It facilitates Self Help Groups (SHGs) for transwomen. Tamil Nadu is also the first state to ban sex-selective surgeries on intersex babies in 2019. In 2021, following a landmark judgment by the Madras High Court, the National Medical Commission banned conversion therapy, aimed at changing the sexual orientation or gender identity of an individual with the use of either psychiatric treatment, drugs, faith healing and even violence. The state has also introduced amendments in state police guidelines that protect community members from police harassment and has successfully incorporated queer-trans issues in school curricula. Unfortunately despite such progressive steps, most of the schemes offered by the state, like pension, housing are marked for transgender people and do not cover any other community under the queer trans umbrella. In addition, most of these schemes are availed by transwomen. The schemes are mostly accessible in the city of Chennai with very little benefits spreading to the other districts.

### **3.2. Challenges and needs of elderly queer and trans individuals**

Older queer and trans people have lived lives of invisibilisation and neglect not just from their families but also sometimes from their community people and organisational spaces. Sunil Menon, founder member of Sahodaran, rued the fact that a lot of people from the older generation in Tamil Nadu have “disappeared”, reasons being dependence on substances, HIV and lack of support systems. An universal experience of loneliness, universal feeling of fear of falling ill and not having someone take care of you lurks in the daily lives of almost all queer-trans people. Sivakumar, who identifies as a non-binary trans woman and works with Nirangal

Charitable Trust, reiterated that most NGOs or CBOs concentrate their efforts and programs only on the younger people as the target group. Those who are engaged in sex work, or in begging are vulnerable to HIV/AIDS and become the main focus of all sorts of developmental work or schemes and policies. Since older people do not go for sex work, there is less chance of infection, and do not come under the radar of the NGOs working on HIV/AIDS. Apart from that, organisations and groups working for rights of the queer and trans community invest hugely in the younger generation who can actively engage in advocacy campaigns and media visibility highlighting the issues of rights and benefits. There too, younger people hog the limelight and most organisations do not include older people in their campaigns and programs and their issues are excluded from their agenda. Dr. L Ramakrishnan (Ramki) who has been with the LGBTQ+ movement for many years and works for inclusive health care and protection of the rights of gender and sexually marginalised communities further reiterates that older people are almost absent in the mainstream queer scene if they are men and there are not that many public spaces for women to occupy. Delfina, a transgender activist, argued that in general we have not thought about caregiving for old age in this country except for some private charities. She added, *“The challenge for transwomen working in the three sectors of sex work, soliciting alms (begging) and contract workers in NGOs is more serious as they are most likely going to end up with no financial savings when they enter the retirement age.”*

Shelter and a conducive environment for ageing is mostly lacking in the absence of state initiatives. Swetashree, a transwoman activist working with SAATHI, contended that finding a home, if they don't have support from family, is the major challenge. She spoke of a trans woman who started gender affirmative therapy in her late fifties and her family “allowed” her to undergo the process but barred her from being in touch with her children and grandchildren. As a result she lost her home. In most cases people from the transgender community, especially trans women do not find decent rent accommodation and sometimes find places in the most unclean parts of the city or far away from all amenities. Jaya, member of Sahodaran, pointed out that there are not a lot of shelter homes for the transgender community because of the Jamaat system. On being asked about where older members of the LGB community find shelter and care, Jaya speculated that they might be living with their families, their community members or non-community members. The Jamaat system is founded on a system of reciprocal caregiving. At one point of time younger trans women are adopted by older trans women. This is reversed after a certain period of time when these adopted daughters are expected to take

care of the older folks, their gurus. The Jamaat has played an important role in the lives of many older people from the community and the system relies on getting more and more people into its fold for the current older people to survive. However, as some of our participants informed us, this system is becoming more and more unsustainable as younger trans women are opting for mainstream jobs and non-jamaat living. Savitha, a trans woman who is with an organisation Thozhi and looks after a shelter home for trans women in Chennai, argued that the Jamaat care system is not unconditional either. The caregiving of the older folks is dependent on the guru's ability to dish out money. Without money nobody will look after them. Even if they die nobody would care. They won't be accepted in Jamaat either. As Ramki points out, one needs to be conscious of the power dynamics that are sometimes based on age and control on other resources but also have the potential to shift in many ways. Sometimes older, moneyed persons control power over younger persons, but if the older person is feeble or frail or without resources there could be a reversal in power dynamics. There are many older trans women who don't know where to go. Some are very sick and nobody will adopt them. Sivakumar who identifies as a non-binary trans person and mostly presents in male attire rued the fact that there is no space in the Jamaat system for people like them. Talking of their own life when they would be older, Siva said they could not identify a queer specific shelter for themselves, but came across a shelter that is queer inclusive, where the shelter owners are inclusive of queer people. So they have been making a financial contribution to that shelter in lieu of a promise to take care of them in old age. The need for a safe place where one does not have to go back into the closet in their old age is very important. For instance, a lesbian couple from Mumbai, in their 70s, who have lived together in their youth have had to conceal their sexual identity and the exact nature of their relationship after going to a senior citizen home. Lack of solidarity is a major dividing line within the trans and queer community. Our participants were very vocal about the need to reduce the divisiveness within the queer and trans community that causes hindrance in materialising some of the demands that come up from within the gender sexuality rights movement. There is a hierarchy within the community based on who is the truly deserving candidate. The notion within the trans community is that some have suffered more than the rest and therefore deserve more privileges. Having undergone difficult surgeries, being abandoned by natal families, having faced exclusion and denial of job etc, not just means greater suffering but also creates a notion of "more deserving". Ramki believes such an attitude around authenticity and inauthenticity that had always been present only got more reinforced

by the linking of identity to the state schemes. As he comments, *“Having gone through the struggle of constantly confronting the outside world through an assertion of your different identity, and yet there are other people claiming the same identity as you but not experiencing the pain of a similar struggle. So only people who are 100% heterosexual, 100% gender dysphoric, and 100% have no family support, are seen as the true claimants to benefits”*.

The struggle of wanting to assert one’s identity journey and at the same time suffering the insecurity from telling the world including the family about this different identity journey can become a basis for marking some journeys as more authentic than some others. Individuals might identify as a woman in a male marked body and show no attraction towards women. Individuals may express discomfort with their body parts, have no interest in children or the usual family life; they might want to live separately or maybe have a partner and live like any other husband and wife. All such desires and needs create disruptions in the dominant cis heterosexual life-world, the consequences of which have a direct impact on queer trans lives. Unfortunately, different choices and life desires also create divisions among people who might have similar structural oppressions to begin with, but different life journeys that often bring them to occupy opposing camps. There are people who identify as transgender and do not want to have top surgery or any surgery or medical intervention for that matter. There are people identifying as trans women and in a lesbian relationship with each other. There are people who identify as non-binary transgender. And there are people who identify as transgender and do not conform to the sexual and reproductive norms of a binary gender person. For instance, in the case of one trans man from Kerala who wanted a child, he and his trans woman partner decided to have a child through IVF (in vitro fertilisation). He used the uterus present in his body to bear the child and this created uproar in the community who questioned his claim to his transmasculine identity. Ramki also reminded us of the incident where the Tirunangai community in Chennai wrote to the Central Government stating that trans women who, regardless of whether they have had surgery or not, have acceptance of their families should not be given trans identity cards as they are not as marginalised or distressed as those who have been kicked out from the families.

### 3.3.1. State interventions

There are state schemes and central schemes that impact transgender lives directly or indirectly. Most of these schemes are for children and younger people. There are five central schemes; apart from the Ayushman Bharat, none of the others have been implemented so far. There is scholarship for pre-matric and post-matric education. There is vocational training, monthly pension and financial support for transgender individuals. The state provides Rs. 1000/ monthly assistance to parents of trans children as an incentive to not drive the child out of their home. Tamil Nadu provides its own transgender card which is not controlled by the centre. Anyone who holds a card is eligible for certain entitlements. An exclusive Mobile App, “Thirunangaial” has been developed to enable transgender to register their details and easily avail Identity Cards. It also helps to document transgender individuals by their age, educational qualification, residence, etc. This is seen as a good first step towards formulating welfare schemes for them.

**Transgender Welfare Board:** Ramki informed that the Transgender Welfare Board which has been operating since 2008 is composed mostly of trans women from the Hijra community. After nearly 10 to 12 years of struggle, currently two trans men were included. But presently one of them will be leaving and instead one intersex person will come in as intersex is legally under the trans umbrella. Sivakumar argued that when the welfare board was established in 2008 there were no transmen visible in that period. Later on the community lobbied hard with the government to include trans men. There is currently also a proposal under process for a State Commission for Sexual and Gender Minorities.

**Monthly pension:** Transgender individuals above the age of 40 are entitled to a monthly pension of Rs.1500 now which was previously Rs. 1000. After age 60 the regular pension for old age is valid (Rs 1000 for destitute people belonging to households below poverty line). This is the only scheme that serves the needs of older trans and queer people. Earlier the pension was stipulated for people above 50 years but the community leaders argued that the age be brought down to 40 as trans and queer people have a short life because of hormone therapy and other medical interventions and diseases. Also in the absence of any livelihood opportunities and family wealth support, transgender people need the financial assistance earlier than cis heteronormative people.

**Housing:** The government is supposed to provide free built houses with at least one room and one kitchen. There is no age bar for receiving this benefit. As Savitha mused, that only trans women get housing facility in Chennai, whereas in other districts, trans men also get this facility. According to her, the government is no longer giving houses; ten years back when houses were being distributed, trans men were not that visible. But in other districts the provision for free housing is there. Contradicting this argument, both Jaya and Sivakumar informed us that in reality housing by the government as of now is mostly for the trans women community. So far no trans man has applied for it and therefore not got it. Housing provided by the government is too far from the previous homes which they are expected to leave to come and stay in their new houses. But wherever they lived previously, that is home for them and is entwined with their struggle for survival. Around 350 trans women received free housing in Ernavoor, in the north part of Chennai and around 350 trans women got free housing in Kannagi nagar, far away in the southern part of Chennai. Ultimately, in Ernavoor only 50 and in Kannagi nagar around 20 transwomen have continued living. There is also an ongoing effort to make the domestic violence shelters, which act as one-stop centres, inclusive of queer cis women.

**Education:** Under the University of Madras, one seat from each college is to be reserved for trans people, which makes a total 131 seats in the state. The government also supports the overall cost, tuition fee for any trans person going for higher education.

**Health:** There are eight transgender clinics in government hospitals in eight districts and four more are to be established. The state hospitals provide free gender affirmative surgeries and other health services. Sivakumar mentioned two trans specific clinics in Tamil Nadu - one in Chennai and another in Madurai.

**Entrepreneurship:** To those who start a business, the government provides an assistance of Rs. 50,000 rupees of which 50% is free. The entrepreneur will repay only 25,000 rupees. This is only for trans people, not people of other gender or sexual marginalised groups. Ramki also spoke of self help groups. Tamil Nadu is the first state to recognize the Self Help group for trans women.<sup>6</sup> These self help groups give money to start a business or expand an existing business like grocery, or a tea stall etc.

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<sup>6</sup> In other states like Orissa organisations working with queer trans people have been able to start both trans men and trans women and mixed self-help groups.

**Trans queer policy:** A new draft policy with many schemes and policies for inclusion of both queer and trans people including measures to address discrimination and access to education, employment and health care has been developed and awaiting government approval. Tamil Nadu is the first state in India to develop a unified policy covering sexual orientation, gender identity and sex characteristics, following a directive from the Madras High Court. This policy promises important interventions for inclusive education, healthcare and employment for members of diverse sex, gender and sexual identities. There is however, no mention of any provisions for older members.

### 3.3.2. Reflections

Sivakumar spoke of how all trans women are against the newly drafted policy because they want a separate policy for the trans and the intersex people and for the LGB community. Some of the community leaders have argued that gay or bisexual people also getting reservation is unacceptable. The policy draft however does not talk of reservation for the LGB community. The reservation is only for the transgender and the intersex people. As Ramki, member of the policy drafting committee, explained further. *“Recognising the added vulnerabilities of trans and intersex individuals, provisions such as horizontal reservations and free land allocation are proposed only for transgender and intersex individuals”*. In an attempt to recognise and validate relationships beyond the heteronormative framework, the draft policy proposes the ‘Deed of Familial Association’. As Dr. Tiju Thomas, individual researcher from Chennai and member of the policy drafting committee, informed us, the deed aims to give legal recognition to queer relationships thereby creating provision for protection against harassment by natal families and the larger society. At the same time, the deed does not bestow any legal status or rights flowing from marriage or a civil union on the contracting individuals. According to Sivakumar, the transgender community are fighting against the state as well as dividing up the community through these misunderstandings. Ramki argued that he understands the logic for wanting reservation for trans people alone and not for queer people and non-trans people. But he does not understand the resistance shown by a section of the transgender community to the other provisions like protection and sensitization as such demands need to be across the board, he feels. Many people become aware of their gender identity first and then their sexuality and vice versa too, and no such battle line can be drawn between trans v/s non trans, Ramki

believes. He also explains that battle lines got drawn after the Trans Act associated getting a trans id card with eligibility for benefits in schemes. This led to the fear that the less deserving people will come and take away the benefits, whether it's pension or scholarship from the 'really suffering people'. While the fears are somewhat relevant in the midst of such divides, the unified policy that was submitted to the government has now got split into two policies.

Sunil Menon, founder member of Sahodaran, urged us to consider the fact that the government will perhaps never agree to all our demands. The government at the most shall provide us with a space and then we have to decide how we can put it to the best use. He critiques the community's reluctance to accept what is offered and its tendency to demand all at once and in the process end up with very little. Speaking about running a shelter home, he said, "*And this is our problem. When we go there we get aggressive, so whatever we are going to get we won't get. And this one I say that first get the space, ... then let's see how we can work it out. ...The government should set it up because none of us have the infrastructure or resources and maybe some NGO can take over the management*".

In a different vein, Delfina argued that the state has to look into the needs of the elderly people as a demographic category. She felt that the elderly population is mostly treated as "*more of a cost than benefit*" and the myth of seeing elderly as a draining burden on resources will have to be challenged. Since the government is providing incentives to younger transwomen to find jobs they should also take the responsibility to provide care for the elderly transwomen. Swetashri feels that the lack of participation of people from the marginalised community in decision making teams led by the government is the reason that state or centre is unable to help the community. Ramki sees the need to increase older people's visibility in advocacy for homes and other entitlements such as in healthcare.

In Siva's opinion, because most of the transwomen are part of the jamaat system, they are not ready to go and lobby with the government for rights and entitlements. Ramki contends the nexus between the trans women community and the government and the politicians results in mismanagement of money. Delfina believes the community remains divided by dominant identity-based groups like the jamaat. Even where the government is trying to come out with a comprehensive policy, transwomen invested in the jamaat system argue that they are special and they are the only traditional queer identity and all other queer identities are alien and western (other queer identities do need benefits and entitlements but they need to be treated

specially). Both identity and ideology define and divide disregarding experiences and emotions. Some activist groups are driven by their own ideologies more than having actual community expertise and who do not have any idea about how inclusion needs to be, the politics of funding and how it influences some ideologies.

### **3.4. Community initiatives**

Most of our respondents spoke of how much more needs to be done in order to ensure a care system not just for the older folks but even for the younger generation. Speaking of how just any shelter and any sort of care system will not work for queer trans folks, Delfina said, *“In times of illness we need help, so the community where we plan to settle is also important. LGBTQIA people are often ostracized by religion so no shelter there. Within the queer community also there are severe stereotypes and some of us might be sorting out our own lives so we may not necessarily be in a position to support others”*.

Along with state schemes and policies, the community based organisation and NGOs have initiated various schemes to cater to the needs of the queer and trans people. Many CBOs provide support with space, home and food. Other kinds of assistance is also arranged with time to time support from CSR (Corporate Social Responsibility) and individual well-wishers. Both Ramki and Sunil Menon agreed that the only sort of community system that exists is to be found within the hijra system. However Ramki saw such support conditional on your ability to be in power and command. Trans women find support in terms of money and emotional assistance in such community systems like the jamaati system even if conditional. Sunil Menon drew parallels between the Asian tradition of looking after family elders and the kinship care system prevalent in the transgender commune. He mentioned how even gay men found it attractive to be part of the community given the sense of belonging that is seen there. Swetashree saw value in the promise of belonging to a community that the jamaat offers to its members. She evokes the sense of *“hope that someone is there for me”* as the primary strength of the jamaat system if one were to leave out the toxicity and the extortion that are so much part of the system currently.

Collaborations between the state and the community as well as the NGOs have sometimes succeeded and sometimes failed. For instance the shelter home run by Sahodaran and named

Thozhi was given by the Tamil Nadu government. It is run as a short term home for trans women but since there are also older people needing shelter and care, the organisation negotiated with the government and arranged their stay in the shelter home. Thozhi got registered as an organisation in 2013. Jaya who works in Sahodaran talks of a dream project, a shelter home for transmasculine people where one floor will be for older community members. Savitha, her colleague, talked of their shelter home for trans women who are not accepted by the jamaat. The home has been running since 2016. There are other organisations like PCVC who run a shelter home for queer AFAB people and accommodates transmasculine individuals too.

### **3.5. Best practices**

There are not too many examples of best practice initiatives. Savitha who looks after a shelter home for trans women talks of how they plan small but important initiatives like taking the inmates for short trips outside. The fact that having to see and be with the same people for days on end often lead the inmates to face depression and such steps help create some wellness. Ramki spoke of the time when his mother was sick and his community folks would come, spend time with her, bring her things and sometimes take her on rides etc. He also gave an example of an elderly couple, parents to a queer woman who went abroad for studies. On coming to know of their daughter's sexuality, they came to visit the local queer group to be able to understand their children better and they became friends with other people in the group. From not having any social support they now have a huge family of queer young people for whom they were the parental figure. The young people visit them and look them up. They have in turn also sheltered queer people who have been facing violence or need a temporary place to stay. It has become an expanded care network. Even when they don't need support they are still supporting a lot of people and people go to them and hang out with them. Thus, different kinds of care models are evolving between parents of queer people and queer children that don't have supportive parents. There are also instances of older queer or trans people fostering young people from the community.

### 3.6. Conceptualizing care work

Sunil Menon, who is in his fifties, spoke of his younger days when people from the gay and trans community succumbed to addiction, HIV/AIDS and simply disappeared as finding support systems was difficult. There were no shelters or policy benefits that would take care of the vulnerabilities of those times. As Sunil explained, *“The only support system was the trans community. Because they live in communes you know. And that is why it was so strong. The only support system we had. Even the gay man will go into that group and say that they are also part of the intra community.”* He also spoke of the family (natal and marital) as a support system in some instances where the person lived as extended family with their married sibling or nieces and nephews. On the other hand, since a lot of the gay men were married to cis women, the inbuilt support system was already in place. As Sunil reminisced, *“So you live your that one side and this one side and in those days nobody said anything”*.

Care and support are mostly needed in areas of health and medical support, shelter including palliative care and financial and grocery assistance. Ramki reiterates that while conceptualizing queer care, one has to talk to people who are older, learn from other movements and other kinds of work happening in terms of running shelters. Conceptualising and planning care will also have to take into account gender and sexual identities that may act as big divides across the community as also take into account other intersectional positions. Delfina talked about making the state and its apparatuses accountable.

We can only talk of inclusion of elderly queer trans people when we can make the constitution a living sentiment and not just a book. If we cannot survive as a constitutional democracy, uphold our fundamental rights, uphold the rule of law, we cannot talk of welfare or care of any intersections of people. We have to do our bit to fundamentally safeguard civil liberties, build stronger democratic institutions and ensure a free and independent judiciary.

Siva sees accountability in another perspective. They want an effective community engagement with the government on a day to day basis. They see a gap between the community and the government where either one dominant community is favored by the state in its policies and benefits and the other groups lose out, or the community members who liaison with the government are judgmental.

**Shelter and pension:** Savitha who is in charge of a trans women’s shelter home pointed out that trans women living outside the jamaat system cannot go for begging or sex work after the

age of 50. Post this age, they find it difficult to live their lives and have to depend on others' mercy for small things. As she explains, *"If we give them shelter, they will get breakfast, lunch, dinner and water. But if I want ice-cream, who will buy it? If I want to go to the beach, who is going to take me?"* She feels adequate care can be possible only in the certainty of a sizable monthly pension. Reiterating the role of the state, she said, *"Government should give them Rs. 5000. Trans people in the absence of family support need more pension. This is the role of the government to arrange for adequate pension for the wellbeing of elderly trans-people"*.

Sweta reminds us that in Tamil Nadu there are no shelters for people from queer communities. There are a few shelters for transwomen and one shelter where both trans men and trans women can stay. There is no recognition of non-binary people. She strongly feels that shelter is the first thing the government should focus on, followed by employment that should have horizontal reservation. It is mandatory to make homes available for people because not everybody can afford a retirement community in the first place, let alone one that is inclusive. Ramki saw value in building allyship with different people who run home and learning from people who have experience in running homes.

**Chosen family and community.** Siva talks of the chosen family as an important constituent for conceptualizing and planning care. Siva talks of how being part of a family is an important marker of belonging for her,

There are multiple identities there. It's not only for the transman, the transwomen are there, queer persons are there, gay men, bisexual men are there, lesbian women are there and so many people all together, we are like family. We are all connected with WhatsApp group. Every day we call each other sending messages to each other. If I am feeling low I will call a group video call. So that will make us more... very supportive.

She believes that having been located within the family and having learnt family values since childhood, people irrespective of their gender sexual identity, suffer and yearn to be part of a family when they are estranged from their families of origin. Sweta puts forward her demand for a chosen family in these words, *"The chosen family gives the sense of belongingness. I rarely miss my family these days. So it will be good if the government recognised the chosen family"*. Ramki emphasises the need for a sense of community. He believes that once that sense of community is built, people can work together in finding places where people can grow old

together and support each other. *“We need basically trust that is grounded in consent and shared experience”*, he said.

The need for a person to listen is also underlined by Siva. The need for someone to sit next to, to talk, to be listened, came up again and again. Siva’s chosen family is made up of fluid kinships where they relate to different members through different relationalities and identities... to some as mother, to some as elder brother, to some as a dearie. They arrange tours where they stay all together in a dorm, they dance, chat, and sing. Remaining connected either through WhatsApp group or physically is important for the community, they feel. As they explain, *“Because in our family one gay man recently became HIV positive. So he shared his HIV status with me and he is trying to commit suicide. I continuously engaged with him and I started group call every day. Then he was hospitalised for some other reason, he talked over the phone. Now he has mental peace, he is talking, he came out of the suicide though”*.

**Health care and counselling support:** Queer and trans people face tremendous challenges from a very early age and which continues into their old age. Given the kind of health hazards that afflict them due to violence, discrimination and deprivation, a holistic approach from the healthcare system, for both physical and mental health, including palliative care, is needed to address their health needs. As Ramki pointed out, there is a need for more places that are not necessarily only for queer or trans people, but places that are inclusive and welcoming of such people, where the support staff, the doctors, palliative care givers, etc. would be trained in giving care to queer-trans people. He also mentioned of a growing literature mostly from the nursing discipline, about how to deal with clients who are older and who are with terminal illness. In the context of queer and trans individuals, the older ones may not be out to their family or the family may not acknowledge their sexuality or gender. As provider of care, one would also have to be sensitive to the different needs of queer-trans people and be able to create a space to talk of danger, pleasure and desire. The burden on health can increase when these people are unable to speak about their desire, their body or identity. There needs to be adequate sensitivity in handling different bodies like while giving somebody a sponge bath without triggering their dysphoria with certain body parts.

**Care in life and death:** Ramki reiterates that care planning also needs to find ways to protect couples who face a risk of separation or invisibilisation of one partner or even, when one partner passes away and faces the threat of wrongful denial. Making sure that their relationship

or previous relationship which one person has with the other is not lost with those memories preserved. It is also important to ensure that material belongings are not confiscated by the state or the queer phobic family. Delfina makes the important point that if at any juncture of queer trans existence, life may not be worth living then death should not be a challenge legally. In other words, Delfina believes that the right to live should include the right to die. Suicide being decriminalized needs to be followed up by legalising euthanasia.

## Section 4. The Kerala Chapter

### 4.1. Introduction

Kerala has come up with many progressive legal reforms and judgments centred around trans and queer lives. Kerala has been one of the first states in India to pass the Transgender Policy in 2015, following the NALSA verdict in 2014 and much before the Transgender Persons (Protection of Rights) Act 2019 came into force. It also established a transgender justice board in 2017. The policy acknowledged the important documents on transgender issues such as the Constitution of India, 1950, *NALSA v. Union of India*, 2014, and the Report of the Expert Committee constituted by the Ministry of Social Justice and Empowerment in 2013 as well as the Social Justice Department's empirical study in Kerala to understand the unique life stressors of transgender persons.<sup>7</sup> The study conducted by a Bangalore based NGO reported that there are over 25000 trans people in the state, much above the figure quoted by the official Census. The survey also revealed that 99 per cent among the respondents are transwomen and only one percent was from the transmasculine community, as reiterated by Arjun Geetha of Amigos Trans Collective, and member of the District Transgender Board in Ernakulum.

### 4.2. Challenges and needs of elderly queer and trans people

Before 2015 the transgender community in Kerala lacked visibility as most people migrated to other neighbouring states like Karnataka and Tamil Nadu in search of identity and sustenance. Also an absence of a thriving Hijra community or the guru-chela system being uncommon in the state precluded any nurturance of identity or safe space. After 2015 many of those who had migrated came back to the state. The maximum age of the queer-trans population in Kerala is not more than 60. Even now, there are trans people who are elderly and not out to their families or the outside world as informed by Arjun Geetha. Father Mathew of Navodaya, a church based NGO working with transgender people, shared that trans gender people have since returned to

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<sup>7</sup> (<https://translaw.clpr.org.in/reports-and-policies/state-policy-for-transgenders-in-kerala-2015-2/>)

Kerala and many of them are HIV positive. He further explained that before Covid struck, trans people were not much accepted by their families. However, after the pandemic, following state and non-state civil society interventions, the situation has changed and family acceptance has increased. He opined that since then not many children are forced to leave home since they are staying with their parents. He also informed that previously trans women were engaged in sex work. However after the pandemic a new trend has emerged and trans women do not show much interest in sex work and are keen to pursue studies. As Father Mathew explained,

The maximum age in Kerala is not more than 60. We had trans gender people in Kerala before because all those transgender people migrated to cities like Mumbai, Kolkata, Chennai. Because that community was not recognized in Kerala, there was no space for that community. At the same time you will come across many people who are HIV positive... More than 50% are doing sex work. It is not established statistics but my observation. Nowadays the number is getting down because we are providing scholarships for the sex workers to continue their studies.

Anagh from Disha, formed in 2015, working with marginalised communities and providing legal aid, mental health services and conducting research, put it quite starkly, *“How many people will be alive after 50 is a question we have to understand”*. Most sick trans people anticipate death by the end of their 50s. moreover, none of the palliative care services are trans inclusive till date. Dinu who is the founder-member of Disha and currently doing his research in Sociology also talked of the larger invisibilisation of elderly people in Kerala, *“We don’t usually see people reaching that age specially due to the medical crisis they are undergoing, the kind of atrocities they are going through, suicides that are happening in the state. There is a larger invisibilisation of elderly people in the state of Kerala”*. Pointing out the indifference on the state’s part, he further explained thus, *“When it comes to any kind of care policies or a policy for elderly people, transperson or queer people are always alienated from the same. They are always excluded”*. Anagh explained the catch in the situation. In Kerala the existing policy for elderly is not queer or trans inclusive. On the one hand, there is no generic rule, policies or any regulations for queer people at all. There is a policy or a set of regulations for transgender people only, which again does not address the needs of the older population. On the other hand, queer people who do not identify as transgender can theoretically be included in the existing policy on elderly people if at all any.

Anagh informed us that recently the Kerala government has recently proposed and passed a Commission for the elderly people in the legislative assembly. However, both Anagh and Dinu remained sceptical of whether such a body will address the needs of the trans-queer community. They gave the example of the Transgender Policy which was formulated in 2015 where there is not a single word in the entire policy on the elderly population.

Deepa of Sahyatrika spoke of the invisibilisation of older queer-trans folks in the movement. She drew our attention to a generational split in the LBT movement resulting in mutual misunderstanding and mistrust. According to her, the movement is populated by younger people and in that respect, she said, *“The movement is quite young... people are quite young you know and the younger generation is more visible. Within that older people’s needs get overlooked also in some ways”*. The lack of steady income or assured jobs in traditional livelihoods, made more precarious if the person lives a visible queer-trans life, lack of pension facilities, absence of family support - all of these make their lives solely focused on surviving. The older folks therefore are unable to access support and do not necessarily engage with younger people. However, the young leaders in the movement do look forward to receiving guidance from their senior comrades as also their physical presence in activism.

Loneliness: Arjun Geetha highlighted the plight of the elderly queer-trans people who do not have any family support. They themselves cannot provide financial, emotional or physical support to others, thereby facing isolation and helplessness and making it hard for them to survive. He feels that for transgender people it is very difficult to remain in the family without coming out as someone who does not belong to the binary gender structure. As he states, *“For sure, above 40 or 45 will be out of their family because it will be really hard to stick with the binary. Obviously they get divorce or something... so be very lonely or something”*. He also pointed out that older people either do not or cannot access the digital social media or online platforms where most of the social awareness events happen like suicide prevention, health care etc. As a result they remain disconnected from the mainstream life events within the queer-trans community.

### 4.3.1. State intervention

**TG Justice Board:** Under the social justice department there is a Transgender Justice Board chaired by the minister of Social Justice, and a Transgender Cell. Under every district social justice department there is a district transgender justice board. They are all run by volunteers from the transgender community. Arjun Geetha, from Ernakulum and member of the Kerala State District Transgender Board, detailed the kind of work they are engaged in. They give suggestions for policy making and implementing those policies. They also help the police in crisis intervention acting as mediators. Their primary role is, as representatives of the transgender community, to assist in various sensitisation programs and community meetings.

**The Transgender Policy:** It attempts to bring about holistic development of the community. The Kerala TG policy consists of some good programmes, though not all are implemented properly or completely. Our respondents pointed out that most of the programs that are being implemented or formulated are not always based on the policy. Though there is adequate budgetary allocation (5 Crores Rupees in a year) for transgender community welfare, most of it gets disbursed for gender affirmative surgery reimbursement and only 25 lakhs rupees designated for the shelter home, we were informed.

The policy entails the following tenets.

1. Constitution of Transgender Justice Board & transgender Welfare Board and District Transgender Justice Committees.
2. All government authorities shall not discriminate against transgender people and ensure access to health, education, employment, public transport and social security
3. Right to freedom ensured by government departments like law, judiciary and police raising awareness among their staff to combat stigma and discrimination. Facilitate participation by TG people in festivals to encourage their artistic skills.
4. Right to access development opportunities. Ensuring access to opportunities and raising awareness about discrimination and harassment.
5. Right to live with dignity and free from violence. Authorities fulfil the statutory requirements necessary to protect transgender persons' rights. Significant recommendations include establishing a helpline and crisis management centre, recording and compiling statistics of crime against transgenders, and providing free

legal aid to redress discrimination and violence. It further recommends recognising the right to marriage, partnership and parenting.

The Kerala TG policy is up for review. The policy was formulated in 2015 at a time when the queer-trans community was less visible than the present times. Since then there have been many changes in the lives of queer-trans people, their needs have changes accordingly. The transgender protection of rights act 2019 was passed and the policy would have to be adapted to its principles. At the time of the interviews, the first stage of revision was complete. Sanjo informed us that they were planning to call for a in depth consultation workshop with the community.

**Health:** The state has made some progress in the health service sector. Though there is no medical insurance for trans and queer people in Kerala, the government does provide reimbursement for gender affirmative treatment including surgery. The government reimburses the complete expense of surgery in private hospitals including 30 days of post operative care. Thirty percent of the total amount will be given for postoperative care. Reimbursement however takes time. Moreover, the person will have to first arrange the money and then get it reimbursed. The government has opened up a clinic for transgender people in Kottayam Medical College where they are getting surgery free of cost. Only an expense of 20 thousand rupees will have to be borne by the service seeker. The government is also considering five other districts to set up similar gender clinics. Arjun Geetha mentioned that at the district level trans people get a financial assistance of Rs. 25000/ in case of any critical injury or health care crisis. If someone requires assistance above this amount then they need the approval of the Transgender Justice Board or the Transgender Cell. The government has also formed a medical advisory board for drafting surgery guidelines and protocols for transgender and intersex people. Sanjo, Project Assistant of the Transgender Cell, informed us that at the district panchayat level, there are clinics to provide all kinds of free health care services to the transgender community including hormone replacement therapy. These clinics are called *Marivillu* or Rainbow clinics. He also spoke of how the transgender cell plans recreational activities, festive celebrations etc., for older people from the community. Apart from SRS, as Deepa informed us, the state government is trying to create queer friendly hospitals and have announced that trans people shall get free of cost treatment including medication in these hospitals. This was corroborated by Dinu who spoke of a one stop centre where all medical

facilities would be provided for the trans community people. He saw the scope for putting forth elderly support here like free medicines and free medical tests for the elderly trans queer community people. Link workers are active in this state whereby community people work with queer friendly hospitals. So people who are non-trans and community members also get some concessions though not as much as trans people.

The Ayushman Bharat PM Arogya Yojana scheme is operative apparently only in the form of cards that some transgender people possess. Though the project has started, the fund has not been transferred. The Suraksha project is a government project of caregiving for all HIV positive people including transgender individuals.

**Housing and shelter:** Housing appeared to be a big problem in Kerala. Our participants informed us that transgender people are forced to pay double rent when they look for accommodation. Though the visibility of older trans people has increased in recent times, the challenge lies in the fact that NGOs and CBOs working in Kerala are able to accommodate only a handful of these persons in their shelters. There are not enough shelter homes to take care of the health and other basic needs of the ageing trans-queer people. The need of the hour is to build more living quarters and other services that would be able to address the emerging needs of the older trans and queer community. There are just two shelter homes for trans people in the whole state. In Kerala the shelter homes are in collaboration with CBOs in the state. The government plays a supportive role and the shelter is run by the CBO. Father Philip of Navodaya, spoke of shelter homes for both trans women and trans men. The only state supported shelter home for trans people is in Kerala, he informed us. The one for trans men is in Trivandrum run by Marthoma Church, the one for trans women is in Kochi, run by catholic sisters. The Social Justice Department has established the Transgender Crisis Intervention Centre in Kakkanad, where 24X7 counselling and shelter facility is offered to transgender individuals facing crisis. There are also short stay homes for individuals who have undergone gender affirmative surgeries or are in crisis where one can stay for up to three months. Under the project run by Greater Cochin Development Authority, there is a proposed transgender specific hostel in Kochi, called the Rainbow Home.

Sanjo informed us about the government launching a housing scheme for transgender people where older members are mentioned as a priority group. The housing scheme promises financial assistance for both purchase of land and construction of a house. The interest-free loan goes up to 15 lakhs for each person where the beneficiary has to pay back only the

principle loan amount in monthly instalments and the interest is taken care of by the government. Those who have been allotted land or possess land shall receive Rs. 6 lakhs in three instalments for house construction.

There is a LIFE (Livelihood Inclusion Financial Empowerment) Mission project in Kerala through which the government is committed to build houses, free of cost, for all homeless people who are residents of the state. But a very small number of people are getting this facility. Under this scheme, the government shall spend 4 lakh rupees to build a 500 Sq. Feet home. This scheme gives priority to applicants from Scheduled Tribes, Scheduled Castes, fishermen communities, economically weaker sections (EWS) and flood-affected sections. Unfortunately, there is no mention of trans or queer people in the priority list. Dinu also spoke of the central government's announcement of providing houses which is yet to materialise and how the registration form did not have any columns for trans people. He spoke of Faisal Faisu, a trans person activist from the state who fought with the registration department and after a 2 month long fight, a particular column was added for the registration of trans persons in the housing scheme. Again, in another instance when Anamika, a scheduled caste trans person, applied for housing, the officials denied her the right saying that the benefit applies only to man and woman, not trans persons.

**Education:** Kerala is one state where medical textbooks stand revised and all queer trans phobic content removed. This was made possible through a PIL filed in 2021 by two NGOs working for the rights of the queer-trans community. The state government gives financial and other support to transgender and gender non-conforming children to facilitate their primary and secondary education. At the college level, two seats are reserved for trans students in all government colleges that teach Science and Arts. They also get 60,000 Rs per annum including their study material and boarding expenses. However, such reservation does not exist in medical, engineering or other professional colleges informed Sreemoyee, a transwoman activist from Trivandrum. The scholarship for Economically Weaker Section (EWS) people is not inclusive of transgender students.

**Monthly Pension:** Deepa informed us that when the Kerala transgender policy came out, initially they announced a pension for trans people. However, there were very few people who were old enough to avail it. Dinu also agreed that there are pension schemes but not much is known about their regular disbursement of the same. In his words, "*There are schemes for*

*elderly people but the disbursement time is very high. When it comes to these people it should be faster also ... State should ensure that pension schemes are available for people belonging to the trans queer community”*. Sreemoyee, a transwoman activist from Trivandrum opined that since earlier there were fewer transgender people in the elderly category, it was managed somehow but since the numbers are increasing and since the community ages much faster, around 45/50, the government old age pension scheme does not come to any use as it is only for people above 60 years and trans-queer people hardly survive till then. Sanjo spoke of a risk fund that is being planned by the government for those transgender people who are in their 40s and 50s and not able to take care of their daily needs.

**Livelihood:** The Cochin Metro has 18 trans women working. The government project started with 30 trans women but some of them left as the remuneration was too less, not enough to sustain living in an urban space. This is the only state supported job opportunity for trans people that Kerala government has so far managed. There is no job reservation yet.

The TG policy talks of a job training program but the implementation is an issue. *“There are a lot of fences that people have to jump through to collect things. Sometimes the government will pick very visible people to support them and that doesn’t reach the larger community”* says Deepa. Trans people are being categorized under OBC and it becomes complicated in the case of a dalit trans person. Anagh and their organisation have been training the local state governments to have their own policies where queer inclusive policies can be adopted. As Anagh put it, *“So 5% of the local state government’s fund is basically for disabled people, women and children. So we are also asking them to include the queer community within that 5% and to utilise it in such a way.”*

#### **4.3.2. Reflections**

Arjun Geetha paid tribute to the older generation by acknowledging their “sacrifice” in lending themselves as specimens for gender affirmatives surgeries at a time when such procedures were less skilful and not easily accessible. It was because of them that later generations, including Arjun’s have the opportunity to receive proper care. Talking about planning for old age, Anagh stressed that people who are in couple hood among queer trans community are worried about

what would happen to them when one of them passes. So most of those who can afford, end up trying to book a seat in old age homes in anticipation of death. For single persons on the other hand, paid care becomes a challenge as agencies worry about who will pay the bills when the person dies or who will arrange food since there is no one else in the family structure. It becomes immensely difficult to find people to take care of permanently ill individuals, as also difficult to arrange finances for terminal illnesses. As Anagh explained, *“Who will be paying if this person dies? Who will be taking care of the food of this person? So this home thing is also, you know, a distant dream for a single person”*.

Anagh gave the example of old age homes where queer people get included even though they might face issues for being out. But that is not the case for transgender people. Specifically in old age homes the regulations and norms very clearly mention cisgender male and females. So transgender people are either not included in any trans inclusive programs or activities or if at all they are active, they are not visible, they pass as a cisgender person.

Father Philip gave a different perspective to the problem of homelessness by bringing up the issues of casteism and its impact on care. He mentioned casteism even among the trans gender community and how in shelter homes it is seen that Dalit trans gender people are not ready to stay with the Brahmins and vice versa.

Sreemoyee further pointed out that often transgender people have problems accessing the existing old age pension scheme because they do not possess the appropriate identity documents demanded by state authorities. In her own words, *“Elderly people don’t have a proper ration card because you know they all lost their family and the ration card will be there in the family”*.

#### **4.4. Community initiatives**

Father Philip who is with Navodaya spoke of the Trans Farm project that is being run by the Marthoma Church in Kerala. The project is both a livelihood and housing scheme for transgender people whereby they can live there and earn their living. Individuals and couples are provided land, house, agricultural materials, seeds etc. For the first year complete financial and material support (including stay and food) is provided. From the next year onwards they have to support themselves on their own. The scheme is for 5 years after which they have to

find their own livelihood means and the farm will be handed over to others. The NGO is currently supporting eleven such trans farms in Kerala. These farms are being cultivated on the lands that have been left behind by the large number of people who have migrated from Kerala to different parts of the world Navodaya has submitted a more comprehensive proposal to the government whereby the plan is to take these unused lands (the Government's estimate is 15 lakhs, and their number is increasing) and transform them into farms. The organisation shall be providing all the infrastructural support and the state is expected to act as a medium between the NGO, Navodaya and the owners of these ancestral properties. The land will be taken on lease and returned to the owner after a period of 10 years.

#### **4.5. Best practices**

Sanjo spoke of how community members often live together in shared accommodation where maybe one of them owns the apartment. Some of them might pay rent or might not according to their financial status. Sometimes, a community person rents their apartment to others and this practice proves to be affirming as their needs and concerns are better understood than non-community people. Such system also helps build communication and bonding.

Arjun Geetha flagged the link workers as a best practice example. Trans and queer people do not feel included in any of the mainstream structures and services. The presence of link workers, who are members of their community, helps bridge the gap between the queer-trans community and the government. Link workers also provide insights about queer-trans lived lives thereby facilitating policy makers/implementers most of whom are not from the community and have very little information about their lives.

#### **4.6. Conceptualizing care**

Father Philip believes that to plan care for the older queer and trans community, the government needs to incorporate more NGOs in the planning process. In Father's words, "*Because we know better than what the government knows. Because we are working at a grassroot level so we know their mind, we know their side, we know their responses... Government doesn't know. Government can simply plan their budget and implement it for this community. In most cases*

*it is a waste of money and a waste of time*". Sreemoyee believes the government should strengthen the CBOs economically so that they can work for the community more effectively.

Deepa spoke of how she found care and community through her organisation Sahayatrika. *"When I came to Kerala there wasn't any community for me and through my organization I got a community and now it has become a lot bigger."* Deepa looked at the queer trans movement as an area of support. She highlighted the importance of building bridges between the older and younger generation if one has to imagine care and support for the older queer and trans folks. Decentering the argument that the older generation is "spent" and has nothing to offer, she argued that both generations have a lot to offer to each other and need to be mutually respectful of their experiences and belief systems. She further stressed the fact that older people's experience needs to be recognized and validated in a space that only celebrates younger members' belief systems and lived experiences. Apart from intergenerational care and bonding she also stressed the need for chosen families and *"having someone in your life who cares about you, takes you to the hospital ..."*. She mentioned the hijra gharana where the system of mother-daughter kinship that finds cultural support and operates on sharing of resources, both emotional and material.

Talking of housing and accommodation, Dinu opined that shelter homes should have an inclusive infrastructure where people from the elderly community can also get the same services and rights. He finds the need for queer trans shelter homes inevitable, especially in the context of increasing domestic violence faced by the queer community. These shelter homes should then have infrastructure and facilities which would accommodate older people as well. Secondly, for those people who suffer diseases and chronic illnesses, including HIV, Dinu emphasizes the role of palliative care. Palliative care services should specialise in such a way that it includes the specific needs of elderly people from the queer trans community. Overall, a comprehensive policy which includes services and benefits for the trans queer community, including the older population is important according to him. Dinu stressed the necessity of respecting the privacy of the members in the old age home, preferably with separate room facilities for people. A shelter home needs to have enough recreational space and a range of recreational activities that occupy and entertain queer and trans people. The shelter home should also be equipped with Trauma Informed Care and Queer-Trans

Affirmative Therapy with a regular follow up. Aged and disabled people should have special attention and care. Sreemoyee informed us of one instance where one of their elderly trans friend was taken to the old age home for men. She experienced difficulty in adjusting and requested the home authorities and the Minister of Social Justice to intervene. It was only then that she was given special consideration and living became better thereafter. But such instances are not common according to Sreemoyee. Shelter homes need to be couple friendly. They should be open to couples who could come to that space and stay if needed. Dinu suggested that to ensure food supply, all elderly queer-trans people residing at shelter homes can be brought within the *Pradhan Mantri Garib Kalyan Anna Yojna* (PM-GKAY) scheme. So besides the BPL category that is based on economic status, they should also be granted the *Anna Yojna* scheme taking into consideration the kind of atrocities they are facing. Other state projects like the *Ashraya* scheme that identifies and rehabilitates families that are landless, homeless, and those facing social and economic hardships by providing them with various forms of support, including housing, financial assistance, and access to other social welfare programs.

Sreemoyee pointed out that only those who are highly educated and/or are good in the English language get the opportunity to work in the private sector. However, the fact remains that most trans and queer people cannot continue their education and are forced to leave their families. Therefore, being without support and home, the government needs to come up with exclusive housing schemes and job reservations, especially for the transgender community. Adding to this concern, Dinu argued for adequate representation and reservation policies as a way forward to secure the rights of the queer and trans community, including the concerns of the older population. He informed us that though every political party in the state had its own trans community organisation there is not enough representation in electoral politics. He saw a role for the local government in allocating a certain percentage of the funds received, in addressing the needs of the elderly queer people and trans people. They are also trying to convince the government to create a transgender commission so that the trans community has “a dignified respectable position in the government arena”. Without representational power, Dinu feels there is no *standus loci* for any marginalized community, especially queer and trans folks.

Our participants also pointed out the need to remain united among within the community. There are multiple intersecting identities and these are often in conflict with each other. Along with

such conflicts, there is the risk of radical politicisation of certain identities which leads to fundamentalism and ultimately division among the community. This often jeopardises the movement and dilutes the efforts that are geared towards holistic care of the community. Sreemoyee spoke of chosen families as a big support system and how they try to help each other out in the community, especially taking care of the older members who might need assistance in visiting the doctor and getting monthly rations. She mentioned about the hijra culture and the guru chela system not being prevalent in Kerala. Nevertheless, they share bondings of mother-daughter with their community members.

Dinu asks for respect and dignity in death too for queer and trans people. He calls for some basic rights in the crematorium or the burial grounds. *“So when a trans person or queer person dies, there can be discrimination ... where they cannot be cremated in the religious area. And in the common cremation grounds also sometimes they might not be allowed for cremation. So there is a need for cremation or burial services for queer community”*. He also talked of how in death and bereavement taking care of bodies is an issue of primary importance. Often bodies are handed over to the natal family despite the fact that they might not have been in touch with the person concerned or concerned about their wellbeing. Sometimes, in the case of an elderly queer-trans person where no family members are present, the body is not handed over by the hospital to the community members who are ready to take the responsibilities of performing the last rites and giving them a dignified farewell. There is a need to protect against such kind of insensitivity and indifference by bringing in appropriate policies. Talking of bereavement care Dinu informed us that when a queer-trans community member passes away, other members of the community undergo pronounced grief. So in order to deal with this, bereavement care has to be organised with the help of youth organisations and community services.

Giving the example of Responsible Tourism in Kerala, Dinu explained how elderly people are meeting with tourists and sharing the organic intellectual aspects with them. Elderly queer-trans people can be part of this mission and their diverse experiences can be shared with visitors from different parts of the globe. This can also become a source of livelihood with an honorarium paid to them for their time and services. The fact that older people are invisibilised in most societies had Dinu suggest public spaces graffiti that speak and highlight older queer

and trans people. This can be an important mode to keep the subject of older queer and trans care in the public domain thereby becoming a conduit for legal and policy changes.

Arjun Geetha specifically mentioned that care has to be conceived and planned holistically and not hierarchised or implemented piece meal as is currently done in most cases. He said, “*Only taking care of trans people and taking care of queer people after that is not a good idea. I feel like, it needs to be together. Also for some issues addressing only for trans people is not a good idea. ... Everything needs to be considered at the same time. We need to take care of each community, everybody is suffering*”. About how to address the needs of older community members, he stressed on the role of ASHA workers<sup>8</sup> as one nodal point to provide assistance to older people. To be able to successfully materialise this scheme, the state needs to run sensitisation programs for the ASHA workers who for lack of orientation and awareness tend to neglect and dismiss the needs of trans people in the community.

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<sup>8</sup> ASHA (Accredited Social Health Activists) are community health volunteers introduced under the National Rural Health Mission (NRHM), 2005 to provide essential healthcare services in rural areas.

## Section 5. Conclusion

### 5.1. Ageing and the community

The community has its own challenges when it comes to forging a collective across gender and sexual identities, behaviours and expressions. The queer-trans community is constituted not just by various gender sexual identities but through their intersecting social, cultural and political positionings as well. The community speaks multiple desires, inhabits diverse universes and spins innumerable narratives embedded in resilience and resistance. In their daily struggles of trying to ensure a dignified and respectful life in the face of systemic oppression and negligence, the community often finds itself caught up in conflicts within. Notwithstanding external factors that subjugate and discriminate against the queer-trans community, the community often finds itself fractured intrinsically along various faultlines. Sometimes it is about diverse gender sexual identities trying to find a common trajectory in their negotiations with the state. Sometimes, it is age and how best not to forget the older members and include them within welfare schemes and state benefits. As Tashi reflects, *“How to ensure that there is space for people of all age groups in a manner that is nurturing, that holds space for everyone’s space and everyone’s aspirations. As a community I don’t think we know that yet. Not for our own mistakes but we don’t have that space for enough possibilities to explore how to do that, I think. But somehow I hope we figure that out.”*

Ramki brought the ongoing conflict within the queer and trans community on the table while tracing the origin of the word, transgender. Transgender became an official category in 2012 (the term Aravani was more popular before the 1990s in Tamil Nadu). The emergence of transgender as a separate gender identity was also in response to the kind of femme phobia against feminine people assigned male at birth as well as trans women. This disdain was further complicated by class differences between the traditional Hijra Community and the urban gay men population. Initially, the movement gained from the visibility and active participation of the trans fem group from the front. Over the years, the movement became more divided along the lines of rigid and dominant norms of gender identity and sexual practice. So the community space came to be dominated by those groups of trans feminine people who are heterosexual,

people who are into men and people who are assigned male at birth. Trans masculine people or trans feminine people who are attracted toward women had no space.

The space of the queer-trans movement is mostly occupied by younger people, thereby inadvertently pushing out older members towards isolation and oblivion. For the younger generation preoccupied with sorting out their life challenges and existential concerns, the community space and bonding functions as a major resource. With time and as one grows older, there's also often a lot of cynicism that comes into life, about what's possible and what's not possible in terms of aspirations and desires. The aspirations, hopes and desires that define the 20s get transformed into cynicism, pragmatism and reality check in the 30s when one gets a clear idea of what is possible in the context of kinships and intimacies. Putting this concern in perspective, Tashi, a transfeminine leader and Buddhist monastic, commented, *"Either you become an isolated queer person or you become a person whose queerness is really isolated, you are no more queer in that sense. You get married or you are forced into marriage, taking care of your parents and things like that. You can't have a life of your own in that sense."*

Our research work made it possible to bring up this very important subject into awareness and cognition of community workers and members. While conceptualising and planning care for the older queer trans population, a constituency that is increasingly making their presence visible, there has to be more dedicated focus on multilevel collaborations including the state. As one activist friend explained queer-trans people are constantly battling work insecurity, health insecurity, financial insecurity. The struggle to make ends meet is enormous, leaving them with no possibilities for engaging in other aspects of life like friendships, community building or self care. This is where the state can play a role in providing health security, housing, employment and pension among other benefits so that people have the opportunity to think about other important aspects of life including retirement/old age planning. Tashi shared their thoughts on support and care for elderly queer and trans individuals by conceptualising an active role to be played by the state government. *"In the larger community people who don't have financial security and stability at least have natal family support and/or larger community support. But as queer people, trans people, one lacks that significantly. So, the only resort happens to be the state and the government, for them to do something that actually helps and supports the everydayness of life."*

## 5.2. Ground reality in West Bengal

Creating support networks and queer kinship is the responsibility of both society and the state. Without a supportive environment, progress is impossible. The state also has to play its role in building systems that facilitate community participation in planning and executing care and support for the queer-trans population. In West Bengal, the state's role is minimal. The Transgender Development Board exists but is largely inactive, and there is little discourse on non-normative sexuality.

The present study was undertaken with the objective of addressing the gaps in policies and community work in regard to providing care and support to older trans and queer people in West Bengal. The Board in West Bengal was registered in 2015. It had two tenures which were punctuated by irregular gaps in between and presently the new Board is yet to be constituted and made functional. We spoke to four individuals who have been members of the State Transgender Development Board. Our respondents rued the fact that meetings took place only twice per year; during the pandemic only online meetings happened, and in most meetings officials made unsubstantiated claims without giving any details of the work done.

During the pandemic, the Board compiled a list of transgender individuals across the state for relief work, based on their location, their situation, their consequent need for relief and the immediacy of that need. They distributed ration based on this listing. Unfortunately, this kind of relief work only happened twice, once during the first wave and then again during the second wave. Neel, who identifies as a transman and a queer feminist activist, was a member of the Board in its first tenure. He reminisced about that one time, when a long-drawn discussion over creating job opportunities for transgender individuals as civic volunteers at puja pandals happened. The discussion advanced to such a level that the news was relayed to the community, mails were exchanged, and names of potential candidates were offered. However with time the initiative petered out in a very disappointing manner, crushing many people's hopes. While working in the community, Neel realised that institutional stakeholders like health workers and police personnel were unaware of the very existence of the Board as a government body. He further added, *“Members were asked to intervene in the problems encountered by the community through their powers as board members. However there was a lack of coordination with the different levels and bodies of administration and the community*

*members on the board had no administrative power as such*". Ignorance, misinformation and lack of awareness regarding transgender identities was evident among some of the non community officials on the Board. Kolika, a researcher and queer trans activist identifying as a non binary person was part of the Board from 2020 to 2024. They echoed Neel in pointing out that the only work accomplished by the last board included vaccination drives and ration distribution during Covid 19 and facilitation of trans card registration post the passing of the Trans Act Rules in 2019. In their experience too, during vaccination drives and instances of ID card registration facilitated by the board, many transgender individuals reported back that the medical professionals and administrative staff with whom they had had to interact were devoid of any gender sensitisation themselves. The TG (protection of rights) Act mentions identities such as non-binary, gender fluid but there is no understanding of these identities and their lives among the state officials. Commenting on the subject of elderly care services, they said, "*There is no special provision for senior trans persons in the Act and there has never been any conversation in the board regarding schemes for elderly trans queer persons such as setting up old age homes, etc. The board needs to first and foremost sensitise its own official members and take more initiatives*". Aparna, a transwoman and hijra activist who served on the Board from 2015 to 2018, commented that the state has funds but they do not have clarity of the areas where to invest. Community members need to reach a consensus among themselves and come up with clear unambiguous demands to the state.

While talking about the plight of elderly trans and queer individuals, Sintu Bagui, a transgender activist and development worker from West Bengal said,

They always think of their family, their loved ones but nobody cares for them. They are always deprived of their rights; the basic amenities and facilities are like a distant dream for them. I know of a transmasculine individual who is above 40. He doesn't even have a safe place to stay. His room has a broken door, he has no toilet facility as well and he stays in an isolated place. Due to his AFAB body he is always at risk. We have decided to help him and build a bathroom for him. We are talking of mental health, physical health, livelihood and they don't even have a bathroom, they are deprived of the most basic needs, like hygiene and safety. This is the scenario. This is the reality for most of them.

Sintu, raised another very pertinent point about a transfeminine individual who is in her late fifties and used to work as a casual labourer in the MGNREGA scheme. This individual had health problems and her brothers outrightly refused to take care of her. On top of it, she lost her job due to her ill health and mismatch in identity documents and her experienced gender identity. The elderly transfeminine person used to wear sari for the longest time and she was accepted in the rural social fabric with her gender identity. It was never a problem. But as things started getting more formalised with requirements of document change, affidavit, legal transition etc. the compassion and sensitivity gradually began to ebb and it is becoming more difficult for people like them to thrive with their diverse identities and expressions. Sintu contended that, the more things are being formalised and mainstreamed, the more queer-trans people are getting affected negatively.

Sintu highlighted the need to support elderly QT people, not just the youth. She insisted that this support should be collaborative, with beneficiaries contributing where possible and earning if able. While acknowledging the vulnerability of older community members, Sintu pointed out that those in their 50s can still work with some assistance, and a monthly income of Rs. 2,500–3,000 would significantly improve their quality of life. Those over sixty may not be able to earn, so she called on well-funded organizations to organize consultations with elderly QT people to create care strategies informed by their lived experiences.

Aparna Banerjee, a transfeminine leader and activist from West Bengal reiterated Sintu's argument by stating, *"All community-based organisations need to come together. A network can be built and funds generated. People have to resolve conflicts among themselves and work for the interests of the community. The state has to be given concrete points and solutions, they cannot be pulled into our internal politics."* Dr. Kolika Mitra, researcher and activist, ex member of the West Bengal Transgender Development Board shared that during lockdown the board arranged ration for the transgender community twice and took a drive for trans-card registration once the Transgender Persons (Protection of Rights) Rules 2020, was out in the public. Other than these there had been no activities. They felt that the board needs to know about the requirements of the population for taking effective measures. Awareness about the non normative identities needs to be there at all the levels for creating a comprehensive welfare plan. Kolika said, *"There is no special provision for senior trans persons in the Act and there has never been any conversation in the board in this regard of schemes for elderly trans queer*

*persons such as setting up old age homes, etc*". Neel Ghosh, member of the first Transgender Development Board committee in the state, constituted in the aftermath of the NALSA judgment during 2015, shared that meetings on relevant issues started taking place only from the second year of the board's constitution. The meetings were divided into member exclusive meetings and 'board with state-coordination committee' meetings. The latter involved coordination with the heads of other departments like health, education and police and happened only once or twice a year. Consequently, because of such long intervals between meetings, the official members kept changing, thus being unable to report back on important matters and could not get anything constructive done due to lack of experience and familiarity with the functioning of the board. Lack of coordination, ignorance, misinformation and lack of awareness regarding transgender identities and issues were evident among some of the official board members. During his tenure as a member, Neel felt that first and foremost the board needs to sensitise its own official members and take more initiatives. Neel also said that active collaboration with the community is very important to address the hierarchical, insensitive and top-down approach of the state.

### **5.3.1. Possibilities emerging from the consultation meet**

Sanjo Steve, a trans man activist from Kerala summarised elderly care into three groups or stages. One is when people are in their 50s and can more or less manage on their own. They are also open to receive care but it is not mandatory. All they need is mental support, recreation and collective togetherness. The other group is those who have no supporting system and no place to go. They need to be rehabilitated with basic support like food, shelter and health care. The third group is made up of those people who have no support system and no place to live and suffer from critical illnesses. They need an additional care plan with specific care for their illness. They may need regular health check-ups or hospital admissions with people to visit and take care of them in hospital. Finally with death comes death ceremonies which are also part of the care plan.

Aligning with Sanjo's conceptualisation and hoping to come to a consensus and work towards creating possibilities of a better life for elderly queer and trans individuals, a consultation on conceptualizing and planning care for older queer and trans people in West Bengal was organised in Kolkata in the month of May 2025 with community leaders and secondary

stakeholders. The consultation was attended by 34 participants out of which 22 participants came as individuals and/or representing various collectives/organisations from a wide, scattered geographical area of West Bengal. Majority of these individuals represented queer trans collectives/organisations while two of them were disability rights activists, and two were from a sex workers' group. The idea was to bring together individuals/collectives in West Bengal working on the rights of people with marginalised identities with overlapping experiences of ageing. In the meeting the focus was to understand the challenges faced by ageing QT people and explore what systems of care need to be put in place to ensure a dignified ageing for elderly QT people in West Bengal. In the consultation meeting, there was in-depth discussion on subjects like shelter and housing rights, health and healing, financial and material resources and death and memorials. Activists and leaders from Kolkata and other districts attended the meeting and shared valuable feedback and suggested significant strategies for a two-pronged approach. One, creating a plan to proceed with state advocacy and another of collaboration within the community for taking concrete actions for the wellbeing of queer and trans elderly individuals. The consultation was organised with the expectation to create a blueprint of how to collectively consolidate the work being done by individual organisations as well as lead to a campaign for advocacy with a charter of demands for the government.

### **5.3.2. Shelter and Housing Rights**

While discussing shelter and housing rights, recognition of chosen families came up as the top priority followed by shelter homes, housing rights, and modification of rules for existing 'garima grihas' in terms of age relaxation, queer inclusion, and duration of stay. There remained confusion around the question of these homes and accommodations being gender and/or sexuality specific. It was unanimously acknowledged that the community had a big responsibility in forming a state advisory committee to create a draft on the charter of demands for geriatric care for LGBT people and though a difficult process in itself but still there should be one draft instead of multiple drafts from various district level organisations as that would be confusing for the government. The charter of demands should have a budget at par and in sync with the government budget allocations which was already very low for the queer/LGBT community. The demands should be precise, specific, small, and concise yet concrete to start with and would provide the entry point for collaborative work with the government.

The need for segregating demands according to those which the state government had the power to give and others for which one had to lobby with the central government was identified. However it was agreed upon that some things could be arranged by the community themselves. In this regard, 'state recognition of the chosen family' surfaced as the biggest priority in order to create a support mechanism within the community itself. The extreme complexity that had arisen in obtaining the transgender card in West Bengal came up as a crucial challenge of working with the state. It was not in the power of the state government and it came from the national portal of the central government. Among the challenges were the requirement of an email ID which community organisations were helping out with but presently, since every step of the process requires OTP verification, many trans persons were not able to manage it. The role of the District Legal Service Authority (DLSA) was discussed in-depth and it was said that the DLSA only helped where there was group initiative within the community and did not extend their services for individual trans-person. The need to pressurise DLSA for offering assistance to individual trans-persons was agreed upon. Getting the transgender card is more smooth now, but the difficulty lay in obtaining the binary card and getting the AADHAR and PAN changed to the preferred gender. Then there was also the question whether one would continue receiving the privileges for transgenders once one received the binary card in their preferred gender. While talking about document change it must be kept in mind that many transgender persons did not want privileges and just want to change to their preferred gender. Privileges end upon receiving the binary card.

The necessity to acknowledge the need of elderly queer individuals (on the basis of non-normative sexual orientations) along with trans-individuals was identified. It was discussed that the state would agree to create shelter homes for trans individuals because they had state recognition and existing laws protecting them. But for the rest of the community the government would push to avail facilities already existing for the mainstream cis-het population. The community had to keep this in mind while drafting their charter of demands. As a result of non-recognition it became extremely painful as many queer individuals accessing old age homes were not being able to disclose their sexual preference. Often a lesbian person going to an old age home living out of the closet for so many years had to get back into the closet while accessing shelter home services. In order to address these disparities stemming from lack of awareness and sensitization, forming a state advisory committee from within the community and community organisations with a common minimum program to work upon -

to create a common charter of demands - came up as the need of the hour. The need to come together and form something concrete to put pressure on the government was palpable. This had happened in Kerala and Karnataka at the correct time which enabled them to formulate these policies and the time was ripe now in West Bengal. The requirement to create a ‘shadow board’ was discussed that would stamp a seal on behalf of the community with which it would be possible to approach the State.

A key issue raised in the discussion was the uncertainty following the Board’s dissolution in December 2023, leaving a gap in communication with the State. Although it was announced that the Board would be reformed, it was suggested to engage with the standing committee of department heads in the meantime. Participants emphasized the need to sensitize bureaucrats, who were often unaware of these issues.

There was unanimous agreement on the urgent need for re-collectivisation within the community, especially given past mistrust and conflicts. This moment was seen as an opportunity for a fresh start. Despite differing opinions, the community could unite around specific legal actions, such as filing Public Interest Litigations (PILs) to activate existing laws and systems—whether related to the transgender Board, reservations, or other unimplemented acts in West Bengal. The idea was to collaborate on select issues and address others gradually, rather than waiting for complete consensus.

The group also discussed the importance of holding a large consultation meeting and forming a steering committee, acknowledging the challenges of uniting the community. Zone-wise consultations were proposed as a practical approach.

### **5.3.3. Health and Healing**

The discussion on ‘Health and Healing’ resulted in a lot of confusion and conflict within all the groups. The conflict was whether to start with resources within the community or start by approaching and having faith in the government. Important components while discussing ‘health and healing’ in descending order of priority were Swasthya Sathi Card (Individual centric), free hospital service (govt. and private) general healthcare service apart from GAT and SRS, Health insurance (including HIV, GAT and SRS), a separate transgender category in health insurance, gender clinic, mental health support including counselling and peer

counselling training, therapy, home based counselling, followed by postoperative support/care along with palliative care, separate ward for queer trans individuals in hospitals, medicine bank along with nutrition and lastly the group talked about care centre creation.

It was felt that any conversations about queer trans people's health always got stuck around three main domains – HIV and sexual health, mental health and SRS, which became restrictive. There was a lot outside these three domains such as common postoperative complications, health issues related to ageing, geriatric care which needed to be considered. The pros and cons of doing a survey or a need assessment study was discussed at length. The government's penchant for numbers and data could become a disadvantage for the community and end up stalling the community's. The need to show data to the Government was felt by all. It was suggested to have a survey at the community level of the number of 50 plus queer and trans-people, which could be done by the various district level CBOs and NGOs to form a baseline data that would facilitate dialogue with the government. But then again it was discussed that the politics of numbers was a trap which would be better not to fall into as the government then would not be interested in taking any proactive role without 'numbers'. Moreover, if a baseline study was done, all queer people would not necessarily come out. Also many queer trans-people who were above 50 would think that they had spent their lives negotiating on their own and there was no need for them to come out and disclose their lives at this point. Many of them were married or lived with their natal family and would not want to lay bare their lives. Yet again, showing data would become a trap where only trans women would surface and the rest would be invisibilised, which would in turn create faulty data.

The work done so far would serve as a baseline on which an action research approach could be taken and one or two needs that had surfaced in the priority list could be a starting point. It could start with a dedicated helpline or basic counselling services which itself would generate the numbers over a period of time. From services such as counselling other needs would surface which would require referral to government services which over time would build linkages. The target was to get the services and once the services started the number would be generated and linkages built.

#### **5.3.4. Financial and Material Resources**

The discussion on financial and material resources focused on Self Help Groups (SHG) formation, financial literacy and creating a corpus emergency fund. The wide-ranging feeling was of apprehension and mistrust. The group felt that the TG board was non-functional and government help would not be effective. Therefore SHG and financial literacy or the knowledge of handling finances alternatively surfaced as the first priority. The next focus was on creating a corpus emergency fund, followed by ration, monthly pension, technical training, and formation of a technical gadget bank, a kind of technical resource pool sharing old laptops, computers, cameras and mobile phones for those in need of it. The next priority was loan for small scale business, and government assistance was at the bottom of the list in the form of implementation of existing laws and policies, formation of state commission for gender and sexual minorities including the elderly queer-trans population. The role of community also came up as a viable step effective for the wellbeing of the elderly trans and queer individuals.

Better implementation of existing laws and policies through effective state intervention was demanded unanimously. Livelihood support like technical training and loan for small businesses, technical help, income generation scheme, savings schemes and HIV pension was discussed. The group also discussed the need for relaxation of age, partnership definitions and reduction in policy premium for the queer and trans population in the existing insurance schemes. A crucial demand was made to create an elderly queer-trans inclusive state commission for gender sexual minorities and a functional Transgender Board and the need to formulate individual need based policies also emerged as an important pointer.

The need for property rights surfaced as a very interesting point. Often queer trans individuals become homeless, do not possess the necessary documents, are forced to abdicate property rights to their cis-het siblings or there could be a legal will and testament denying them of their natural inheritance rights. Hence the need for claiming rights came up. The group therefore wanted legislation protecting queer-trans individuals from being denied their natural natal family inheritance on the basis of their gender-sexual identity. Apart from the right to property, job reservation and scholarship for higher education for elderly queer trans individuals who wanted to pursue higher education were also highlighted. Awareness generation in collaboration with the state was a very pertinent point that was considered as the stepping stone for all further interventions.

### **5.3.5. Death and Memorials**

The discussion focused on wishes and desires around the material body and highlighted the rights of chosen family/partner in medical decisions and decisions around handing over the body and performing last rites just before and after death as the first priority. A lot of conversation took place about many trans people and sex workers working in the field who were refused a plot of earth for burial after death. Also in many cases after death, the trans person was dressed in their gender assigned at birth instead of their self-determined gender. The group spoke about the right to decision making in such cases be given to the chosen family rather than natal family because for the group, dignity of life and in death assumed utmost importance. Only the queer-trans person should decide what would happen with their body after death, who would have the right to touch their body, how much cloth would be placed on their body while they are buried or cremated? What would happen to their property was also interlinked. The dialogs focused a lot on dignity in death. The participants also spoke about utilising 'Advanced Directive' in the Mental Health Act. If using the 'Advanced Directive' one writes down in clear terms, what would happen to their body after death, who would take medical decisions if the person became physically and/or mentally incapacitated etc. During the deliberation a very interesting point came up where the emphasis was not just on the queer trans person who had departed from life in death. They also spoke of those whom they leave behind. If there is no recognition of the chosen family then what would happen to them? Their property, belongings, whatever exists should go to the chosen family rather than the natal family which has only meted out humiliation and rejection. Thus, the discussion focused more on legal recognition of chosen family and succession rights than about dignity in death. There was in-depth discussion about nominee of insurance, bank/fixed deposit to be made through a will/testament which they acknowledged may be challenged in a process similar to the challenge of will/testaments denying queer trans people their inheritance rights. So a will/testament will not help unless there is a legal recognition of the chosen family. Instead of partnership rights, the first priority would be to legally establish and recognise the rights of the chosen family. Apart from these, bereavement and counselling sessions for the survivors and caregivers was also emphasised. There was also conversation that within the 'hijra gharana' the death of a hijra person is not bereaved as there is an understanding that the person did not actually want to live the life that she was forced to live. And so the group discussion revealed

the various ways in which grief or bereavement could be perceived. The focus was once again on the agency of a human being to be remembered in the way they desired. Another interesting thought that surfaced is that after a queer trans person passes away, there is not even a photograph anywhere reminding or remembering that person. One of the participants spoke about the possibility of having a community space to house photographs/memorabilia of queer trans persons so that they would be remembered within the community, a repository for storing memories. Another point that came up was to ensure proper investigation of queer trans people who met with unnatural death. A help-line that would ensure a fair investigation with dignity of their death that would not dissect or denigrate the dignity and privacy of the person. Often the natal family suppresses facts and there should be a policy/law of investigating unnatural deaths of queer trans people including even death within the 'hijra gharana'. The next point was around curbing hostile, untruthful, yellow journalism, against mis-gendering, with some directives to the media about reporting protocol for queer trans persons to monitor and hold the media accountable. There was also conversation about the right to death or euthanasia. The discussion flagged the possibility of misuse to end the life of queer trans people who often become a 'burden/embarrassment' for the natal family. There were possibilities of misuse to deny access to treatment even when desired by queer trans people in order to eliminate them from 'mainstream' life. The significance of faith based religious practices around death which should be prioritised according to the desire of the queer trans individual was conferred as something extremely significant. Here again, the possibility of using the 'Advanced Directive' concept in the Mental Health Act was discussed and it could prove to be effective and needs consultation with legal experts.

#### **5.4. The way forward**

The findings of the research study and the consultation meeting taken together charted some very significant points for creating a blueprint of future plan of action.

- Taking forward the task of building a comprehensive queer-trans elderly care system. In the meantime continuing with community consultations and brainstorming regarding the same.
- Developing an agency/platform/pressure group to start dialogue with the government. This platform is expected to function outside the ambit of state control. Two informal

agencies have been suggested, one for advocacy and the other to engage with the government.

- Assessing the resources of various collectives and building on those resources. It was agreed that there could be replication of these resources but there should not be duplication of these resources.
- Organising smaller consultations (both offline and online) on specific topics, collate the results of these consultations to see the concrete proposals emerging at the policy level with which one can approach the government as an advocacy or pressure group.
- Collectively formulating a definition of old age for the queer-trans community. Defining the age range; some have stated 40 which could be experiential and think about having the cut off at 50 or maybe have different cut off ages for different services.

The need for care in ageing and infirmity shapes every individual's life and there are no infallible mechanisms by which such care can be guaranteed, in family setups, community living or state institutions. The queer-trans community is a neglected constituency and the elderly among them are further invisibilised as a group across all intersections of gender, sexuality, socio-economic status, religion or caste. Social prejudice, lack of supportive families and state indifference has further pushed older members into lives of deprivation and distress. Most older persons from the community have not had the opportunity to plan and secure their old age since survival in their younger days was a tumultuous everyday struggle. Notwithstanding such facts, it is also important to question stereotypes that tend to label older individuals as dependent, frail and unproductive. Older queer-trans people are capable of being independent, productive and nurturing of others too. There are many alternative forms of living arrangements and care systems that are being practised in everyday life at individual and personal levels. There needs to be a consolidation and implosion of such efforts in order to create more accessible care services and opportunities that are available to more people across all stratifications. Aged care practice has to be built collaboratively with the state. Ensuring an affordable and effective health care system, providing residence facilities and economic sustenance are the state's responsibilities. Legal reforms and policy changes that assure queer-trans people to access equal rights and entitlements have to run hand in hand with services and benefits. The queer-trans movement has a role to play here, in advocating possibilities for such

collaborative engagements as well as building an aged care continuum within the community, with, and also beyond, state facilities.

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